conferenceseries.com

9th Annual Meeting on

Arrhythmia and Cardiac Surgery

July 14-15, 2016 Brisbane, Australia

Relaxin suppresses atrial fibrillation (AF) in spontaneously hypertensive (SHR) and aged rats through electrical and extracellular matrix remodeling via Wnt signaling pathways

Guy Salama

University of Pittsburgh School of Medicine, USA

Relaxin, a hormone first described in pregnancy, has more recently been shown to have important cardiovascular effects. Relaxin activates a wide range of signaling pathways through its receptors, RXFP1/2 which are expressed in most organs. RXFP1 signaling stimulates cAMP, NO and several growth factors and inhibits angiotensin-II and TGF-β effects. RLX increases systemic arterial compliance and reverses fibrosis in multiple organs. In the RELAX-AHF trials, patients with acute decompensated heart failure (HF) received RLX (i.v. 2-days) resulting in reduced mortality (37%, 6-months-later) compared to standard of care. Our studies showed that RLX suppresses atrial fibrillation in spontaneously hypertensive and in aged rats through a marked increase in conduction velocity (CV). CV elevation was associated with the remodeling of the extracellular matrix (↓fibrosis: ↓collagen I&III, ↓TGFβ-1, ↓SMA-α, ↑MMP-6&9) and of electrical properties (↑Connexin43 (Cx43) phosphorylation, ↑I_{Na}, ↑Na_v1.5). Here, we show for the first time a close interplay between RLX and Wnt signaling. Male aged rats (24-months) were treated with RLX (400µg/kd/day, 2-weeks) or a vehicle delivered with implantable mini-pumps. Langendorff hearts were optically mapped, then analyzed by immuno-fluorescence, voltage-clamp and RT-PCR. RLX-treatment increased Wnt1 (80%) and β-catenin (72%) at intercalated disks (ID) and reversed the lateralization of Cx43 (without changing Cx43 levels) increasing and their co-localization with β-catenin at ID. RLX also reduced Wnt3a (83%) and increased Nav1.5 (80%) and INa (46%) (p<0.02, n ≥ 4 hearts/group). These robust genomic effects of RLX may explain its long-lasting protective actions in HF patients who were treated with RLX (iv) for merely 2-days.

Biography

Guy Salama has completed his PhD in Biophysics and Biochemistry and a Post-doctroal fellowship at the University of Pennsylvania. He is a pioneer in the development of optical probes of membrane potential, high spatial and temporal-resolution imaging of electrical activity and Ca2+ transients and the elucidation of arrhyhtmia mechanisms. He has made significant contributions to elucidate the mechanisms underlying sex differences in long QT-related arrhyhtmias and demonstrated the genomic modulation of cardiac ion channels by estrogen. He has published more than 125 papers in top-tiered journals and has served on numerous study sections for the NIH and the AHA.

gsalama@pitt.edu

Notes: