



## Searching for novel hydrogen sulfide donors: The vascular effects of two thiourea derivatives



Valentina Citi<sup>a</sup>, Alma Martelli<sup>a</sup>, Mariarosaria Bucci<sup>b</sup>, Eugenia Piragine<sup>a</sup>, Lara Testai<sup>a</sup>,  
Valentina Vellecco<sup>b</sup>, Giuseppe Cirino<sup>b</sup>, Vincenzo Calderone<sup>a,\*</sup>

<sup>a</sup> Department of Pharmacy, University of Pisa, via Bonanno, 6 - 56125, Pisa, Italy

<sup>b</sup> Department of Pharmacy, University Federico II, via Montesano, 49 - 80131, Naples, Italy

### ARTICLE INFO

#### Keywords:

Hydrogen sulfide  
H<sub>2</sub>S-donor  
Vasorelaxation  
HASMCs  
Thioureas

### ABSTRACT

The gasotransmitter hydrogen sulfide (H<sub>2</sub>S) is involved in the regulation of the vascular tone and an impairment of its endogenous production may play a role in hypertension. Thus, the administration of exogenous H<sub>2</sub>S may be a possible novel and effective strategy to control blood pressure. Some natural and synthetic sulfur compounds are suitable H<sub>2</sub>S-donors, exhibiting long-lasting H<sub>2</sub>S release; however, novel H<sub>2</sub>S-releasing agents are needed to improve the pharmacological armamentarium for the treatment of cardiovascular diseases.

For this purpose, N-phenylthiourea (PTU) and N,N'-diphenylthiourea (DPTU) compounds have been investigated as potential H<sub>2</sub>S-donors. The thioureas showed long-lasting H<sub>2</sub>S donation in cell free environment and in human aortic smooth muscle cells (HASMCs). In HASMCs, DPTU caused membrane hyperpolarization, mediated by activation of K<sub>ATP</sub> and Kv7 potassium channels. The thiourea derivatives promoted vasodilation in rat aortic rings, which was abolished by K<sub>ATP</sub> and Kv7 blockers. The vasorelaxing effects were also observed in angiotensin II-constricted coronary vessels.

In conclusion, thiourea represents an original H<sub>2</sub>S-donor functional group, which releases H<sub>2</sub>S with slow and long lasting kinetic, and promotes typical H<sub>2</sub>S-mediated vascular effects. Such a moiety will be extremely useful for developing original cardiovascular drugs and new chemical tools for investigating the pharmacological roles of H<sub>2</sub>S.

### 1. Introduction

The gasotransmitter hydrogen sulfide (H<sub>2</sub>S) is involved in the regulation of the homeostasis of the cardiovascular system, where it is mainly biosynthesized by the pyridoxal-5-phosphate dependent enzyme cystathionine-γ-lyase (CSE), from the amino acid L-cysteine. However, the enzymes cystathionine-β-synthase (CBS) and 3-mercaptopyruvate sulfotransferase/cysteine amino transferase (3-MST/CAT) also contribute to cardiovascular production of H<sub>2</sub>S [1,2]. At physiological concentrations, H<sub>2</sub>S evokes direct vasorelaxing responses through different mechanisms that include the activation of different ion channels, such as the ATP-sensitive potassium channels (K<sub>ATP</sub>) [3,4], the large

conductance calcium-activated potassium channel (BK<sub>Ca</sub>) [5] and the voltage-gated potassium channels Kv7 [6,7], and the inhibition of phosphodiesterase-5 with the consequent increase of intracellular cGMP [8,9].

Consistently, reduced levels of endogenous H<sub>2</sub>S have been found in hypertensive animals and humans, suggesting that H<sub>2</sub>S could be involved in blood pressure regulation [10,11].

In particular, genetic modulations of CSE, CBS or 3-MST levels are effective means to experimentally investigate the cardiovascular actions of H<sub>2</sub>S. CSE<sup>-/-</sup> mice showed higher blood pressure than that of CSE<sup>-/+</sup> mice, suggesting that a deficiency of CSE/H<sub>2</sub>S may contribute to hypertension [12]. However, it has been controversially reported

**Abbreviations:** CSE, cystathionine gamma-lyase; K<sub>ATP</sub>, ATP-sensitive potassium channels; BK<sub>Ca</sub>, large conductance calcium-activated potassium channel; Kv7, voltage-gated potassium channels; GYY4137, morpholin-4-ium-4-methoxyphenyl-morpholino-phosphinodithioate; HASMC, human aortic smooth muscle cells; PTU, N-phenylthiourea; DPTU, N, N'-diphenylthiourea; DPU, N,N'-diphenylurea; 4-COOH-PITC, 4-carboxy-phenyl isothiocyanate; DADS, diallyl disulfide; DATS, diallyl trisulfide; DMSO, dimethyl sulfoxide; WSP-1, Washington State Probe-1, 3'-methoxy-3-oxo-3H-spiro(isobenzofuran-1, 9'-xanthen)-6'yl2(pyridin-2-yl)disulfanylyl; Ach, acetylcholine; DiBac4(3), bis-(1, 3-dibutylbarbituric acid)trimethine oxonol; NS1619, 1, 3-dihydro-1-(2-hydroxy-5-(trifluoromethyl)phenyl)-5-(trifluoromethyl)-2H-benzimidazol-2-one 31

\* Corresponding author.

E-mail address: [vincenzo.calderone@unipi.it](mailto:vincenzo.calderone@unipi.it) (V. Calderone).

<https://doi.org/10.1016/j.phrs.2020.105039>

Received 22 May 2019; Received in revised form 15 June 2020; Accepted 16 June 2020

Available online 18 June 2020

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that C57BL/6 J mice with CSE deficiency actually exhibit normal blood pressure [13]. This discrepancy may be due to differences in their genetic background.

Noteworthy, insufficient H<sub>2</sub>S enzymatic production has been also associated with cardiovascular complications in experimental models of diabetes mellitus [14]. In particular, in diabetic patients also show an enhanced H<sub>2</sub>S consumption due to oxidative inactivation of H<sub>2</sub>S has been reported, leading to implications in the pathophysiology of cardiovascular disease [15,16].

Since the insufficient production/activity of endogenous H<sub>2</sub>S may play a causal role in hypertension, the role of H<sub>2</sub>S has been mostly studied by inhibiting its physiological production [17] or using exogenous source of H<sub>2</sub>S which could be considered as possible strategy in controlling blood pressure [18,19].

Ideal H<sub>2</sub>S-donors for clinical purpose should be endowed with slow H<sub>2</sub>S-releasing profile, ensuring a constant and long-lasting H<sub>2</sub>S concentration at physiological level [20]. The synthetic H<sub>2</sub>S-donor compounds GYY4137 [21] and many natural polysulfide compounds from garlic (*Allium sativum* L.) [22] were early prototypical slow H<sub>2</sub>S-donors. Thereafter, some heterogeneous H<sub>2</sub>S-releasing chemical moieties, such as natural isothiocyanates [23–25], synthetic isothiocyanates [26–30], thioamides [31], iminothioethers [32], thiadiazolidindiones [33] or polysulfide molecules [34–36] were reported to be slow releasing H<sub>2</sub>S compound able to exert many beneficial effects [17,37]. However, the discovery of novel H<sub>2</sub>S-releasing chemical moieties is still a compelling issue, in order to improve the pharmacological armamentarium for the treatment of cardiovascular diseases and facilitate the project of new H<sub>2</sub>S-based drugs.

