

Journal of Steroid Biochemistry & Molecular Biology 85 (2003) 439-442

The fournal of Steroid Biochemistry & Molecular Biology

www.elsevier.com/locate/jsbmb

The possible roles of mineralocorticoid receptor and 11β-hydroxysteroid dehydrogenase type 2 in cardiac fibrosis in the spontaneously hypertensive rat[☆]

Akinobu Konishi^{a,b,*}, Chika Tazawa^a, Yasuhiro Miki^a, Andrew D. Darnel^a, Takashi Suzuki^a, Yoshio Ohta^c, Tsuneyuki Suzuki^c, Koichi Tabayashi^b, Hironobu Sasano^a

^a Department of Pathology, Tohoku University Graduate School of Medicine, 2-1 Seiryo-cho, Aoba-ku, Sendai, Miyagi 980-8575, Japan
^b Department of Cardiovascular Surgery, Tohoku University Graduate School of Medicine, Sendai, Miyagi 980-8575, Japan
^c First Department of Pathology, Kinki University School of Medicine, Sayama, Osaka 589-8511, Japan

Abstract

In hypertension, aldosterone has been demonstrated to play a crucial role in cardiac fibrosis, which generally increases cardiac morbidity and death. However, few studies have reported the expression of the mineralocorticoid receptor (MR) and 11 β -hydroxysteroid dehydrogenase type 2 (11 β -HSD2) in the heart under hypertensive conditions. Therefore, in this study, spontaneously hypertensive rats (SHR) were examined to elucidate the possible actions of mineralocorticoids via binding to MR. Wister Kyoto Rat (WKY), SHR, stroke-prone SHR (SHRSP), and malignant SHRSP (M-SHRSP) were used. Total RNA was extracted from the left ventricle of these rats, and examined for the expression levels of MR, 11 β -HSD2 and Collagen types 1 and 3 using reverse transcription real-time quantitative polymerase chain reaction employing the Light Cycler Instrument. Blood pressure was significantly different among each group. The mean mRNA levels for MR, 11 β -HSD2 and Collagen types 1 and 3 in M-SHRSP were found to be significantly increased compared to those of WKY, whereas no significant differences in mRNA levels were detected among SHR and SHRSP. Findings from the present study appear to demonstrate that MR and 11 β -HSD2 mRNA significantly rise in the left ventricle of M-SHRSP and increase of these mRNA is one of the cause of cardiac fibrosis. © 2003 Elsevier Ltd. All rights reserved.

Keywords: SHR; Hypertension; Cardiac fibrosis; Mineralocorticoid receptor; 11β-Hydroxysteroid dehydrogenase type 2

1. Introduction

In hypertension, left ventricular hypertrophy resulting from structural remodeling of the myocardium such as myocytic hypertrophy, intersititial fibrosis and structural alterations of the coronary microcirculation [1] have been shown to greatly contribute to cardiac morbidity and subsequent death of patients [2–4].

Myocardial fibrosis has always been associated with increased levels of circulating aldosterone or local stimulation of the renin–angiotensin–aldosterone system [5]. However, little is known on the correlation among other factors such as MR, 11 β -hydroxysteroid dehydrogenase type 2 (11 β -HSD2) which has been shown to protect MR from occupancy by glucocorticoids [6,7], arterial blood pressure and cardiac fibrosis.

In the present study, we examined spontaneously hypertensive rats (SHR) which were classified based on the severity of hypertension, for the relative mRNA expression of MR, 11 β -HSD2, and Collagen type 1 (Collagen 1) and Collagen type 3 (Collagen 3), both of which have been demonstrated to be closely associated with myocardial fibrosis [8] using semi-quantitative PCR.

2. Materials and methods

2.1. Animals

Wister Kyoto (WKY), SHR, stroke-prone SHR (SHRSP) and malignant SHRSP (M-SHRSP) rats were employed in this study. These three strains of hypertensive rats were established from WKY [9]. The animals were bred and fed with the blood pressure of each strain carefully maintained

[☆] Presented at the 11th International Congress on Hormonal Steroids and Hormones and Cancer, ICHS & ICHC, Fukuoka, Japan, 21–25 October 2002.

