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Effects of Isoproterenol on IhERG during K⁺ changes in HEK293 cells

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Objectives:

The human ether-a-go-go related gene (hERG) encodes the pore forming protein which mediates the rapid delayed rectifier K⁺ current in the heart (I_{Kr}). Together with other ion channels hERG determines the cardiac action potential and regulates the heart beating. Dysfunction of the hERG ion channel will lead to acquired long QT syndrome (LQTS). Therefore, new drug candidates must pass the test for a potential inhibitory effect on the hERG current as a first step in a nonclinical testing strategy. Arrhythmias in patients with LQTS are typically triggered during physical or emotional stress, suggesting a link between sympathetic stimulation and arrhythmias. It is well known that potassium level can affect the QT interval through affecting IhERG both in vivo and in vitro. In this study, we try to find out whether the trigger effect still exist when K⁺ changes violently in a short time period. In other words, whether the risk of TdP aggravate when patients suffer from acute water electrolyte balance disorder, which is a common symptom in hot weather.

Methods:

HEK293 Cell line stably expressing hERG channel were cultured in DMEM supplemented with 10% of fetal bovine serum. Whole-cell patch-clamp method was applied for ionic current recordings. The compositions of pipette was (in mM) 125 KCl, 5 MgCl₂, 5 EGTA-K, 10 HEPES-K and 5 Na-ATP adjusted to pH 7.2 with KOH. The bath solutions for recording the IhERG currents was 136 NaCl, 4 KCl, 1 MgCl₂, 10 HEPES-Na, 1.8 CaCl₂ and 10 glucose, pH 7.4 with NaOH. The low extracellular K⁺ solution was 115 KCl, 5 MgCl₂, 5 EGTA-K, 10 HEPES-K and 10 Na-ATP adjusted to pH 7.2 with NaOH. Patch-clamp experiments were performed at room temperature (22 ± 1°C). The recording of low K⁺ current was carried out immediately after the original normal K⁺ solution has been totally replaced. Isoproterenol (ISO) 100nM was added into both kinds of K⁺ solution to apply the effect of β₁-AR stimulation.

Results:

We found that low K⁺ solution increased IhERG from 907.39±18.68 to 1620.08±249.44pA (n=30, P<0.05); Low K⁺ also shifted the I-V curve to the left. IC₅₀ in control is 10.31±5.52 mV, low K⁺ is -6.15±1.58 mV. When adding ISO 100nM to extracellular solution, same effects were shown for both groups. ISO decreased I_{max} for both group. In control group, I_{max} reduced from 907.39±18.68 to 493.16±54.41pA (n=30, P<0.01), while in low K⁺ group, I_{max} decreased I_{max} from 1620.08±29.44 to 488.48±81.87pA (n=30, P<0.05). At the same time, ISO shifts the I-V curve to the right for the control group and shift the curve to the left for low K⁺ group. IC₅₀ in control when added ISO is 22.25±3.80 mV, while IC₅₀ in low K⁺ group after adding 100nM ISO is -31.00±5.73 mV.

Conclusion:

The results from this study is contradict to those in our previous study where low K⁺ combined with ISO can lead to temporarily increase of QT interval in vivo. It is reported that an increase in net outward repolarizing current, due to a relatively large increase of I_{Ks}, is responsible for the

changes of QT interval in response to beta-adrenergic stimulation in vivo(2). Therefore future studies need to co-transfect IKs channel to confirm this.

References:

1. Guo J, Massaelli H, Xu J, Jia Z, Wigle JT, Mesele N, et al. Extracellular K⁺ concentration controls cell surface density of IKr in rabbit hearts and of the HERG channel in human cell lines. *The Journal of clinical investigation*. 2009;119(9):2745- 57.
2. Shimizu W, Antzelevitch C. Differential effects of beta-adrenergic agonists and antagonists in LQT1, LQT2 and LQT3 models of the long QT syndrome. *Journal of the American College of Cardiology*. 2000;35(3):778-86.