Thiourea functional group is a sulfur moiety, whose potential H<sub>2</sub>S-releasing properties have never been investigated until now. Noteworthy, the blood pressure lowering effects of some thiourea derivatives have been already described, even if the mechanisms of action were quite elusive stressing the necessity of further mechanistic pharmacological studies [38,39].

In this paper, thiourea functional group has been investigated as a novel potential source of H<sub>2</sub>S by using two thiourea derivatives such as N-phenylthiourea (PTU) and N,N'-diphenylthiourea (DPTU), shown in Fig. 1. Evaluation of their H<sub>2</sub>S-donor profile in both “cell free” environment and in human aortic smooth muscle cells (HASMCs) have been performed. Then, in order to assess the pharmacological effects of PTU and DPTU on vascular tissues, different pharmacological approaches have been used. In detail, the hyperpolarizing activity of the

two thioureas has been evaluated in HASMCs, while the vasorelaxant effect has been explored in isolated rat aortic rings and in angiotensin-II precontracted coronary vessels of Langendorff-perfused rat hearts.

## 2. Materials and methods

### 2.1. Determination of H<sub>2</sub>S by amperometry

The H<sub>2</sub>S-release properties of PTU (Sigma-Aldrich, N-Phenylthiourea, PubChem CID: 676454) and DPTU (Sigma-Aldrich, 1-Benzyl-3-Phenylthiourea, PubChem CID: 668300) have been evaluated by amperometric approach, through an Apollo-4000 Free Radical Analyzer (World Precision Instrument -WPI) detector and H<sub>2</sub>S-selective electrodes. 4-COOH-PITC [26] (FluorChem, 4-isothiocyanatobenzoic Acid, PubChem CID: 242946) and GYY4137 [40] (abcam - morpholin-4-ium-4-methoxyphenyl-morpholino-phosphinodithioate PubChem CID: 53393943) were used as H<sub>2</sub>S-donor reference compounds. The experiments were carried out at room temperature in a PBS buffer adjusted to pH 7.4. The H<sub>2</sub>S-selective electrode was equilibrated in 10 mL of the PBS buffer, after establishing a stable baseline. Then, 100 µl of a dimethyl sulfoxide (DMSO – Sigma-Aldrich) solution of the tested compounds was added at the final concentration of the 1 mM and 1% of the vehicle DMSO. The generation of H<sub>2</sub>S was observed for 25 min. When required by the experimental protocol, an excess of L-cysteine (Sigma-Aldrich) 4 mM was added, before the H<sub>2</sub>S-donors. The relationship between the amperometric currents (recorded in pA) and the corresponding concentrations of H<sub>2</sub>S was determined by calibration curves with increasing concentrations of NaHS (Cayman Chemical) (1 µM, 3 µM, 7 µM, 10 µM) at pH 4.0. The lower limit of reliable quantitative determination was 0.5 µM. The curves relative to the progressive increase of H<sub>2</sub>S vs time, following the incubation of the tested compounds, were analyzed by a fitting curve using the software GraphPad Prism 6.0, obtaining C<sub>max</sub> (the highest concentration achieved in the recording time) and HCT (Half Concentration Time, i.e. the time required to achieve 50 % of C<sub>max</sub>). The values of C<sub>max</sub> and HCT were calculated by a computer fitting procedure.

### 2.2. Cell line

HASMCs were cultured in Medium 231 (Life technologies) supplemented with Smooth Muscle Growth Supplement (SMGS, Life Technologies) and 1% of 100 units/mL penicillin and 100 mg/mL

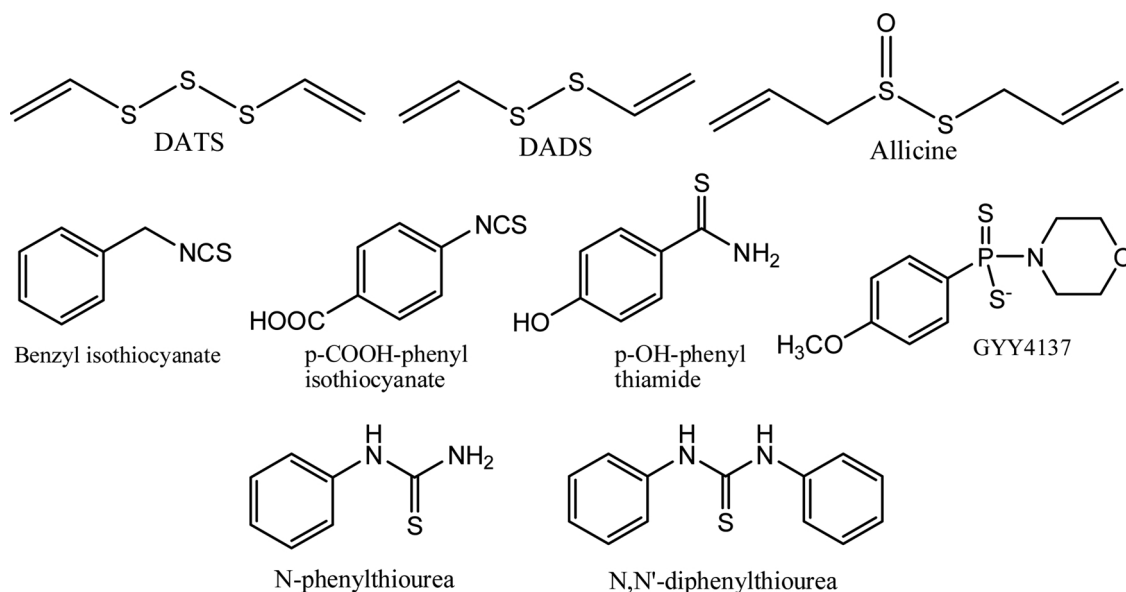


Fig. 1. Structures of some known and novel H<sub>2</sub>S-donors.

streptomycin (Sigma Aldrich) in tissue culture flasks at 37 °C in a humidified atmosphere and 5% CO<sub>2</sub>. HASMCs were cultured up to about 90 % confluence and 24 h before the experiment cells were seeded onto a 96-well black plate, clear bottom pre-coated with gelatin 1% (from porcine skin, Sigma Aldrich), at density of  $72 \times 10^3$  per well. Cells were split 1:2 twice a week and used until passage 18.

### 2.3. Evaluation of H<sub>2</sub>S release on HASMCs

After 24 h to allow cell attachment, the medium was replaced and cells were incubated for 30 min in the buffer standard (HEPES 20 mM, NaCl 120 mM, KCl 2 mM, CaCl<sub>2</sub>·2H<sub>2</sub>O 2 mM, MgCl<sub>2</sub>·6H<sub>2</sub>O 1 mM, Glucose 5 mM, pH 7.4, at room temperature) containing the fluorescent dye WSP-1 (Washington State Probe-1, 3'-methoxy-3-oxo-3H-spiro (isobenzofuran-1,9'-xanthen)-6'-yl(2-pyridin-2-yl)disulfanyl) benzoate, Cayman Chemical) at the concentration of 100 μM [32,41,42]. Then the supernatant was removed and replaced with a solution of the tested compounds or the 4-COOH-PITC as a known H<sub>2</sub>S-donor [26] in buffer standard. When WSP-1 reacts with H<sub>2</sub>S, it releases a fluorophore detectable with a spectrofluorometer at excitation and emission wavelengths of 465–515 nm. The increasing of fluorescence (expressed as fluorescence index = FI) was monitored for 30 min, using a spectrofluorometer (EnSpire, Perkin Elmer).

### 2.4. Animal procedures

All the experimental procedures were carried out following the guidelines of the European Community Council Directive 86–609 and in accordance with the Code of Ethics of the World Medical Association (Declaration of Helsinki, EU Directive 2010/63/EU for animal experiments). The experiments were authorized by the Ethical Committee of the University of Pisa (Protocol number 0037321/2013). The blood pressure evaluation were authorized by the Ministry of Health of Italy (Protocol number 108/2020-PR).

### 2.5. Evaluation of the functional effects on rat aortic rings. Study in vitro on isolated rat aortic rings

To determine a possible vasodilator mechanism of action, the compounds were tested on isolated thoracic aortic rings of male normotensive Wistar rats (250–350 g). Rats were sacrificed by cervical dislocation under overdose of sodium pentobarbital and bled. Thoracic aorta was immediately excised and freed of extraneous tissues. The endothelial layer was removed by gently rubbing the intimal surface of the aortae with a hypodermic needle. Five mm wide aortic rings were suspended, under a preload of 2 g, in 20 mL organ baths, containing Tyrode solution (composition of saline in mM: NaCl 136.8; KCl 2.95; CaCl<sub>2</sub>·2H<sub>2</sub>O 1.80; MgSO<sub>4</sub>·7H<sub>2</sub>O 1.05; NaH<sub>2</sub>PO<sub>4</sub>·H<sub>2</sub>O 0.41; NaHCO<sub>3</sub> 11.9; Glucose 5.5), thermostated at 37 °C and continuously gassed with Clioxcarb, a mixture of O<sub>2</sub> (95 %) and CO<sub>2</sub> (5%). Changes in tension were recorded by an isometric transducer (Grass FTO3), connected with a preamplifier (Buxco Electronics) and with a software for data acquisition (BIOPAC Systems Inc., MP 100). After an equilibration period of 60 min, the endothelial removal was confirmed by the administration of acetylcholine (ACh, 10 μM) to KCl (25 mM)-precontracted vascular rings. A relaxation < 10 % of the KCl-induced contraction was considered representative of an acceptable lack of the endothelial layer, while the organs, showing a relaxation ≥ 10 % (i.e. significant presence of the endothelium), were discarded. Then, 45 min after the confirmation of the endothelium removal, the aortic preparations were re-contracted by KCl 25 mM and when the contraction reached a stable plateau, the tested compounds or the reference H<sub>2</sub>S-donor 4-COOH-PITC were cumulatively added (0.1 μM – 1 mM). Preliminary experiments showed that the KCl (25 mM)-induced contractions remained in a stable tonic state for at least 40 min [43]. The vasorelaxing efficacy (Emax) was defined as maximal vasorelaxing response achieved with

the highest concentration (1 mM) of the tested compounds and was expressed as a percentage (%) of the contractile tone induced by KCl. The parameter of potency was expressed as pEC50, calculated as negative Logarithm of the molar concentration evoking a half-maximal vasorelaxing effect.

The parameters of efficacy and potency were calculated by a computer fitting procedure (software: GraphPad Prism 6.0) and expressed as mean ± standard error, from aortae of 6–10 animals.

### 2.6. Effects on coronary flow in Langendorff-perfused rat hearts

The animals were euthanized with an overdose of sodium pentobarbital (100 mg/kg, i.p.) and bled. After the opening of the chest, the hearts were quickly excised and placed in Krebs solution at 4 °C (composition mM: NaHCO<sub>3</sub> 25.0, NaCl 118.1, KCl 4.8, MgSO<sub>4</sub>·7H<sub>2</sub>O 1.2, CaCl<sub>2</sub>·2H<sub>2</sub>O 1.6, KH<sub>2</sub>PO<sub>4</sub> 1.2, glucose 11.5) equilibrated with 95 % O<sub>2</sub> 5% CO<sub>2</sub>. Rapidly, the ascending aorta was cannulated, the heart was mounted on a Langendorff apparatus and perfused with Krebs solution (thermostated at 37 °C and continuously bubbled with a gas mixture of 95 % O<sub>2</sub> and 5% CO<sub>2</sub>). Perfusion was carried out at constant pressure (70–80 mmHg). Then, a bolus of heparin (100 UI i.p.) was administered to prevent blood clotting. The above procedure was completed within about 2 min. In order to monitor the functional parameters, a water-filled latex balloon connected to a pressure transducer (Bentley Trantec, mod 800) was introduced into the left ventricle via the mitral valve and the volume was adjusted to achieve a stable left ventricular end-diastolic pressure of 5–10 mmHg during initial equilibration. The Rate Pressure Product (RPP) and the dP/dt were continuously monitored by a computerized Biopac system (California, USA), in order to discard hearts showing severe arrhythmia or unstable RPP and dP/dt values, during the equilibration period. Coronary flow (CF) was volumetrically measured at 5 min intervals and expressed as ml/min, normalized by the heart weight. After a 20 min equilibration period, angiotensin II (AngII) 0.1 μM was administered through the perfusion. Once a stable contractile coronary artery tone was obtained (evaluated as a reduction of the CF), cumulatively increasing concentrations of PTU or DPTU (1 μM–100 μM, 20 min of perfusion for each concentration) were administered (in the constant presence of AngII 0.1 μM). The reference H<sub>2</sub>S-donor 4-COOH-PITC was added at the concentration of 100 μM [26]. Preliminary experiments demonstrated that the treatment with AngII 0.1 μM alone caused a rapid decrease of the CF, which reached and maintained a stable level for at least 2 h [44].

Changes in CF were recorded after the pharmacological treatments and were expressed as a % of the basal values measured in the last 5 min of the equilibration period. The parameters were evaluated as mean ± standard error, from hearts of 6–10 animals.

### 2.7. Evaluation of the membrane hyperpolarizing effects on HASMCs

The membrane hyperpolarizing effects were evaluated on HASMCs by spectrofluorometric methods, as already described [6,45]. HASMCs were cultured up to about 90 % confluence and 24 h before the experiment cells were seeded onto a 96-well black plate, clear bottom pre-coated with gelatin 1% (from porcine skin, Sigma Aldrich), at density of  $72 \times 10^3$  per well. After 24 h to allow cell attachment, the medium was replaced and cells were incubated for 1 h in the buffer standard (HEPES 20 mM, NaCl 120 mM, KCl 2 mM, CaCl<sub>2</sub>·2H<sub>2</sub>O 2 mM, MgCl<sub>2</sub>·6H<sub>2</sub>O 1 mM, Glucose 5 mM, pH 7.4, at room temperature) containing the bisoxonol dye bis-(1,3-dibutylbarbituric acid) DiBac4(3) (Sigma Aldrich) 2.5 μM [46]. This membrane potential-sensitive dye DiBac4(3) allowed us to measure the cell membrane potential; in fact, this lipophilic and negatively-charged oxonol dye shuffles between cellular and extracellular fluids in a membrane potential-dependent manner (following the Nernst laws), thus allowing to assess changes in membrane potential by means of spectrofluorometric recording. In particular, an increase of fluorescence, corresponding to an inward flow of the dye,

reflects a membrane depolarization; in contrast, a decrease in fluorescence, due to an outward flow of the dye, is linked to membrane hyperpolarization. The spectrofluorometric recording is carried out at excitation and emission wavelengths of 488 and 520 nm, respectively (Multiwells reader, Enspire, PerkinElmer). NS1619 (Sigma-Aldrich) at the concentration of 10  $\mu\text{M}$  [47], was used as reference drug, since it evokes membrane hyperpolarizing effects with highest potency and efficacy [32], while 4-COOH-PITC was used as a  $\text{H}_2\text{S}$ -donor. When required by the experimental procedures, after the assessment of base-line fluorescence, channel blockers were incubated for 20 min; the tested compounds were added, and the trends of fluorescence was followed for 40 min. The relative fluorescence decrease, linked to hyperpolarizing effects, was recorded every 2.5 min and was calculated as:

$$(F_t - F_0)/F_0$$

where  $F_0$  is the basal fluorescence before the addition of the tested compounds, and  $F_t$  is the fluorescence at time  $t$  after their administration. The value corresponding to the maximum hyperpolarizing effect were expressed as % of that induced by NS1619 10  $\mu\text{M}$ .

