

Depressant effect of taurine on triggered activity induced by cesium chloride in rabbit hearts *in vivo*¹

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AIM: To study the effects of taurine (Tau) and tetrodotoxin (Tet) on cesium chloride (CsCl)-induced triggered activity and arrhythmia in anesthetized rabbits. **METHODS:** With a cuffed endotracheal tube, the rabbit ventilation was maintained by a respirator. A Franzy's contact electrode catheter was advanced into the right ventricle through the right external jugular vein and positioned against the anteroapical endocardial surface to record the monophasic action potential (MAP). A catheter was placed into femoral vein for systemic drug administration. **RESULTS:** CsCl (1 mmol L⁻¹ iv) produced a decrease in the amplitude of MAP from 42.2 ± 2.1 to 37.0 ± 3.8 mV ($P < 0.01$), a prolongation of MAPD₅₀ (156 ± 22 to 209 ± 26 ms, $P < 0.01$) or MAPD₉₀ (205 ± 25 to 250 ± 20 ms, $P < 0.01$) and an early afterdepolarization (EAD) developed within 30 s after CsCl injection. The ventricular premature (VP) resulted from EAD triggered by CsCl. In the Tau (100 mg kg⁻¹)- or Tet (10 μg kg⁻¹)-pretreated group, not only was the amplitude of EAD decreased (Tau, 4.2 ± 2.7; or Tet, 5.2 ± 2.6, respectively vs 16.1 ± 8.6 mv, $P < 0.01$), but also the duration of EAD was shortened (Tau, 695 ± 164; or Tet, 492 ± 172, respectively, vs 1068 ± 166 ms, $P < 0.01$). The severity of triggered arrhythmia (TA) was alleviated and the incidence of TA was lowered within 30 min after iv CsCl by either Tau or Tet. **CONCLUSION:** The

depressant effects of Tau and Tet on EAD and VP induced by CsCl were involved in an increase of outward current or a decrease of an inward current.

KEY WORDS taurine; tetrodotoxin; cesium; arrhythmia; electrophysiology

Triggered activity upon early afterdepolarization (EAD) has been proposed as one of the mechanisms of ventricular arrhythmia. We demonstrated that taurine (Tau), a novel calcium modulator, exerted an antiarrhythmic action in many experimental arrhythmias^(1,2). But the effect of Tau on triggered arrhythmia (TA) remained uncertain. No reports have so far been found about the effect of Tau on cardiac electrophysiology by using monophasic action potential (MAP) recording method to detect the EAD. This study was designed to understand the effects of Tau on TA.

MATERIALS AND METHODS

Protocol Twenty rabbits of either sex, weighing 3.5 ± 0.8 kg, were anesthetized with sodium pentobarbital (30 mg kg⁻¹). A cuffed endotracheal tube was inserted and the ventilation was maintained using a respirator. A catheter was placed in femoral vein for medication. The rabbits were randomly divided into 3 groups: 1) NS 1 mL kg⁻¹; 2) Tau (Shanghai Fifth Pharmaceutical Factory) 100 mg kg⁻¹; 3) Tetrodotoxin (Tet, AR, Hebei Province Aquatic Institute) 10 μg kg⁻¹. CsCl (Sigma) 1 mmol kg⁻¹ was given iv over 15 s after 5 min of medication.

MAP measurement MAP was recorded from right ventricular endocardium. A Franzy's contact

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electrode catheter (custom-made by Meditica, Parma, Italy) consisting of a proximal and a distal compressed Ag-AgCl electrode (1.5 mm in diameter, 6 mm apart) was advanced into the right ventricle through the right external jugular vein and positioned against the anteroapical endocardial surface. The MAP signals were amplified by an amplifier (FL-A). The surface electrocardiographic lead II and amplified MAP signals were simultaneously displayed on an oscilloscope (VC-11) and recorded on a physiological paper recorder (LMS-213). The amplitude of MAP (MAPA) was defined as the potential difference between the phase 2 and phase 4 of MAP. The duration of MAP (MAPD) was determined at 50% or 90% repolarization^[3]. Either delay in repolarization or true depolarization occurring during the phase 2 or phase 3 of MAP was termed the EAD of MAP. The coupling interval was defined as the interval between the phase 0 of MAP and the peak or shoulder of the EAD that developed.

Data treatment Data were expressed as $\bar{x} \pm s$. Comparison of \bar{x} was performed with paired *t* test. Correlations between the variables were determined by linear regression.

RESULTS

MAP changes induced by CsCl Baseline MAP recordings showed a rapid upstroke, a plateau, and a smooth continuous repolarization phase. MAPA = 37 ± 4 mV (29–44 mV). MAPD₅₀ = 156 ± 22 ms (100–200 ms). MAPD₉₀ = 205 ± 25 ms (168–253 ms). No delayed repolarization or afterdepolarizations during either phase 2 or 3 was noted in baseline recordings. A decrease in MAPA and a prolongation of MAPD₅₀ and MAPD₉₀ were observed and EAD occurred within 30 s after iv CsCl (Fig 1).

