

## **DENTAL MEDICINE**

### Abstract

Hypertension is a polygenic condition that characterizes one of the most common and relevant cardiovascular complications that contributes to approximately 690,000 deaths per year in the United States. Renin-angiotensin-aldosterone system (RAAS) plays a significant role in systemic and neurogenic hypertension [1, 2]. Angiotensin II (Ang II), an octapeptide, is a key hormonal peptide that interacts with AT<sub>1</sub> and AT<sub>2</sub> G-protein-coupled receptors (GPCR). The effects of AT<sub>1</sub>R mediate excitatory responses, and AT<sub>2</sub> serves as the protective arm of RAAS at the level of cardiomyocytes. Angiotensin-converting enzyme-2 (ACE2) converts AngII into Ang-(1-7) mediated by MAS receptor, a GPCR for Ang-(1-7), to mitigate myocardial excitation and regulate blood pressure. Angiotensin 1-7 (Ang 1-7) has been shown to reduce blood pressure [3], cardiac contractility [4, 5], and reactive oxygen species (ROS) [6], mediated via MAS1 proto-oncogene protein (MAS). The objective is to study the expression of RAAS receptors on ventricular myocytes isolated from hypertensive rodents to assess the implication of the AnglI in the presence or absence of antihypertensive drugs. There was a correlation in the circulating plasma Angll with blood pressure in hypertensive rodents. The blood pressure was reversed with angiotensin receptor blocker (ARB) suggesting the impact of RAAS. Cardiac expression for AT<sub>1</sub>R showed a significant increase compared to the control group (p<0.001) but was abolished in the treated group with angiotensin receptor blocker (16mg/kg candesartan) and a vasodilator (10mg/kg di-hydralazine). Conversely, AT<sub>2</sub>R expression in hypertensive group was significantly lowered compared to control group (p<0.001). However, the antihypertensive drug treatments did not reverse AT<sub>2</sub> response to control level suggesting a nonreversal of AT<sub>2</sub>R expression when blood pressure is returned to normal. Furthermore, there was a significant decrease in the protein expression of MAS receptors for angiotensin 1-7 (Ang1-7) peptides but was returned to control levels in the treatment group. These results suggest that while AT<sub>1</sub>R mediates excitability and enhancement of cardiac contraction in hypertensive condition, MAS receptor mediates the metabolite of AngII, through Ang1-7 and, along with AT<sub>2</sub>R to serve as the protective arm of angiotensin peptides. This work implies that changes in the expression of the receptors on the surface of the cells are a key mechanism involved in the signaling pathways that lead to the manifestation of hypertension. It also suggests that treatments for hypertension works by restoring receptor expression to basal level.

### Introduction

- Hypertension, is a condition characterized by a systolic pressure of  $\geq$ 140 mmHg or greater and diastolic pressure of >90 mmHg. Older age is a major factor that increases the odds of developing hypertension.
- Hypertension is a major risk factor for the development of stroke, heart attack, heart failure, kidney disease, and other cardiovascular complications.
- The cascade of physiologic events which lead to hypertension is not fully elucidated. • However, treatment with angiotensin converting enzyme (ACE) inhibitors or AnglI receptor antagonists is extremely efficient.
- Recently, the importance of AT<sub>2</sub>R and MAS receptor in sympathetic nerve transmission has been speculated to attenuate ROS activities. It is speculated Ang1-7 would reduce ROS production.
- Thus, the objective is to study the expression of RAAS receptors on ventricular myocytes isolated from (mRen2)27 transgenic hypertensive rodents to assess the implication of the Angll peptide in the presence of antihypertensive treatment.



### Methods

- (a) Mouse Ren2<sup>d</sup> gene inserted into genome of rat m(Ren2)27 transgenic hypertensive model (b) Plasma assay for AnglI and Ang 1-7 before and after antihypertensive drug treatment
- (c) Isolation of left ventricular cardiomyocytes before and after antihypertensive drug treatment
- (d) Protein and RNA isolation from the HnSD and m(Ren2)27 cardiomyocytes
- (e) SDS PAGE-Western blotting and qRT-PCR analysis of RAAS receptor protein expression.

# **Renin-Angiotensin-Aldosterone System on Cardiomyocyte and the Impact** of Anti-Hypertensive Drug on Myocardial Excitability

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dihydralazine treatments (n=6; p<0.0001).





protein density in the left ventricle (LV). Receptor density was measured by Western blot hybridization using specific antibodies in LV isolated from SD, mRen, and mRen antihypertensive drug treated rats.Top: Densitometry analyses of protein level normalized to  $\beta$ -actin. Image analyses of the signals are normalized to  $\beta$ actin. Values in each panel are mean ± SEM; <sup>#</sup>p<0.05, \*\*<0.001, and \*\*\*<0.0001 representative Western blot. Bottom: representative Western blot, respectively.

