

## Angiotensin II via AT<sub>1</sub> receptors may mediate apoptosis in the cardiac conduction system of rats

U. Vongvatcharanon<sup>1</sup>, S. Vongvatcharanon<sup>2</sup>, N. Radenahmad<sup>1</sup>, P. Kirirat<sup>1</sup>, P. Intasaro<sup>1</sup>, P. Sobhon<sup>3</sup> and T. Parker<sup>4</sup>, <sup>1</sup>Department of Anatomy, Faculty of Science, Prince of Songkla University, Hat-Yai 90112, Thailand, <sup>2</sup>Department of Oral Surgery, Faculty of Dentistry, Prince of Songkla University, Hat-Yai 90112, Thailand, <sup>3</sup>Department of Anatomy, Faculty of Science, Mahidol University, Bangkok 10400, Thailand and <sup>4</sup>School of Biomedical Science, Nottingham University, Nottingham NG7 2UH, UK.

Apoptosis has been suggested as a possible cause of gradual development of complete heart block and fatal arrhythmias associated with absence of the AV node, sinus, and internodal pathways (James *et al*, 1996). Studies about apoptosis in the heart by means of cardiomyocyte cell culture have demonstrated that angiotensin II (Ang II) mediates cardiomyocyte apoptosis via angiotensin II type I receptors (AT<sub>1</sub>) (Cigola *et al*, 1997). The transgenic *m(Ren-2)27* (TG) rat carries the additional *Ren-2* gene, the expression of which results in an increase of heart Ang II (Campbell *et al*, 1995), thus potentially affecting the cell growth/death equilibrium. This study addresses the question of role of Ang II/AT<sub>1</sub> receptors mediated apoptosis in the sinoatrial (SA) and atrioventricular nodes (AV).

Six, male 2 week TG and Hannover Sprague Dawley (SD) rats were anaesthetised by pentobarbitone sodium i.p. injection (100 mg/kg). The hearts were removed and fixed in 10% formaldehyde. Following dehydration and embedding in paraffin, 5 µm serial sections were cut then stained with Masson Trichrome to localize SA and AV nodes. The sections containing SA or AV node were processed for either: (a) calculation of apoptotic nuclei following terminal deoxynucleotidyl transferase nick end labelling of 3'-OH ends using Fluorescein-FragEL™; or (b) immunohistochemical labelling with antibodies to the AT<sub>1</sub> receptors prior to confocal scanning laser microscopical analysis. Quantification of AT<sub>1</sub> receptors was performed by using Microimage analysis software (Olympus).

Group	Apoptotic cells/mm <sup>2</sup>		AT <sub>1</sub> receptors (×10 <sup>3</sup> )/mm <sup>2</sup>	
	SA	AV	SA	AV
SD	0.040±0.07	0.164±0.12	1.14±0.17	7.63±1.91
TG	<b>0.140±0.37*</b>	<b>0.433±0.11*</b>	<b>1.67±0.26*</b>	<b>12.50±3.97*</b>

Data expressed as mean ± SD (n=6)

\* = significant compared with control (P<0.05) (Independent-Sample T-test)

The table shows that the number of apoptotic cell in both the SA and AV node is significantly greater in the TG compared with the SD (p<0.05). Quantification of AT<sub>1</sub> receptors within SA and AV node shows that there were significantly more AT<sub>1</sub> receptors in the TG compared with the SD (p<0.05). These data suggest that an elevated level of apoptosis in the TG rat heart compared with the controls could be accounted for by *Ren-2* derived Ang II active via AT<sub>1</sub> receptors.

Campbell, D.J., Rong, P., Kladis, A., Rees, B., Ganten, D. and Skinner, S.L. (1995) Angiotensin and Bradykinin peptides in the TGR (*mRen-2*)27 rat. *Hypertension*, 25, 1014-1020.

Cigola, E., Kajstura, L.B., Meggs, L.G. and Anversa, P. (1997) Angiotensin II activates programmed myocyte cell death *in vitro*. *Experimental Cell Research*, 231, 363-371.

James, T.N., Martin, E., Willis, P.W. and Lohr, T.O. (1996) Apoptosis as a possible cause of gradual development of complete heart block and fatal arrhythmias associated with absence of the AV node, sinus, and internodal pathways. *Circulation*, 93, 1424-1432.