

Propafenone receptors in Kir2.x channels.

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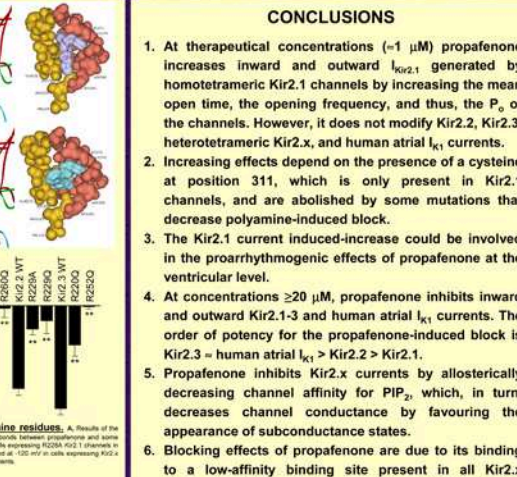
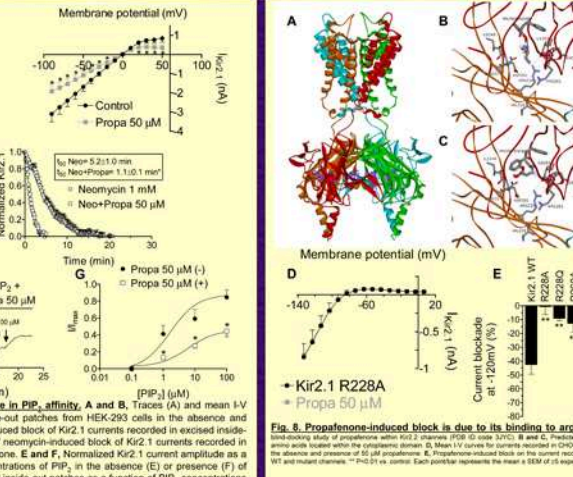
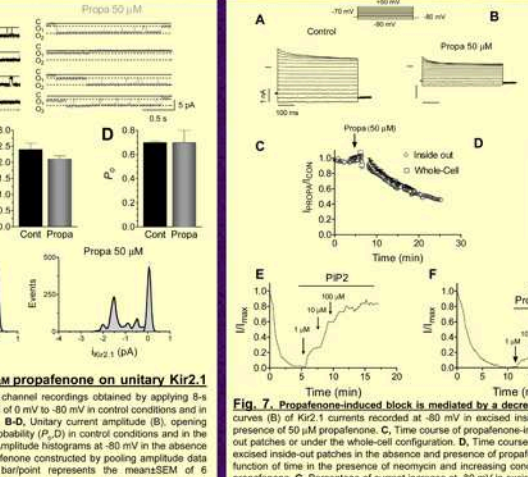
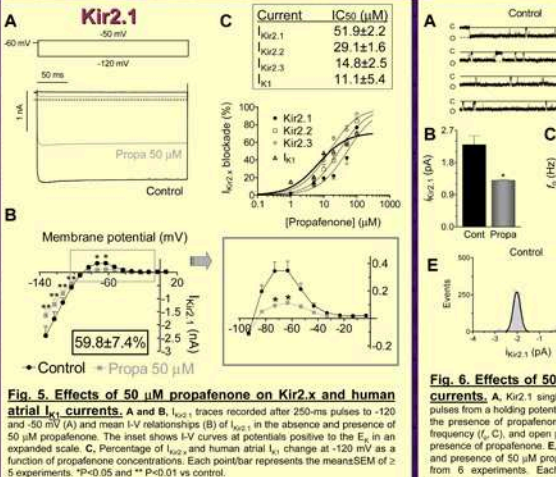
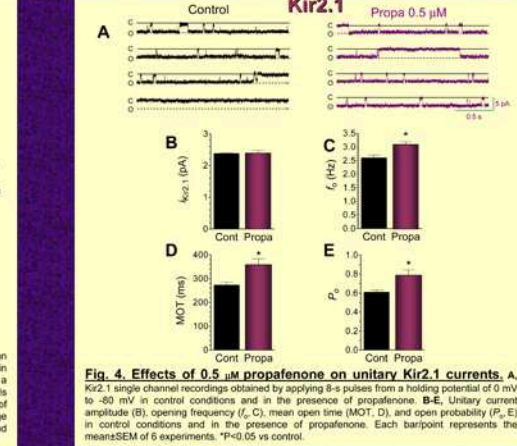
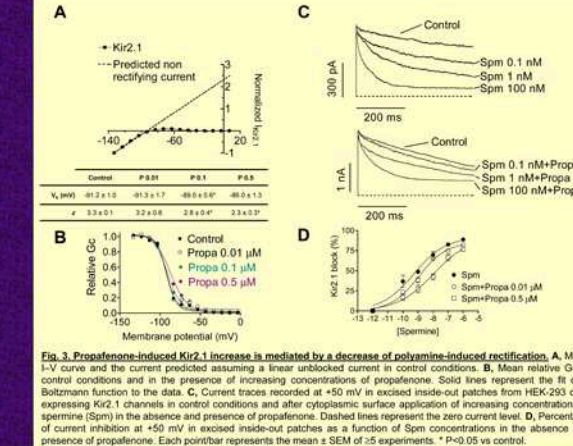
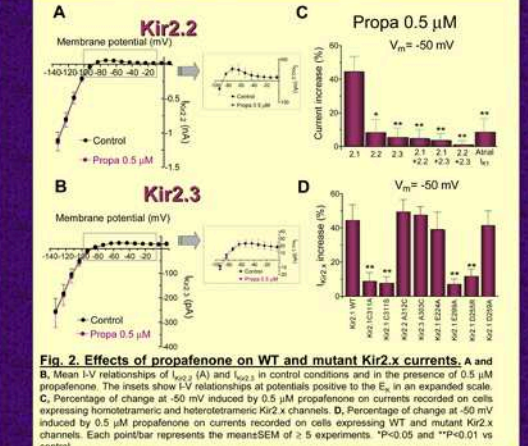
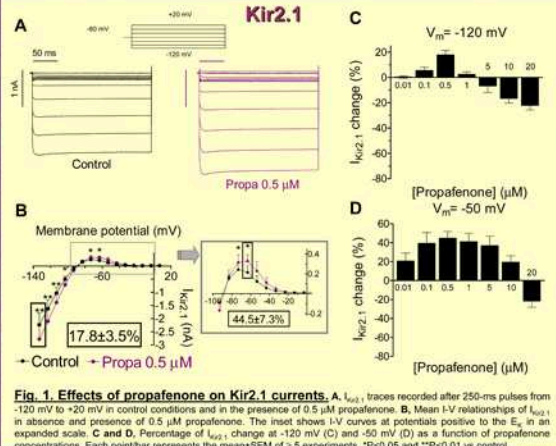


