

Pressure-calcium relationships in perfused mouse hearts

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BBSI Journal Club Presentation

Outline

- Purpose
- Questions
- Anatomy and Physiology of the Heart
- Protocol 1: Frank-Starling
- Protocol 2: Mechanical Restitution
- Model-based Analysis
- Questions Answered
- Conclusion

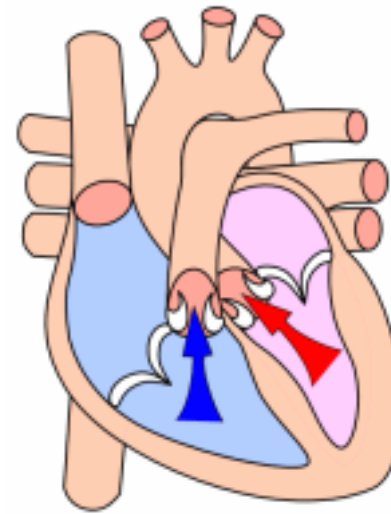
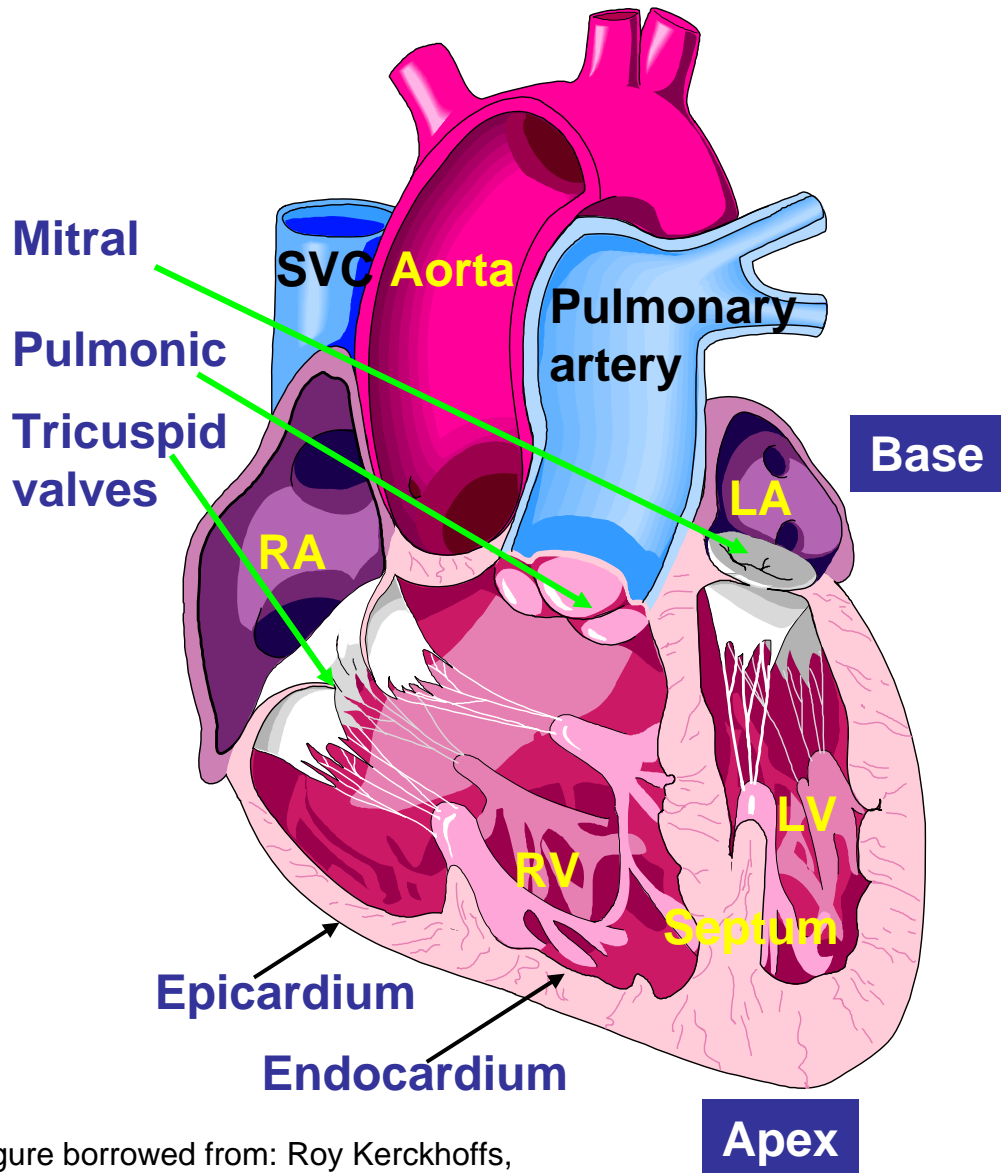
Purpose

- Characterize the relationship between pressure and intracellular free calcium in the perfused mouse hearts

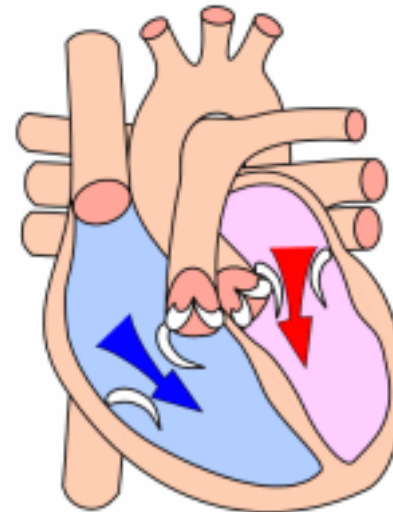
Questions

- Q1: Can peak developed pressure change significantly without change in the peak systolic intracellular free calcium?
- Q2: Is the late component of length-dependent activation absent?
- Q3: What are the determinants of pressure relaxation?

