

Infarct size limitation triggered by excess ischemic arrhythmias in hypertensive rats

Jan Neckář

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C-reactive protein (CRP)

- ✓ CRP is a sensitive marker of acute phase of inflammation and a mediator of inflammation and immune response.
- ✓ CRP has direct cardiovascular effects.
- ✓ Increased levels of CRP are associated with an increased risk of cardiovascular events.

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Transgenic rat strain SHR-CRP

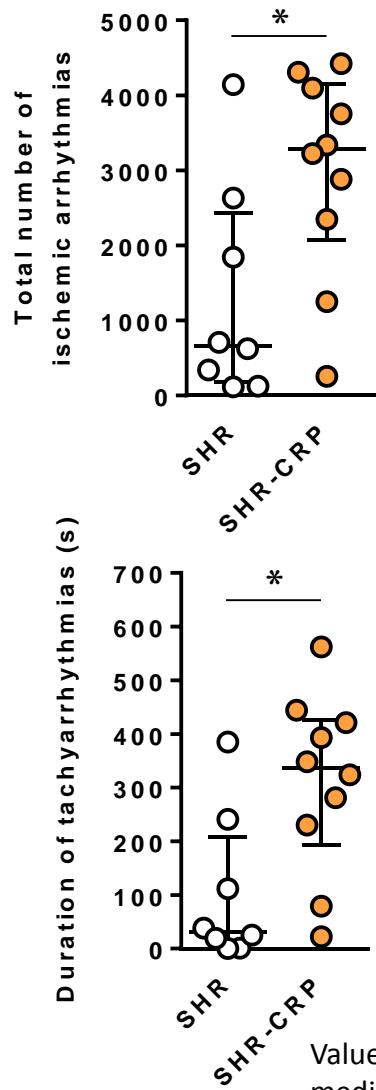
- ✓ The humanized C-reactive protein (CRP) transgenic rat strain with elevated the overall concentration of CRP (endogenous rat and transgenic human).
- ✓ They are characterized by:
 - ✓ multiple features of the metabolic syndrome including insulin resistance, hypertriglyceridemia, and increased blood pressure.
 - ✓ kidney injury
 - ✓ myocardial hypertrophy

General Aim

To find out whether transgenic expression of human CRP affects cardiac susceptibility to ischemia/reperfusion injury in adult SHR-CRP rats.

Cardiac ischemic tolerance – heart *in vivo*

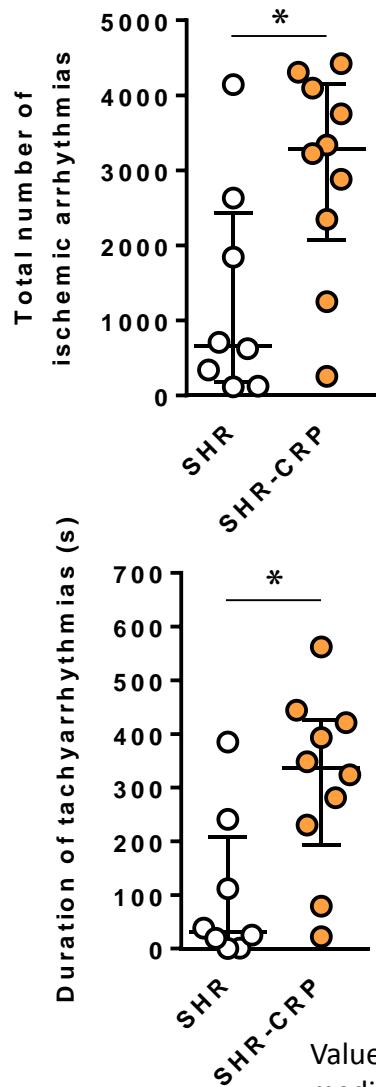
Ischemic arrhythmias



Values are shown as
median with interquartile range

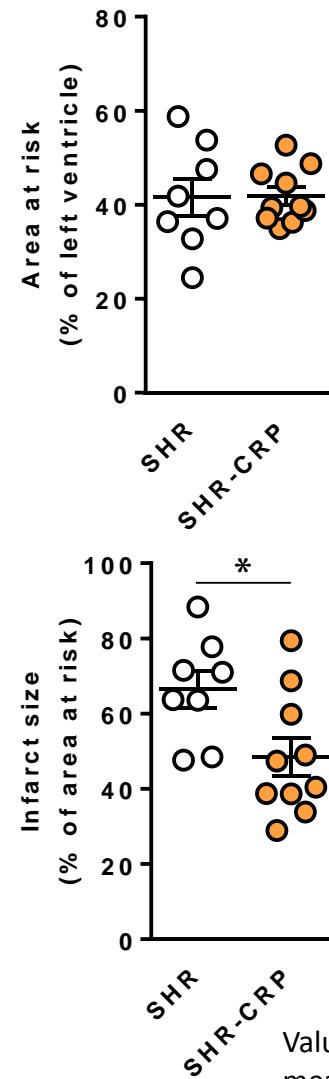
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Infarct size



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To find out whether transgenic expression of human CRP affects cardiac susceptibility to ischemia/reperfusion injury in adult SHR-CRP.

Specific Aims

In SHR-CRP, to clarify the mechanism(-s) of:

- i) **severe ischemic tachyarrhythmias**
- ii) **infarct size-limiting effect**

Summary

Severe ischemic tachyarrhythmias in SHR-CRP

Transgenic expression of human CRP predisposes SHR-CRP to excess ischemic ventricular tachyarrhythmias.

The proarrhythmic phenotype was associated with altered:

- ✓ myocardial composition of fatty acids in phospholipids
- ✓ heart and plasma eicosanoids
- ✓ autonomic nervous system balance

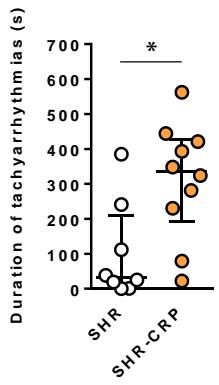
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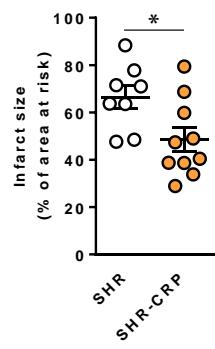
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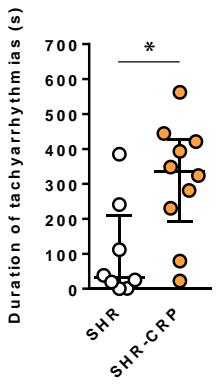
Ischemic arrhythmias vs. Infarct size



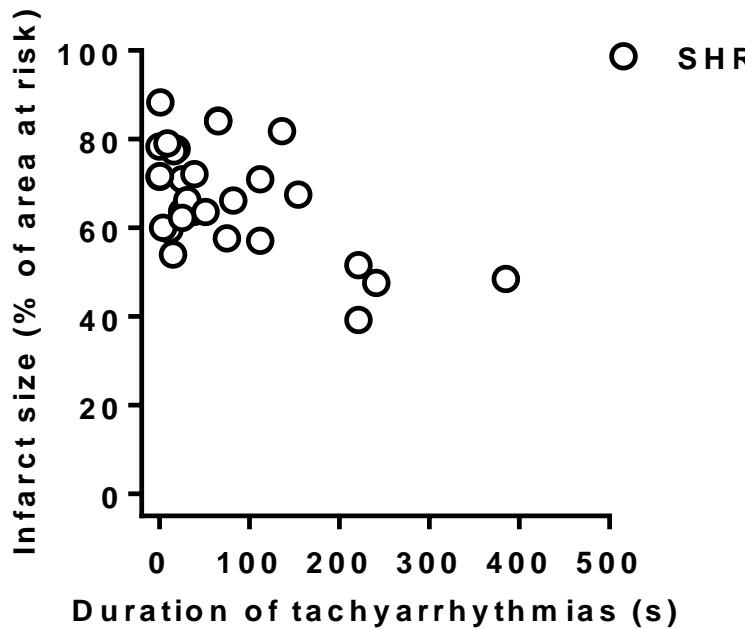
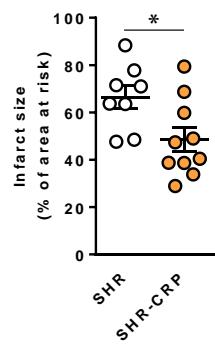
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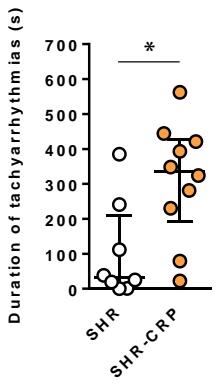
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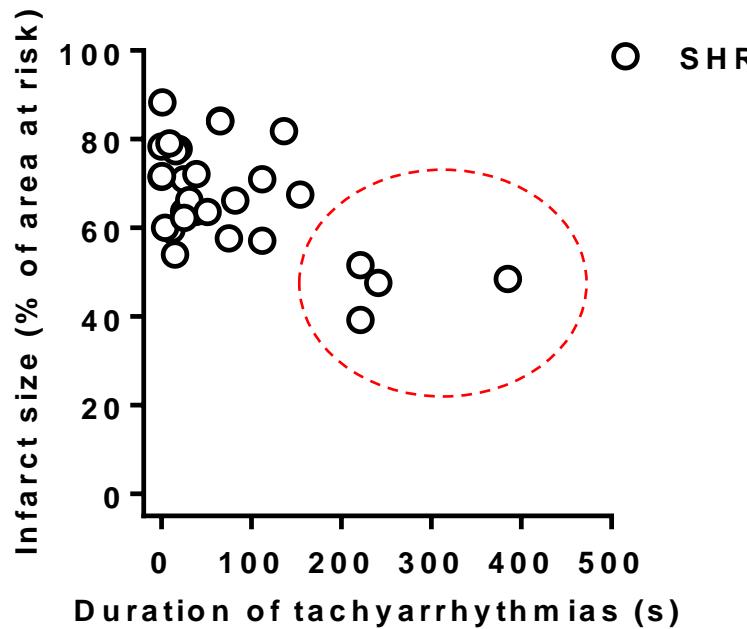
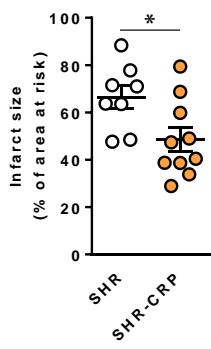
Physiol. Genomics 44, 183-92, 2012
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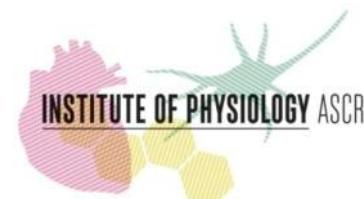
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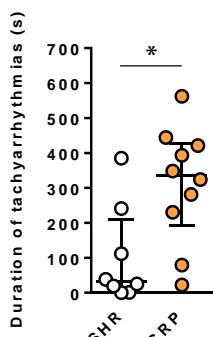
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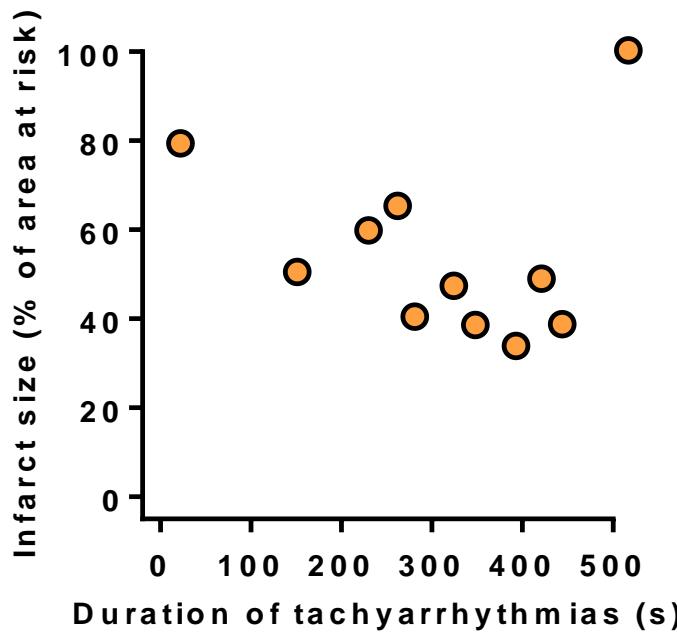
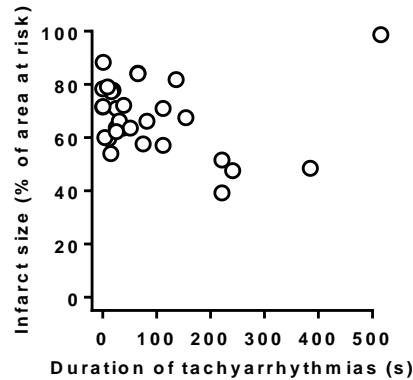
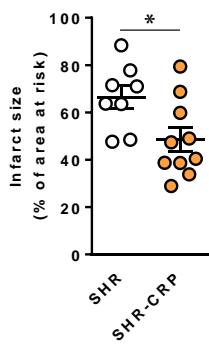
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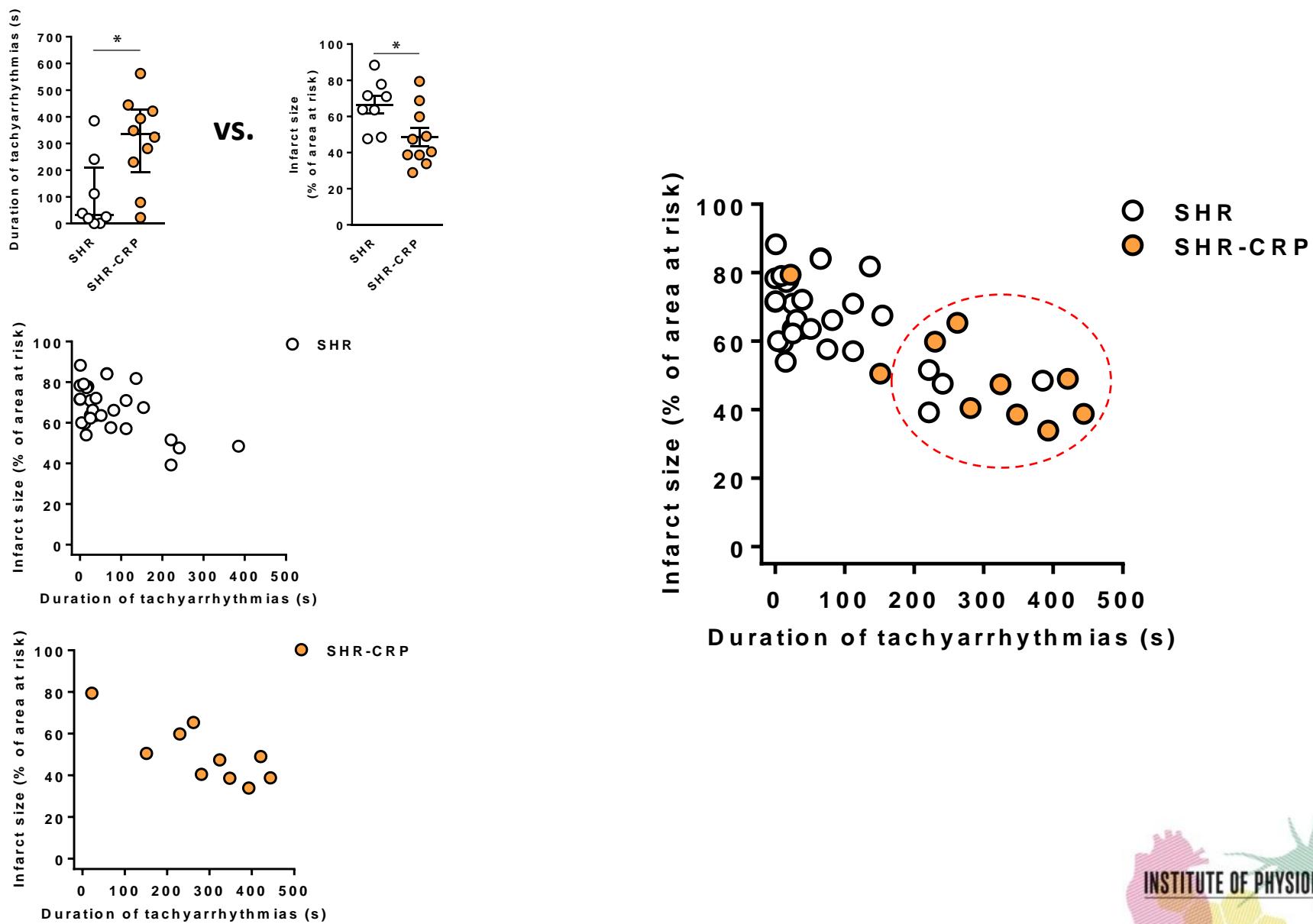
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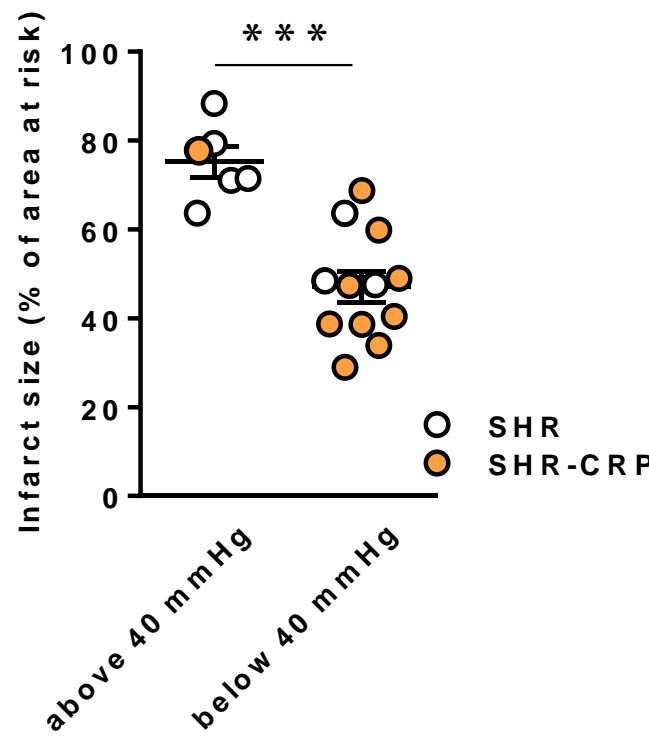
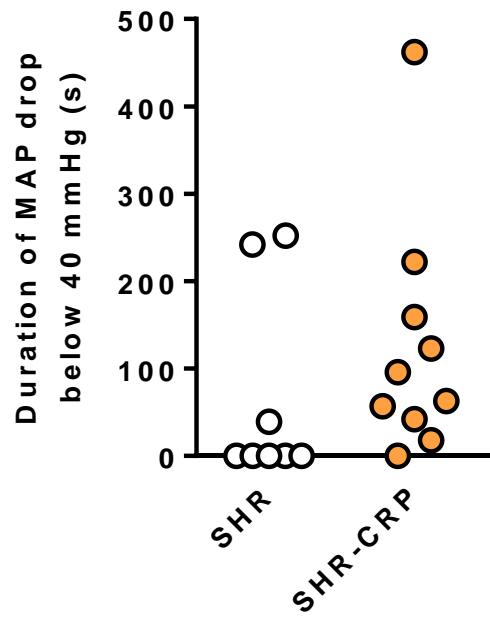
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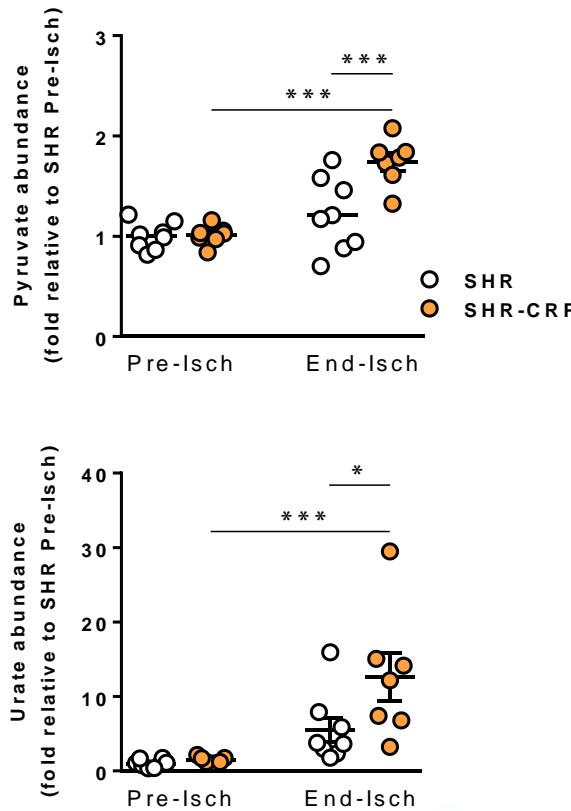
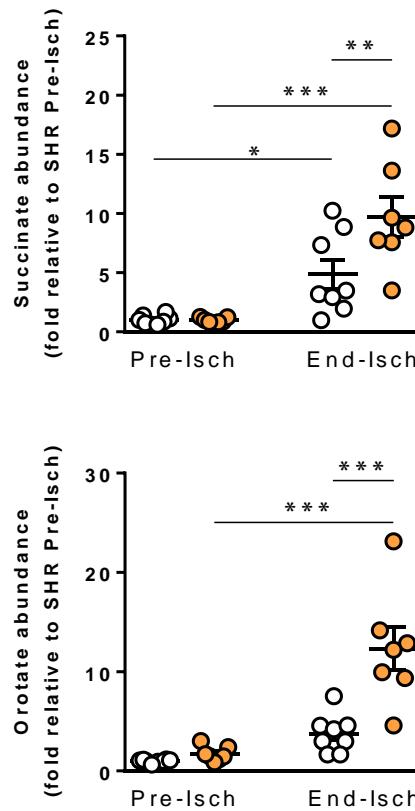
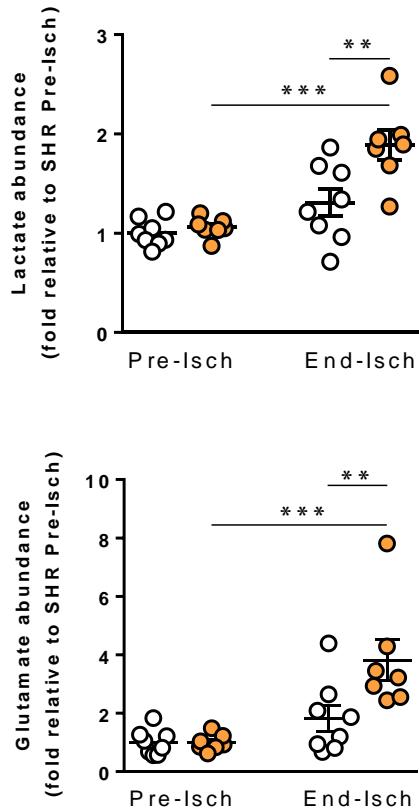


