



## RYTHMOLOGIE : DE LA PHYSIOPATHOLOGIE À LA CLINIQUE

# Mécanismes arythmogéniques : le rôle du calcium.

Sylvain RICHARD, DR1 CNRS



Physiological conditions

Pathology / Drug therapy

Neurohormones  
Circulating factors

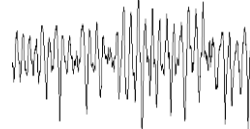
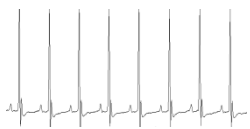
Homeostasis

Remodeling

Ion channels

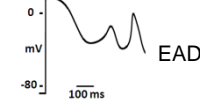
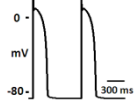
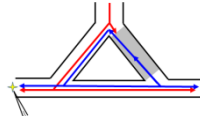
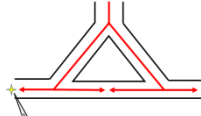
Sinus rhythm

Ventricular fibrillation



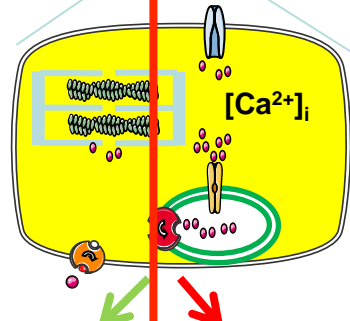
Normal circuit

Re-entrant circuit



Normal [Ca<sup>2+</sup>]<sub>i</sub> / E-C coupling

Inefficient [Ca<sup>2+</sup>]<sub>i</sub> / E-C coupling



Spontaneous-control  
Healthy continuation

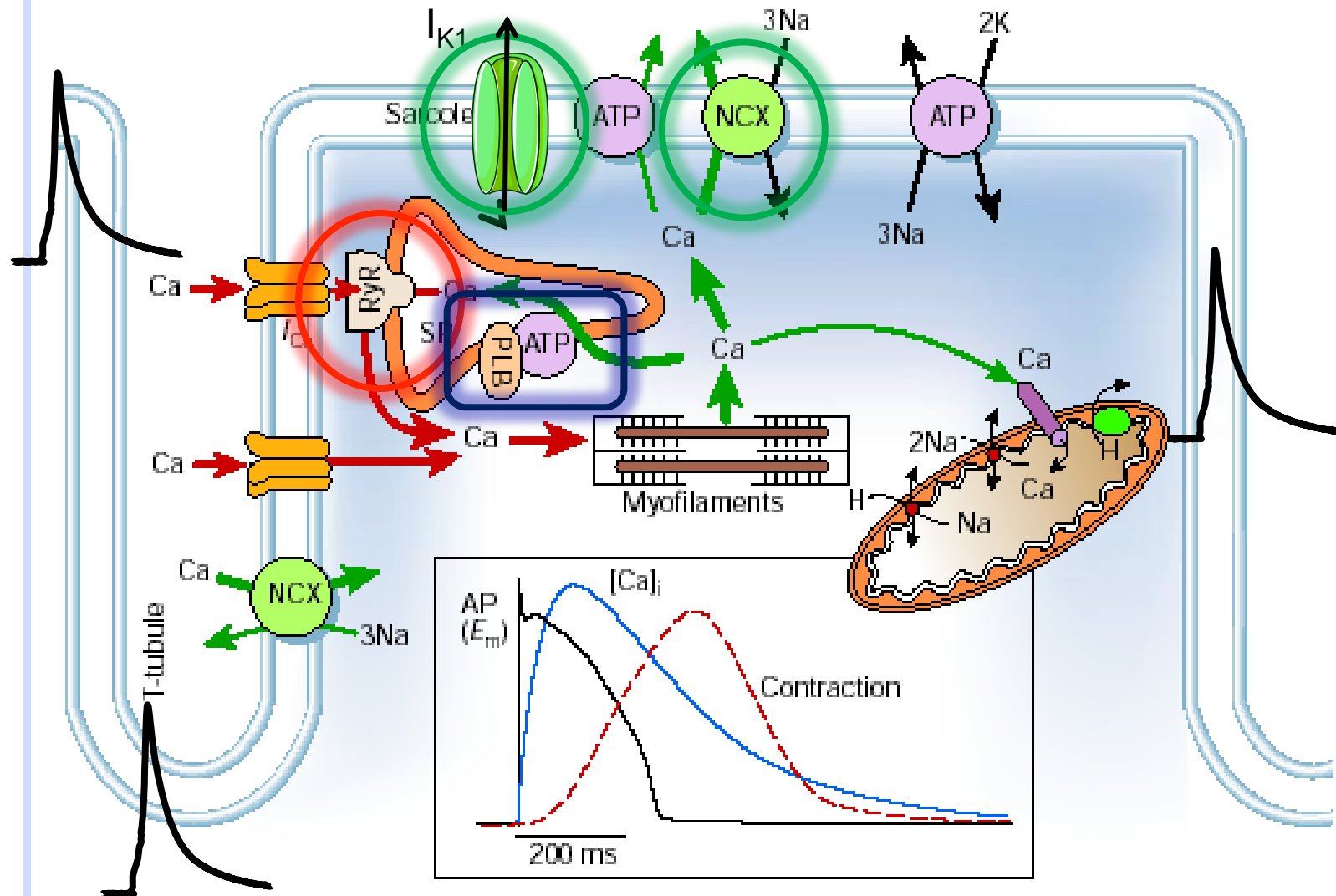
Self-sustaining and aggravating processes

- Phosphorylation/Nitrosylation
- Oxidative process
- Remodelling (Gap junction, ion channel, tissue)...

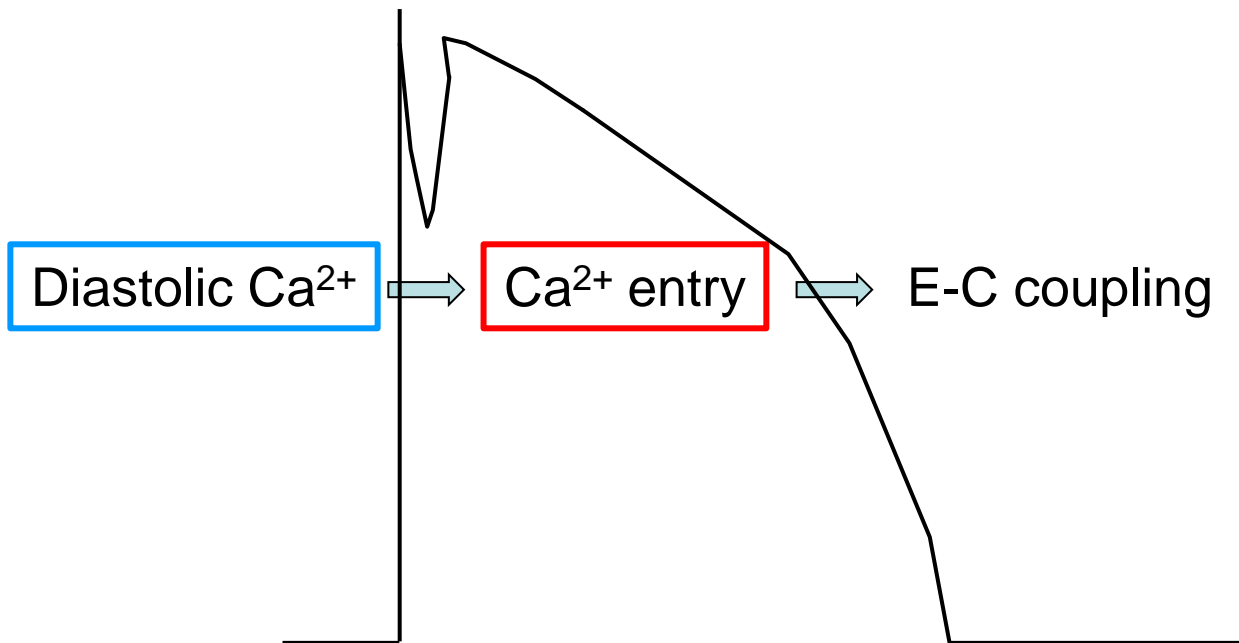
Ca-dependent  
Arrhythmias



# Role of $\text{Ca}^{2+}$ in Cardiac Excitation-Contraction coupling



# Ca<sup>2+</sup>-dependent Arrhythmias in cardiomyocytes



# Ca<sup>2+</sup>-dependent Arrhythmias

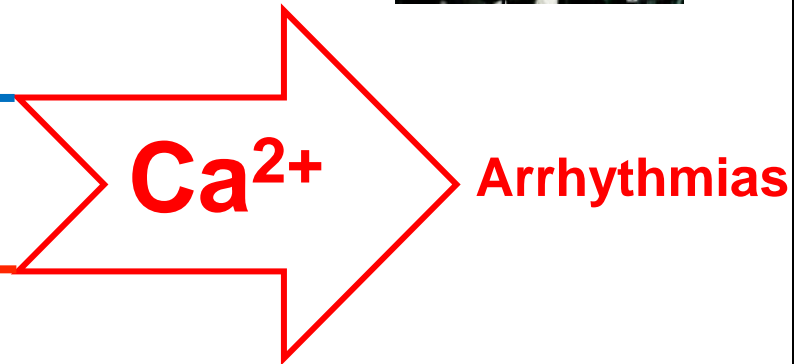
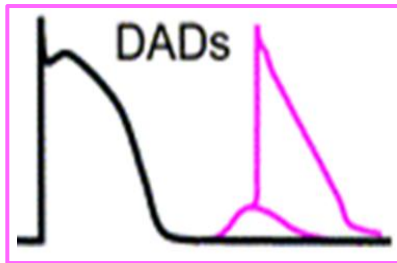
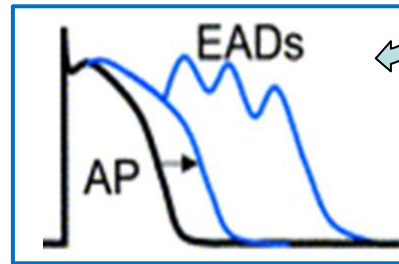
## Sustained Depolarization



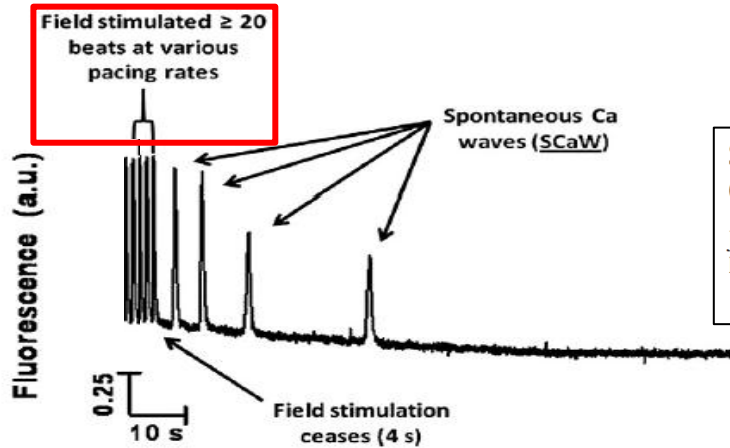
Diastolic Ca<sup>2+</sup> → Ca<sup>2+</sup> entry → E-C coupling  
Ca<sup>2+</sup> re-entry

Ca<sup>2+</sup> waves

I<sub>ti</sub> (NCX)



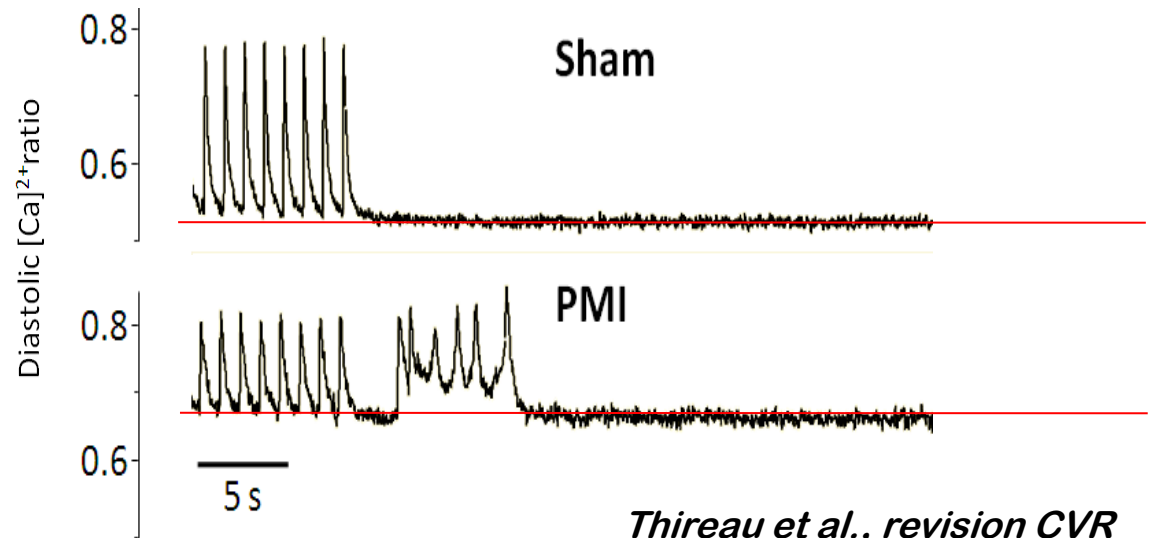
# Spontaneous $\text{Ca}^{2+}$ waves in cardiomyocytes



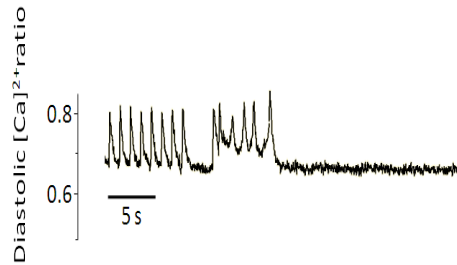
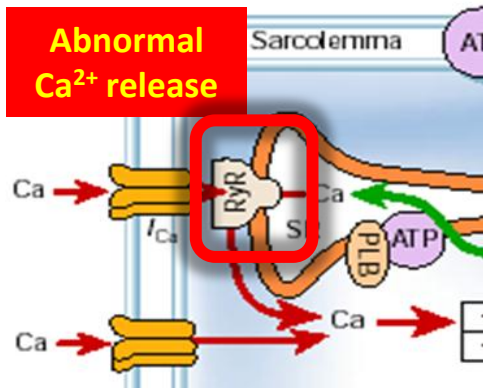
Spontaneous  $\text{Ca}^{2+}$  waves in ventricular myocytes from failing hearts depend on  $\text{Ca}^{2+}$ -calmodulin-dependent protein kinase II

Jerry Curran<sup>a</sup>, Kathy Hayes Brown<sup>a</sup>, Demetrio J. Santiago<sup>a</sup>, Steve Pogwizd<sup>b</sup>, Donald M. Bers<sup>c</sup>, Thomas R. Shannon<sup>a,\*</sup>

Journal of Molecular and Cellular Cardiology 49 (2010) 25–32



# Spontaneous Ca<sup>2+</sup> waves in cardiomyocytes



1) CPVT (TV Catéchol. Polym)  
(heart structurally normal ;  
alterations of Ca<sup>2+</sup> signaling)

2) CO  
(heart with normal function ;  
alterations of Ca<sup>2+</sup> signaling)

3) *Duchenne Muscular Dystrophy*  
(*mdx*)  
(progressive cardiomyopathy ;  
fatal cardiac arrhythmias)

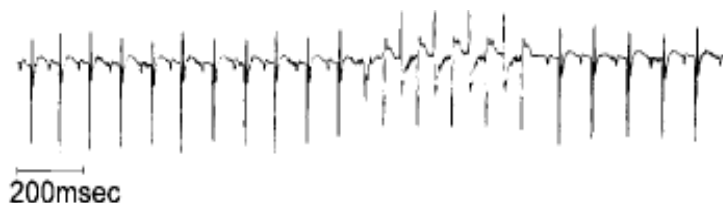
4) Heart Failure

# Arrhythmia in CPVT

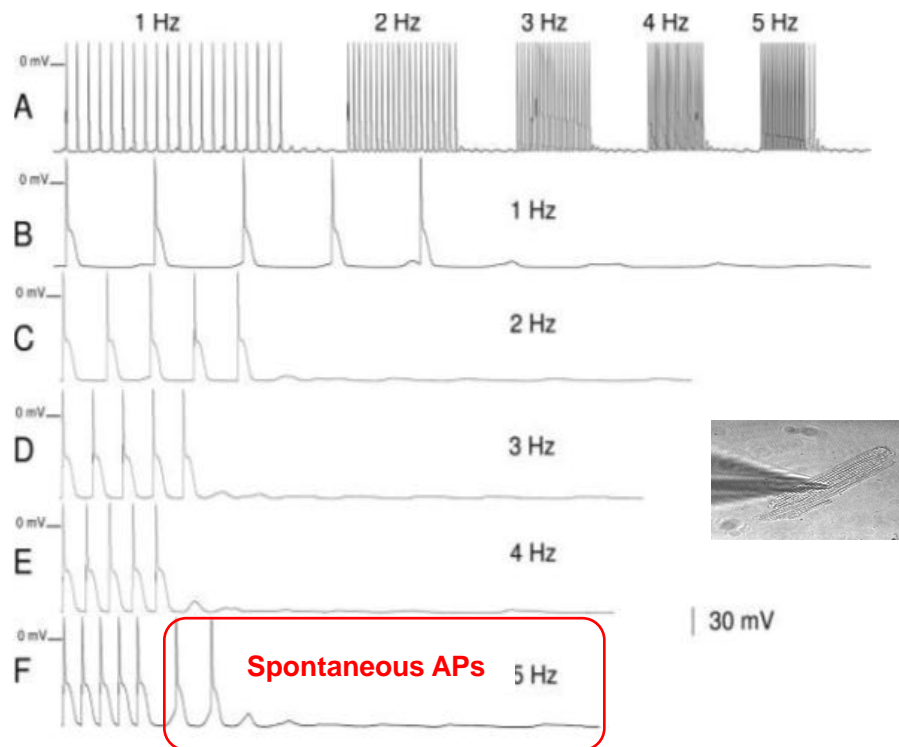
SG. Priori, C. Napolitano

RyR2

R4496C



Cerrone et al., *Circ Res.* 2005;96:e77-82



## Arrhythmogenesis in Catecholaminergic Polymorphic Ventricular Tachycardia

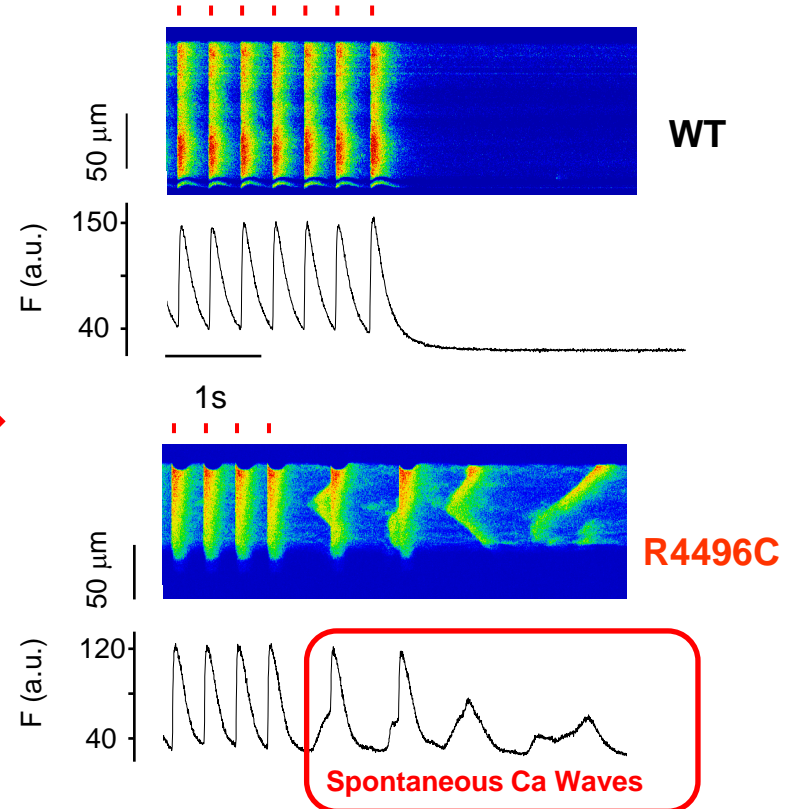
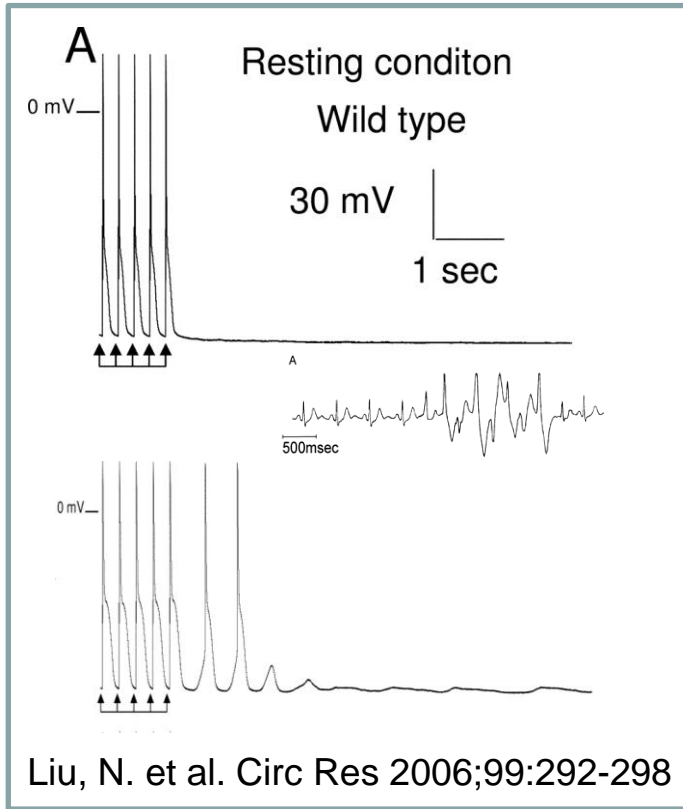
Insights From a RyR2 R4496C Knock-In Mouse Model

Nian Liu, Barbara Colombi, Mirella Memmi, Spyros Zissimopoulos, Nicoletta Rizzi, Sara Negri, Marcello Imbriani, Carlo Napolitano, F. Anthony Lai, Silvia G. Priori

(*Circ Res.* 2006;99:292-298.)



# Spontaneous Ca<sup>2+</sup> waves in RyR<sup>R4496C</sup> +/-



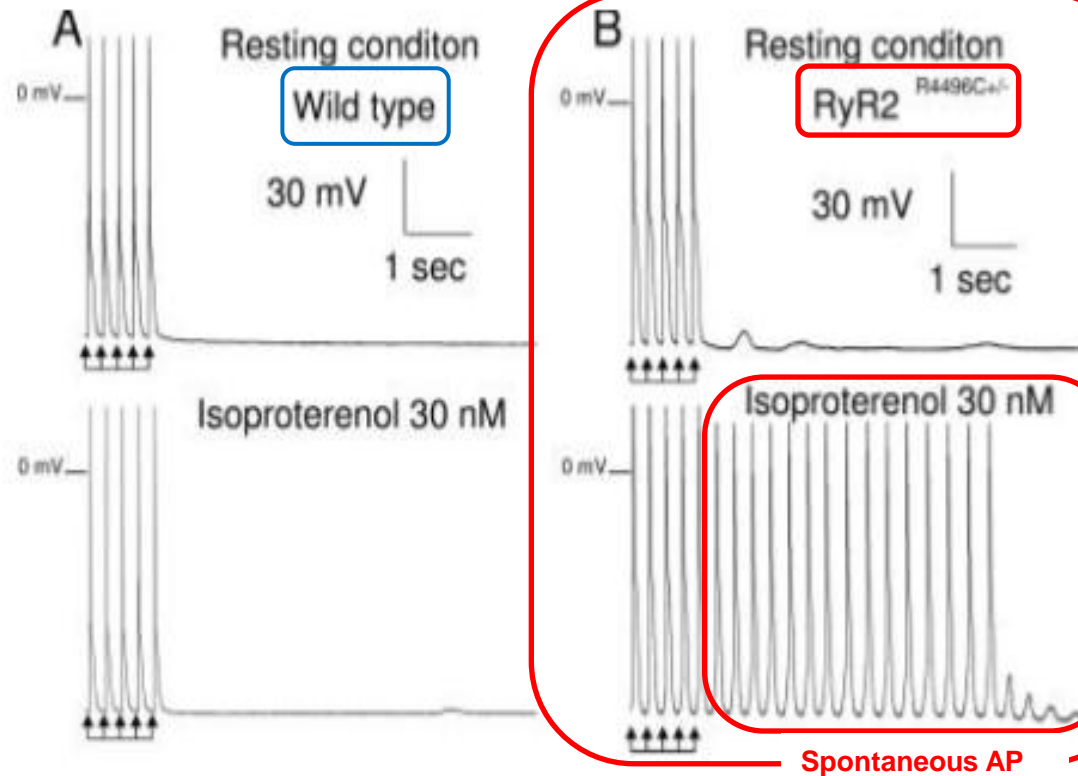
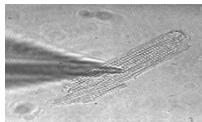
**Increased Ca<sup>2+</sup> Sensitivity of the Ryanodine Receptor  
Mutant RyR2<sup>R4496C</sup> Underlies Catecholaminergic  
Polymorphic Ventricular Tachycardia**

*Circ Res.* 2009;104:201-209.

María Fernández-Velasco, Angélica Rueda,\* Nicoletta Rizzi,\* Jean-Pierre Benitah, Barbara Colombi,  
Carlo Napolitano, Silvia G. Priori, Sylvain Richard, Ana María Gómez



# Facilitating effect of Isoproterenol



## Arrhythmogenesis in Catecholaminergic Polymorphic Ventricular Tachycardia

### Insights From a RyR2 R4496C Knock-In Mouse Model

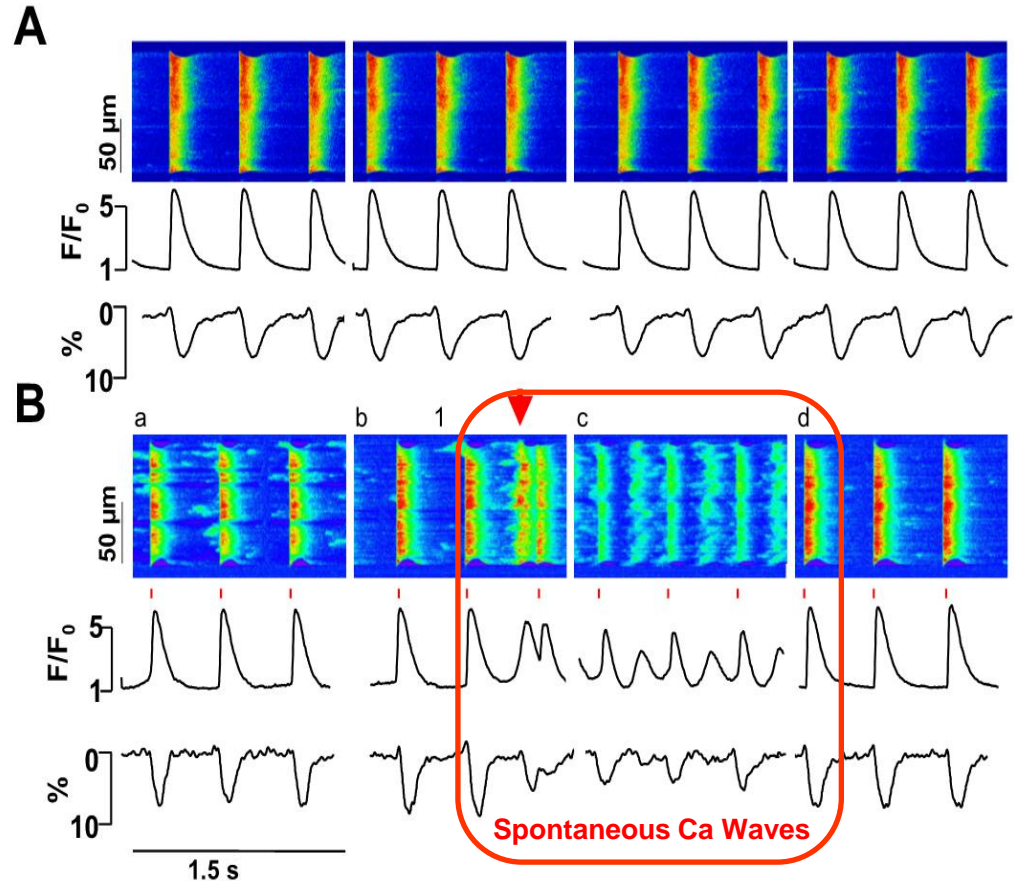
Nian Liu, Barbara Colombi, Mirella Memmi, Spyros Zissimopoulos, Nicoletta Rizzi, Sara Negri, Marcello Imbriani, Carlo Napolitano, F. Anthony Lai, Silvia G. Priori

(*Circ Res.* 2006;99:292-298.)