Cardiac Anatomy and Cardiac Cycle



Systole



Diastole

Cardiac Cycle

Systole:

1. Isovolumic contraction
2. Ejection

Diastole:

3. Relaxation
4. Filling
 - a) Early, rapid
 - b) Late, diastasis

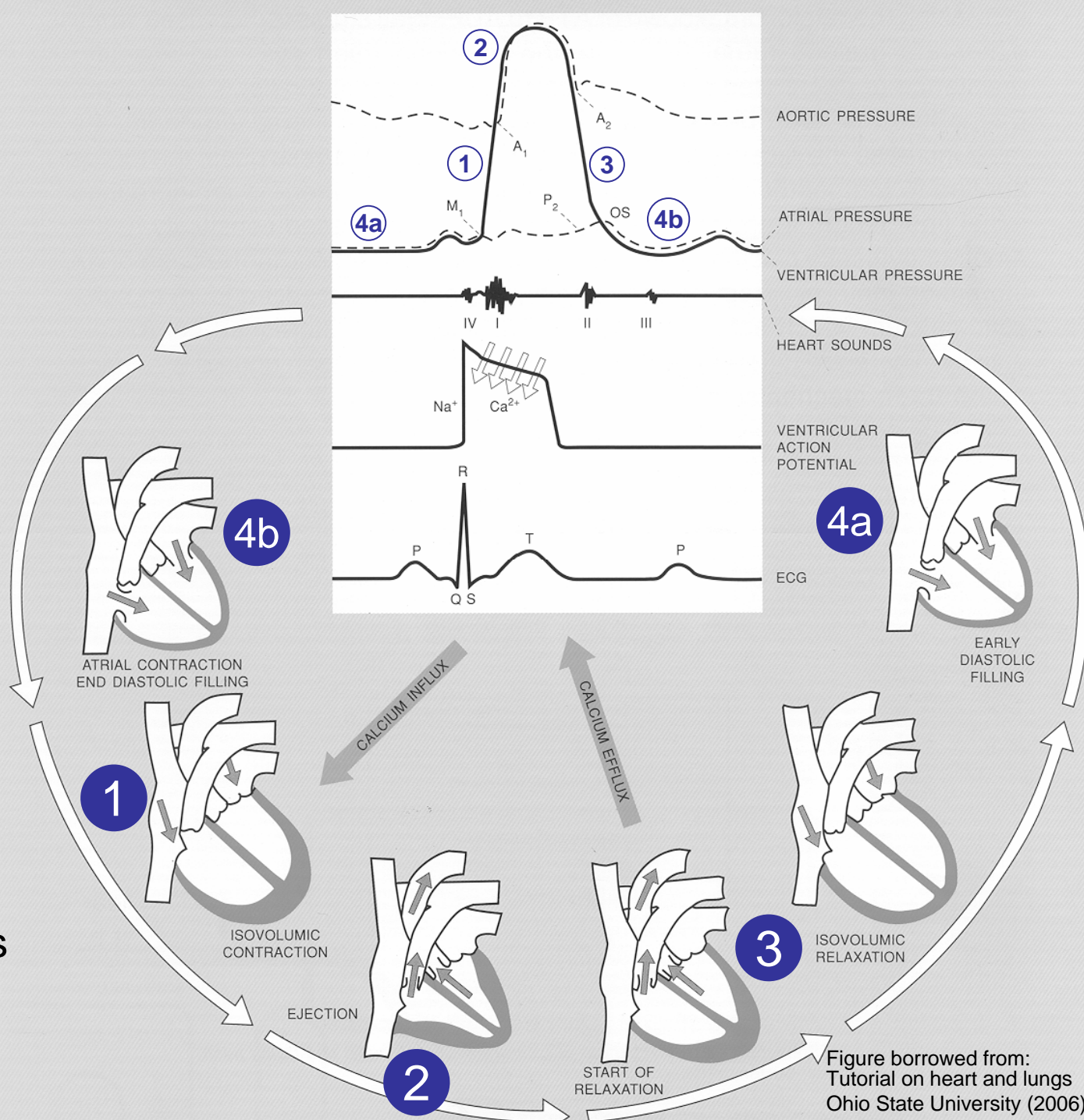
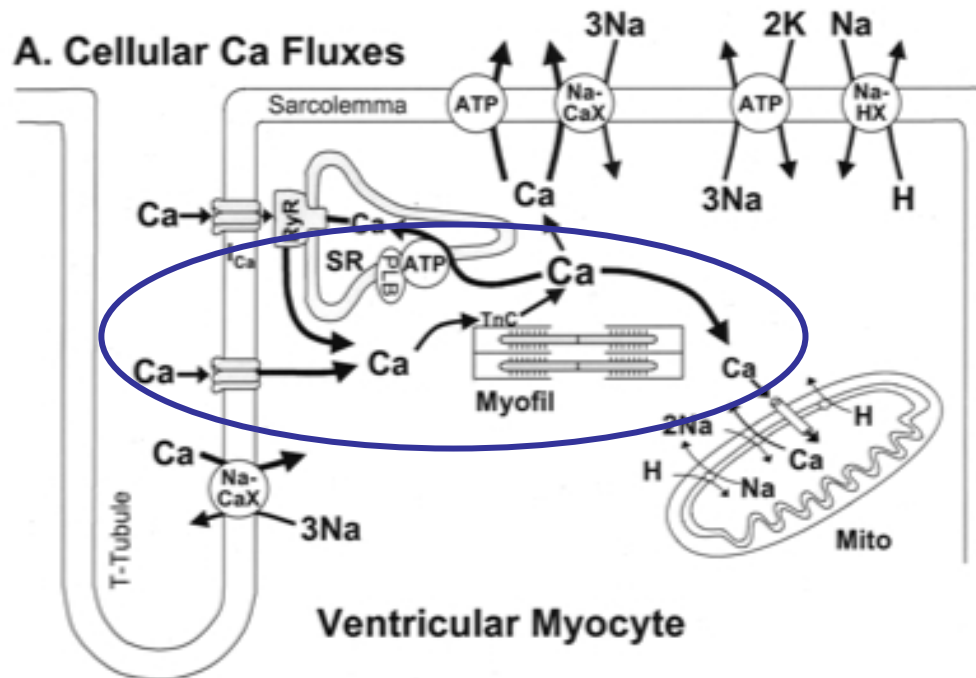