Severe ischemic arrhythmias lead to insufficient organ and tissue perfusion



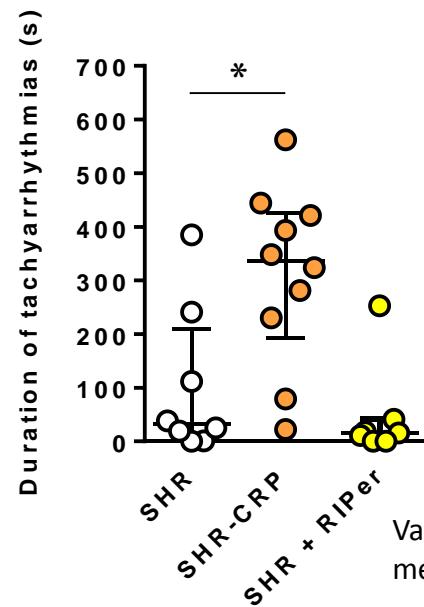
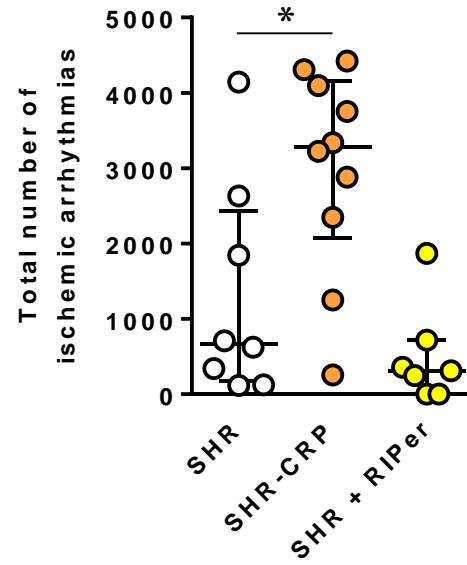
Severe ischemic arrhythmias lead to insufficient organ and tissue perfusion