# ... more $\text{Ca}^{2+}$ waves with isoproterenol

WT + 1  $\mu\text{M}$  Iso



RyR<sup>24496C+/-</sup> + 1  $\mu\text{M}$  Iso

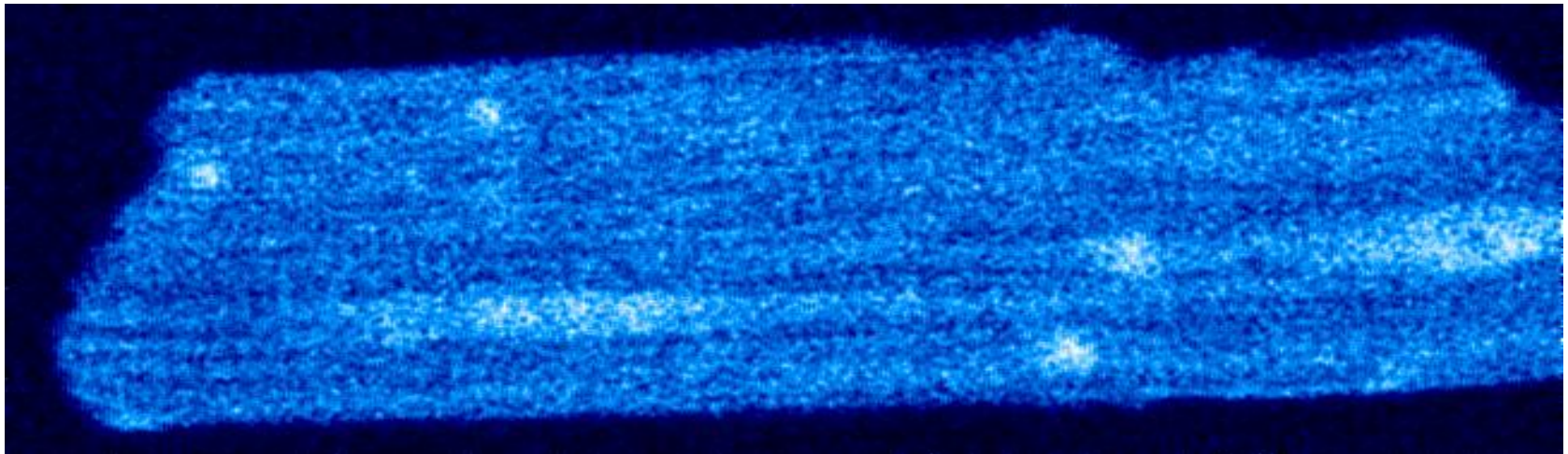
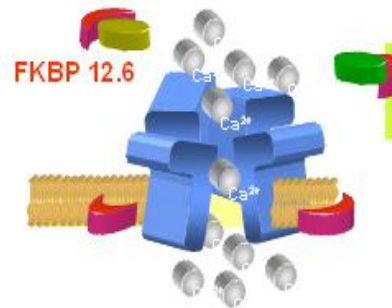
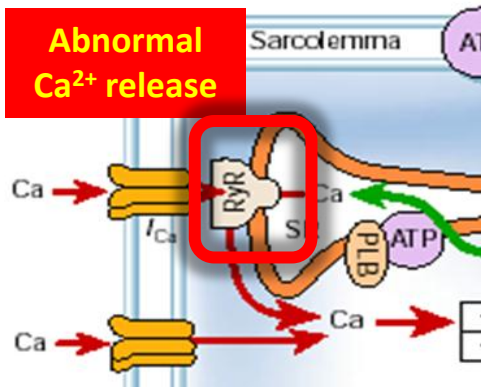
Increased  $\text{Ca}^{2+}$  Sensitivity of the Ryanodine Receptor  
Mutant RyR2<sup>R4496C</sup> Underlies Catecholaminergic  
Polymorphic Ventricular Tachycardia

*Circ Res.* 2009;104:201-209.

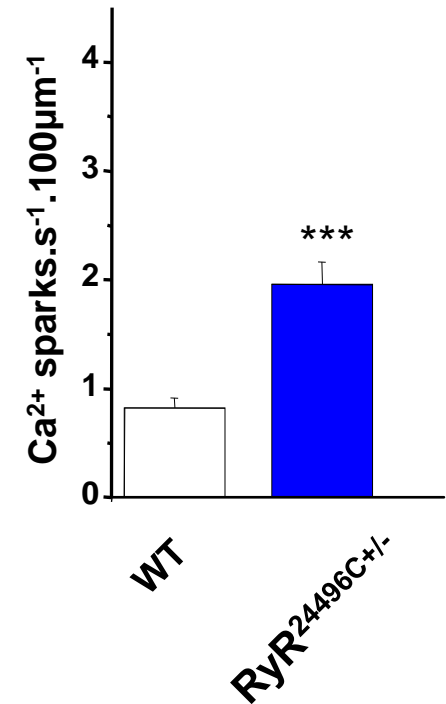
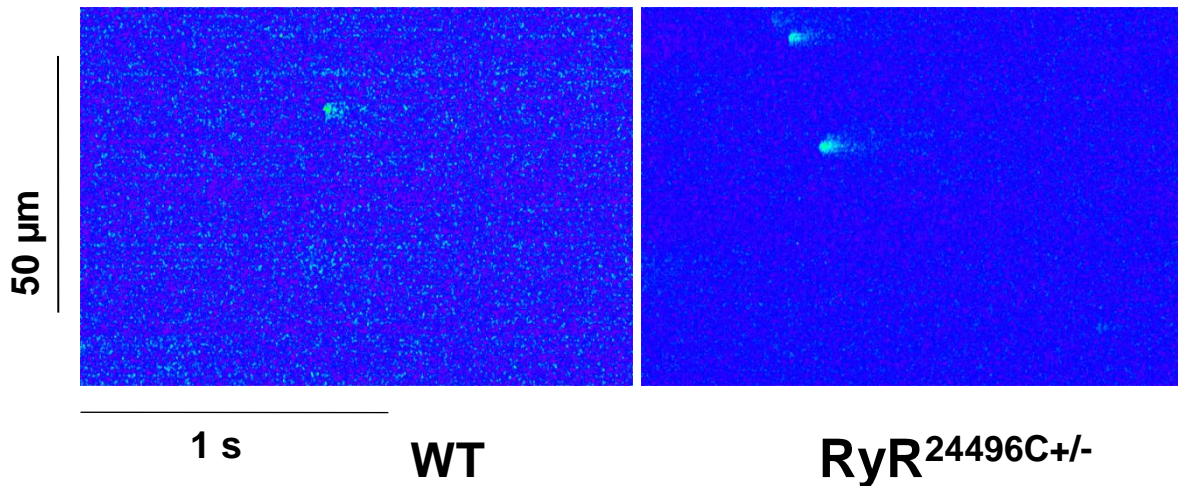
María Fernández-Velasco, Angélica Rueda,\* Nicoletta Rizzi,\* Jean-Pierre Benitah, Barbara Colombi,  
Carlo Napolitano, Silvia G. Priori, Sylvain Richard, Ana María Gómez



# Spontaneous RyR2 activity = Ca<sup>2+</sup> sparks



# Spontaneous RyR2 activity is increased

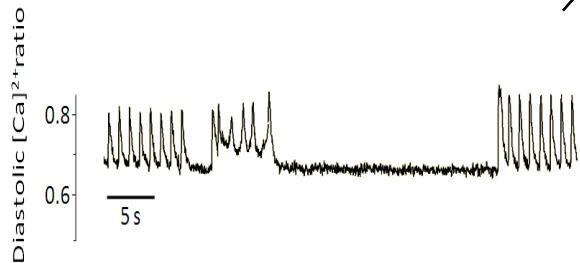


Increased Ca<sup>2+</sup> Sensitivity of the Ryanodine Receptor  
Mutant RyR2<sup>R4496C</sup> Underlies Catecholaminergic  
Polymorphic Ventricular Tachycardia

María Fernández-Velasco, Angélica Rueda,\* Nicoletta Rizzi,\* Jean-Pierre Benitah, Barbara Colombi,  
Carlo Napolitano, Silvia G. Priori, Sylvain Richard, Ana María Gómez  
*Circ Res.* 2009;104:201-209.



# Spontaneous Ca<sup>2+</sup> waves in cardiomyocytes



## 1) CPVT

(heart structurally normal ;  
alterations of Ca<sup>2+</sup> signaling)

## 2) CO

(heart with normal function ;  
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## 3) *Duchenne Muscular Dystrophy* (*mdx*)

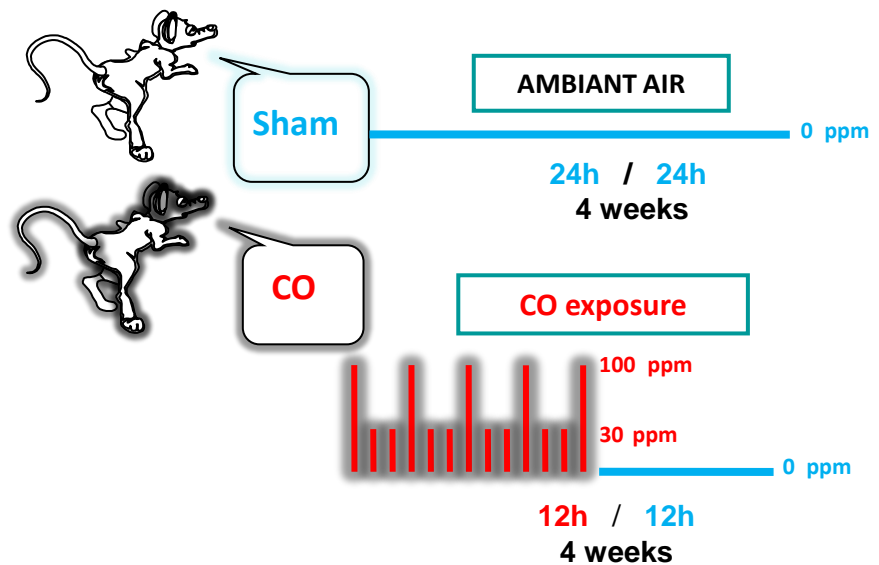
(progressive cardiomyopathy ;  
fatal cardiac arrhythmias)