Figure borrowed from:
Tutorial on heart and lungs
Ohio State University (2006)

Role of Calcium

- Calcium is required for contractile activation



[Video](#)

Bers, C²⁺ Transport in Cardiac Myocytes
(*Circ Res.* 2000;87:275-281.)

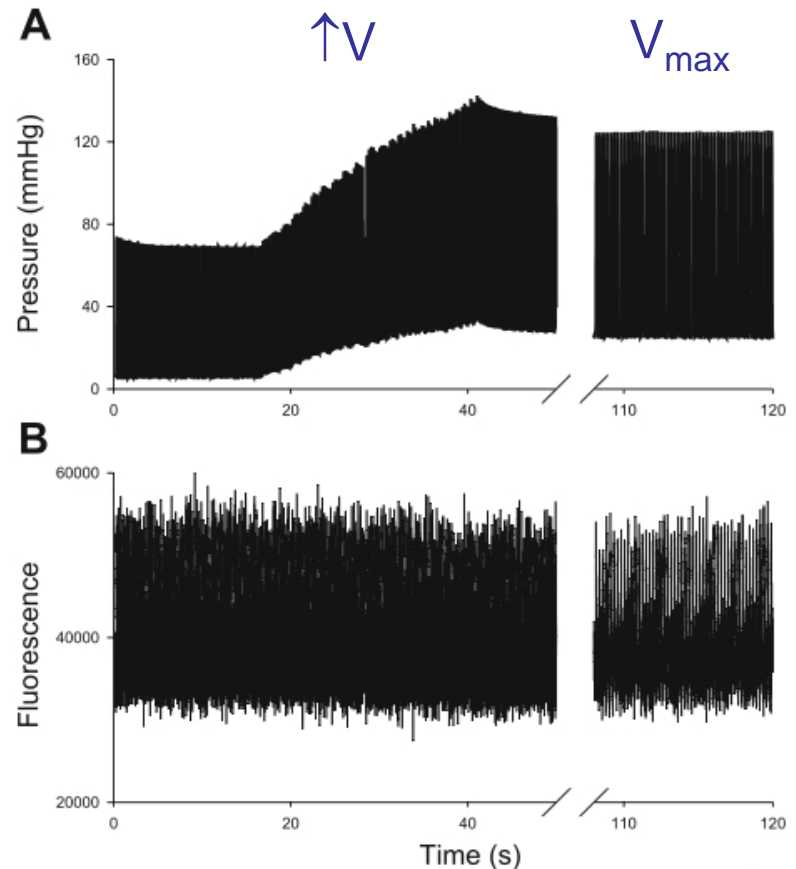
Methods Used

- Isolated perfused heart system (Langendorf)
 - In vitro preparation of hearts
- Fluorescence measurements
 - Calcium sensitive fluorescent dye rhod-2 was used to record pairs of LV pressure and $[Ca]_i$

