Glucocorticoid Protection Against Myocardial Ischemia-Reperfusion Injury
Central Role for the PGD$_2$-Nrf2 Pathway

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Endogenous glucocorticoids have long been recognized to play a pivotal role in orchestrating an adaptive response of the host to stress, from trauma and infection to inflammation. Therefore, it is not surprising that glucocorticoids received considerable attention as potential therapeutic agents for acute myocardial infarction. Numerous studies documented their ability to protect the heart from ischemia-reperfusion injury in many animal and in vitro models. However, clinical trials with glucocorticoids for the treatment of acute myocardial infarction have yielded inconsistent results, with both a small beneficial effect on mortality and adverse influence on longer term remodeling being reported. A likely explanation for these discrepant observations is that the benefits of local anti-inflammatory actions of glucocorticoids in the ischemic heart are offset by adverse systemic effects. Thus, understanding of the mechanisms underlying local protective actions of glucocorticoids is of particular importance. In most cell types, glucocorticoids suppress prostaglandin biosynthesis that contributes to dampening of inflammation. By contrast, glucocorticoids were found to upregulate cyclooxygenase-2 expression in rodent cardiomyocytes and exert cytoprotective effects via activation of the nuclear factor (erythroid-derived 2)–like 2 (Nrf2) pathway. The different kinetics of Nrf2 activation by PGD$_2$ and PGD$_3$ synthesis, however, can be detected in tissues could stimulate expression of Nrf2 target genes in cultured cardiomyocytes, suggesting that it may also evoke Nrf2 activation in the heart in vivo. 15d-PGJ$_2$ is a well-characterized ligand for PPAR$\gamma$ and does not bind to prostaglandin F$_{2 \alpha}$ receptor or DP1. Previous studies documented the ability of PPAR$\gamma$ agonists other than 15d-PGJ$_2$ to attenuate injury to cardiomyocytes but did not address the involvement of the Nrf2 pathway. The different kinetics of Nrf2 activation by PGD$_2$ and 15d-PGJ$_2$ is consistent with sustained Nrf2 activation in the heart in response to dexamethasone treatment although it remains to be investigated whether PGD$_2$ and 15d-PGJ$_2$ evoke simultaneous or sequential Nrf2 activation. Likewise, additional studies are needed to assess the impact (if any) of dexamethasone on PGD$_2$ metabolism.

The data presented by Katsumata et al clearly demonstrate a critical role for Nrf2 activation in protecting the heart against ischemia-reperfusion injury, noting enhanced Nrf2 activation with associated augmentation of transcription of several genes encoding for proteins that are crucial for antioxidant defense. Consistently, dexamethasone-induced improvement of functional recovery after ischemia-reperfusion injury was markedly blunted in Nrf2 null and in prostaglandin F$_{2 \alpha}$ receptor–deficient mice, as well as phosphorylation by various protein kinases and epigenetic factors. Using an elegant combination of receptor-knockout mice, pharmacological tools, and siRNA technology, Katsumata et al demonstrate convincingly that PGD$_2$ and its spontaneous dehydration product 15-deoxy-Δ12,14-prostaglandin J$_1$ (15d-PGJ$_1$) bind to different receptors, prostaglandin F$_{2 \alpha}$ receptor (FP) and peroxisome proliferator-activated receptor $\gamma$ (PPAR$\gamma$), respectively, rather than the canonical PGD$_2$ receptors, DP1 or DP2, to activate Nrf2.

An unexpected observation was that 15d-PGJ$_2$ induced Nrf2 activation much faster than the parent molecule, suggesting that rapid metabolism of PGD$_2$ may be required for initial cardioprotection. 15d-PGJ$_2$ has 2 reactive carbonyl groups that can initiate irreversible alkylation of cysteine residues of Keap1, thereby allowing Nrf2 to escape proteasomal degradation. Furthermore, among its other actions, 15d-PGJ$_2$ was found to modulate proteins important for NF-κB signaling covalently, thereby likely contributing to reducing inflammation. However, these actions would not require receptor-mediated signaling. Whether biologically significant amounts of PGD$_2$ are converted into 15d-PGJ$_2$ in vivo has been a subject to controversy. Katsumata et al now show that 15d-PGJ$_2$ at low nanomolar concentrations that can be detected in tissues could stimulate expression of Nrf2 target genes in cultured cardiomyocytes, suggesting that it may also evoke Nrf2 activation in the heart in vivo. 15d-PGJ$_2$ is a well-characterized ligand for PPAR$\gamma$ and does not bind to prostaglandin F$_{2 \alpha}$ receptor or DP1. Previous studies documented the ability of PPAR$\gamma$ agonists other than 15d-PGJ$_2$ to attenuate injury to cardiomyocytes but did not address the involvement of the Nrf2 pathway. The different kinetics of Nrf2 activation by PGD$_2$ and 15d-PGJ$_2$ is consistent with sustained Nrf2 activation in the heart in response to dexamethasone treatment although it remains to be investigated whether PGD$_2$ and 15d-PGJ$_2$ evoke simultaneous or sequential Nrf2 activation. Likewise, additional studies are needed to assess the impact (if any) of dexamethasone on PGD$_2$ metabolism.

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Although the study of Katsumata et al. identifies Nrf2 as a potential target for therapy of myocardial ischemia-reperfusion injury, several important questions about the PGD₂-Nrf2 pathway remain to be resolved. Is dexamethasone-evoked PPARγ-mediated increase in Nrf2 mRNA a prerequisite for subsequent activation of Nrf2 protein by PGD₂ via FP? Is FP expression altered during myocardial ischemia-reperfusion and, therefore, the explanation for relative PGD₂ specificity for cardiomyocytes? Does PGD₂ bind simultaneously to DR1 and FP, leading to enhanced cardioprotection? Would dexamethasone stimulate PGD₂ biosynthesis and exert cardioprotective actions when administered as a treatment (i.e., during ischemia)? From a mechanistic perspective, it will be interesting to see future studies about involvement of Keap1, various protein kinases, and epigenetic factors in regulating FP and PPARγ-triggered Nrf2 activation. Considering the pro- and anti-inflammatory actions of PGD₂ and 15d-PGJ₂ in other cell types/tissues, it remains a future challenge to investigate whether therapeutic interventions aimed to enhance myocardial Nrf2 activation selectively without mimicking the effects of glucocorticoids on innate and adaptive immunity could have clinical benefits.

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**Disclosures**

None.

**References**


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**Figure.** Proposed mechanisms of action for prostaglandin D (PGD₂)-mediated cardioprotective action of glucocorticoids. Binding of glucocorticoids to glucocorticoid receptor (GR) induces upregulation of cyclooxygenase-2 (COX-2) and lipocalin-type prostaglandin D synthase (L-PGDS) expression, ultimately leading to enhanced formation of PGD₂. PGD₂ acting through PGD₂ receptor 1 (DP1) could directly reduce injury to cardiomyocytes. PGD₂ undergoes nonenzymatic dehydration, yielding 15-deoxy-Delta12,14-prostaglandin J₂ (15d-PGJ₂). 15d-PGJ₂ and PGD₂ through prostaglandin F₂α receptor (FP) and peroxisome proliferator-activated receptor γ (PPARγ), respectively, signal to activate the transcription factor nuclear factor (erythroid-derived 2)-like 2 (Nrf2) and subsequent transcription of antioxidant genes. Of note, PPARγ activation also leads to attenuation of cardiomyocyte necrosis. In this issue of *Hypertension*, activation of Nrf2 is identified as a predominant mechanism responsible for the cardioprotective action of dexamethasone in a mouse model of myocardial ischemia-reperfusion injury.
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