Correlation analysis showed that the coupling intervals of EAD (EAD-CI) was nearly identical to those of the corresponding VP (VP-CI). Regressive equation was VP-CI (ms) = 0.9936 EAD-CI - 4.119 , $r = 0.98$.

Effects of Tau and Tet on MAP changes

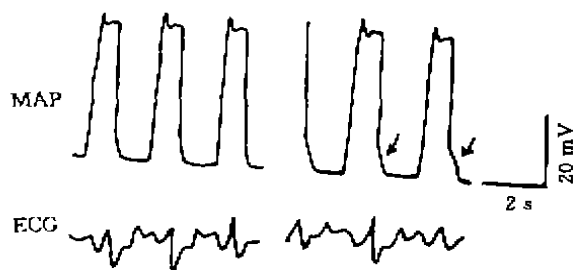


Fig 1. Effects of CsCl 1 mmol kg^{-1} iv on MAP and ECG in anesthetized rabbits. Simultaneous recordings of monophasic action potential and ECG lead II after iv CsCl. The presence of early afterdepolarization was evident.

induced by CsCl Tau 100 mg kg^{-1} iv induced: a shortening of MAPD₅₀ (149 ± 16 vs 127 ± 17 ms, $P < 0.05$), an insignificant effect on MAPD₉₀ (178 ± 21 vs 180 ± 17 ms, $P > 0.05$), and no change in MAPA (37.3 ± 7.5 vs 38.0 ± 4.0 mV, $P > 0.05$). Tet $10 \mu\text{g kg}^{-1}$ reduced MAPA from 42.1 ± 1.5 to 36.1 ± 3.2 mV ($P < 0.05$), but did not show any notable effect on MAPD₉₀ (200 ± 23 vs 198 ± 19 ms, $P > 0.05$). Subsequently, both Tau and Tet affected MAP changes induced by CsCl (Tab 1).

In the control group, heart rate was decreased by CsCl from 288 ± 30 to 158 ± 14 bpm ($P < 0.01$), EAD developed within 10 s after iv CsCl, ($n = 6$), the duration of EAD was 1068 ± 166 s. Initially EAD appeared as sub-threshold depolarization that gradually increased in amplitude and reached threshold to produce the triggered ventricular premature beats (VP). Tet also decreased the heart rate (226 ± 51 to 166 ± 54 bpm, $P < 0.01$), while Tau did not decrease it (244 ± 55 vs 224 ± 83 bpm, $P > 0.05$). In the Tau- or Tet-pretreated group, not only was the amplitude of EAD decreased, but the duration of EAD was shortened (Fig 2, Tab 2).

Tab 1. Effects of taurine (100 mg kg⁻¹ iv) and tetrodotoxin (10 µg kg⁻¹ iv) on CsCl-induced changes of MAPA, MAPD₅₀, and MAPD₉₀ in rabbits. $\bar{x} \pm s$. **P*>0.05, ^b*P*<0.05, ^c*P*<0.01 vs before CsCl; ^d*P*>0.05, ^e*P*<0.05, ^f*P*<0.01 vs control group; ^g*P*>0.05, ^h*P*<0.05 vs Tau group.

	Drug	Rabbit hearts	Before	CsCl administration			
				30 s	1	5	10 min
MAPA/mV	Control	6	37 ± 4	30.1 ± 2.6 ^b	30 ± 3 ^b	29.2 ± 2.1 ^c	28 ± 3 ^c
	Taurine	7	38 ± 5 ^a	35.3 ± 2.1 ^a	34.4 ± 2.2 ^{ac}	35 ± 3 ^{af}	34.3 ± 2.0 ^{af}
	Tetrodotoxin	7	36 ± 3 ^{de}	33 ± 4 ^{de}	32.1 ± 2.3 ^{bdg}	30 ± 4 ^{bdh}	30.2 ± 2.2 ^{cdh}
MAPD ₅₀ /ms	Control	6	156 ± 23	209 ± 26 ^c	233 ± 12 ^c	248 ± 20 ^c	253 ± 22 ^c
	Taurine	7	127 ± 17 ^e	133 ± 23 ^{ef}	133 ± 35 ^{ef}	164 ± 11 ^{bf}	168 ± 19 ^{bf}
	Tetrodotoxin	7	121 ± 34 ^{de}	127 ± 23 ^{efg}	132 ± 18 ^{efg}	132 ± 20 ^{efh}	136 ± 21 ^{efh}
MAPD ₉₀ /ms	Control	6	205 ± 25	250 ± 20 ^b	276 ± 18 ^c	312 ± 19 ^c	328 ± 11 ^c
	Taurine	7	180 ± 17 ^d	182 ± 20 ^{ef}	185 ± 22 ^{ef}	199 ± 14 ^{bf}	215 ± 26 ^{bf}
	Tetrodotoxin	7	198 ± 19 ^{de}	200 ± 16 ^{efg}	214 ± 22 ^{efh}	222 ± 29 ^{efg}	228 ± 30 ^{efg}