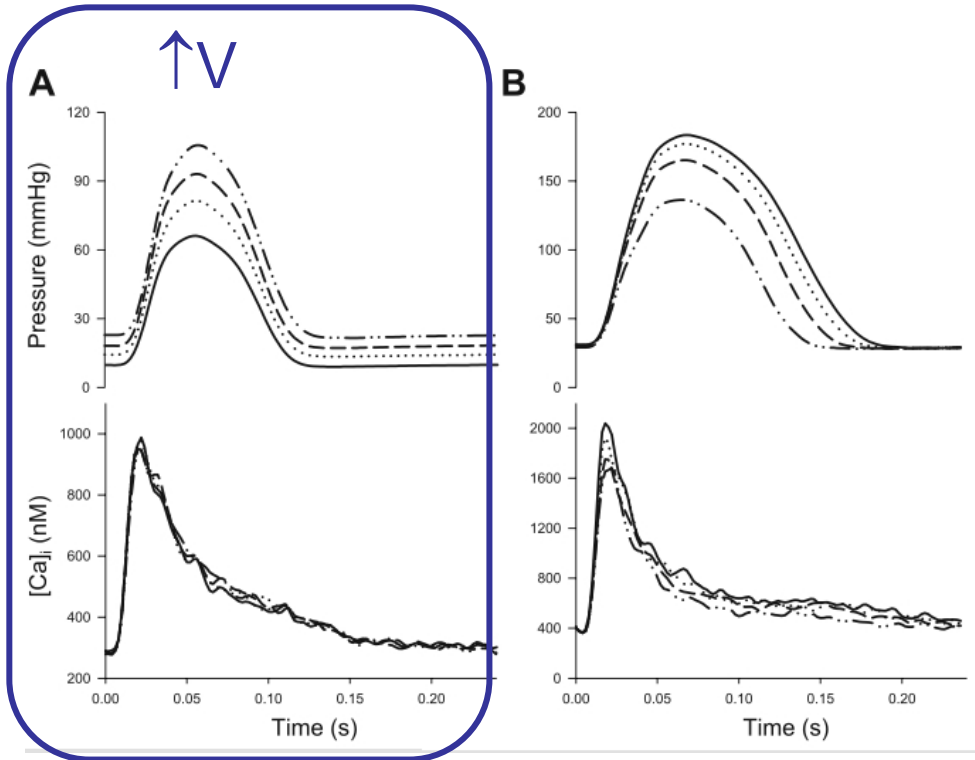
Protocol 1: Frank Starling

- Frank-Starling mechanism:
The more the ventricle is filled with blood during diastol, the greater the volume of ejected blood during systolic contraction
- Excitation-Contraction Coupling: A mechanism to explain how preload influences contractile force
 - Length dependent activation:
 - \uparrow sarcomere length \Rightarrow
 - \uparrow TnC calcium sensitivity \Rightarrow
 - \uparrow the rate of cross-bridge attachment and detachment

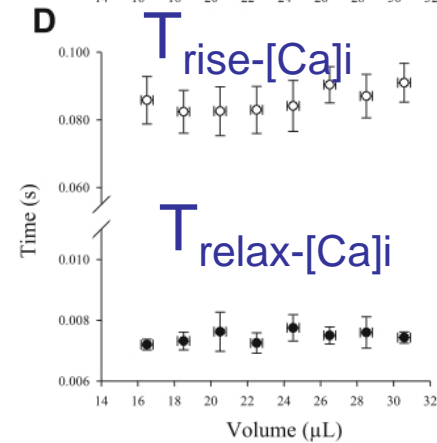
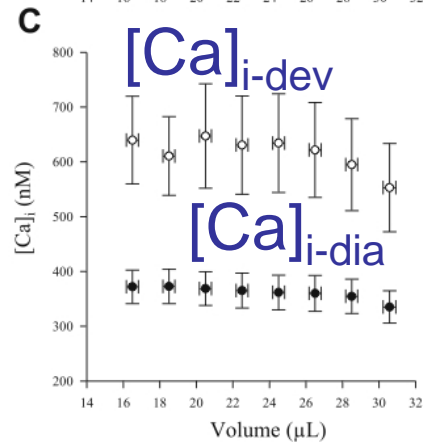
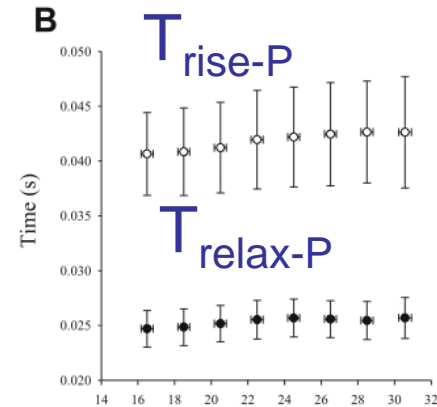
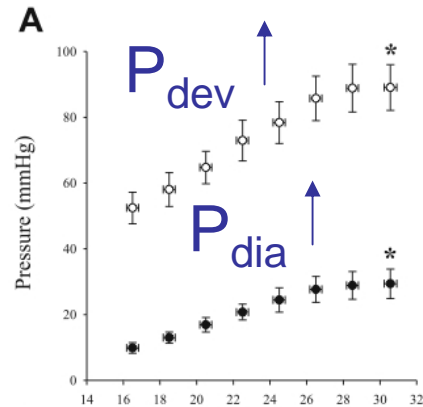
Examined result of changes in ventricle volume at a fixed stimulation interval



Protocol 1: Results



Determine if changes in morphology and/or magnitude occur with changes in LV volume