## 4) Heart Failure

# Carbon Monoxide Pollution Promotes Cardiac Remodeling and Ventricular Arrhythmia in Healthy Rats

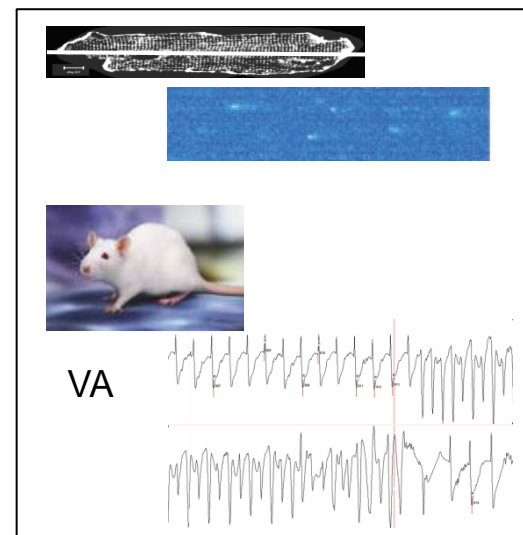
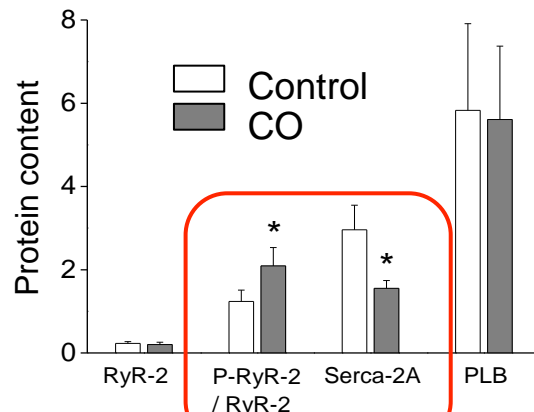
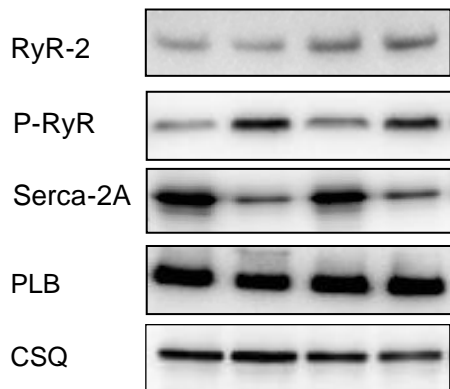
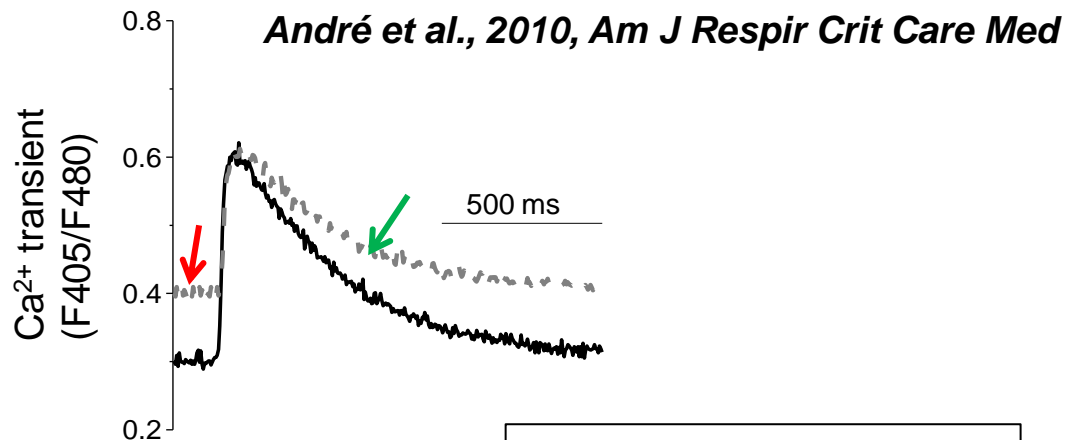
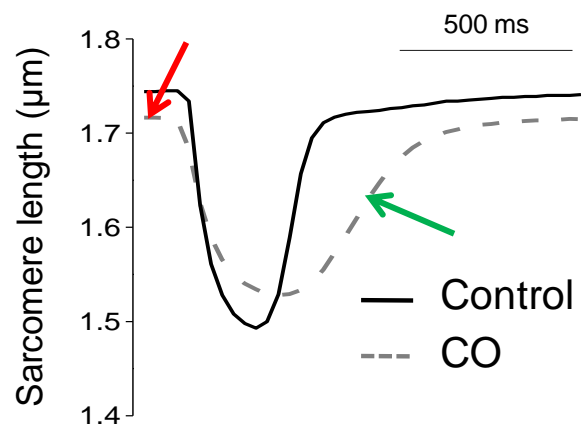
Lucas Andre<sup>1\*</sup>, Julien Boissière<sup>1,2\*</sup>, Cyril Reboul<sup>2</sup>, Romain Perrier<sup>1</sup>, Santiago Zalvidea<sup>1</sup>, Gregory Meyer<sup>2</sup>, Jérôme Thireau<sup>1</sup>, Stéphane Tanguy<sup>2</sup>, Patrice Bideaux<sup>1</sup>, Maurice Hayot<sup>3</sup>, François Boucher<sup>4</sup>, Philippe Obert<sup>2</sup>, Olivier Cazorla<sup>1</sup>, and Sylvain Richard<sup>1</sup>

Am J Respir Crit Care Med Vol 181. pp 587–595, 2010

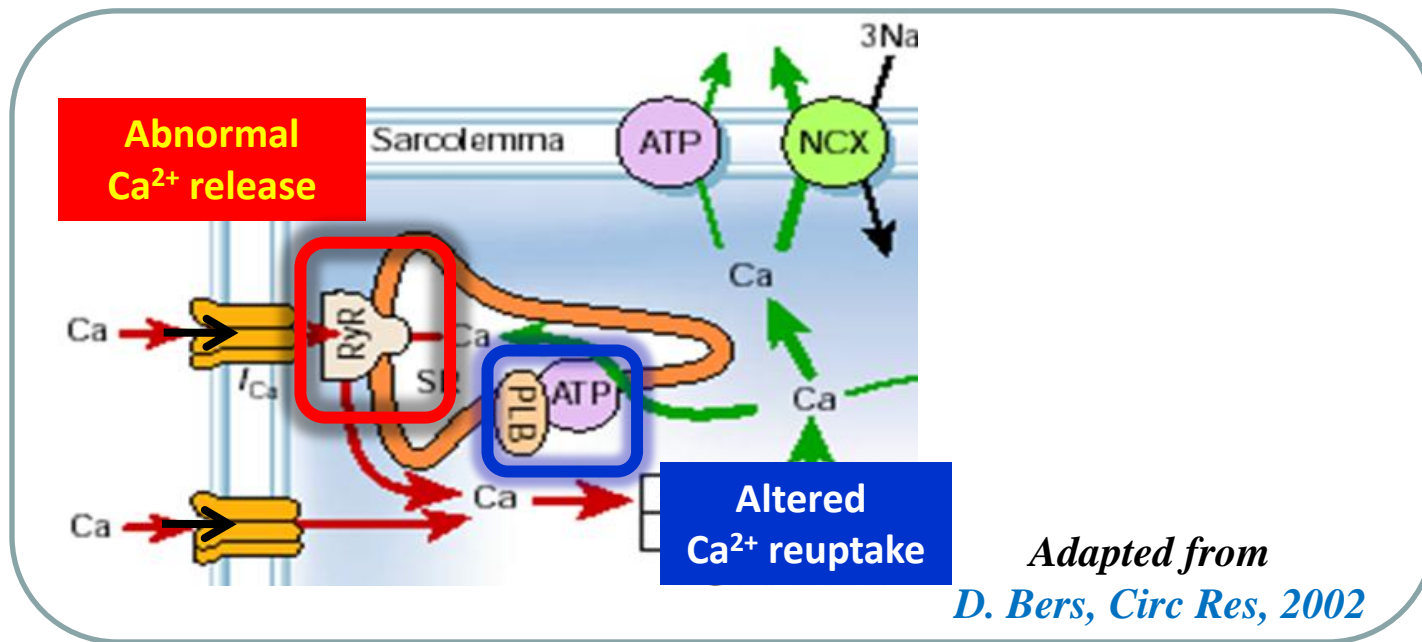


5 avril 2012

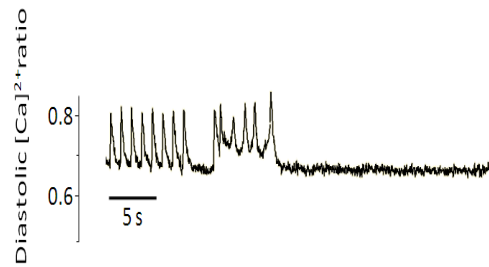
# Chronic CO alters cell contraction and Ca<sup>2+</sup> transients (both RyR2 and SERCA2a involved)



# Origin of $\text{Ca}^{2+}$ overload and related arrhythmias



# Spontaneous Ca<sup>2+</sup> waves in cardiomyocytes



## 1) CPVT

(heart structurally normal ;  
alterations of Ca<sup>2+</sup> signaling)

## 2) CO

(heart with normal function ;  
alterations of Ca<sup>2+</sup> signaling)

## 3) *Duchenne Muscular Dystrophy (mdx)*

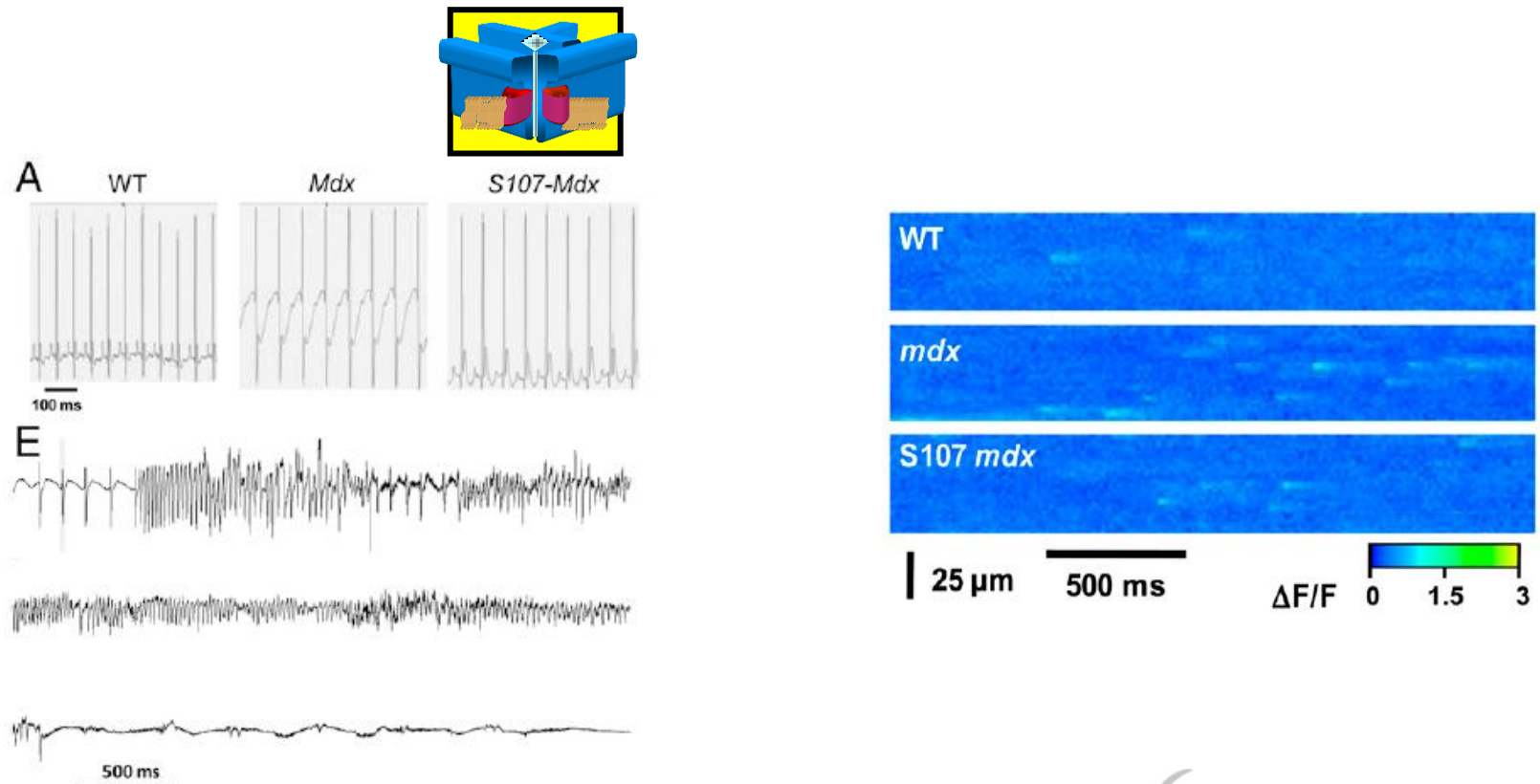
(progressive cardiomyopathy;  
fatal cardiac arrhythmias)