### 2.8. In vivo measurement of blood pressure

The effects of DPTU and its vehicle (DMSO 1 mL:kg<sup>-1</sup>) were tested on blood pressure on an experimental model of hypertension, induced by the administration of L-NG-nitroarginine methyl ester (L-NAME), an inhibitor of nitric oxide synthase. Male 12-week-old normotensive Wistar rats (300–350 g) were anaesthetized with sodium thiopental 60 mg kg<sup>-1</sup> i.p. and after the administration of the anaesthetic, they were kept on a heated platform (about 30 °C) for 20 min to induce a slight vasodilatation of the tail artery, in order to allow an easier recording of the basal systolic BP (Psys) with the “tail-cuff” method by a BP recorder (BP-2000 Blood Pressure Analysis System, Series II, Visitech System, Apex NC, USA). Basal level of Psys was recorded for 20 min, at 5 min intervals. Then, the rats received an i.p. injection of 100 mg/kg L-NAME, and the Psys increase was further monitored for 20 at 5 min intervals. Then, DPTU 1 mg Kg<sup>-1</sup>, 3 mg kg<sup>-1</sup> and 10 mg Kg<sup>-1</sup> or the corresponding vehicle were administered i.p. to different groups, each composed of six rats. Starting from the administration of the tested compounds, the Psys values were recorded, for 30 at 5 min intervals. Basal Psys was expressed as a mean of the four measurements carried out in each rat before the administration of L-NAME. L-NAME-induced hypertensive Psys was expressed as a mean of the four measurements carried out in each rat after the administration of L-NAME. Change in systolic blood pressure, recorded after the drug administration, was expressed as percentage of the L-NAME-increased Psys and calculated as mean value of the six recordings carried out after the drug administration. Blood pressure measurements were carried out in 6 animals/group.

### 2.9. Statistical analysis

Experimental data were analyzed by a computer fitting procedure (software: GraphPad Prism 6.0) and expressed as mean  $\pm$  standard error; three different experiments were performed, each carried out in three replicates. ANOVA and Student  $t$ -test were selected as statistical analyses; when required, the Bonferroni post hoc test was used.  $P < 0.05$  was considered representative of significant statistical differences.

## 3. Results

### 3.1. Amperometric measurement of $\text{H}_2\text{S}$ -release

As already reported [31], the incubation of the well-known slow-releasers of  $\text{H}_2\text{S}$  (4-COOH-PITC [26] and GYY4137 [40]) require the

**Table 1**

**$\text{H}_2\text{S}$ -releasing profile of the tested compounds.** The table shows the values of  $C_{\text{max}}$  and HCT of  $\text{H}_2\text{S}$ -release obtained with the indicated compounds (1 mM) and recorded by the amperometric analysis in the absence (-L-Cys) or in the presence (+L-Cys) of an excess of L-cysteine (4 mM). Data are expressed as means  $\pm$  standard error. n.d. = not detectable.

	+ L-cysteine 4 mM		- L-cysteine	
	$C_{\text{max}}$ ( $\mu\text{M}$ )	HCT (min)	$C_{\text{max}}$ ( $\mu\text{M}$ )	HCT (min)
4-COOH-PITC	34.9 $\pm$ 3.3	5.2 $\pm$ 0.3	< 1	n.d.
GY4137	10.3 $\pm$ 2.6	2.5 $\pm$ 0.8	< 1	n.d.
PTU	8.99 $\pm$ 0.42	6.23 $\pm$ 0.49	7.69 $\pm$ 0.51	10.25 $\pm$ 0.93
DPTU	3.46 $\pm$ 0.16	5.26 $\pm$ 0.69	3.30 $\pm$ 0.08	5.97 $\pm$ 0.74

presence of cysteine (4 mM) to get a detectable generation of  $\text{H}_2\text{S}$  (Table 1). Interestingly, PTU and DPTU led to  $\text{H}_2\text{S}$  release both in the absence and in the presence of L-cysteine with a relatively slow kinetic, although the presence of L-cysteine slightly but not significantly improved the  $\text{H}_2\text{S}$  formation. Indeed, PTU exhibited  $C_{\text{max}}$  of  $\text{H}_2\text{S}$  release of about 8  $\mu\text{M}$ , while DPTU showed lower  $\text{H}_2\text{S}$  formation ( $C_{\text{max}}$  of about 3  $\mu\text{M}$ ) independently of L-cysteine (Table 1, Fig. 2).

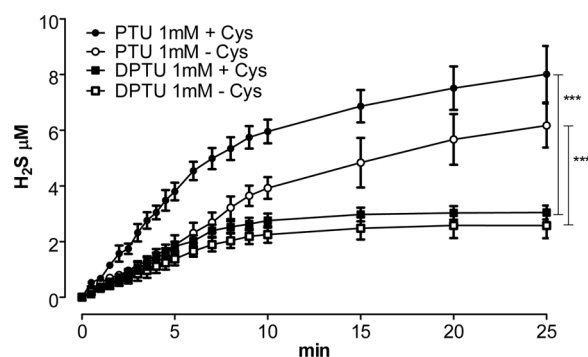
### 3.2. Evaluation of $\text{H}_2\text{S}$ -release in HASMCs

A further investigation about the  $\text{H}_2\text{S}$  releasing properties of PTU and DPTU has been carried out using cultured HASMCs, for assessing the  $\text{H}_2\text{S}$  formation into the cells without adding any exogenous thiol.