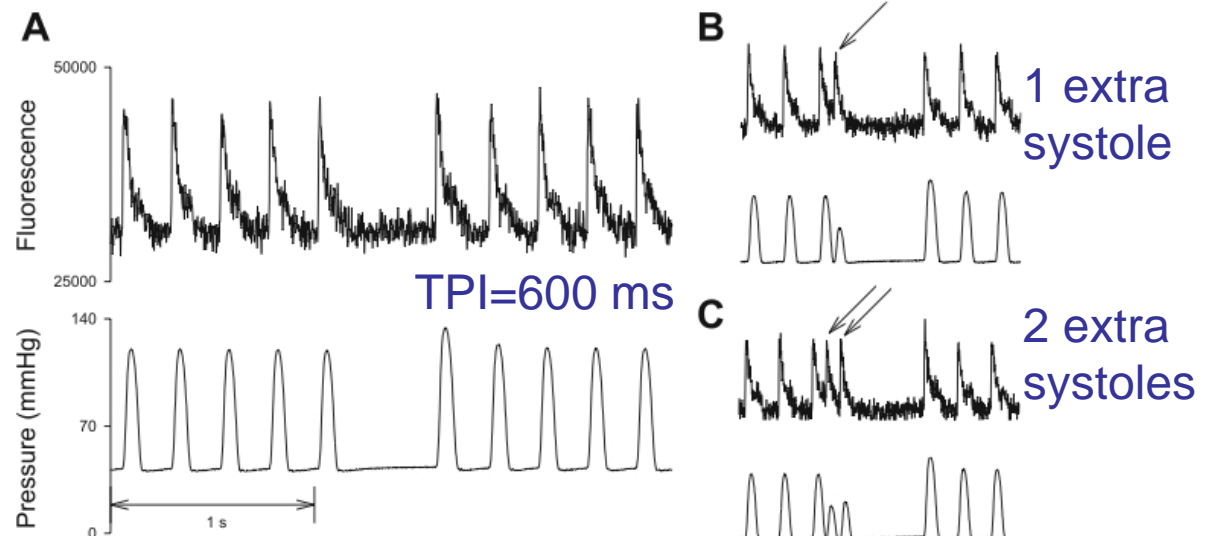


Protocol 2: Mechanical Restitution

- Examine single-beat changes in stimulation interval at a fixed ventricle volume
 - Fixed LV volume (V_{\max})
 - Pressure and fluorescence data recorded for..
 - Steady-state contractions at the control period interval (CPI) of 240 ms
 - Single-beat perturbation of the test period interval (TPI) at 200, 400, 600 and 800 ms