## 4) Heart Failure

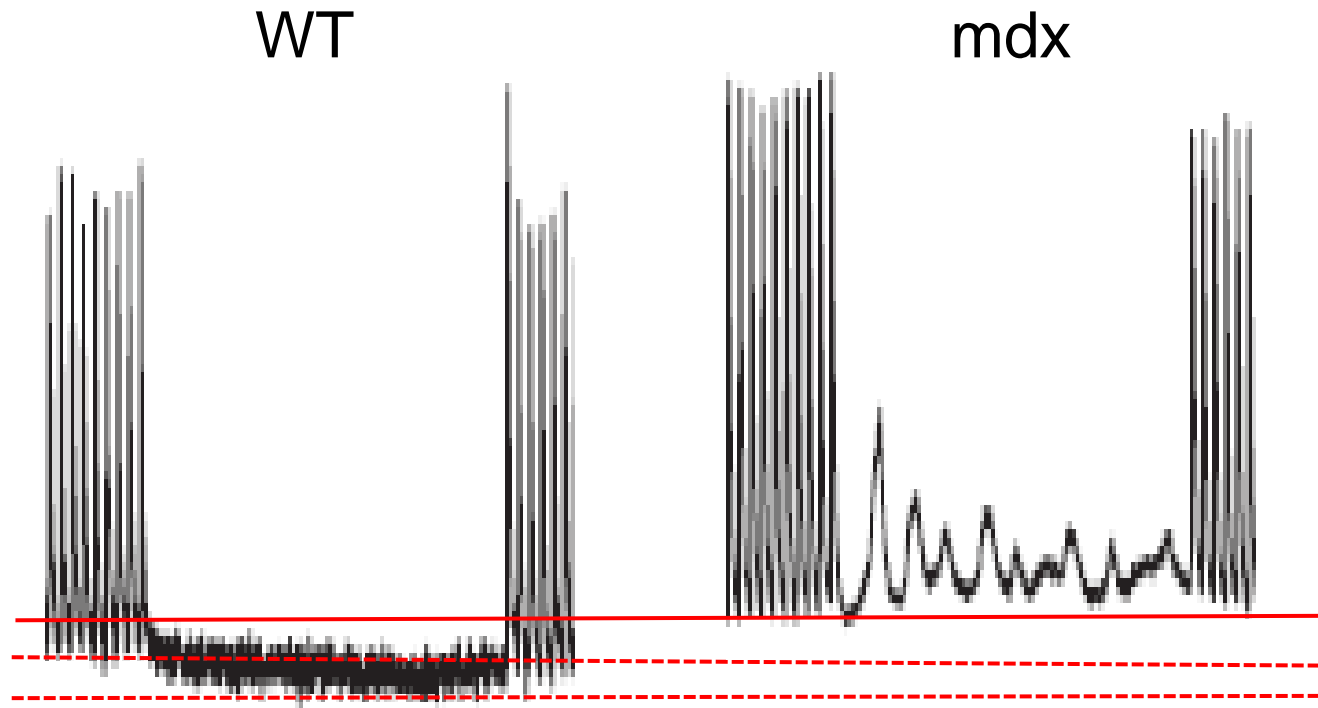
# Leaky RyR2 trigger ventricular arrhythmias in Duchenne muscular dystrophy

Jérémy Fauconnier<sup>a,b,1</sup>, Jérôme Thireau<sup>a,1</sup>, Steven Reiken<sup>c</sup>, Cécile Cassan<sup>a,b</sup>, Sylvain Richard<sup>a,b</sup>, Stefan Matecki<sup>b,d</sup>, Andrew R. Marks<sup>c</sup>, and Alain Lacampagne<sup>a,b,2</sup>

PNAS | January 26, 2010 | vol. 107 | no. 4 | 1559–1564



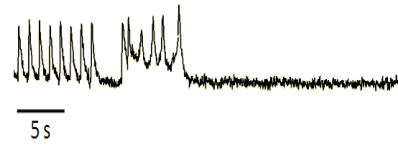
# High diastolic $\text{Ca}^{2+}$ and $\text{Ca}^{2+}$ waves



*Fauconnier et al., 2010, PNAS*

# Spontaneous Ca<sup>2+</sup> waves in cardiomyocytes

Diastolic [Ca]<sup>2+</sup> ratio



## 1) CPVT

(heart structurally normal ;  
alterations of Ca<sup>2+</sup> signaling)

## 2) CO

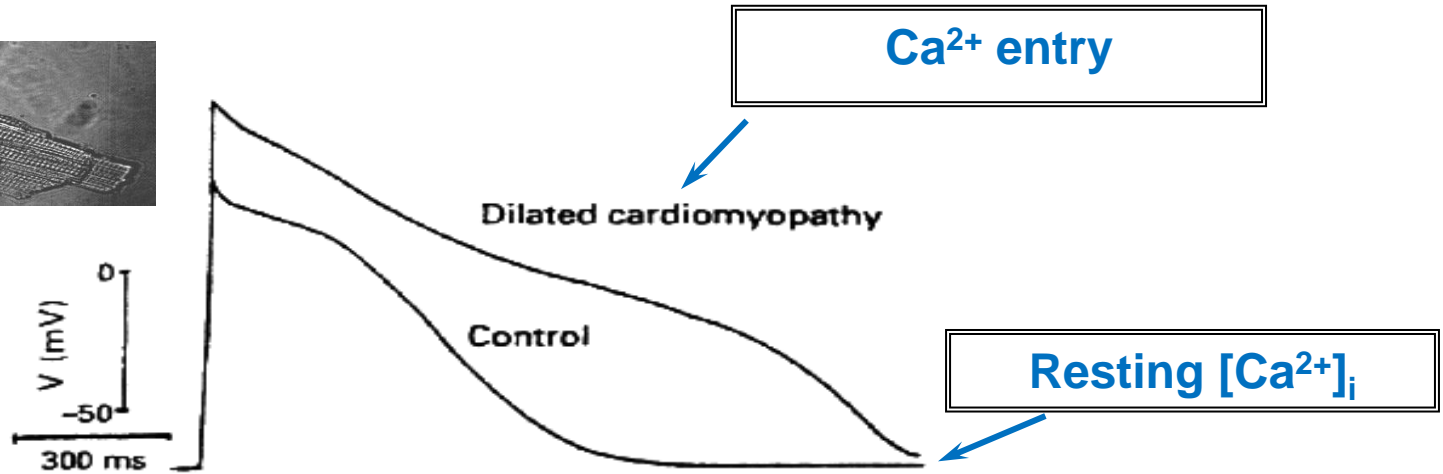
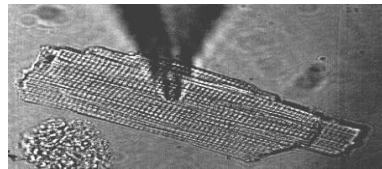
(heart with normal function ;  
alterations of Ca<sup>2+</sup> signaling)

## 3) *Duchenne Muscular Dystrophy* (*mdx*)

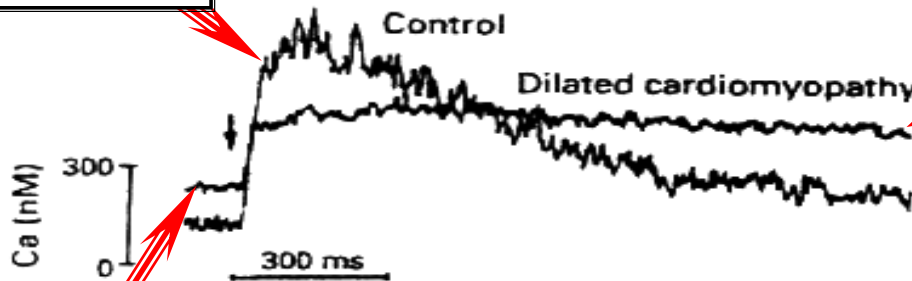
(progressive cardiomyopathy ;  
fatal cardiac arrhythmias)