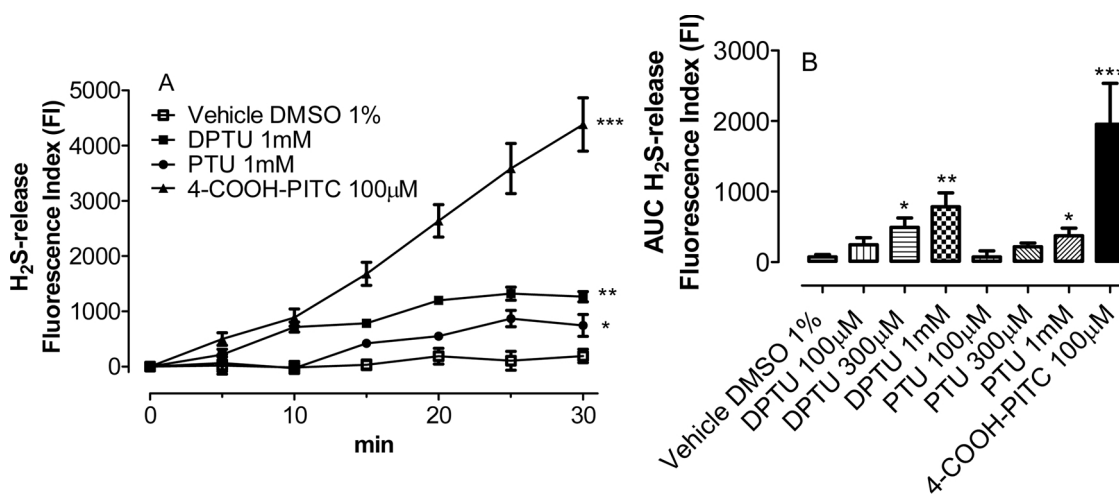
In particular, the  $\text{H}_2\text{S}$  generation was detected in HASMCs by spectrofluorometric measurements using the dye 3'-methoxy-3-oxo-3H-spiro-(isobenzofuran-1,9'-xanthen)-6'-yl-2-(pyridin-2-ylidensulfanyl) benzoate (Washington State Probe-1, WSP-1), which selectively binds  $\text{H}_2\text{S}$ , determining an increase in the fluorescence values. The incubation of both PTU and DPTU determined a significant concentration-dependent  $\text{H}_2\text{S}$  formation into the cells compared to the vehicle (DMSO 1%), but with different rate: DPTU 1 mM showed an increase in fluorescence values, and thus in  $\text{H}_2\text{S}$  formation, about two-fold higher than PTU indicating that the DPTU can easier cross the cell membrane and explicate the  $\text{H}_2\text{S}$ -donor feature. 4-COOH-PITC (100  $\mu\text{M}$ ) has been used as a known  $\text{H}_2\text{S}$  releasing molecule and showed a marked increase in the fluorescence index, thus indicating the intracellular  $\text{H}_2\text{S}$  formation (Fig. 3).

### 3.3. Direct vasorelaxing effects

PTU produced weak vasorelaxing effects, with a low efficacy ( $E_{\text{max}} = 37.71 \pm 1.91$ ). In contrast, DPTU showed a full vasorelaxing efficacy



**Fig. 2.** Evaluation of  $\text{H}_2\text{S}$ -release kinetic of PTU and DPTU in the absence (-L-Cys) or in the presence of L-Cys 4 mM (+L-Cys). In a cell free environment both PTU and DPTU display a slow release of  $\text{H}_2\text{S}$  that resulted independent of L-cysteine addition. Three different experiments were carried out, each in triplicate (\*\*\*)  $P < 0.001$ .



**Fig. 3.** H<sub>2</sub>S release measured into HASMCs. A) Time-course of the intracellular H<sub>2</sub>S formation (expressed as WSP-1 fluorescence) following the administration of vehicle, PTU 1 mM, DPTU 1 mM and 4-COOH-PITC 100 µM as known H<sub>2</sub>S-donor to HASMCs. B) Cumulative H<sub>2</sub>S formation (expressed as area under the curve of the WSP-1 fluorescence in the recording time) produced by the incubation of vehicle or different concentrations of PTU and DPTU and 4-COOH-PITC (100 µM). Data were expressed as mean ± standard error. Three different experiments were carried out, each in triplicate. Student *t*-test has been applied to calculate the significance level. (\* *P* < 0.05; \*\* *P* < 0.01; \*\*\* *P* < 0.001).

**Table 2**

The table reports the parameters of Emax and pEC50 of the vasorelaxing effects recorded on KCl 25 mM pre-contracted endothelium denuded rat aortic rings, without blockers, in the presence of Kv7 blocker (+ XE991 10 µM) and in the presence of K<sub>ATP</sub> blocker (+ Gli 10 µM). Data are expressed as mean ± SEM (n.c. = not calculated).

	No-blocker		+ XE991 10 µM		+ Gli 10 µM	
	Emax	pEC50	Emax	pEC50	Emax	pEC50
PTU	37.7 ± 1.9	n.c.	21.4 ± 2.6	n.c.	22.7 ± 6.1	n.c.
DPTU	99.7 ± 0.8	4.5 ± 0.1	82.3 ± 1.6	3.4 ± 0.1	93.1 ± 0.1	3.4 ± 0.1
4-COOH-PITC	89.9 ± 2.3	4.1 ± 0.1	7.4 ± 3.8	n.c.	6.2 ± 2.2	n.c.
DPU	77.7 ± 5.3	3.7 ± 0.1	–	–	–	–

(Emax = 99.67 ± 0.84) and a pEC50 of 4.52 ± 0.03 (Table 2). The Kv7 blocker XE991 and the K<sub>ATP</sub> blocker glibenclamide, both at the concentration of 10 µM, significantly abolished the vasodilator effect of the two thioureas.

4-COOH-PITC, used as reference H<sub>2</sub>S-donor, showed an almost full vasorelaxing effect (Emax = 89.9 ± 2.34) and both XE991 and glibenclamide totally abolished the vasodilator effect (Fig. 4, Table 2). To further investigate the role of H<sub>2</sub>S released by DPTU, the vasorelaxing effect of N,N'-diphenylurea (DPU) has been evaluated. As reported in Fig. 4D, the incubation of increasing concentration of DPU exerted a mild vasodilation, reaching as maximum effect about the 77 % (Table 2) (Fig. 4 and Fig. 5).

### 3.4. Evaluation of the functional effects on the coronary flow

The basal CF in Langendorff-perfused rat hearts was 11.1 ± 0.34 mL/min/g. The perfusion of Ang II 10 µM led to a decrease of CF of about 25 %. The “add-on” perfusion of PTU, in the constant presence of AngII, did not exert any changes in CF (Fig. 6 A). In contrast, “add-on” perfusion of DPTU, in the constant presence of AngII, caused a concentration-related improvement of the CF, leading (at the concentration 10 µM) to a complete recovery of the basal coronary flow and, thus, abolishing the AngII mediated vasoconstriction (Fig. 6 B). 4-COOH-PITC at the concentration of 100 µM showed a marked recovery of the basal coronary flow as expected.

