

110. Protective and Preservative Effect of NecroX-5 During Hypoxia/Reoxygenation Injury Through Mitochondrial Oxidative Phosphorylation and PGC1

Maria Victoria Faith Garcia, Vu Thi Thu, Hyoung Kyu Kim, Le Thanh Long, Bayalagmaa Nyamaa, In-Sung Song, To Thanh Thuy, Nguyen Quang Huy, Jubert Marquez, Soon Ha Kim, Nari Kim, Kyung Soo Ko, Byoung Doo Rhee, Jin Han, Cardiovascular and Metabolic Disease Center, Smart Marine Therapeutics Center, Inje University, Busan, Republic of Korea, Department of Physiology, College of Medicine, Inje University, Busan, Republic of Korea

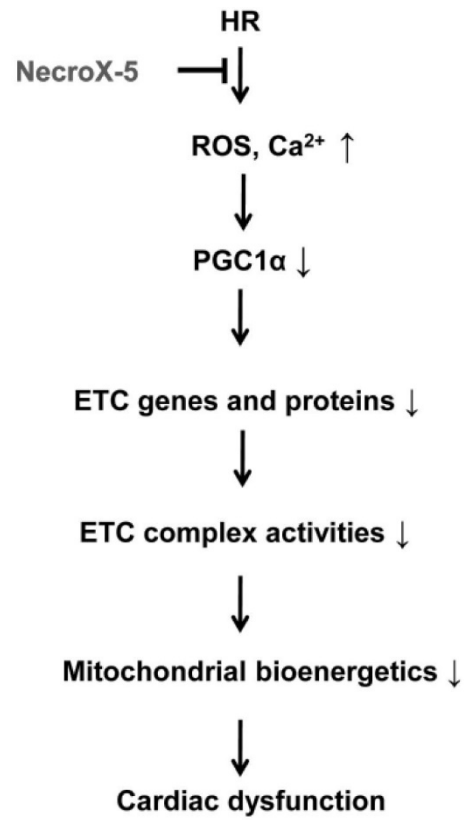
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Background: Preservation of mitochondrial function is important for limiting myocardial damage in ischemic heart diseases. NecroX compounds are cell-permeable necrosis inhibitors with antioxidant activity that localize mainly in the mitochondria. NecroX-5 strongly protects rat heart mitochondria against reperfusion injury by reducing mitochondrial oxidative stress, preserving the mitochondrial membrane potential, improving mitochondrial oxygen consumption, and attenuating mitochondrial Ca²⁺ accumulation by mitochondrial calcium uniporter inhibition. Here we verify the role of NecroX-5 in protecting mitochondrial oxidative phosphorylation capacity during hypoxia-reoxygenation (HR).

Methods: NecroX-5 treatment (10 μ M) and non-treatment were employed on isolated rat hearts during hypoxia/ reoxygenation treatment using an ex vivo Langendorff system. Proteomic analysis was performed using liquid chromatography-mass spectrometry and non-labeling peptide count protein quantification. Real-time PCR, western blot, citrate synthases and mitochondrial complex activity assays were then performed to assess heart function.

Results: Treatment with NecroX-5 during hypoxia significantly preserved electron transport chain proteins involved in oxidative phosphorylation and metabolic functions. NecroX-5 improved mitochondrial complex I, II, and V function. Mitochondrial ATP generating capacity is improved and may contribute to improved modulation of ROS production during HR upon NecroX-5 treatment. Markedly higher peroxisome proliferator-activated receptor gamma coactivator-1 α (PGC1 α) expression levels were also observed in NecroX-5-treated hearts. Increased PGC1 α levels in NecroX-5 group may be a result of lower ROS and calcium levels.

Conclusion: These novel results provide convincing evidence for the role of NecroX-5 in protecting mitochondrial oxidative phosphorylation capacity and in preserving PGC1 α during cardiac HR injuries. The proposed function of NecroX-5 suggests for the first time that the protection of OXPHOS capacity and preservation of PGC1 α expression may account for the protective effects of NecroX-5 against HR-induced injury.



Clinical Implications: My study will give cardiovascular clinicians a potential drug treatment modality with the development of NecroX-5 as a therapeutic drug for HR-induced injury based on its protective effect to the heart.