Apoptosis Is Not Increased in Myocardium Overexpressing Type 2 Angiotensin II Receptor in Transgenic Mice

Hiroshi Sugino, Ryoji Ozono, Satoshi Kurisu, Hideo Matsuura, Mari Ishida, Tetsuya Oshima, Masayuki Kambe, Yasuhiro Teranishi, Hiroya Masaki, Hiroaki Matsubara

Abstract—To determine whether angiotensin type 2 (AT\textsubscript{2}) receptor stimulation induces apoptosis in cardiomyocytes in vivo, we developed transgenic mice overexpressing the AT\textsubscript{2} receptor in a cardiac-specific manner, using the \(\alpha\)-myosin heavy-chain promoter. Ten- to 12-week-old male homozygous transgenic mice (\(n=44\)) and wild-type mice (\(n=44\)) were used. Both transgenic and wild-type mice were given either saline (control), a subpressor dose of angiotensin II (100 ng \(\cdot\) kg\(^{-1}\) \(\cdot\) min\(^{-1}\)), a pressor dose of angiotensin II (1000 ng \(\cdot\) kg\(^{-1}\) \(\cdot\) min\(^{-1}\)) for 14 days, a pressor dose of angiotensin II for 28 days to investigate the effects of stimulation on both angiotensin type 1 (AT\textsubscript{1}) and AT\textsubscript{2} receptors, the AT\textsubscript{1} antagonist L158809 alone, or a combination of angiotensin II (1000 ng \(\cdot\) kg\(^{-1}\) \(\cdot\) min\(^{-1}\)) and L158809 for 14 days to investigate the effects of selective AT\textsubscript{2} receptor stimulation. Apoptosis was analyzed in paraffin-embedded ventricular sections by the terminal deoxynucleotidyl-transferase–mediated dUTP nick-end labeling (TUNEL) technique. In both transgenic and wild-type mice, administration of a subpressor dose of angiotensin II, L158809, or a combination of angiotensin II and L158809 did not significantly affect the tail-cuff blood pressure or heart-to-body weight ratio, whereas administration of a pressor dose of angiotensin II for 14 or 28 days significantly increased blood pressure and the heart-to-body weight ratio. However, there was no statistical difference between the effects of angiotensin II in transgenic and wild-type mice. The number of TUNEL-positive nuclei was \(\approx\)0 to 10 per 100 000 cardiomyocytes, with no difference between transgenic and wild-type mice, regardless of saline infusion or any stimulation. In infarcted canine myocardial tissue sections for positive control, the number of TUNEL-positive nuclei was increased by 13.8 to 19.1 times compared with those in the noninfarcted myocardium. In conclusion, angiotensin II infusion for a period of 28 days failed to induce cardiomyocyte apoptosis regardless of the presence or absence of cardiac AT\textsubscript{2} receptor overexpression. It is unlikely that in mice the AT\textsubscript{2} receptor is a strong signal to induce cardiomyocyte apoptosis in vivo.

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Key Words: myocytes, cardiac ■ apoptosis ■ mice, transgenic ■ angiotensin II ■ L158809
maintained on regular chow and tap water. Northern blot analysis of total RNA from various tissues of adult homozygous TG mice revealed that AT₁R was exclusively and abundantly expressed in both atria and ventricles but not in other tissues. 20 Saturation and competitive inhibition experiments using [125I]-[Sar₁ Ile₈]-Ang II as a ligand revealed that the proportions of AT₁R to AT₂R were 41% in atria and 45% in ventricles of TG mice, with no AT₂R detected in atria or ventricles of WT mice. There was no significant difference between levels of AT₁R in TG and WT mice. 20 This study was performed in accordance with the guidelines for animal experiments of Hiroshima University School of Medicine.

**Study Design**

Ang II (Sigma Chemical) dissolved in saline was infused subcutaneously via an Osmotic Minipump (Alzet model 2002, Alza Corp). The AT₁R antagonist L158809 21 (a gift from Merck, BANYU Co, Tokyo, Japan) was administered in drinking water at a dose of 1.5 mg · kg⁻¹ · d⁻¹. Both TG and WT mice at 10 to 12 weeks of age were given either (1) normal saline as a control (TG, n=10; WT, n=10), (2) a subpressor dose of Ang II (100 ng · kg⁻¹ · min⁻¹; TG, n=6; WT, n=6), (3) a pressor dose of Ang II (1000 ng · kg⁻¹ · min⁻¹; TG, n=10; WT, n=10) for 14 days and (4) for 28 days (TG, n=6; WT, n=6) to investigate the effects of stimulation on both AT₁ and AT₂ receptors, (5) AT₂ antagonist L158809 (1.5 mg · kg⁻¹ · d⁻¹; TG, n=6; WT, n=6) alone or (6) a combination of Ang II (1000 ng · kg⁻¹ · min⁻¹) and L158809 (TG, n=6; WT, n=6) for 14 days to investigate the effects of selective AT₁R stimulation. In a preliminary experiment, we compared the pressor effects of various doses of Ang II (100, 500, 1000, and 2000 ng · kg⁻¹ · min⁻¹). Blood pressure was significantly elevated by the infusion of 500, 1000, and 2000 ng · kg⁻¹ · min⁻¹ Ang II, whereas there was no significant difference between the pressor effects of 1000 and 2000 ng · kg⁻¹ · min⁻¹. The subpressor dose of Ang II raised plasma concentration of Ang II from 46.8±20.3 to 97.7±67 pg/mL. Systolic blood pressure and heart rate were determined in conscious mice before and every other day during the experimental period by the tail-cuff method (BP98A, Softron Co). 22 Mice were prewarmed in a 37°C temperature-controlled restrainer for 15 minutes. The pulse wave was monitored by electrophygmonanometer while inflating the cuff, and at least 3 to 5 readings were averaged.