### 3.5. Evaluation of membrane hyperpolarization of HASMCs

The effects of DPTU have been evaluated on the membrane potential of

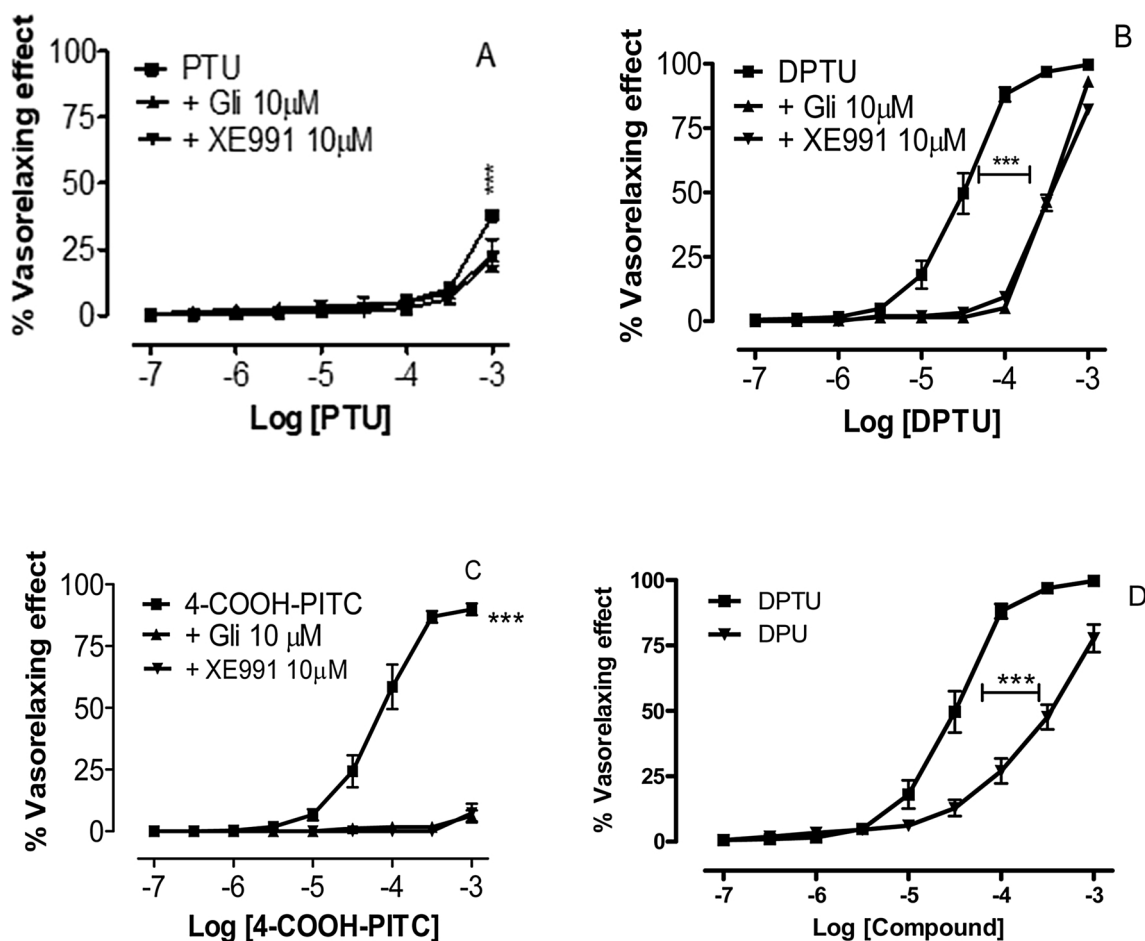
cultured human vascular smooth muscle cells (HASMCs), taking 1,3-dihydro-1-(2-hydroxy-5-(trifluoromethyl)phenyl)-5-(trifluoromethyl)-2H-benzimidazol-2-one 31 (NS1619), as reference hyperpolarizing agent, and 4-COOH-PITC (100 µM) as reference H<sub>2</sub>S-donor [47].

The DPTU caused a significant and concentration-dependent membrane hyperpolarization of HASMCs. The highest concentration of DPTU induced a hyperpolarizing response of about the 50 % compared to the reference compound NS1619 (Fig. 7). Therefore, this concentration has been selected to further investigate the involvement of K<sub>ATP</sub> and Kv7 channels in the DPTU hyperpolarizing response. For this purpose, glibenclamide and XE991 (K<sub>ATP</sub> and Kv7 blockers, respectively) have been used. As reported in Fig. 7, the two blockers completely abolished the hyperpolarizing effect induced by DPTU, confirming the involvement of Kv7 and K<sub>ATP</sub> potassium channels in DPTU activity.

The 4-COOH-PITC (100 µM) showed a significant hyperpolarization effect comparable to DPTU 1 mM. This effect was completely abolished only by XE991, while glibenclamide did not exert any effect (Fig. 7).

### 3.6. Effect of DPTU on systolic blood pressure

Normotensive Wistar rats showed basal systolic pressure (Psys) of 110 ± 4 mmHg. Intraperitoneal administration of L-NAME (100 mg/kg) caused a significant increase of Psys to 165 ± 2 mmHg. The administration of vehicle (DMSO 1 mL/kg i.p.) did not cause any significant change of Psys in rats with L-NAME-induced hypertension. In contrast, DPTU showed a clear concentration dependent anti-hypertensive effect, reaching the maximum effect at the dose of 10 mg/kg reducing the blood pressure by about 25 % (Fig. 8).



**Fig. 4.** Vasorelaxing effect of PTU, DPTU, DPU and 4-COOH-PITC in rat aortic rings. The graphs show the concentration-response curves, relative to the vasorelaxing effects evoked by PTU (A), DPTU (B), 4-COOH-PITC (C) and DPU (D) in endothelium-denuded rat aortic rings pre-contracted with KCl 25 mM. The vasorelaxing effects of the compounds have been also recorded in the presence of the Kv7-blocker XE991 10 µM or the  $K_{ATP}$  blocker glibenclamide 10 µM. The vertical bars indicate the SEM. Two-way ANOVA analysis showed that the incubation with each potassium channel blockers led to significant inhibition of the effects of the thiourea derivatives ( $P < 0.001$ ).

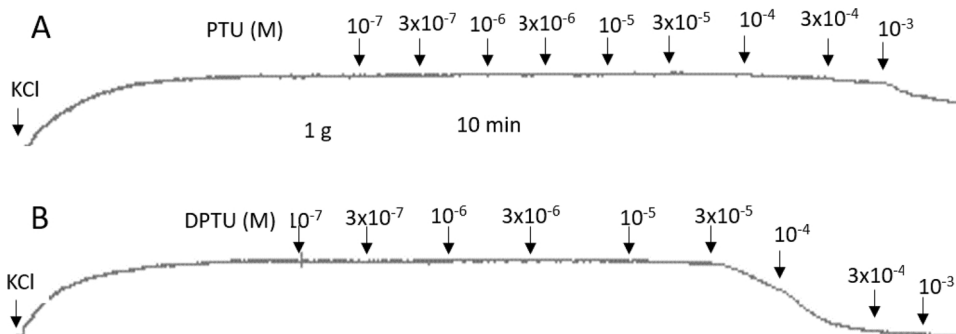
**4. Discussion**

Hypertension is an epidemic and progressively growing disease, affecting about one billion patients across the globe and, despite of the availability of numerous classes of antihypertensive drugs, it is still the most common risk factor for death in the world. Therefore, the discovery of novel and effective antihypertensive strategies is still a compelling issue [48].

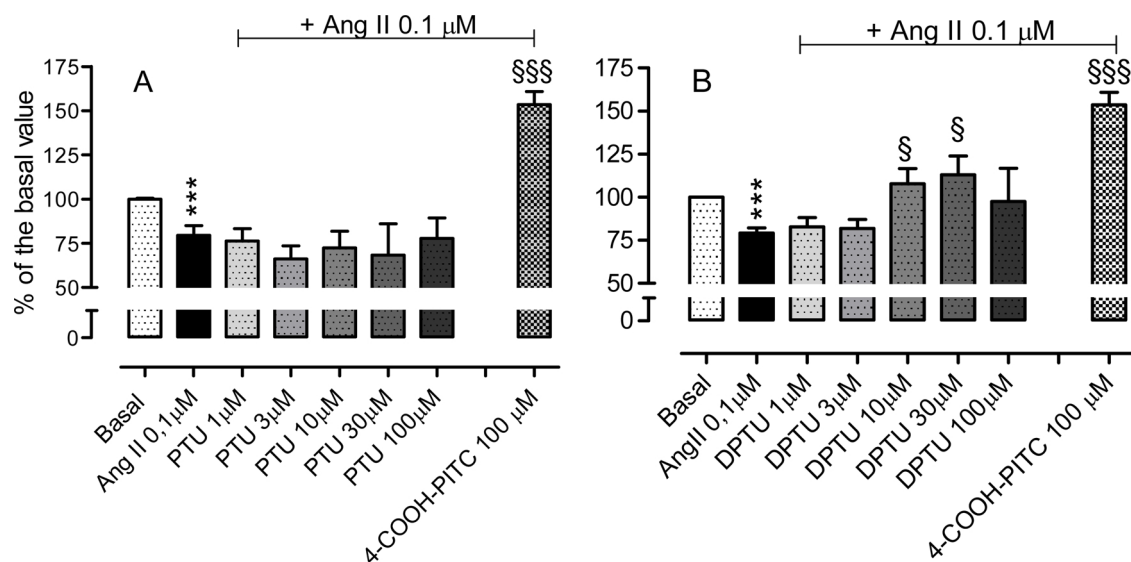
H<sub>2</sub>S is emerging as an important endogenous gasotransmitter that plays a pivotal role in regulating the vascular smooth muscle tone and