INTRODUCTION

The cardiac inwardly rectifying K⁺ current (I_{K1}) is characterized by a high conductance in the hyperpolarizing direction and a low conductance in the depolarizing direction as a consequence of the voltage-dependent block induced by intracellular Mg²⁺ and polyamines (1-3). I_{K1} plays a critical role in modulating cardiac excitability by setting the diastolic resting membrane potential and shaping the initial depolarization and final repolarization phases of the action potential (AP), in both atria and ventricles (1-3). Furthermore, the importance of I_{K1} in the establishment of a fast and stable reentry of spiral waves (rotors) and ventricular fibrillation dynamics has been demonstrated (4). Our group has demonstrated that flecainide, a class IC antiarrhythmic drug, increases Kir2.1 and ventricular I_{K1} currents by binding to Cys311 located within the β -H1 region of the cytoplasmic domain of the channel, without modifying Kir2.2, Kir2.3, and human atrial I_{K1} currents (5). These results led us to propose that in human heart, I_{K1} is mainly carried by Kir2.1 channels in ventricular cells, whereas relative contribution of Kir2.2 and Kir2.3 seems to be greater in atrial cells. Propafenone is a class IC antiarrhythmic drug widely used for the conversion of recent onset atrial fibrillation to sinus rhythm (6). However, it exerts proarrhythmic effects at the ventricular level. Indeed, propafenone increases mortality rate in patients with myocardial infarction, left ventricular dysfunction or heart failure, as demonstrated by the prospective, randomized Cardiac Arrest Study Hamburg trial (CASH, 7). However, the underlying mechanisms of the effects of this drug at the atrial and ventricular level are scarcely explored. Considering that the molecular architecture of the I_{K1} differs between atria and ventricles, we have analyzed whether

MATERIAL and METHODS

Kir2.1, Kir2.2, and Kir2.3 (WT and mutants) currents ($I_{Kir2.x}$) were recorded in CHO cells, transiently transfected with the cDNA encoding the expression of these channels (1.6 μ g). Native I_{K1} was recorded in human atrial myocytes enzymatically isolated from right atrial appendages obtained from patients that underwent cardiac surgery at the Hospital Gregorio Marañón in Madrid (5, 8-12).
 • Macroscopic and single channel currents were recorded at room temperature using the whole-cell and the cell-attached configurations of the patch-clamp technique, respectively (8-13).
 • The voltage in the current-voltage (I-V) curves was adjusted according to the calculated liquid junction potentials: -13.2 and -12.1 mV at extracellular K⁺ concentrations ([K⁺]_o) of 4 and 20 mM, respectively. Chord conductance (G_c) was calculated as the ratio of the actual current and current predicted by assuming a linear unblocked current and fitted by a Boltzmann equation.
 • In some experiments, currents were recorded at room temperature from excised inside-out macropatches from HEK-293 cells (5) by using a fluoride, vanadate, and pyrophosphate (FVPP)-potassium solution on both sides of the patch to prevent rundown.
 • Molecular modeling was performed to obtain the lowest energy-minimized blind docking of propafenone with a full-length Kir2.2 channel (PDB ID code 3JYC) by using Autodock Vina. According to Vina best scored poses, the most stable complex configurations were considered.
 • Whole-cell solutions:
 • External-CHO (mM): NaCl 136, KCl 4, CaCl₂ 1.8, MgCl₂ 1, HEPES 10, glucose 10 (pH=7.4 NaOH). To obtain 1 and 100 mM [K⁺]_o solutions, equimolar substitution between KCl and NaCl was used.
 • External-native I_{K1} (mM): NaCl 120, KCl 20, CaCl₂ 1, MgCl₂ 1, HEPES 10, 4-aminopyridine 2, glucose 10, flufenidine 1 (μ M) and glibenclamide (10 μ M) (pH 7.4 NaOH). To record I_{K1} in atrial myocytes, atropine (1 μ M) was also added.
 • Internal (mM): K-aspartate 80, KCl 42, KH₂PO₄ 10, Mg-ATP 5, phosphocreatine 3, HEPES 5, EGTA 5 (pH=7.2 KOH).
 • Cell-attached solutions:



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