3 Modes
of deployment

No extra systole



Protocol 2 Results

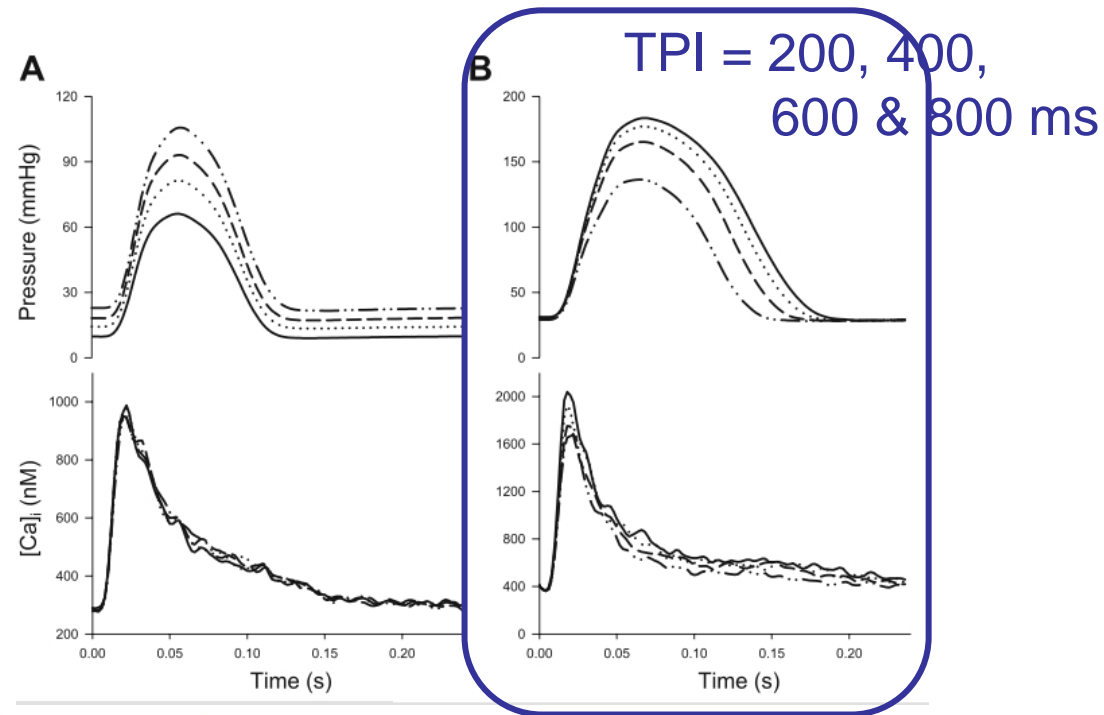


Table 1. Summary of data from the mechanical restitution protocol

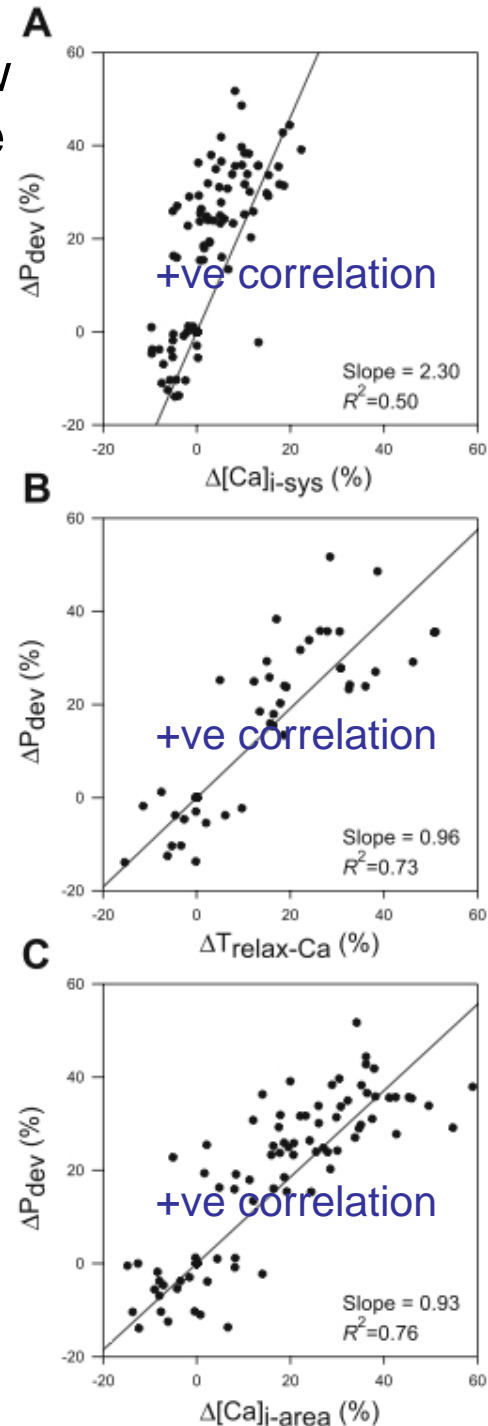
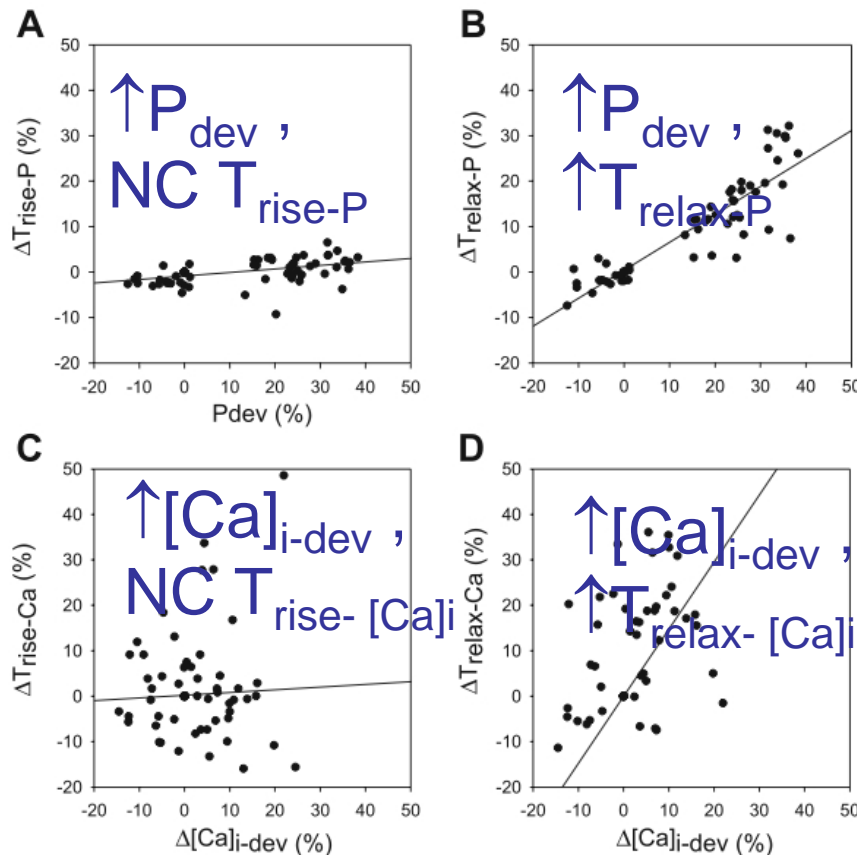
| | Interval, ms | | | |
|---------------------------------|--------------|---------------|---------------|---------------|
| | 200 | 240 (control) | 400 | 600 |
| Pressure data | | | | |
| → P _{sys} , mmHg | 102.9 ± 4.3 | 106.5 ± 4.0 | 123.9 ± 4.7† | 133.3 ± 5.1† |
| → P _{dia} , mmHg | 28.5 ± 1.7 | 28.4 ± 1.7 | 29.2 ± 1.7† | 29.6 ± 1.9† |
| → P _{dev} , mmHg | 74.4 ± 4.2 | 78.1 ± 4.0 | 94.7 ± 4.9† | 103.8 ± 5.5† |
| → dP/dt _{max} , mmHg/s | 3,028 ± 138 | 3,108 ± 123 | 3,657 ± 148† | 3,960 ± 155† |
| → dP/dt _{min} , mmHg/s | -1,916 ± 107 | -1,982 ± 102 | -2,148 ± 105† | -2,159 ± 105† |
| → T _{rise-P} , ms | 26.2 ± 1.0† | 26.7 ± 1.0 | 27.1 ± 1.1 | 27.2 ± 1.2 |
| → T _{relax-P} , ms | 43.1 ± 2.9 | 43.8 ± 3.0 | 49.0 ± 3.6† | 53.6 ± 4.4† |
| Calcium data | | | | |
| → [Ca] _{i-sys} , nM | 948 ± 59* | 990 ± 63 | 1,009 ± 63 | 1,094 ± 72† |
| → [Ca] _{i-dia} , nM | 365 ± 14* | 381 ± 15 | 375 ± 15 | 394 ± 15 |
| → [Ca] _{i-dev} , nM | 582 ± 54 | 610 ± 57 | 633 ± 58 | 700 ± 66† |
| → [Ca] _{i-area} , nM·s | 24.8 ± 2.3 | 25.3 ± 2.1 | 29.8 ± 2.7† | 34.0 ± 2.9† |
| → T _{rise-Ca} , ms | 8.3 ± 0.3 | 8.4 ± 0.4 | 8.2 ± 0.4 | 8.3 ± 0.4 |
| → T _{relax-Ca} , ms | 79.9 ± 4.2 | 82.5 ± 3.6 | 91.6 ± 5.2 | 105.9 ± 5.1† |