Plasma metabolites associated with tissue hypoxia



Remote ischemic perconditioning – heart *in vivo*

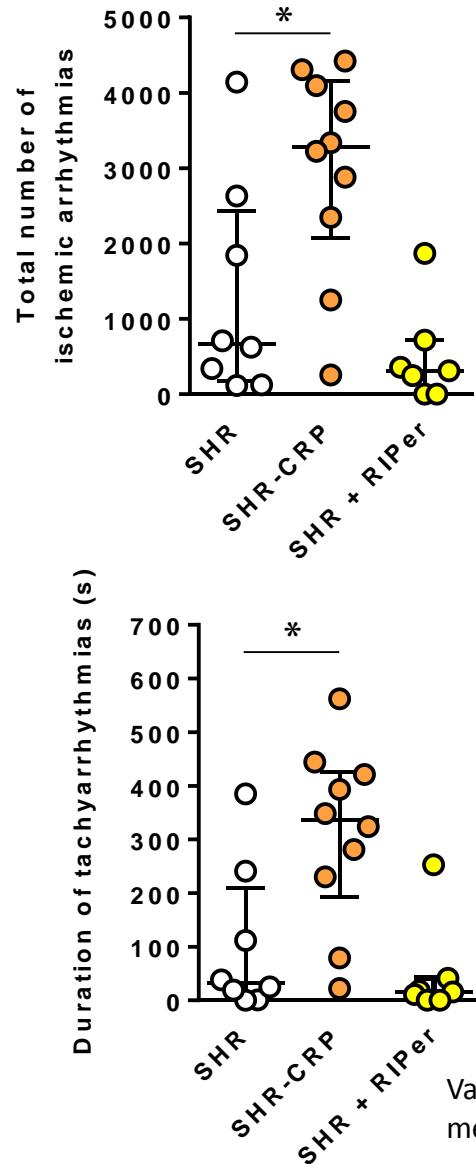
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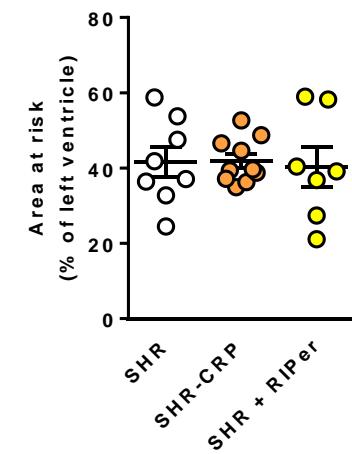
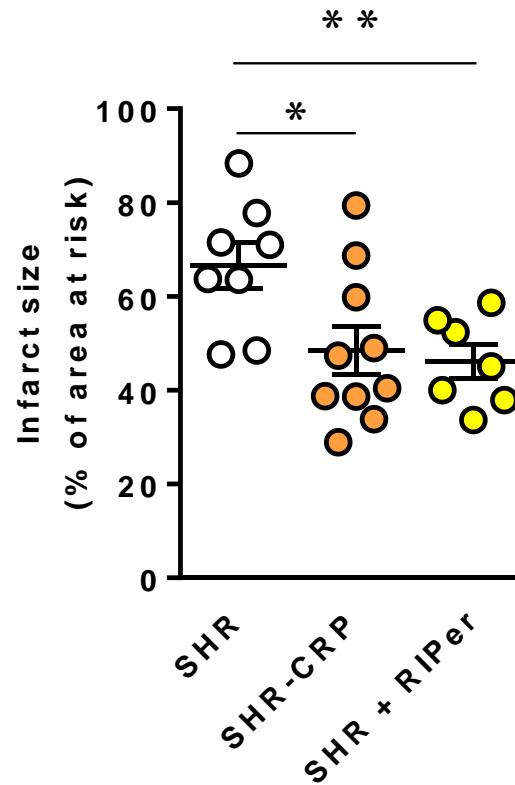
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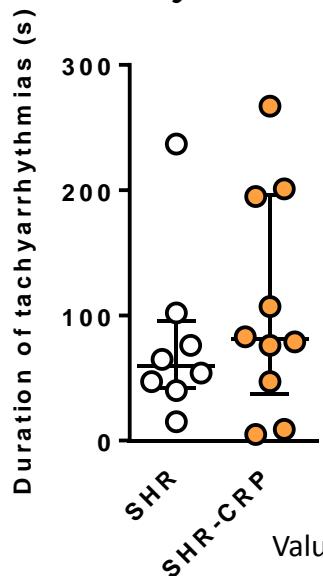
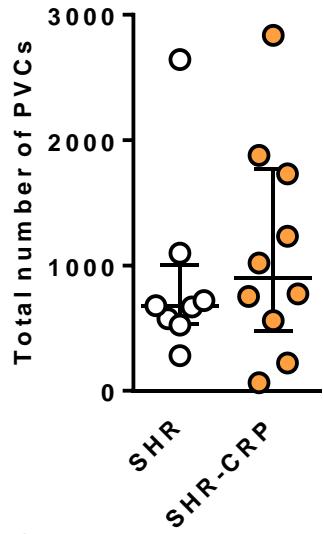


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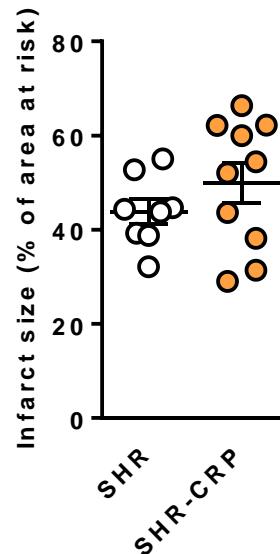
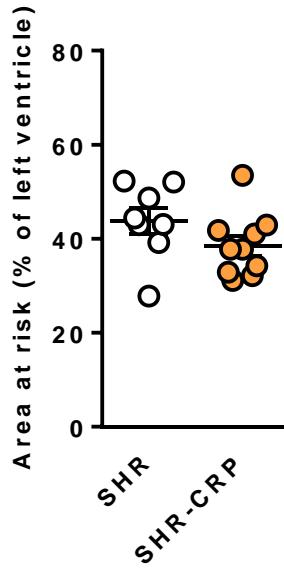
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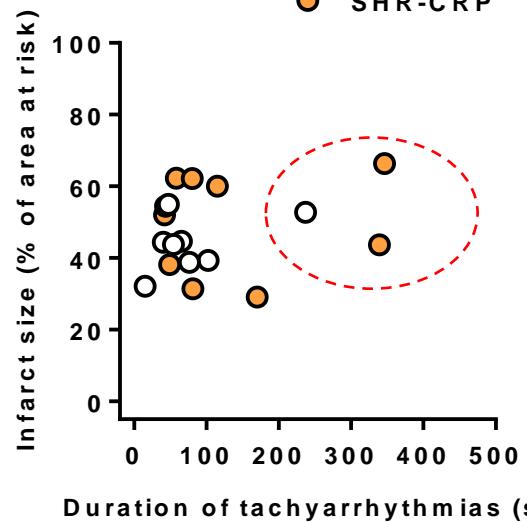


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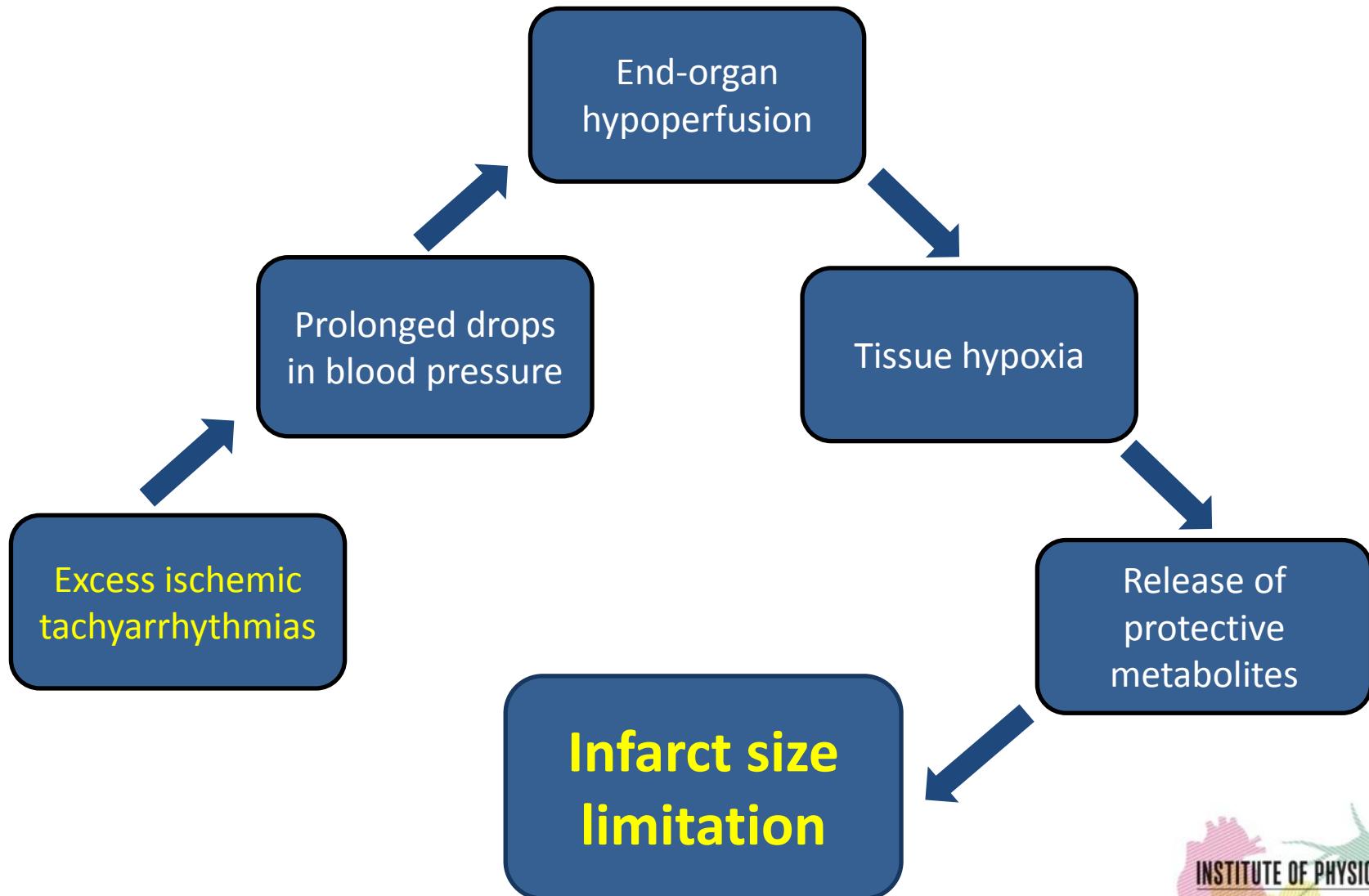


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Summary

Infarct size-limiting effect in SHR strains



Conclusion/Take home message

A new form of myocardial protection (conditioning) that is initiated by the heart itself without any external intervention, i.e. **SELF-CONDITIONING**, was demonstrated.

