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## **AN INCREASE IN CO<sub>2</sub> LEVELS BY UPREGULATING LATE SODIUM CURRENT IS PROARRHYTHMIC IN THE HEART**

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Increased CO<sub>2</sub> levels in general circulation and/or in the myocardium are common under pathological conditions. To test the hypothesis that an increase in CO<sub>2</sub> levels, but not just the subsequent extra- or intra-cellular acidosis, would augment late sodium current (I<sub>Na,L</sub>) and contribute to arrhythmogenesis in hearts with reduced repolarization reserve. Monophasic action potential durations at 90% completion of repolarization (MAPD90) from isolated rabbit hearts, I<sub>Na,L</sub> and extra- (pH<sub>o</sub>) and intra-cellular pH (pH<sub>i</sub>) values from cardiomyocytes using the whole-cell patch-clamp techniques and BCECF-AM respectively, were measured. Increasing CO<sub>2</sub> level from 5% to 10% and 20% and administration of 1 nM sea anemone toxin (ATX)-II increased I<sub>Na,L</sub> and prolonged both epi- and endo-MAPD90 (n=7 and 10) without causing arrhythmic activities. Compared to 5% CO<sub>2</sub>, 10% and 20% CO<sub>2</sub> decreased pH<sub>o</sub> and pH<sub>i</sub>, in hearts treated with 1 nM ATX-II caused a greater prolongation of MAPD90 and elicited ventricular tachycardias. Increasing CO<sub>2</sub> levels from 5% to 10% and 20% with pH<sub>o</sub> remained at 7.4 produced smaller changes in pH<sub>i</sub> (P <0.05) but similar increase in I<sub>Na,L</sub> prolongation in MAPD90 and incidence of ventricular tachycardias (n=8). Inhibition of I<sub>Na,L</sub> reversed the increase in I<sub>Na,L</sub> suppressed MAPD90 prolongations and ventricular tachycardias induced by 20% CO<sub>2</sub>. Increased phospho-CaMKIIδ and phospho-NaV1.5 protein levels in hearts treated with 20% CO<sub>2</sub> was attenuated by eleclazine. In conclusion, increased CO<sub>2</sub> levels enhance I<sub>Na,L</sub> and are proarrhythmic factors in the heart with reduced repolarization reserve, possibly through mechanisms related to the phosphorylations of CaMKIIδ and NaV1.5.

## **BIOGRAPHY**

Lin Wu received his MD Degree from Beijing Medical University, completed his Postdoctoral training at the University of Florida and worked as a Senior Research Scientist at CV Therapeutics and Gilead Sciences in California, USA. Now he is a full-time Professor and Chief Physician at Department of Cardiology, Peking University First Hospital, China. He has made important contributions to our understanding of the role of endogenous and enhanced late sodium current in ventricular and atrial arrhythmias. He has in-depth experience in cardiac electrophysiology, especially in late sodium current-associated cardiac arrhythmias and myocardial ischemia, evidenced by 36 world-circulated reputed journals and over 34 presentations at international scientific conferences.

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