^{*} Corresponding author. Tel.: +81-22-717-8050; fax: +81-22-717-8053. *E-mail address:* akonishi@mail.cc.tohoku.ac.jp (A. Konishi).

^{0960-0760/\$ –} see front matter © 2003 Elsevier Ltd. All rights reserved. doi:10.1016/S0960-0760(03)00198-5

at its respective fixed level in the Kinki University School of Medicine. Each animal was sacrificed at the age of 15 weeks, when the blood pressure achieved peak levels [10].

2.2. RNA isolation and cDNA synthesis

Total RNA was extracted by homogenizing frozen tissues from these specimens using TRIzol reagent (Gibco-BRL, Grand Island, NY) followed by a phenol-chloroform phase extraction and isopropanol precipitation. The SUPER-SCRIPT Preamplification system reverse transcription kit (Gibco-BRL, Grand Island, NY) was used to synthesize and amplify first strand complementary DNA (cDNA). The cDNA was synthesized from 2 μ g total RNA using 25 ng/ μ l Oligo (dT) Primer (Life Technologies Inc., Gaintherburg, ND) on a PTC-200 Peltier Thermal Cycler DNA Engine (MJ Reserch Inc., Watertown, MA).

2.3. Real-time quantitative polymerase chain reaction (qPCR)

Rat gene-specific PCR primers for MR, 11 β -HSD2, Collagen 1 and 3, and the house-keeping gene, glyceraldehydes-3-phosphate dehydrogenase (GAPDH) are listed in Table 1. Real-time PCR was carried out with the LightCycler Instrument (Roche Molecular Biochemicals, Mannheim, Germany) using the DNA binding dye SYBR Green I for detection of PCR products. The expression levels of target genes were evaluated by the ratio of the target mRNA to that of GAPDH mRNA and evaluated as a ratio compared to that of each positive control. As a positive control, frozen tissues of kidney were used for MR and 11 β -HSD2, and those of skin were used for Collagen 1 and 3.

2.4. Statistical analysis

When Kruskal–Wallis showed a significant difference between groups, pairwise comparisons of each group versus the control group were performed using Mann–Whitney Utest. Significance was set at P < 0.05.

Table 1 Primer sequences in rats

Primer sequences in rais			
Gene	Accession no.	Position	Primer sequence
GAPDH	M17701	638–658 876–896	5'-aca tca tcc ctg cat cca ct-3' 5'-ggg agt tgc tgt tga agt ca-3'
MR	NM013131	1573–1593 1772–1792	5'-aga aag gtg ctc acg acg tt-3' 5'-cgc ctg aac atg agt gct tg-3'
11β-HSD2	U22424	1084–1103 1304–1324	5'-ccc gtt gta gat gcc atc a-3' 5'-agc tga tac tgt ggg gga ag-3'
Collagen 1	Z78279	4184–4202 4411–4429	5'-tca cct aca gca cgc ttg-3' 5'-ggt ctg ttt cca ggg ttg-3'
Collagen 3	X70369	1801–1819 1956–1976	5'-ata tca aac acg caa ggc-3' 5'-gat taa agc aag agg aac ac-3'

3. Results

3.1. Hypertension model

Blood pressure was significantly different among each group. (WKY: $139.6 \pm 2.7 \text{ mmHg}$; SHR: $177.2 \pm 6.1 \text{ mmHg}$; SHRSP: $218.6 \pm 32.7 \text{ mmHg}$; and M-SHRSP: $255.6 \pm 8.8 \text{ mmHg}$).

3.2. Expression of MR mRNA

The average level of MR mRNA in M-SHRSP increased significantly (12.3-hold) compared to that of WKY, whereas SHR and SHRSP did not, as shown in Fig. 1 (P = 0.0011, Kruskal-Wallis; P = 0.0090, Mann–Whitney U test).