blood pressure. Consistently, a lack of enzymatic production of endogenous H<sub>2</sub>S is associated with hypertension. Thus, original H<sub>2</sub>S-release moieties can be viewed as novel and innovative antihypertensive drugs.

However, Di Villa Bianca and colleagues reported that NaHS produced a dual action with vasoconstriction at lower doses, and vasodilation at very high doses. Since the effect of NaHS were reduced by apamin/charybdotoxin and phospholipase A2 and cytochrome P450 inhibitors, the authors proposed that H<sub>2</sub>S may promote a cytochrome P450 derivative of arachidonic acid. [49]. Furthermore, H<sub>2</sub>S seems to



**Fig. 5.** Microdynamometric recordings. The figure shows two representative microdynamometric traces of the vasorelaxing effects promoted by PTU (panel A) and DPTU (panel B). The aortic rings were pre-contracted by KCl 25 mM, then increasing concentrations of the thiourea compounds were added cumulatively.



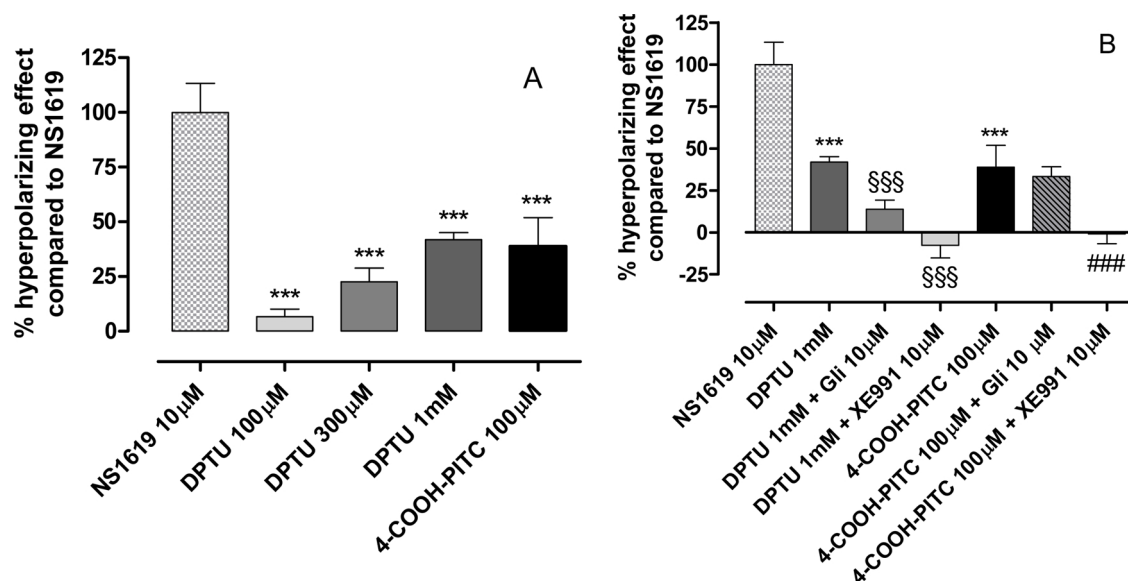
**Fig. 6.** Effects on coronary flows of PTU, DPTU and 4-COOH-PITC. The graphs show the effects on coronary flows induced by the perfusion of increasing concentrations of PTU (A) or DPTU (B) in the presence of AngII; 4-COOH-PITC (100  $\mu$ M) was used as reference H<sub>2</sub>S-donor compound. Changes of CF are expressed as a % of basal values. The vertical bars indicate the SEM (\* indicates the basal value vs Ang II; \*\*\* P < 0.001; § indicates Ang II vs treatment; § P < 0.05; \$\$\$ < 0.001).

have different effect considering the blood vessel types. Indeed, H<sub>2</sub>S induces vasoconstriction of cerebral arteries. This effect seems to be due to the reduction of cAMP level in cerebral vascular smooth muscle cells. The study shows a novel and important profile of H<sub>2</sub>S effect on cerebral artery, which provides a new view on understanding the physiological regulation of cerebrovascular tone [50].

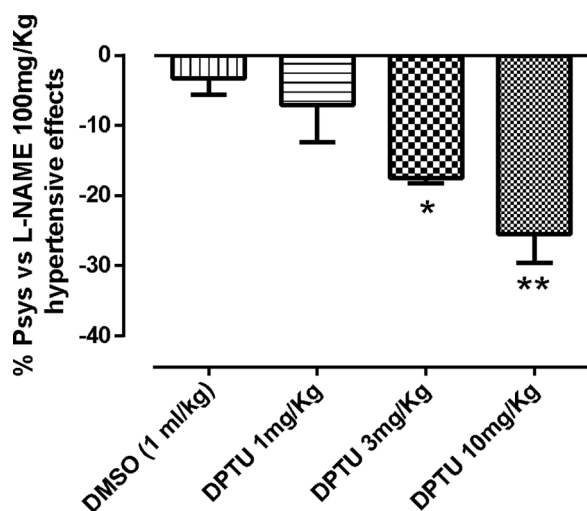
In the present study, the H<sub>2</sub>S-donor properties of two aromatic thiourea derivatives PTU and DPTU have been evaluated by amperometric measurements in aqueous buffer, in order to quantify and investigate the kinetics of H<sub>2</sub>S-release. As reported also in previous studies, 4-COOH-PITC [26] and GYY4137 [40] (which were used as reference slow H<sub>2</sub>S-donors) exhibited slow H<sub>2</sub>S-releasing properties in the presence of L-cysteine; while, the H<sub>2</sub>S release was dramatically reduced in the absence of L-cysteine [31]. In this “cell free”

amperometric assay, both the thioureas showed significant H<sub>2</sub>S-releasing effects, but PTU led to the formation of a higher amount of H<sub>2</sub>S. However, both the thioureas showed a slow kinetic of H<sub>2</sub>S-release with a stable steady state; such an important feature is currently considered as an indispensable requirement for a “smart” H<sub>2</sub>S-donor, since it may avoid the side effects due to a fast H<sub>2</sub>S generation typical of the sulfide and hydrosulfide salts [15]. Noteworthy, both the thiourea compounds showed a relevant difference from the reference compounds 4-COOH-PITC and GYY4137 since H<sub>2</sub>S release was L-cysteine independent.