Practical recommendation: An analysis of arrhythmias occurring during ischemia/reperfusion experiments *in vivo* should always be performed in addition to infarct size determination.

It can help to avoid misleading interpretations of cardiac ischemic tolerance, in particular in transgenic animal models with various comorbidities.

Acknowledgement

Institute of Physiology, CAS:

František Kolář

František Papoušek

Petra Alánová

Michal Behuliak

Michal Bencze

Jan Šilhavý

Jaroslav Hrdlička

Michal Pravenec

Bohuslav Oštádal

Charles University:

Dagmar Jarkovská

Eliška Mistrová

Jitka Švíglerová

Milan Štengl

Veronika Olejníčková

Marek Vecka

Lucie Hejnová

Jiří Novotný

Supported by Czech Science Foundation



MUNI
MED
Fyziologický
ústav

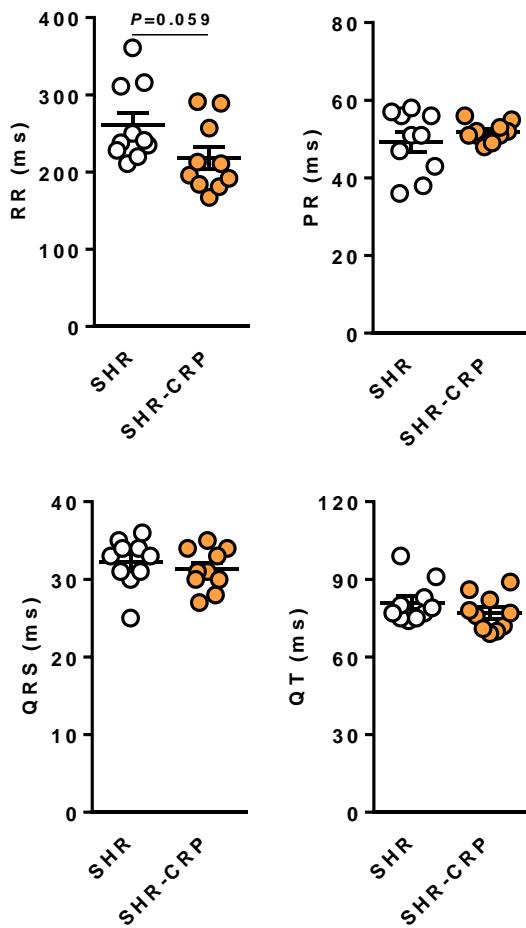
50. pracovní konference Komise experimentální kardiologie
4. – 6. října 2023
Hotel Galant, Mikulov

Thank you for your attention.

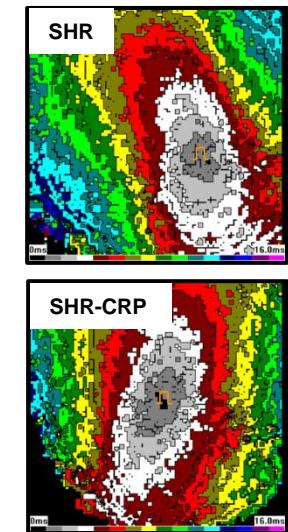
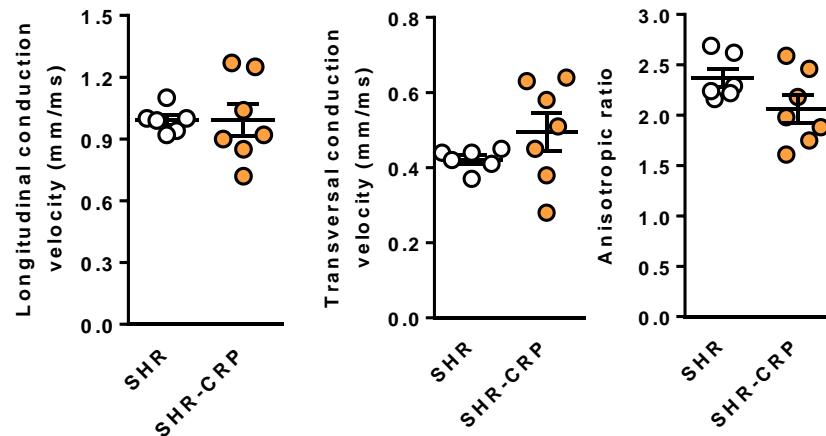


Electrophysiological measurements

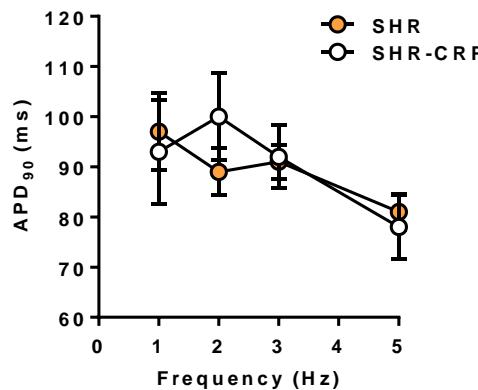
Heart *in vivo* – ECG analysis



Heart *ex vivo* – conduction velocities

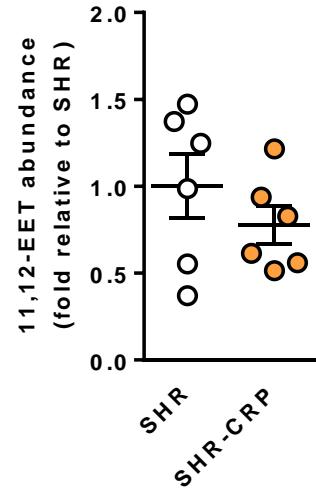
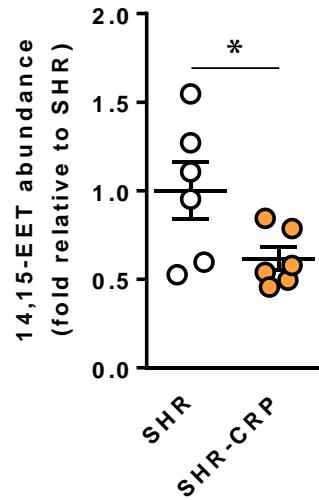


LV trabeculae

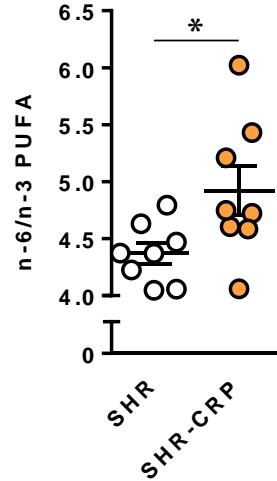
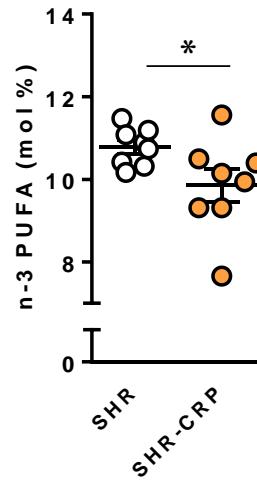


Pro- and antiarrhythmic lipid mediators

Myocardial epoxyeicosatrienoic acids composition

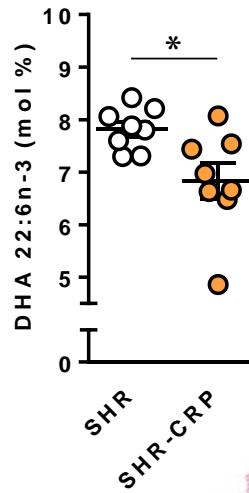
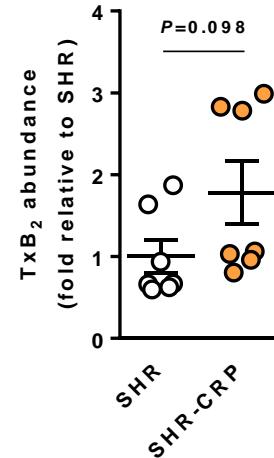
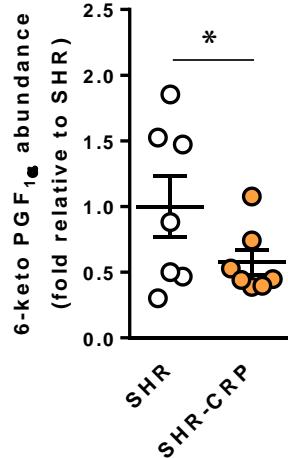


