## Depolarizing hyperkalemic arrest reduces Mn<sup>2+</sup>-induced MRI signal enhancement in pig hearts

V. V. Kupriyanov<sup>1,2</sup>, Y. Yang<sup>2</sup>, J. Sun<sup>1</sup>, and M. L. Gruwel<sup>1</sup>

<sup>1</sup>Institute for Biodiagnostics, Winnipeg, Manitoba, Canada, <sup>2</sup>University of Manitoba, Winnipeg, Manitoba, Canada

Aim: To assess whether sarcolemma depolarization affects MRI contrast enhancement by MnCl<sub>2</sub> in pig hearts.

**Background:**  $Mn^{2+}$  is an intracellular type contrast agent, uptake of which is mediated by  $Ca^{2+}$  channels [1]. Therefore sarcolemmal depolarization that inactivates  $Ca^{2+}$  channels and reduces the driving force for cation influx should affect  $Mn^{2+}$  accumulation and contrast development.

**Methods:** 1. *Animal model.* In domestic pigs weighing 25-35 kg (n = 22) 1<sup>st</sup> and 2<sup>nd</sup> diagonal branches of the left anterior descending coronary artery (LAD) were acutely or chronically (3, 7 & 14 days) ligated. The hearts were excised and perfused *ex vivo* with 50:50 mixture of blood and Krebs-Henseleit buffer at constant flow. Five hearts were arrested by increasing [K<sup>+</sup>] from 4.7 to 16 mM. Cardiac function was recorded via the LV balloon. 2. *MRI. Ex vivo* experiments were performed on a 7T magnet, interfaced to a Bruker Biospec console using spin-echo multislice sequence (FOV of 16x16 cm<sup>2</sup>, TE = 8 ms, data matrix a 128x128 points). The heart and 2 reference test tubes containing H<sub>2</sub>O and H<sub>2</sub>O + 10 mM CuSO<sub>4</sub> were placed into the perfusion chamber within the birdcage coil. For beating hearts the signal acquisition was gated by the LV dP/dt (TR=800 ms). Six 8-mm thick slices separated by 2 mm were obtained. Following the baseline image, 0.2 mM MnCl<sub>2</sub> was added and serial images were taken every 5 min over a 20-min period. Signal intensities in normal areas for each slice were normalized to those of the H<sub>2</sub>O reference.

**Results:** In beating hearts intensities increments ( $\Delta I$ ) in normal areas were greater than those in arrested hearts after 15-20 min Mn<sup>2+</sup> loading (Figure & Table). Time courses of  $\Delta I$  were fitted to an exponential function:  $\Delta I = \Delta I_{max}[1-exp(-t/t1)]$ . The rates of  $\Delta I$  rise ( $\Delta I_{max}/t1$ ) and maximal increments ( $\Delta I_{max}$ ) were significantly lower during KCl arrest whereas t1 values did not differ (Table). In ischemic/infarcted areas, intensity increases were much smaller and were not significantly affected by KCl arrest.

**Conclusions:** Inhibition of  $Mn^{2+}$  enhancement development by KCl arrest implies that sarcolemmal depolarization inhibits  $Mn^{2+}$  uptake by normal myocytes.

<u>Group (n)</u>					
-	$\Delta I(15-20)$	$\Delta I_{max}$ , %	t1, min	$\Delta I_{max}/t1$ , %/min	$R^2$
Beating (17)	103±26	111±2.2	6.6±0.35	16.8±0.9	0.999
KCl-arrested (5)	67±23	67±6.9	$5.2 \pm 1.44$	12.9±3.57	0.98
р	0.0003	<0.05		<0.05	

<b>Reference:</b> 1. Wendl	and MF.	INIVIK .	вютеа.	17:381-394:2004	ł.
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