The H<sub>2</sub>S-releasing properties of the two aromatic thioureas have been also evaluated in HASMCs cultured cells, through a specific dye (WSP-1) able to accumulate into the cells and selectively react with the gasotransmitter. This spectrofluorometric assay revealed that the DPTU released higher amount of H<sub>2</sub>S into HASMCs, probably due to its



**Fig. 7.** Hyperpolarizing effect of DPTU and 4-COOH-PITC on HASMCs membrane. A) The graph shows the concentration-dependent hyperpolarizing effect of DPTU and the hyperpolarizing effect of 4-COOH-PITC (100  $\mu$ M) on cell membrane of HASMCs; effects are expressed as a % of the hyperpolarization evoked by the reference compound NS1619. B) The incubation of XE991 completely abolishes the hyperpolarizing effect induced by both DPTU and 4-COOH-PITC, while the incubation with glibenclamide only significantly inhibits the hyperpolarizing effect induced by DPTU. Data are expressed as mean  $\pm$  SEM. Six different experiments were performed, each in six replicates. \* indicates significant differences vs NS1619 (\*\*\* = P < 0.001); § indicates significant differences vs DPTU 1 mM (\$\$\$ = P < 0.001); # indicates significant differences vs 4-COOH-PITC (100  $\mu$ M) (### = P < 0.001).



**Fig. 8.** Effects on systolic blood pressure. Changes in Psys (expressed as a % of the L-NAME-induced hypertensive Psys), following the i.p. administration of DPTU 1, 3 and 10 mg/Kg. The asterisk indicates significant difference vs vehicle (\*  $P < 0.05$ ; \*\*  $P < 0.01$ ).

lipophilic nature that may allow an easier crossing of the cell membrane. Indeed, the theoretical LogP values for DPTU and PTU are 2.79 and 0.57, respectively (calculated with the software ALOGP 2.1) [48,51]. This observation further confirms that, aside the actual H<sub>2</sub>S-releasing properties, the pharmacokinetic profile can strongly influence the efficacy and the potency of H<sub>2</sub>S-donor compounds.

Endogenous H<sub>2</sub>S directly acts on the tone of blood vessels and regulates the homeostasis of the cardiovascular function through the relaxing effects on vascular smooth muscle. Since the two thiourea derivatives exhibited clear H<sub>2</sub>S releasing properties in vascular smooth muscle cells, their vascular effects were investigated also in functional tests. In particular, their vasorelaxing properties have been tested in endothelium-denuded rat aortic rings.

In agreement with the H<sub>2</sub>S-release shown in HASMCs, DPTU showed a full vasorelaxing effect, superimposable to the reference H<sub>2</sub>S-donor 4-COOH-PITC, while PTU exhibited only a partial vasorelaxing activity. Again, a different pharmacokinetic profile, and in particular a different ability to cross the cell membrane and to accumulate and release H<sub>2</sub>S into the cells, may be the main factor accounting for the difference in the vasorelaxing efficacy. Furthermore, to provide definitive evidence that relaxation is due to the H<sub>2</sub>S released by DPTU, also the vasorelaxing effect of DPU has been evaluated. As reported in Fig. 4D, DPU resulted to promote a milder vasorelaxing response than the sulfur DPTU, confirming that H<sub>2</sub>S may be the crucial vasorelaxing mediator. However, a slight vasorelaxation can be noted also for DPU. This is not surprising because DPU derivatives were designed by Palle C. et al. as potassium channel activators. Nevertheless, the substitution of the oxygen with sulfur atom makes DPTU a more potent vasorelaxing molecule [52].

The vasorelaxing effects of the DPU and DPTU were also assessed in the coronary vascular bed. Again, only the DPTU caused an increase of the basal coronary flow (even if more restrained compared to 4-COOH-PITC), counteracting the coronary vasoconstriction induced by Ang II, while the incubation of PTU did not produce any significant effect.

Among the different molecular targets of H<sub>2</sub>S within the vasculature, different sub-classes of potassium channels have been widely recognized and accounted for the H<sub>2</sub>S-induced vasodilation [31]. In particular, activation of K<sub>ATP</sub> potassium channels was early identified as a key mechanism, responsible for the H<sub>2</sub>S-vasorelaxing effect [53]. Thereafter, a possible role of BK<sub>Ca</sub> potassium channels has been reported [54]. More recently, Martelli et al. demonstrated that even vascular Kv7 potassium channels play a strong role in mediating the

H<sub>2</sub>S-induced hyperpolarization of vascular smooth muscle cells and the consequent vasorelaxant effect [6]. Therefore, the activation of K<sub>ATP</sub> and Kv7 potassium channels by novel putative H<sub>2</sub>S-donors can be viewed as a convincing evidence that this gasotransmitter is the ultimate player in their vasorelaxing response [19,24,25]. As concerns PTU and DPTU, our results clearly demonstrate that glibenclamide and XE991 (K<sub>ATP</sub> and Kv7 blockers, respectively) significantly but not totally antagonized the vasorelaxing effect of these thioureas in the functional experiments on endothelium-denuded aortic rings. Interestingly, a clear difference between the 4-COOH-PITC and DPTU profiles emerged. Although 4-COOH-PITC and DPTU are two H<sub>2</sub>S-donors, glibenclamide and XE991 completely inhibited the vasorelaxing effect induced by 4-CPI (Fig. 4C), while only a partial inhibition of the vasorelaxing response can be noted for DPTU (Fig. 4B). This difference is probably indicating some sort of mechanistic difference. In fact, as reported by Palle C. et al., diphenylurea derivatives were designed as potassium channel activators, including Kv, K<sub>ATP</sub> and KB<sub>Ca</sub> [52]. This “aspecific” mechanism of the aromatic urea structural-related compounds could explain the partial inhibition of glibenclamide and XE991 in the vasorelaxing response.

Consistently, DPTU induced a concentration-dependent hyperpolarization of the membrane potential of cultured HASMCs and, again, this effect was completely abolished by pre-incubating glibenclamide and XE991, confirming that the activation of K<sub>ATP</sub> and Kv7 potassium channels play a pivotal electrophysiological role in the hyperpolarizing response of vascular cells. Finally, the *in vivo* antihypertensive effect of DPTU. Finally, the *in vivo* antihypertensive effects of DPTU were evaluated in an experimental model of L-NAME-induced hypertension. In this experimental protocol, the slow H<sub>2</sub>S-donor DPTU evoked marked hypotensive activity in a concentration dependent manner.

## 5. Conclusion

In conclusion, thiourea derivatives are known for their vasorelaxant effect [55], but this work demonstrated that the thiourea functional group is an H<sub>2</sub>S-donor moiety, able to release the H<sub>2</sub>S with a slow and long lasting kinetic and to exert the vasorelaxing effect typical of the gasotransmitter. Given the versatility of this chemical group, such characteristics can be considered very useful in order to develop novel and promising cardiovascular drugs and new chemical tool for investigating the pharmacological roles of H<sub>2</sub>S. Even if the *in vivo* antihypertensive effects of DPTU were clearly demonstrated in the experimental model of L-NAME-induced hypertension, the use of spontaneously hypertensive rats would further clarify the beneficial effects of this compound.

## Declaration of Competing Interest

None.

## Acknowledgements

This work has been funded by the Italian MIUR (Ministry of Instruction, University and Research) in the program “Project of Relevant National Interest” (PRIN, 2015, protocol 201532AHAE\_005 – Principal Investigator: Prof. Giuseppe Cirino).

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