Myocardial fatty acid composition

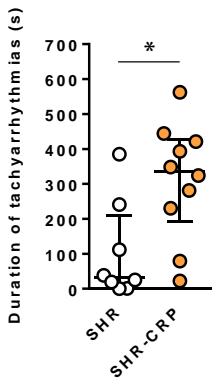


Plasma levels of antiarrhythmic PGI₂ and proarrhythmic TXA₂

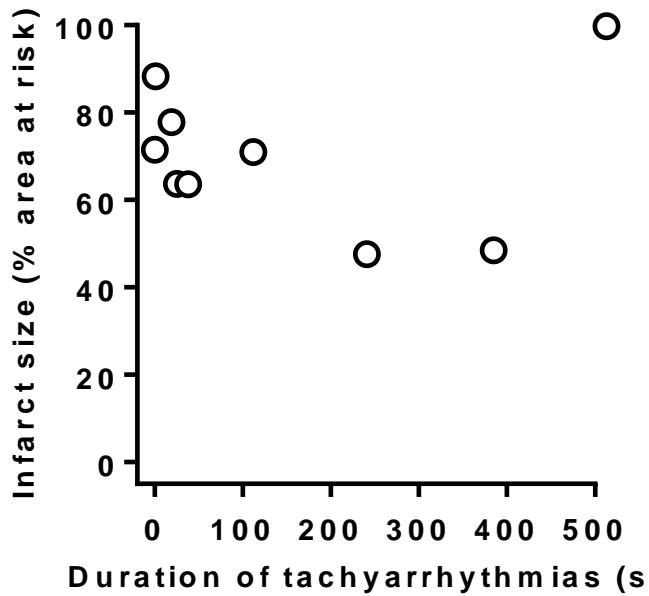
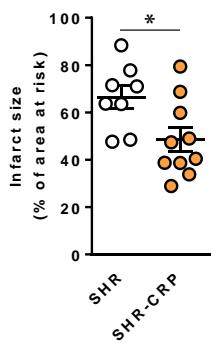
PGI₂ → 6-keto PGF_{1α}
TXA₂ → TxB₂



Ischemic arrhythmias vs. Infarct size



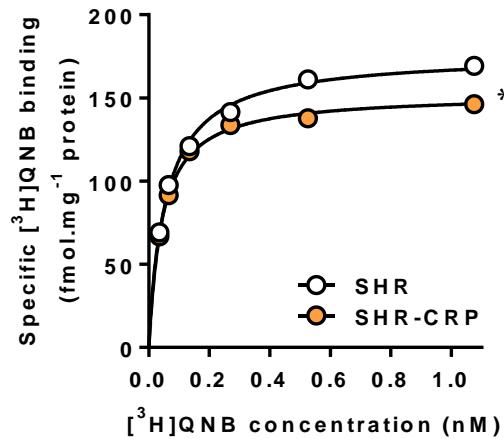
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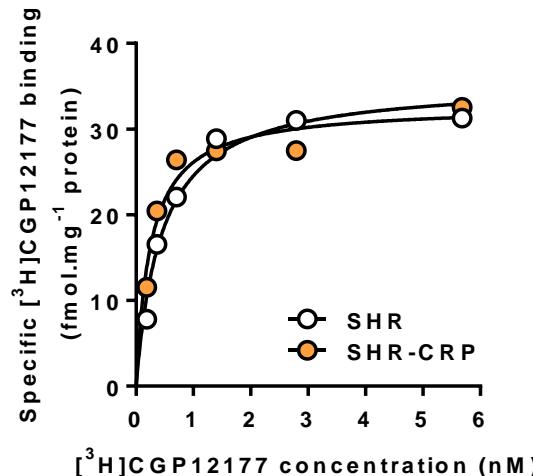
Autonomic nervous system activity

The total number of muscarinic cholinergic and β -adrenergic binding sites

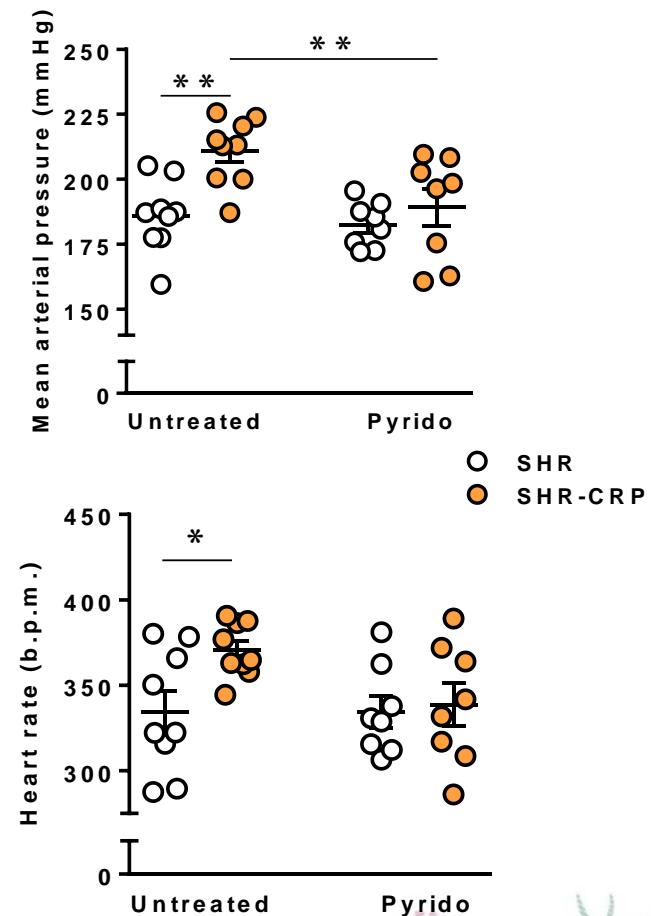
Muscarinic cholinergic receptors



β -adrenergic receptors

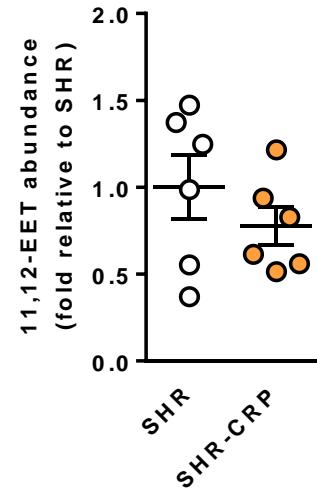
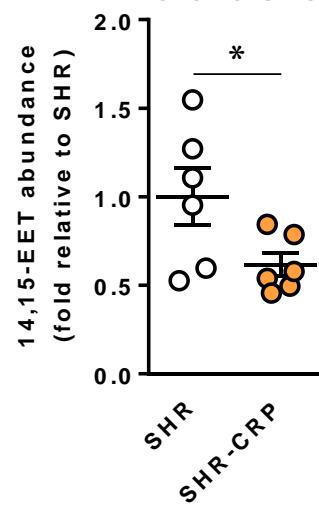


The effect of parasympathomimetic treatment



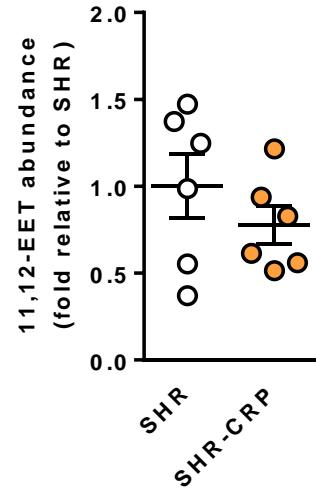
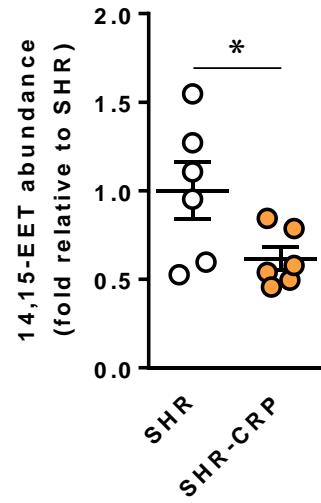
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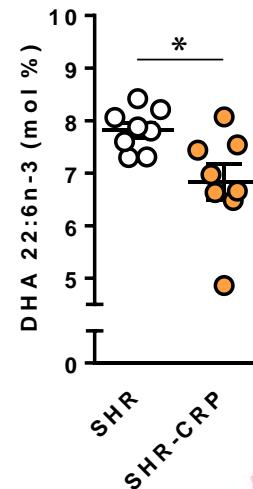
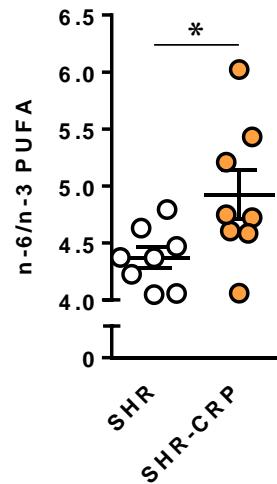
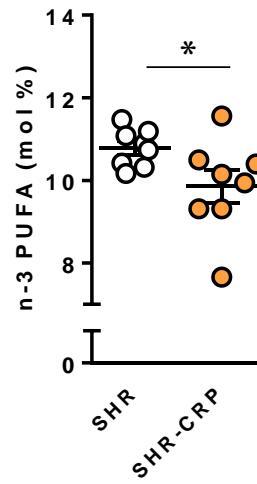