To investigate apoptosis in pressure-overloaded myocardium in both TG and WT mice, we made aortic coarctation by abdominal aortic banding (TG, n=6; WT, n=6). The suprarenal abdominal aorta was constricted with nylon strings by ligating the aorta with a blunted 26-guage needle, which was removed soon after.

**Histological Analysis**

On the 14th or 28th day of treatment, all mice in each group were euthanized, and the hearts were rapidly excised. The left ventricle was weighed and immersion-fixed in 10% neutral formalin. The left ventricle of each mouse was isolated, weighed, and embedded in paraffin. Serial sections were sliced to 1 to 2 μm in thickness. Apoptosis was detected by the TdT (terminal deoxynucleotidyltransferase)-mediated dUTP nick-end labeling technique (TUNEL) with an ApopTag system (Oncor Co) according to the manufacturer’s instructions. Briefly, the deparaffinized slides were incubated with 20 μg/mL of proteinase-K in Tris-buffered saline. Endogenous peroxidase was inactivated by 3% hydrogen peroxide. Sections pretreated with DNase I (10 U/mL) for 20 minutes at 37°C were used as positive controls (Figure 1); the TdT enzyme step was omitted for negative controls. Tissue sections from each myocardial specimen were examined over all fields, and the numbers of TUNEL-positive cardiomyocytes and total cardiomyocytes were counted under a microscope with an eyepiece grid (magnification, ×400 to ×1000). Approximately 10 000 cardiomyocytes per slide were analyzed. Cardiomyocytes were distinguished from nonmyocytes by microscopic appearance; that is, well-shaped, elongated, and striated cells. 16

**Canine Myocardial Infarction**

To further validate our TUNEL method, we examined whether TUNEL-positive nuclei are increased in infarcted canine myocardial

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Figure 1. Representative photomicrographs of TUNEL-positive nuclei in the Ang II–treated mouse heart (A), in canine myocardial infarction (borderzone) (B), and in DNase I–treated mouse heart (C). The number of TUNEL-positive nuclei was markedly increased in infarcted myocardium (B) and in DNase I–treated myocardium. (Magnification: A, ×1000; B and C, ×400)
tissue sections (Figure 1). We ligated the left anterdescending artery of a canine to induce myocardial infarction. Tissue sections from areas of the infarcted zone, border zone, and noninfarcted zone of the myocardium were analyzed by the TUNEL method as described above. The number of TUNEL-positive nuclei was increased significantly by 13.8 times (0.51±0.11%) in the infarcted zone and by 19.1 times (0.71±0.27%) in the border zone of the myocardium compared with the noninfarcted myocardium (0.037±0.017%). The numbers of apoptotic myocytes in the infarcted zone and border zone were consistent with those in a previous report.23

Statistical Analysis
All values are presented as mean±SEM. Statistical analyses were performed with Student’s t test. A value of $P<0.05$ was interpreted to denote statistical significance.

Results

**Effects of Treatment on Hemodynamics**
There were no significant differences in systolic blood pressure, heart rate, and body weight among the 12 groups before treatment. Systolic blood pressure in the 12 groups of mice at days 0, 14, and 28 are shown in Table 1. Systolic blood pressure was significantly higher in TG and WT mice treated with a pressor dose of Ang II than in the saline control mice ($P<0.01$). However, there was no significant increase in systolic blood pressure in TG and WT mice treated with a subpressor dose of Ang II. The elevation of systolic blood pressure mediated by the pressor dose of Ang II was canceled by concomitant administration of the AT$_1$R antagonist L158809. There was no significant change in heart rate in any group.