3.3. Expression of 11β-HSD2 mRNA

Fig. 2 demonstrated that 11 β -HSD2 mRNA yielded a similar pattern with respect to MR mRNA. The average levels of 11 β -HSD2 in M-SHRSP were 3.03-fold compared to that of WKY. (P = 0.0365, Kruskal–Wallis; P = 0.0433, Mann–Whitney U test)

3.4. Expression of Collagen 1 and 3 mRNA

The patterns of abundance of Collagen 1 mRNA and those of Collagen 3 mRNA were similar (Figs. 3 and 4, respectively) and correlated with those of MR mRNA. The average levels of Collagen 1 and 3 mRNAs in M-SHRSP were significantly elevated, 42.0-fold and 7.67-fold, respectively, compared to rats in the WKY group. (P = 0.0242, Kruskal–Wallis; P = 0.0209, Mann–Whitney U test and P = 0.0149, Kruskal–Wallis; P = 0.0209, Mann–Whitney U test, respectively).

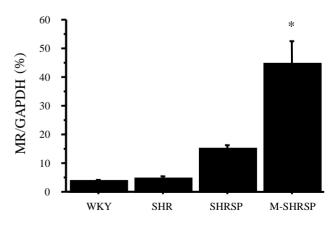


Fig. 1. Levels of mRNA expression for MR in WKY, SHR, SHRSP and M-SHRSP rats (mean \pm S.E.; n = 6, respectively). Expression levels are summarized as a ratio of GAPDH. P = 0.0011, Kruskal–Wallis; *P = 0.0090 vs. WKY, Mann–Whitney U test.

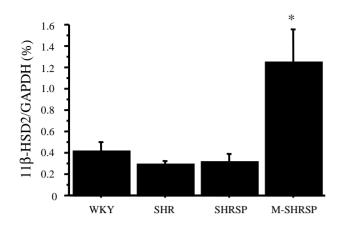


Fig. 2. Levels of mRNA expression for 11 β -HSD2 in WKY, SHR, SHRSP and M-SHRSP rats (mean \pm S.E.; n = 6, respectively). Expression levels are summarized as a ratio of GAPDH. P = 0.0365, Kruskal–Wallis; *P = 0.0433 vs. WKY, Mann–Whitney U test.

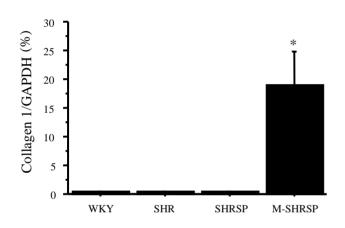


Fig. 3. Levels of mRNA expression for Collagen 1 in WKY, SHR, SHRSP and M-SHRSP rats (mean \pm S.E.; n = 6, respectively). Expression levels are summarized as a ratio of GAPDH. (P = 0.0242, Kruskal–Wallis; *P = 0.0209 vs. WKY, Mann–Whitney U test).

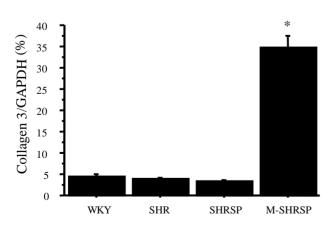


Fig. 4. Levels of mRNA expression for Collagen 3 in WKY, SHR, SHRSP and M-SHRSP (mean \pm S.E.; n = 6, respectively). Expression levels are summarized as a ratio of GAPDH. P = 0.0149, Kruskal–Wallis; *P = 0.0209 vs. WKY, Mann–Whitney U test.

4. Discussion

The present study demonstrated that MR mRNA increased steeply in the left ventricle of M-SHRSP (Fig. 1), which has been reported to have significantly high plasma aldosterone concentration [11]. Aldosterone produces a dose-dependent increase of MR and its mRNA levels in cultured primary hippocampal neurons [12]. Therefore, the presence of positive feedback mechanism of aldosterone to MR expression may take place in the heart.

11 β -HSD2 mRNA also increased in the same manner as MR mRNA (Fig. 2). Cortisol occupies MR as antagonists of aldosterone in nonepithelial tissue like heart [13–15], and this enzyme plays a crucial role in the human heart to promote cortisol metabolism and to confer aldosterone specificity on MR [7]. Increment of only MR therefore does not necessarily represent augmentation of aldosterone action, but increment of both MR and 11 β -HSD2 strengthen effects of aldosterone to the heart.