Protocol 2

Results Cont.

Examine morphological changes in LV pressure and $[Ca]_i$ signals individually

Examine how ΔP_{dev} (%) are related to changes in various indexes of $[Ca]_i$



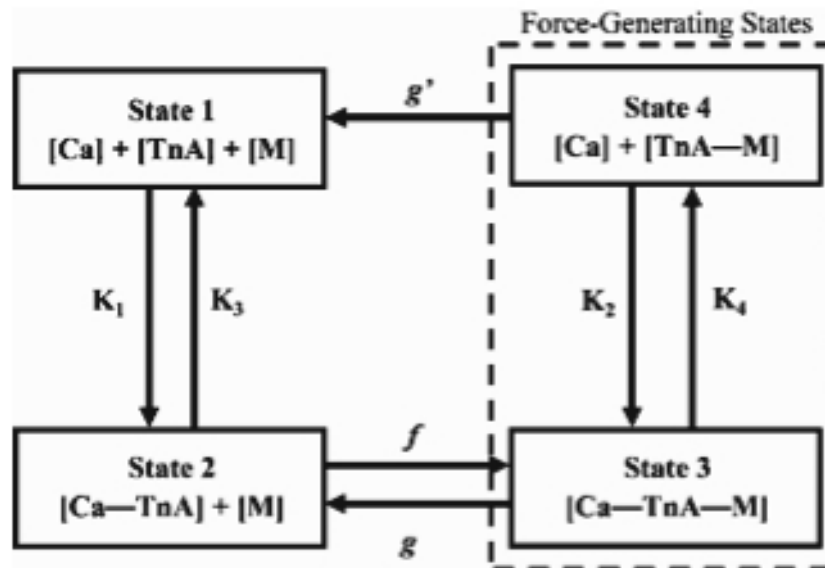
Model-Based Analysis

- Used to obtain additional insights into dynamics of pressure-calcium relationships