**Effects of Treatment on Heart-to-Body Weight Ratio**
There was no difference in body weight during any treatment among the 12 groups. As shown in Figure 2, heart-to-body weight (HW/BW) ratio was significantly higher in TG and WT mice treated with a pressor dose of Ang II than in the saline control group. Subpressor dose of Ang II (100 ng · kg$^{-1}$ · min$^{-1}$) for 14 days, pressor dose of Ang II (1000 ng · kg$^{-1}$ · min$^{-1}$) for 14 or 28 days, and L158809 (1.5 mg · kg$^{-1}$ · d$^{-1}$) for 14 days. Data were shown as mean±SEM. *$P<0.05$ vs saline control.

HW/BW ratio tended to be higher in mice groups treated with a subpressor dose of Ang II, but the difference was not statistically significant.

**Cardiomyocyte Apoptosis**
Figure 1 shows photomicrographs of apoptotic cardiomyocytes. TUNEL-positive cardiomyocytes were sparsely distributed from the endocardial side to the epicardial side with no focal concentration. The number of apoptotic cells in the saline control group was $≈1/100$ 000 myocytes, which is consistent with recent reports that apoptosis was almost undetectable in the rodent heart in the basal state,24–26 whereas the number of apoptotic cells increased to as high as 20 to 50/100 00014,24 in the failing heart. Table 2 shows the percentages of apoptotic cardiomyocytes. The number of apoptotic cardiomyocytes was not significantly increased over the control either by Ang II infusion, which stimulates both AT$_1$R and AT$_2$R, or by infusion of L158809/Ang II plus

**Table 1. Hemodynamic Changes of Each Groups**

<table>
<thead>
<tr>
<th>Group</th>
<th>Systolic Blood Pressure, mm Hg</th>
<th>Heart Rate, bpm</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Day 0</td>
<td>Day 14</td>
</tr>
<tr>
<td>Saline control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WT</td>
<td>92 ± 2</td>
<td>97 ± 1</td>
</tr>
<tr>
<td>TG</td>
<td>97 ± 1</td>
<td>101 ± 1</td>
</tr>
<tr>
<td>Ang II subpressor dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WT</td>
<td>95 ± 4</td>
<td>104 ± 6</td>
</tr>
<tr>
<td>TG</td>
<td>102 ± 3</td>
<td>107 ± 2</td>
</tr>
<tr>
<td>Ang II pressor dose 14 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WT</td>
<td>94 ± 1</td>
<td>151 ± 4*</td>
</tr>
<tr>
<td>TG</td>
<td>98 ± 1</td>
<td>152 ± 3*</td>
</tr>
<tr>
<td>Ang II pressor dose 28 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WT</td>
<td>98 ± 2</td>
<td>152 ± 9*</td>
</tr>
<tr>
<td>TG</td>
<td>101 ± 3</td>
<td>140 ± 21*</td>
</tr>
<tr>
<td>AT$_1$ antagonist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WT</td>
<td>104 ± 9</td>
<td>94 ± 4</td>
</tr>
<tr>
<td>TG</td>
<td>105 ± 5</td>
<td>99 ± 3</td>
</tr>
<tr>
<td>AT$_1$ antagonist+Ang II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WT</td>
<td>99 ± 3</td>
<td>102 ± 11</td>
</tr>
<tr>
<td>TG</td>
<td>105 ± 11</td>
<td>96 ± 2</td>
</tr>
</tbody>
</table>

Values are mean±SEM.
*$P<0.05$ vs saline control.
L158809, which stimulates AT$_2$R selectively. Notably, although Ang II and L158809 treatment in TG mice was thought to maximally stimulate the pathway via AT$_2$R, cardiomyocyte apoptosis was not increased at all. As determined by localization and histological features, all of the counted TUNEL-positive cells were judged to be cardiomyocytes on the basis of the characteristic appearance.

Because none of the Ang II infusions induced apoptosis, we tested an acute hemodynamic overload as a possible stimulator for apoptosis. After the surgery, the mean pressure gradients between the carotid and femoral arteries were 24±8 mm Hg in TG mice and 24±2 mm Hg in WT mice. The HW/BW ratio was significantly elevated both in TG and WT mice compared with sham-operated controls, but there was no significant difference between the ratios in TG mice and WT mice (Figure 3). However, the acute hemodynamic overload failed to increase the number of apoptotic myocytes both in TG mice and WT mice. (Table 3)

**Discussion**

We hypothesized that AT$_2$R counteracts the growth-promoting effect of Ang II mediated by AT$_1$R via apoptosis in the myocardium. To evaluate the effects of emphasized AT$_2$R stimulation in vivo, we used transgenic mice overexpressing AT$_2$R in a cardiac-specific manner. We evaluated both the sole Ang II effects (subpressor dose of Ang II) and the effects of Ang II and hemodynamic overload mediated by Ang II (pressor dose of Ang II) on cardiomyocyte apoptosis. Furthermore, we used L158809, a specific AT$_2$R antagonist, to eliminate the effects through AT$_1$R. This AT$_2$R antagonist also causes upregulation of endogenous Ang II, which selectively stimulates overexpressed AT$_2$R. Therefore, in this experimental system, we could stimulate AT$_2$R selectively and maximally. In none of the conditions, however, did the number of TUNEL-positive nuclei in TG mice differ from that in WT mice, indicating that Ang II infusion for 28 days did not induce apoptosis in the mouse heart. At least, considering that we probably stimulated the cardiac AT$_2$R maximally, it appears that stimulation of the cardiac AT$_2$R is not a strong signal to induce cardiomyocyte apoptosis in the mouse heart.