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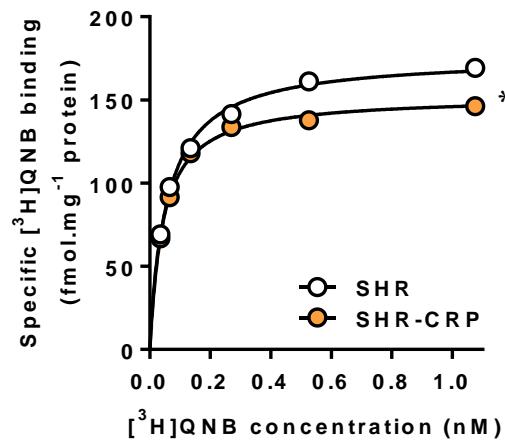
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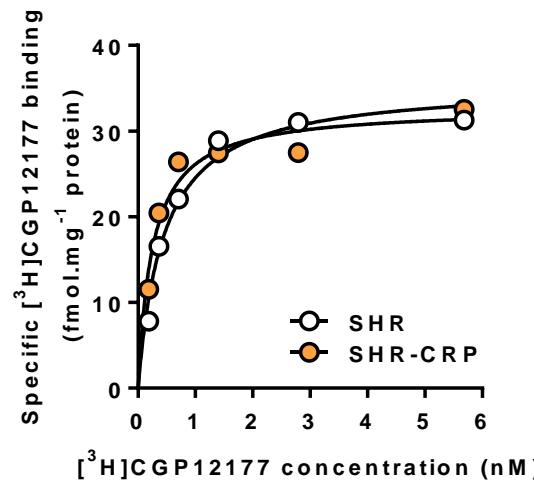
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Muscarinic cholinergic receptors

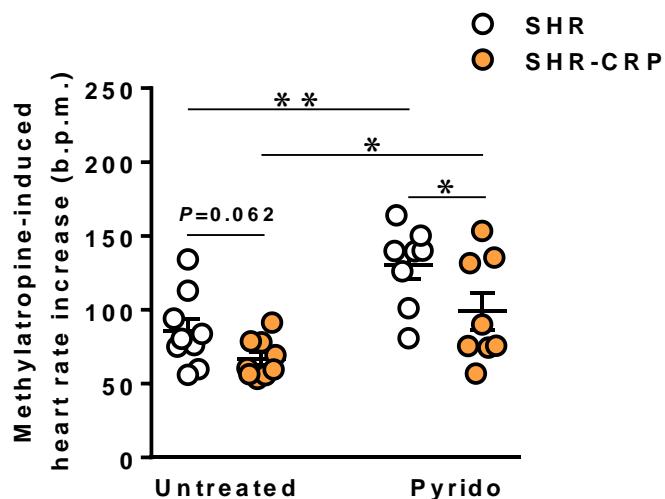
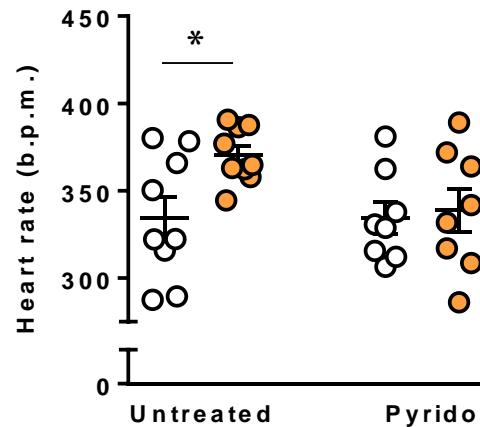
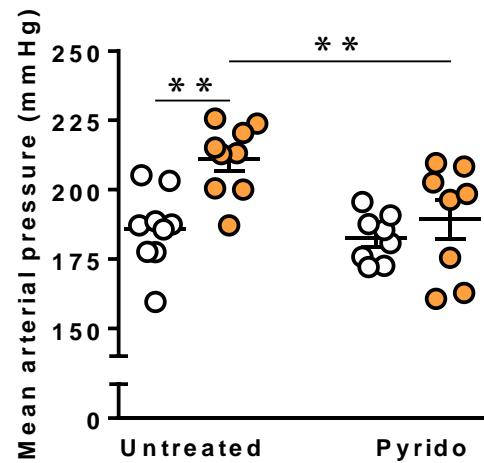


β -adrenergic receptors



Autonomic nervous system activity

The effect of pharmacological modulators of parasympathetic activity



Transgenic rat strain SHR-CRP

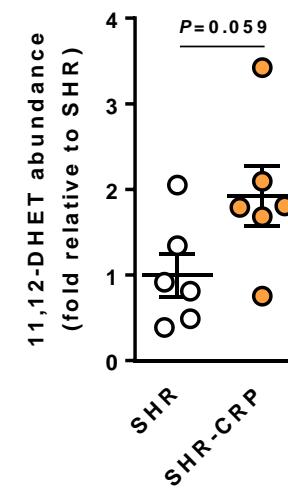
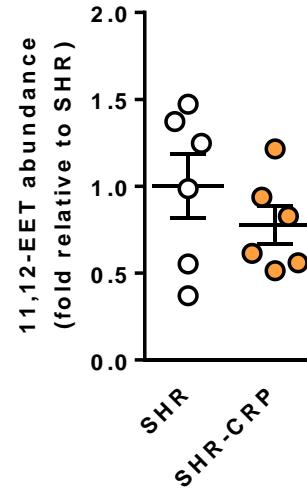
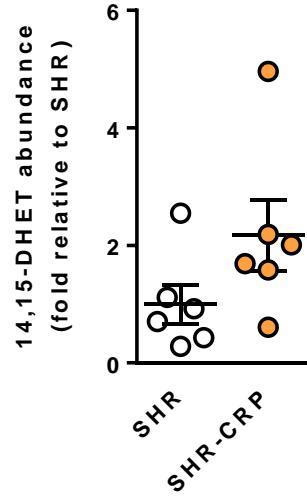
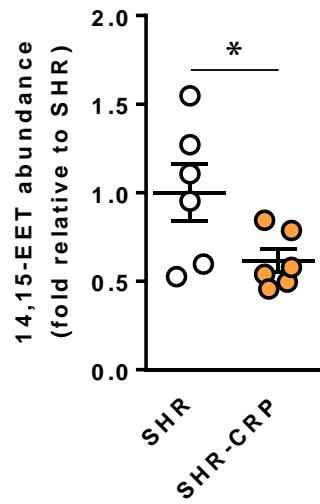
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CARDIAC ISCHEMIC TOLERANCE?



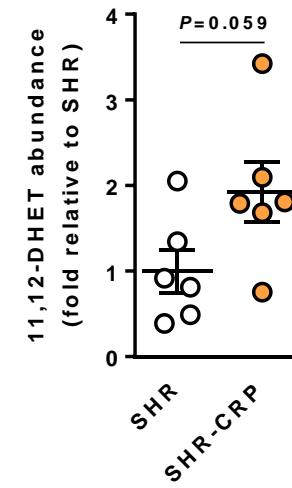
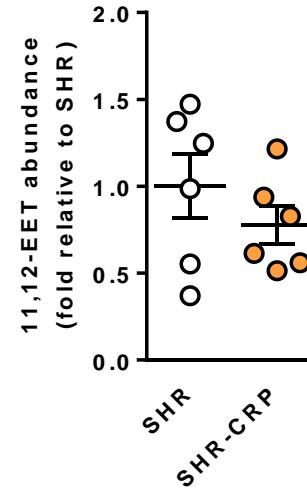
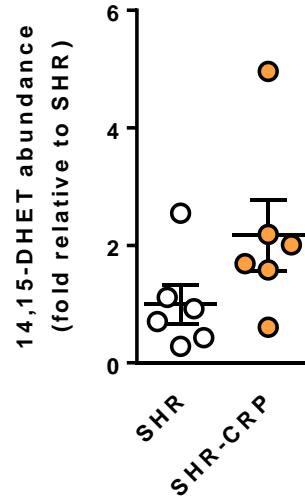
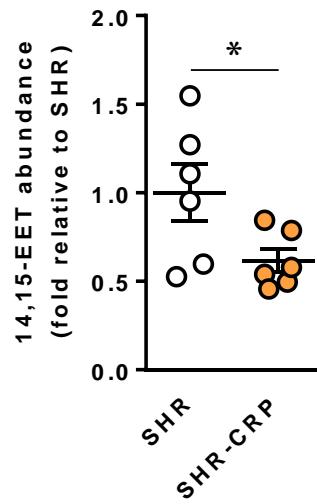
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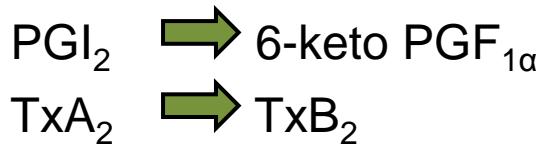