Tab 2. Effects of taurine (100 mg kg⁻¹ iv) and tetrodotoxin (10 µg kg⁻¹ iv) on EAD and TA induced by CsCl. $\bar{x} \pm s$. n=the number of the preparations. **P*>0.05, ^b*P*<0.05, ^c*P*<0.01 vs control; ^d*P*>0.05, ^e*P*<0.05, ^f*P*<0.01 vs Tau group.

Group	Rabbit hearts	Early afterdepolarization		Triggered arrhythmia	
		Amplitude/mV	Duration/s	Duration/s	Incidence/%
Control	6	16 ± 9	1 068 ± 166	1 452 ± 288	6/6 (100)
Taurine	7	4.2 ± 2.7 ^a	695 ± 164 ^c	360 ± 176 ^c	2/7 (29) ^b
Tetrodotoxin	7	5.2 ± 2.6 ^c	492 ± 172 ^d	660 ± 251 ^{ef}	3/7 (42) ^{ed}

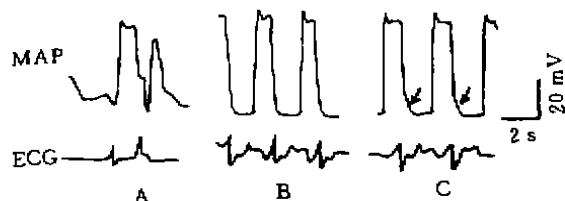


Fig 2. Effects of taurine (100 mg kg⁻¹ iv) and Tet (10 µg kg⁻¹ iv) on EAD and related VP at 30 s after iv CsCl (1 mmol kg⁻¹ iv). A. CsCl-induced EAD and VP in rabbit hearts. B. Tau pretreatment depressed CsCl-induced EAD and VP. C. Tet pretreatment inhibited the CsCl-induced EAD and VP.

DISCUSSION

The present study provided evidences *in vivo* that EAD induced by CsCl was closely related with TA(VP) and that Tau or Tet could reduce the amplitude and duration of EAD, so

as to decrease the severity of TA arising from EAD.

Suppressant effects of Tau on EAD and VP both resulting from CsCl administration could involve an increase in outward current or a decrease in inward current. The former prospect appeared unlikely, since Tau had little effect on MAPD₉₀. With regard to the effects of Tau on inward current, there are some evidences that Tau reduces the ⁴⁵Ca influx from ventricular myocardium under the condition of [Ca²⁺]₀ high level⁽¹⁾, and that the inhibiting effect of Tau on calcium influx may be related to the blockage of voltage-dependent calcium channel⁽⁴⁾, these evidences suggested that Tau had some feature of calcium antagonists. The calcium blocking effect of Tau was also demonstrated by the shortening of

MAPD₅₀, slowing of heart rate and preventing of VP triggered by EAD in the present study. The similar depressant effects of Tau and Tet on the amplitude of EAD suggested that Tau might inhibit the sodium "window" current.

In our study, Tet inhibited the development of EAD and the CsCl-induced TA. The observation that Tet, as well as Tau, suppressed MAPD₅₀ supported that Tet could inhibit the EAD by shortening the MAP repolarization and that Tet also reduced calcium entry during the phase 2 of the action potential¹⁵.

The present work demonstrated that the major mechanism for Tau or Tet maybe contributed to the inhibition of the formation and development of EAD. But some VP were still present after pretreatment with Tau or Tet, even though the amplitude of EAD decreased significantly. This suggested that the arrhythmogenesis of CsCl involved some other mechanism.

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牛磺酸对氯化铯诱发在体家兔心脏触发活动的抑制作用

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目的: 研究牛磺酸与河豚毒素对氯化铯诱发的家兔心脏早后去极化(EAD)及室性早搏(VP)的作用。 **方法:** 气管切开维持人工呼吸, 经右颈外静脉向右心室插入Franzy导管记录单相动作电位(MAP), 股静脉插管给药。 **结果:** 注射氯化铯(1 mmol L⁻¹)后, MAP幅度减少, MAPD₅₀和MAPD₉₀延长, 30秒内发生EAD, 并由此触发VP。牛磺酸(100 mg kg⁻¹)或河豚毒素(10 μg kg⁻¹)能减少EAD的幅度, EAD的持续时间缩短, VP的程度和发生率减轻。 **结论:** 牛磺酸和河豚毒素对氯化铯诱发的EAD和VP的抑制效应涉及增加外向电流或减少内向电流。

关键词 牛磺酸; 河豚毒素; 铯; 心律失常; 电生理学