On the other hand, recent in vitro studies have demonstrated that Ang II–induced apoptosis was inhibited by treatment with an AT$_1$R antagonist, indicating that AT$_1$R rather than AT$_2$R is more important for induction of cardiomyocyte apoptosis. Cardiomyocyte apoptosis has been reported to be induced in vitro by the stimulus of Ang II added to the medium or by mechanical stretch. It has been shown that Ang II is involved in the induction of cardiomyocyte apoptosis in vivo in failing hearts such as those in aged (30 weeks old) spontaneously hypertensive rats or in dogs that underwent cardiac pacing for over 3 months during which the apoptosis was inhibited by an AT$_1$R antagonist or an ACE inhibitor. In the present study, however, the number of apoptotic cardiomyocytes in WT mice was not significantly increased by administration of Ang II over a period of 1 month at maximum. Such a treatment caused cardiac hypertrophy but not heart failure, because we did not observe ventricular dilatation or marked interstitial fibrosis in the Ang II–treated heart. Our results indicate that Ang II–induced hypertrophy is not a stimulus for apoptosis in the mouse heart. However, because studies show that apoptosis is evident in heart failure, it is possible that Ang II elevation that occurs with chronic hemodynamic overload, not in its early stage, could contribute to the apoptotic process. Moreover, there may be species-specific differences in the effect of Ang II. It is possible that Ang II does not induce apoptosis in the mouse heart. To the best of our knowledge, the present study is the first to investigate the Ang II–induced cardiomyocyte apoptosis in the mouse heart.

We also failed to detect a prominent increase in the number of apoptotic cardiomyocytes after aortic coarctation, which was inconsistent with the report by Teiger et al, who demonstrated that banding at the ascending aorta for 4 days in the rat caused a marked increase in cardiomyocyte apoptosis. This difference between the results of the current study and the study by Teiger et al may be related to the difference in the severity of aortic coarctation; aortic banding by Teiger et al caused an increase in ventricular weight to a level 50% higher than that of the control in 3 days, whereas only a 15% increase was observed in our study. Apoptosis may play a role in cardiac remodeling in such an extreme condition but...

**Figure 3.** Effect of aortic coarctation on HW/BW ratio in TG and WT mice. Data were shown as mean±SEM. *P<0.05 vs control.

**Table 2.** Percentage of TUNEL-Positive Cardiomyocytes

<table>
<thead>
<tr>
<th>Group</th>
<th>TUNEL-Positive Cardiomyocytes, %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saline control</td>
<td>WT 0.006±0.003 TG 0.011±0.004</td>
</tr>
<tr>
<td>Ang II subpressor dose</td>
<td>0.003±0.002 WT 0.009±0.005</td>
</tr>
<tr>
<td>Ang II pressor dose 14 days</td>
<td>0.009±0.004 WT 0.010±0.003</td>
</tr>
<tr>
<td>Ang II pressor dose 28 days</td>
<td>0.019±0.033 WT 0.010±0.021</td>
</tr>
<tr>
<td>AT$_1$ antagonist</td>
<td>0.003±0.002 WT 0.004±0.002</td>
</tr>
<tr>
<td>AT$_1$ antagonist + Ang II (Pressor)</td>
<td>0.002±0.001 WT 0.004±0.002</td>
</tr>
</tbody>
</table>

Values are mean±SEM.

**Table 3.** Percentage of TUNEL-Positive Cardiomyocytes

<table>
<thead>
<tr>
<th>Group</th>
<th>TUNEL-Positive Cardiomyocytes, %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>WT 0.003±0.002 TG 0.003±0.002</td>
</tr>
<tr>
<td>Aortic coarctation</td>
<td>0.007±0.003 WT 0.005±0.002</td>
</tr>
</tbody>
</table>

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not in moderate myocardial hypertrophy such as that observed in the present study. In addition, the length of treatment may also be an important factor in the induction of apoptosis because aortic coarctation for an extended period of time resulted in an increase in the number of apoptotic cells.25,26

In conclusion, Ang II infusion for a period of 28 days failed to induce cardiomyocyte apoptosis, regardless of the presence or absence of cardiac AT,R overexpression. It is unlikely that in mice the AT,R is a strong signal to induce cardiomyocyte apoptosis in vivo.

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References
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