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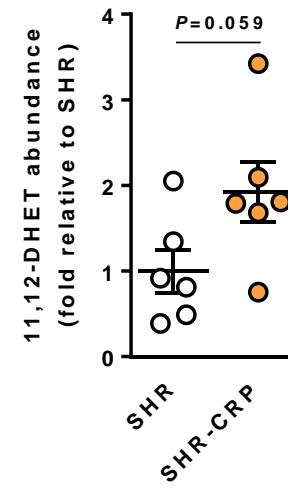
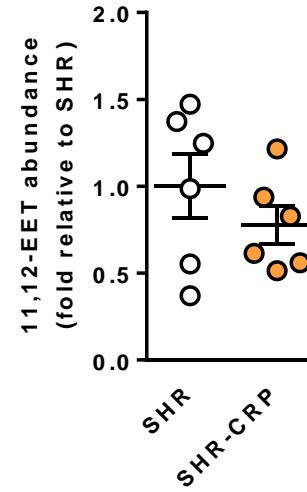
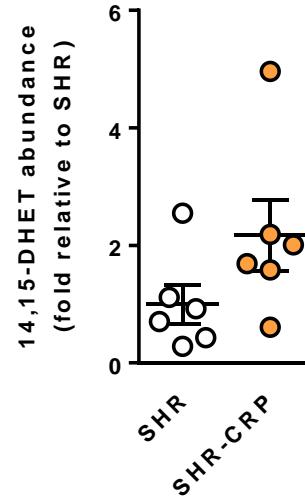
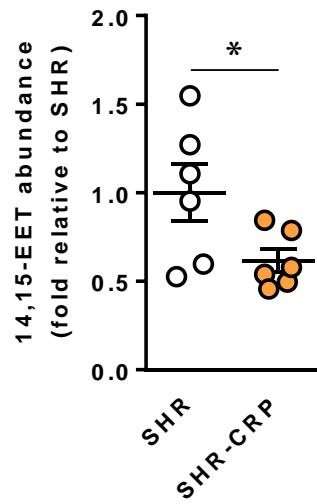


Plasma levels of antiarrhythmic PGI₂ and proarrhythmic TXA₂

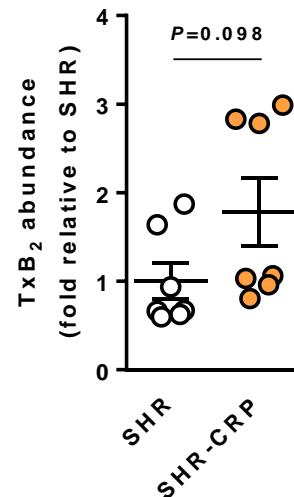
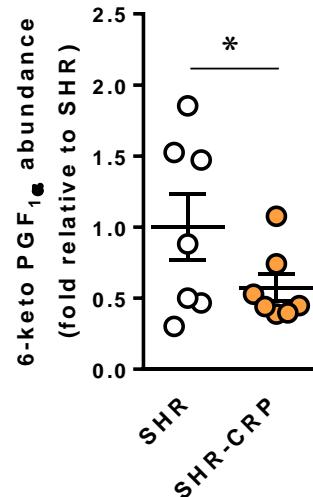
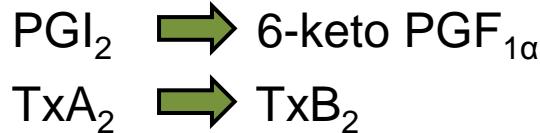


Pro- and antiarrhythmic lipid mediators

Myocardial epoxyeicosatrienoic acids composition

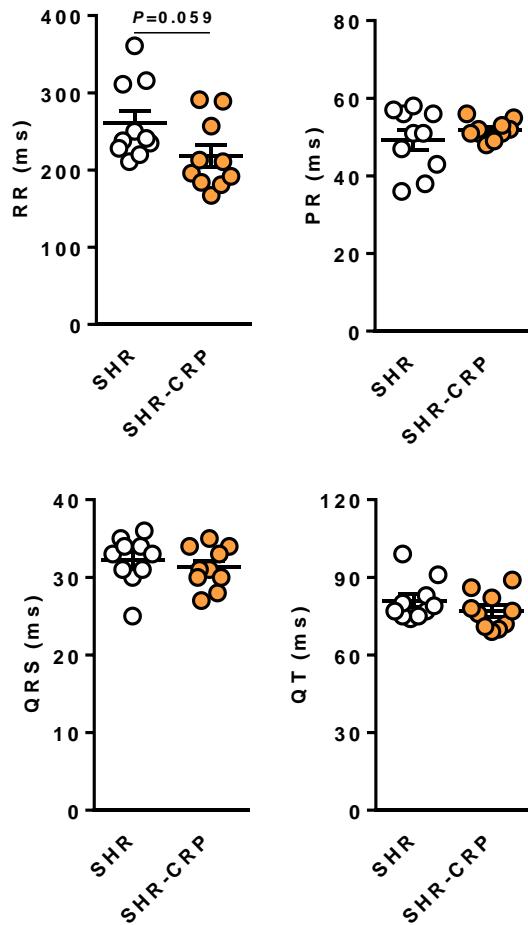


Plasma levels of antiarrhythmic PGI₂ and proarrhythmic TXA₂



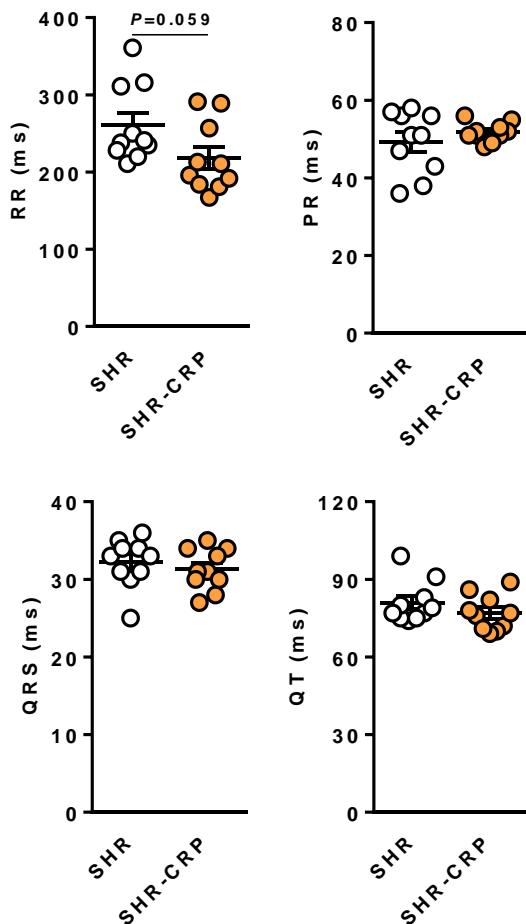
Electrophysiological measurements

Heart *in vivo* – ECG analysis

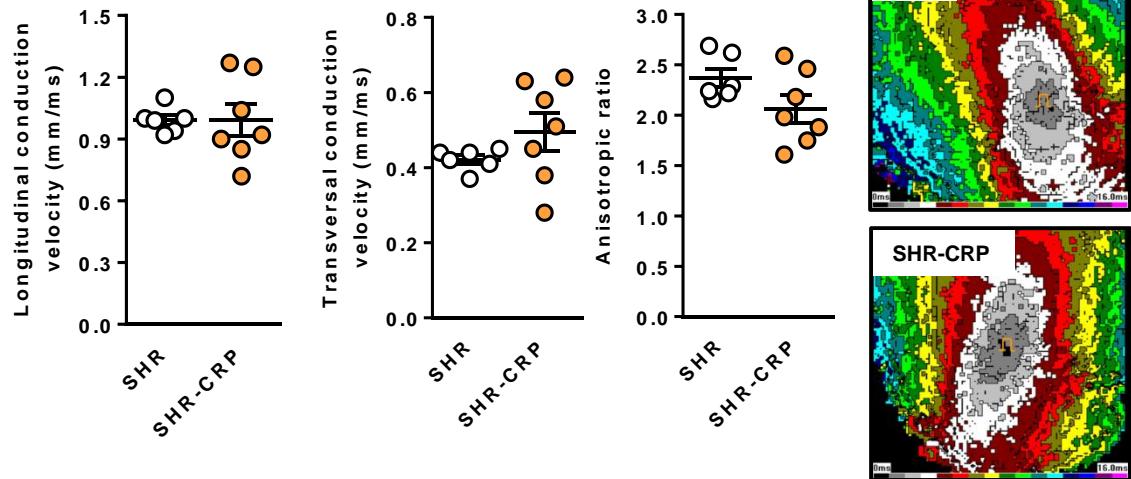


Electrophysiological measurements

Heart *in vivo* – ECG analysis



Heart *ex vivo* – conduction velocities



General Aim

To find out whether transgenic expression of human CRP affects cardiac susceptibility to ischemia/reperfusion injury in adult SHR-CRP.

Specific Aims

- In SHR-CRP, to clarify the mechanism(-s) of:
- i) severe ischemic tachyarrhythmias
 - ii) infarct size-limiting effect