## 4) Heart Failure

# Ca<sup>2+</sup> handling disorders are **critical in HF**



Decreased systolic Ca<sup>2+</sup>



Elevated diastolic Ca<sup>2+</sup>

Prolongation of Ca<sup>2+</sup> transients

Beuckelmann et al., *Circulation*, 1992

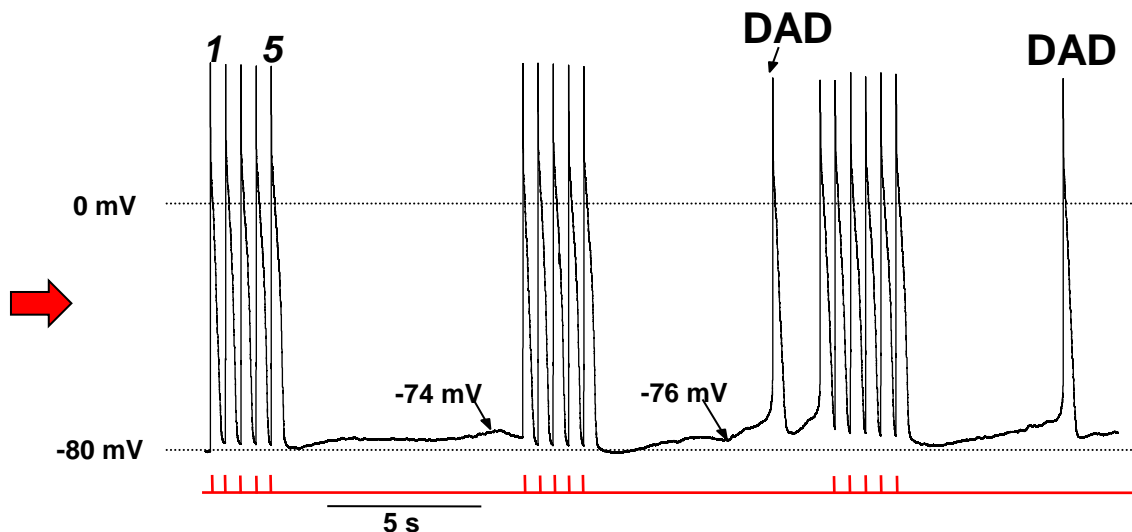
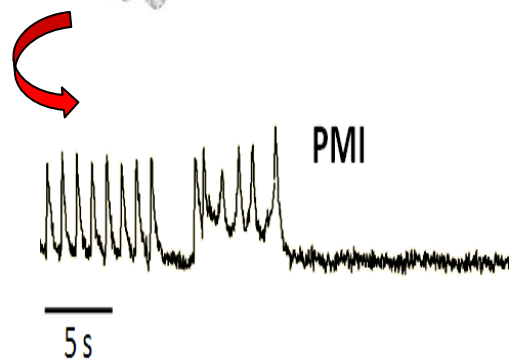
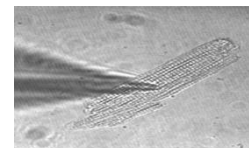
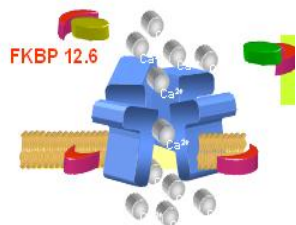
# Abnormal RyR2 openings during diastole promote $\text{Ca}^{2+}$ waves and spontaneous AP

Cardiomyocytes hypertrophic status after myocardial infarction determines distinct types of arrhythmia: Role of the ryanodine receptor

Jérémy Fauconnier<sup>a,1</sup>, Jean-Luc Pasquié<sup>a,b,1</sup>, Patrice Bideaux<sup>a,1</sup>, Alain Lacampagne<sup>a,1</sup>, Sylvain Richard<sup>a,\*</sup>

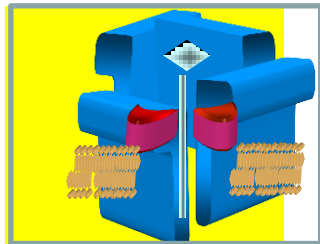
Progress in Biophysics and Molecular Biology 103 (2010) 71–80

## SR $\text{Ca}^{2+}$ leak via RyR2



# Cellular Mechanisms translating RyR2 dysfunction into electrical abnormalities?

RyR2 dysfunction

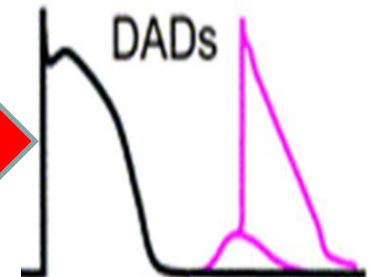


*Molecular mechanisms*

Abnormal  
Ca<sup>2+</sup> release

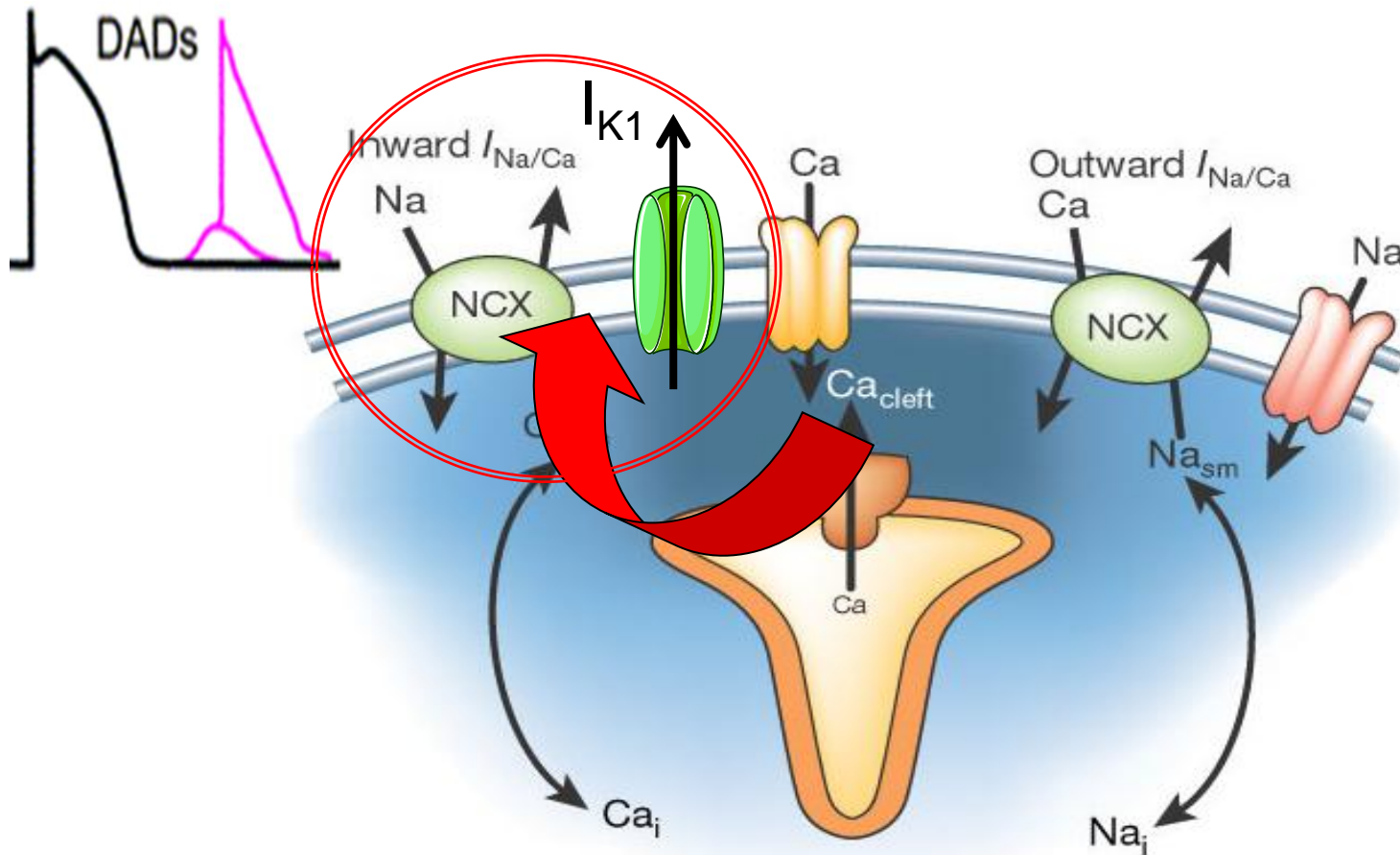
Ca<sup>2+</sup>-dependent  
ionic currents

Arrhythmia / SCD



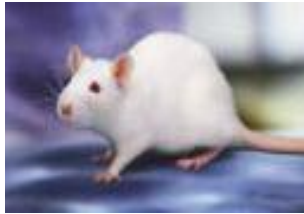
*Cellular mechanisms*

# Sub-cellular Mechanisms converting RyR2 dysfunction into electrical abnormalities

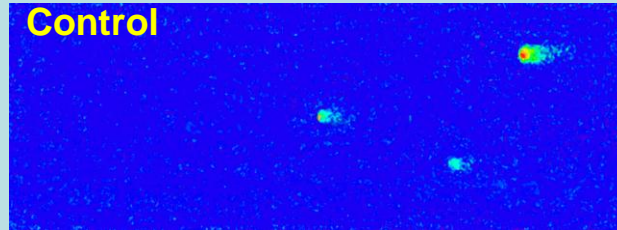


Adapted from D. Bers, *Circ Res*, 2002

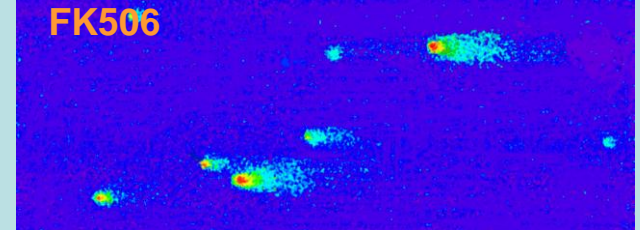
# FK506 blocks $I_{K1}$ by promoting RyR2 leakage



Normal

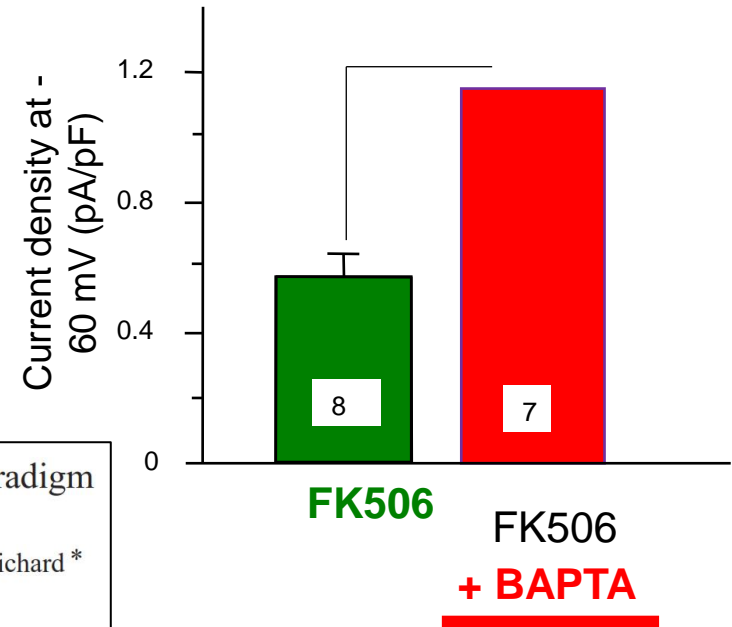
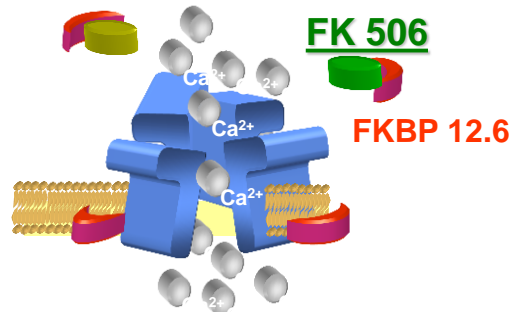


Control



FK506

Gomez et al., 2005, Am. J. Physiol.

