



Prostaglandin E₂ Receptor EP4 Inhibition Constricts the Rat Ductus Arteriosus

42

Toshiki Sakuma, Toru Akaike, and Susumu Minamisawa

Keywords

Ductus arteriosus · Prostaglandin · EP4 antagonist

Patent ductus arteriosus (PDA) often occurs in premature infants [1]. At present, the cyclooxygenase inhibitor indomethacin is used to treat patients with PDA by inhibiting prostaglandin E₂ synthesis. However, its efficiency is frequently limited [2] and adverse effects are problematic [3]. We have demonstrated that the prostaglandin E₂ receptor EP4 specifically expresses in the rat ductus arteriosus (DA) [4]. Therefore, we hypothesized that EP4 inhibition promoted closure of the DA with fewer side effects.

We first examined the effect of the EP4 antagonist RQ-15986 (CJ-042794) on isometric tension of the ex vivo DA at embryonic day 19 (e19) and 21 (e21). RQ-15986 at a dose of 10^{-4} M significantly increased the isometric tension of the DA up to $57 \pm 14\%$ and $78 \pm 11\%$ of 120mM KCl contraction at e19 and e21, respectively. The constrictive effect of RQ-15986 was greater on the DA than on the aorta. Second, we tested the effect of RQ-15986 on in vivo DA. RQ-15986 was intraperitoneally injected into fetuses at e19 and e21. We measured the inner diameter of the vessels by a rapid whole-body freezing method. RQ-15986 constricted the DA but not the aorta in a dose-dependent manner. The contraction percentage was greater at e21 than at e19. Finally, RQ-15986 did not constrict the marginal artery of the colon.

T. Sakuma
The Jikei University School of Medicine, Minato, Tokyo, Japan

T. Akaike · S. Minamisawa (✉)
Department of Cell Physiology, The Jikei University School of Medicine,
Minato, Tokyo, Japan
e-mail: sminamis@jikei.ac.jp

We demonstrated that RQ-15986 constricted the DA with fewer side effects. We concluded that EP4 inhibition would be a promising alternative strategy to treat a patient with PDA.

Acknowledgment This work was supported by grants from the Ministry of Education, Culture, Sports, Science and Technology of Japan (T.A., S.M.), MEXT-Supported Program for the Strategic Research Foundation at Private Universities (S.M.), the Vehicle Racing Commemorative Foundation (S.M.), The Jikei University Graduate Research Fund (S.M.), and the Miyata Cardiology Research Promotion Foundation (S.M.).

References

1. Lee SK, McMillan DD, Ohlsson A, et al. Variations in practice and outcomes in the Canadian NICU network: 1996-1997. *Pediatrics*. 2000;106(5):1070-9.
2. Heymann MA, Rudolph AM, Silverman NH. Closure of the ductus arteriosus in premature infants by inhibition of prostaglandin synthesis. *N Engl J Med*. 1976;295(10):530-3.
3. Van Overmeire B, Smets K, Lecoutere D, et al. A comparison of ibuprofen and indomethacin for closure of patent ductus arteriosus. *N Engl J Med*. 2000;343(10):674-81.
4. Yokoyama U, Minamisawa S, Shioda A, et al. Prostaglandin E2 inhibits elastogenesis in the ductus arteriosus via EP4 signaling. *Circulation*. 2014;129(4):487-96.

Open Access This chapter is licensed under the terms of the Creative Commons Attribution 4.0 International License (<http://creativecommons.org/licenses/by/4.0/>), which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons license and indicate if changes were made.

The images or other third party material in this chapter are included in the chapter's Creative Commons license, unless indicated otherwise in a credit line to the material. If material is not included in the chapter's Creative Commons license and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder.