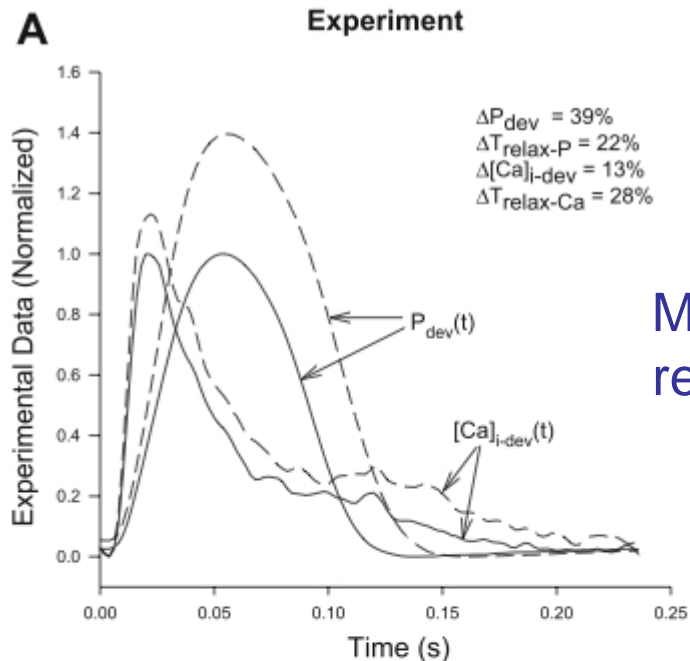


Methods Used

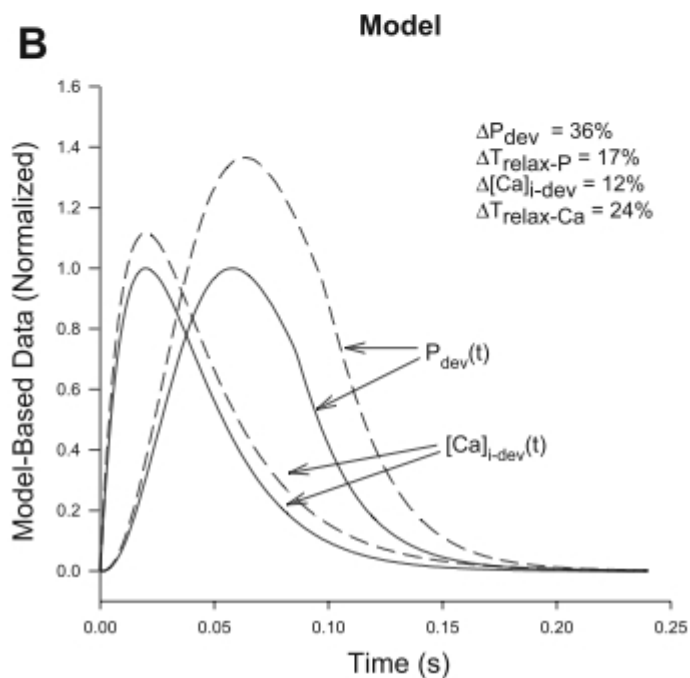
- 4 state model
 - Used to predict pressure wave form for a given calcium transient



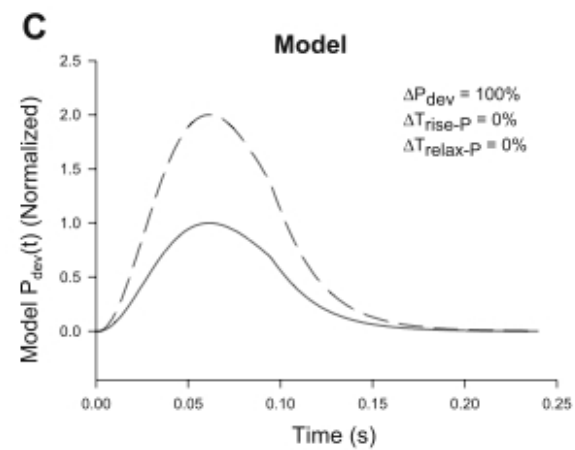
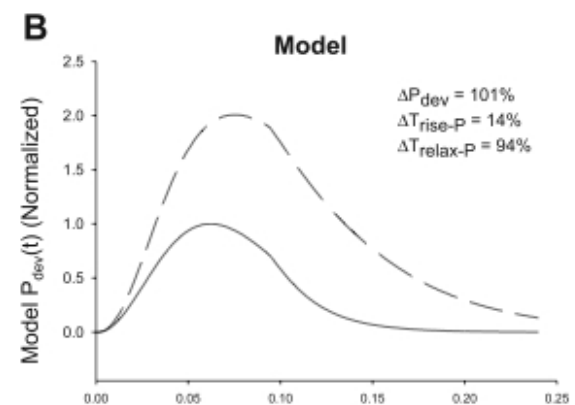
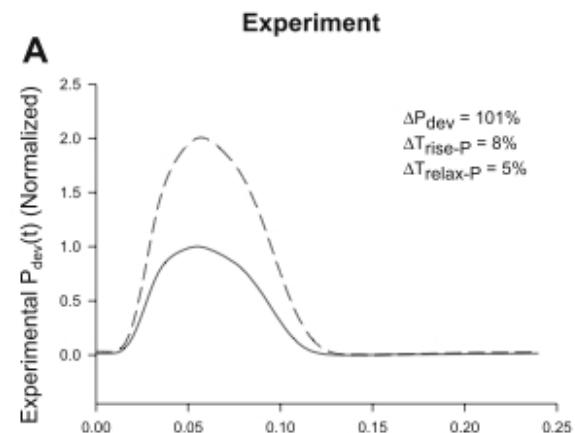
Results



Mechanical
restitution protocol



Frank-Starling
protocol



Questions Answered

- Q1: Can peak developed pressure change significantly with a minimal (or no) change in the peak systolic intracellular free calcium?

Yes, (Results of Protocol 1)

- Q2: Is the late component of length-dependent activation absent?

Yes, Load independent (Results of Protocol 1)

- Q3: What are the determinants of pressure relaxation?

Slower pressure relaxation can be explained in terms of slower calcium relaxation. (Results of Protocol 2)

Conclusions

- Mouse myocardium appears to be unique in that significant changes in peak developed pressure can occur with little or no change in the peak of the calcium transient
- Unlike other mammalian species, pressure relaxation is load independent and primarily governed by calcium removal
- Exercise caution while extrapolating findings from mouse models to the human setting