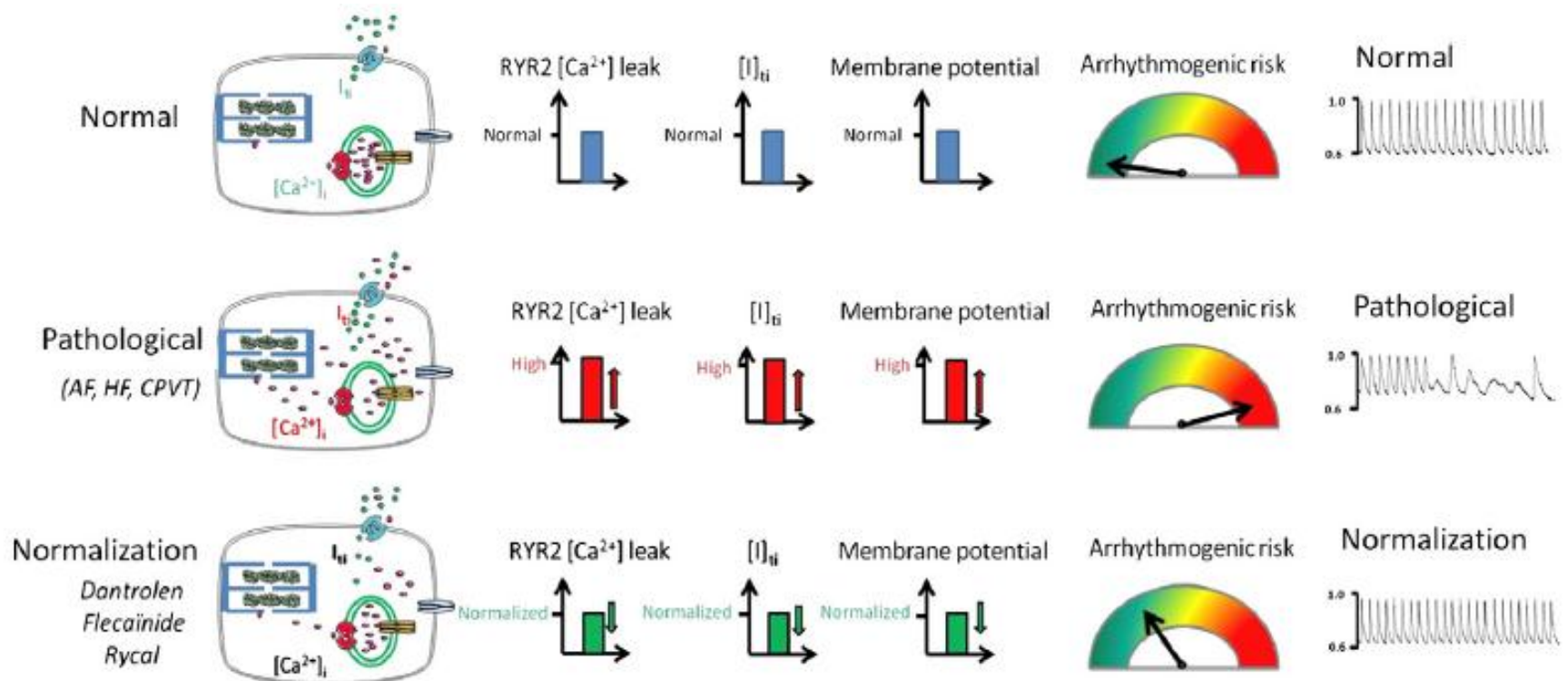


$Ca^{2+}$ -dependent reduction of  $I_{K1}$  in rat ventricular cells: A novel paradigm for arrhythmia in heart failure?

Jérémy Fauconnier, Alain Lacampagne, Jean-Michel Raugier, Guy Vassort, Sylvain Richard\*

Cardiovascular Research 68 (2005) 204 – 212

# Normalization of RyR2 activity: therapeutic avenue?



**Fig. 4.** Blockers and stabilizers of RyR2 prevent arrhythmia. Under normal conditions, RyR2 rarely opens in diastole. Spontaneous opening leads to leaky RyR2 in various pathophysiological situations, generating aberrant Ca<sup>2+</sup> sparks and Ca<sup>2+</sup> waves that activate inward depolarising I<sub>ti</sub> currents via NCX, that in turn generate DADs and arrhythmia. Compounds that block or stabilize the RyR2-FKBP12.6 interaction (Rycals) prevent Ca<sup>2+</sup> leakage and arrhythmogenic risk.

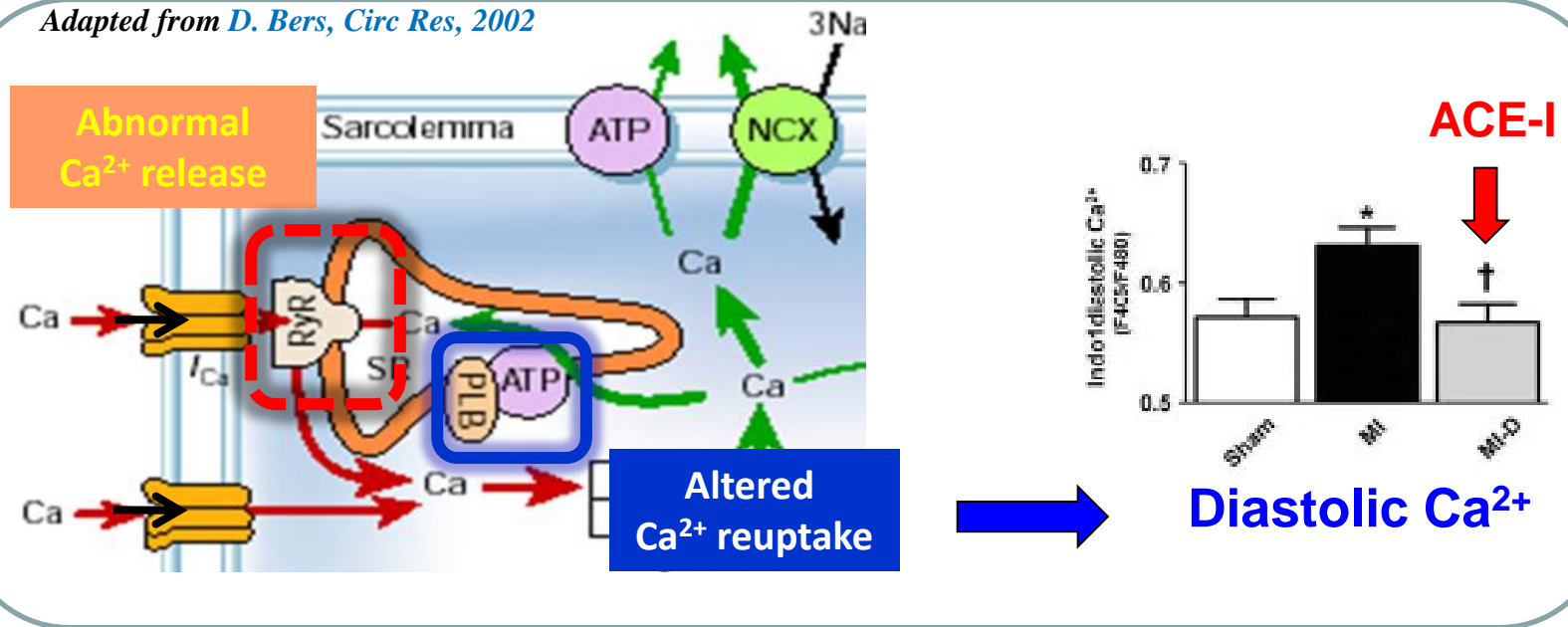
New drugs vs. old concepts: A fresh look at antiarrhythmics

Jérôme Thireau <sup>a</sup>, Jean-Luc Pasquié <sup>a</sup>, Eric Martel <sup>b</sup>, Jean-Yves Le Guennec <sup>a</sup>, Sylvain Richard <sup>a,\*</sup>

*Pharmacology & Therapeutics* 132 (2011) 125–145

# SERCA2a, Ca<sup>2+</sup> overload and upstream Therapy (HF)

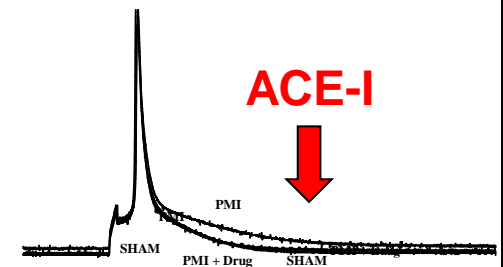
Adapted from D. Bers, *Circ Res*, 2002



## ACE Inhibition Prevents Diastolic Ca<sup>2+</sup> Overload and Loss of Myofilament Ca<sup>2+</sup> Sensitivity after Myocardial Infarction

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