In conclusion, findings of the present study appear to demonstrate that MR and 11β -HSD2 mRNA significantly rise in the left ventricle of M-SHRSP and increase of these mRNA one of the cause of cardiac fibrosis determined by the amounts of collagen and related to severity of hypertension.

References

- W.H. Motz, S. Scheler, B.E. Strauer, Medical repair of hypertensive left ventricular remodeling, J. Cardiovasc. Pharmacol. 20 (Sul1) (1992) S32–S36.
- [2] D. Levy, R.J. Garrison, D.D. Savage, W.B. Kannel, W.P. Castelli, Prognostic implications of echocardiographically determined left ventricular mass in the Framingham Heart Study, N. Engl. J. Med. 322 (1990) 1561–1566.
- [3] M.J. Koren, R.B. Devereux, P.N. Casale, D.D. Savage, J.H. Laragh, Relation of left ventricular mass and geometry to morbidity and mortality in uncomplicated essential hypertension, Ann. Intern. Med. 114 (1991) 345–352.
- [4] M. Bikkina, M.G. Larson, D. Levy, Asymptomatic ventricular arrhythmias and mortality risk in subjects with left ventricular hypertrophy, J. Am. Coll. Cardiol. 22 (1993) 1111–1116.
- [5] R.C. Funck, A. Wilke, H. Rupp, C.G. Brilla, Regulation and role of myocardial collagen matrix remodeling in hypertensive heart disease, Adv. Exp. Med. Biol. 432 (1997) 35–44.
- [6] J.W. Funder, P.T. Pearce, R. Smith, A.I. Smith, Mineralocorticoid action: target tissue specificity is enzyme, not receptor, mediated, Science 242 (1988) 583–585.
- [7] S.H. Slight, V.K. Ganjam, C.E. Gomez-Sanchez, M.Y. Zhou, K.T. Weber, High affinity NAD(+)-dependent 11 beta-hydroxysteroid dehydrogenase in the human heart, J. Mol. Cell Cardiol. 28 (1996) 781–787.
- [8] K.T. Weber, J.S. Janicki, S.G. Shroff, R. Pick, R.M. Chen, R.I. Bashey, Collagen remodeling of the pressure-overloaded, hypertrophied nonhuman primate myocardium, Circ. Res. 62 (1988) 757–765.
- [9] K. Okamoto, K. Yamamoto, N. Morita, Y. Ohta, T. Chikugo, T. Higashizawa, T. Suzuki, Establishment and use of the M strain of stroke-prone spontaneously hypertensive rat, J. Hypertens. Suppl. 4 (1986) S21–S24.
- [10] S. Sunano, S. Osugi, K. Shimamura, Blood pressure and impairment of endothelium-dependent relaxation in spontaneously hypertensive rats, Experientia 45 (1989) 705–708.

- [11] Y. Ohta, N. Morita, K. Yamamoto, H. Shiokawa, K. Okamoto, Studies on plasma aldosterone in M-SHRSP and other SHR strains (1): relationships between blood pressure, plasma rennin, plasma aldosterone and zona glomerulosa thickening, Acta. Med. Kinki. Univ. 12 (1987) 67–84.
- [12] M. Castren, T. Trapp, B. Berninger, E. Castren, F. Holsboer, Transcriptional induction of rat mineralocorticoid receptor gene in neurones by corticosteroids, J. Mol. Endocrinol. 14 (1995) 285–293.
- [13] M. Young, M. Fullerton, R. Dilley, J. Funder, Mineralocorticoids, hypertension, and cardiac fibrosis, J. Clin. Invest. 93 (1994) 2578– 2583.
- [14] M.J. Young, J.W. Funder, The renin-angiotensin-aldosterone system in experimental mineralocorticoid-salt-induced cardiac fibrosis, Am. J. Physiol. 271 (1996) E883–E888.
- [15] J.W. Funder, Aldosterone and mineralocorticoid receptors: orphan questions, Kidney. Int. 57 (2000) 1358–1363.