



## Characteristics of adrenaline-driven receptor-mediated signals in human microvessel-derived endothelial cells

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## Abstract:

Adrenaline (0.001–1,000  $\mu$ M) strongly stimulated adenosine-3',5'cyclic monophosphate (cAMP) generation in cultured human microvascular-derived endothelial cells (HMEC-1). Isoprenaline mimicked the action of adrenaline, whereas noradrenaline appeared to be decisively less potent. Experiments carried out with an array of compounds acting selectively on different types/subtypes of adrenergic receptors revealed that the adrenaline cAMP effect in HMEC-1 cells did not possess either an  $\alpha_1$  or  $\alpha_2$  component. However, the effect may have been mediated through a receptor that did not fit  $\beta_1$ -,  $\beta_2$ -, or  $\beta_3$ -receptor classification. Supporting this assertion, various double and triple  $\beta$ -subtype selective drug combinations maximally inhibited the adrenaline effect by 50–60%, whereas the non-selective antagonist propranolol totally prevented the hormone-evoked cAMP effect. Based on results utilizing the phosphodiesterase (PDE)-isoform nonselective inhibitor 3-isobutyl-1-methylxanthine (IBMX) and the PDE-4-selective inhibitor rolipram, the adrenaline-driven cAMP signal appeared to be regulated by PDE-4. In addition, the present study demonstrated that phenylephrine, a presumed selective  $\alpha_1$ -adrenoceptor agonist, was capable of stimulating cAMP generation in HMEC-1 cells in a prazosin-insensitive and propranolol-sensitive manner. This result indicated that in at least this cell model system, phenylephrine may act nonspecifically. Microvessel-derived endothelial cells such as HMEC-1 exhibit functional differences when compared with macrovessel-derived endothelial cells (e.g. HUVEC sensitivity to adrenaline). Accordingly, these cell cultures represent a useful model system to study the biological effects of endogenous catecholamines, including adrenaline, as well as potential therapeutics targeting adrenergic receptors.

## Key words:

adrenaline, cyclic AMP, rolipram, PDE-4, phenylephrine, β-adrenoceptor subtype, HMEC-1, human endothelial cell

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