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Mini Review

P2X4 receptor–eNOS signaling pathway in cardiac myocytes as a novel protective mechanism in heart failure

Ronghua Yang^a, Dardan Beqiri^a, Jian-Bing Shen^a, John M. Redden^a, Kimberly Dodge-Kafka^a, Kenneth A. Jacobson^b, Bruce T. Liang^{a,*}

^a Pat and Jim Calhoun Cardiology Center, University of Connecticut Medical Center, Farmington, CT, United States

^b Laboratory of Bioorganic Chemistry, NIDDK, National Institutes of Health, Bethesda, MD, United States

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1. Introduction

Since the original proposal of purinergic transmission by Burnstock [1], the field of purinergic receptors and signaling has grown exponentially. Extracellular ATP and adenosine activating their P2 and P1 purinergic receptors, respectively, mediate a growing number of biological functions. Adenosine (P1) and P2Y₁₂ receptors have already become targets for cardiovascular disease [2,3]. P2X receptors (P2XRs) are trimeric ion channels with a molecular weight of each monomer of 43,438 Da (mouse) or 43,369 Da (human). This receptor channel is activated by ATP and its analogues. The subunit composition of a given P2X channel may be homotrimeric, i.e. of the same P2XR protein, or heterotrimeric, which is known to affect the ligand pharmacology. In the current review, we summarized a novel feature of the P2X4R in that the receptor is not just an ion channel, but it also physically associates with the enzyme endothelial nitric oxide synthase (eNOS). In the cardiac myocyte, we show that P2X4R stimulation causes activation of eNOS, as demonstrated by increased nitric oxide (NO) formation, with two structurally different NO-sensitive fluorescent dyes. Functionally, the P2X4R–eNOS pathway is important in mediating cardioprotection in heart failure (HF).

2. Identification and characterization of cardiac myocyte P2X4 receptors

Adult ventricular myocytes from mice, rat and guinea pig show an inward current in response to extracellular ATP [3]. ATP elicited an

increase in a non-selective cation current with a reversal potential near 0 mV, which is similar to that of cloned P2X4Rs [4]. In murine ventricular myocytes, the current induced by the P2XR agonist 2-methylthioATP (2-meSATP) is partially insensitive to antagonism by suramin and pyridoxalphosphate-6-azophenyl-2',4'-disulphonic acid (PPADS), which is also characteristic of the P2X4R [4]. As an ion channel, the P2X4R conducts current carried by both Na⁺ and Ca²⁺. Although the P2X4R is a calcium permeant channel, the majority of the inward current is carried by Na⁺. Initially, it was predicted that this channel would be deleterious in the heart because of the potential calcium overload caused by the influx of Na⁺ and Ca²⁺. Under basal control conditions, mice with cardiac-specific P2X4R overexpression were overtly normal without cardiac hypertrophy or failure as they age [5]. Paradoxically, these mice are protected from HF with improved cardiac function and survival with post-infarct, pressure overload, and calsequestrin (CSQ) overexpression-induced HF [6–8].

3. Regulation of P2X receptors in dise

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