# Cardiac electrophysiology

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### Genesis of membrane potential





### **Fick's laws of diffusion**



Jd : diffusion flux

#### D : diffusion coefficient

For an **uncharged** molecule, diffusion occures from the most concentrated compartment to the least concentrated

Equilibrium :  $C_1 = C_2$ 

#### **Reversal potential**



 $[K^+]$ <sub>int</sub> =  $[K^+]$ <sub>ext</sub>

• No electric potential difference (0 mV)

 $[K^+]$ <sub>int</sub> >  $[K^+]$ <sub>ext</sub>

K + ions move from A to B regarding **concentration gradient** with a movement of positive charges

creation of an **electric gradient** (electric potential of medium A: negative / milieu B) which opposes the persistence of K<sup>+</sup> flux

**Stopping of K + flux**: perfect equality of two opposing forces, the concentration gradient (K<sup>+</sup> from A to B) and the electric gradient (K<sup>+</sup> from B to A)

**Reversal (equilibrium) potential of** K + ions

#### **Reversal potential**



Reversal potential for an ion : membrane potential at which there is no net ion flux

Nernst equation :

 $E_{ion} =$  $RT$  $\frac{1}{zF}$ ln  $c_e$  $c_i$ R: Ideal gas constant:  $8.314$  J.K<sup>-1</sup>.mol<sup>-1</sup> T: Temperature in Kelvin z: Valence F: Faraday constant: 96 485 C.mol-1  $E_{\text{Na}}$  = + 60 mV  $E_K = -100$  mV  $E_{Ca}$  = + 100 mV  $E_{C}$  = - 50 mV

#### **Na/K ATPase pump**



Maintenance of the electrochemical gradient: essential for the electrical activity of excitable cells

#### **Membrane potential**



Membrane potential: potential difference between intracellular and extracellular compartment

Goldman-Hodgkin-Katz voltage equation (for monovalent ions)

$$
E_m = \frac{RT}{F} \ln \frac{P_{Na}[Na^+]_{out} + PK[K^+]_{out} + PCl[Cl^-]_{in}}{P_{Na}[Na^+]_{in} + PK[K^+]_{in} + PCl[Na^-]_{out}}
$$

#### **Membrane potential**



$$
E_m = \frac{G_K.EK + GNa.ENa + GCl.ECl + GCa.ECa}{G_K + GNa + GCl + GCa}
$$

Ohm's law :  $U = R.I$ Conductance G = 1/R

#### **Membrane potential recording**



### Cardiac electrophysiology

# **Blood Flow Through the Heart**



**Normal human heart: 60-100 cycles /min**

# **Cardiac Conduction System**



# **Electrocardiogram (ECG)**



**P** = Atrial depolarisation

**PQ** = propagation from SA node to AV node

**QRS** = ventricular depolarisation Q = interventricular septum depolarisation R = main mass ventricular depolarisation S = last phase of V depolarisation (base) Atrial repolarisation

**ST** = plateau of the AP – contraction of the V

**T** = ventricular repolarisation

## **Cardiac Action Potentials**



#### **Sinoatrial Node (SA Node): Description**



*(Mezzano et al. Cardiovasc Res, 2016)*





#### **Staining Blue: DAPI GFP: MF20 Cy3: Endogenous Tomato Cy5: Tomato**

**20 µm** *D Mika (Châtenay-Malabry), F Rochais (Marseille)*

**Pacemaker cells within the tissue**

Confocal Imaging

#### **Cell types in the rabbit sinus node**



*Verheijck et al. Circulation 1998* 

### Ventricular action potential

- Stick shape with ramifications
- Width $\sim$ 25  $\mu$ m, length $\sim$ 100  $\mu$ m, thickness <20  $\mu$ m
- Striated
- Single central nucleus (sometimes 2)
- **Excitables**
- **Contractiles**
- **Conductives**



Cf Pf Veksler: Bases of cardiac physiology

#### **Excitation-contraction coupling**



Laetitia Pereira 05/12/2024



The Patch-Clamp technique allows to electrically isolate a fragment of membrane or an entire cell in order to apply a current (current clamp) or a potential (voltage clamp) to it and record the response.

Developped by Neher and Sakmann in 1978, and improved in 1981.

The resistance between the pipette and the membrane is very high (GigaOhm)







Erwin Neher Bert Sakmann

Nobel Prize in Medecine 1991

#### **Patch-Clamp**



#### **Patch-Clamp: whole-cell configuration**



V<sub>imp</sub>: imposed potential

 $V_m$ : membrane potential

R<sub>s</sub>: series resistance

 $R_m$ : membrane resistance (ion channels)

 $C_m$ : membrane capacitance (lipid bilayer)  $V_m = R_m x I$ 

Voltage-clamp: imposed potential to the membrane  $\rightarrow$  current (I = N.P<sub>o</sub>.i) recording

N:number of channel, P<sub>o</sub>: open probability of the channel, i: single channel current

Current-clamp: Imposed current  $\rightarrow$  variation of membrane potential recording



#### **Voltage-gated channels and ventricular action potential**





#### **Ventricular cardiomyocytes Action Potential**





Inward rectifier K<sup>+</sup> channel is responsible of membrane resting potential

```
Heterotetramer: Kir2.1, Kir2.2
```
Responsible of  $I_{K1}$  current

 $I_{K1}$  current maintains the membrane potential at -80mV

Always open

Blocked by cesium or barium



#### **Voltage-gated sodium channels**



One pore forming subunit α: 4 x 6 transmembrane domains, S4 voltage sensor

In ventricules  $\alpha$  subunit is mainly Na<sub>v</sub>1.5

Responsible of the upstroke of action potential

3 states: close, open, inactivated

Opening at -70/-60 mV

 $C_1$  = Initial closed state  $C_{N}$  = Closed state before the O state  $\equiv$  Open state  $=$  Inactivated state

Can be blocked with high dose of tetrodotoxin



#### **Voltage-gated potassium channels**





 $4 \alpha$  subunits: 6 transmembrane domains, S4 voltage sensor

### Main subunits: K<sub>v</sub>x.x

The voltage-gated potassium channels are remarkable for their diversity. They include 40 different channels that are classified into 12 distinct groups based on their amino acid sequence homology  $(K<sub>v</sub>1-K<sub>v</sub>12)$ 

Involved in cell repolarization

Transient outward potassium current  $(I_{\text{to}})$  involved in the early phase of repolarization

In human homotetramere of  $K<sub>c</sub>4.3$  and 1 regulatory subunit KChIP

In rodent heterotetramere of  $K<sub>v</sub>4.2/K<sub>v</sub>4.3$ 

3 states: close, open, inactivated

Fast inactivation

Blocked by 4-aminopyridine



I to (pA/pF)

 $I_{Ks}$  (slow) is a delayed potassium current: slow activation

Main subunit K<sub>v</sub>7.1 (K<sub>v</sub>LQT1), encoded by *KCNQ1* gene, associated with KCNE1 regulatory subunit

Involved in the plateau phase of action potential

Blocked by indapamine



- $I_{KR}$  (slow) is a current wich activates rapidly and for more negative potential than  $I_{Ks}$
- Main subunit K<sub>y</sub>11.1 (hERG), encoded by *KCNH2* gene, probably associated with KCNE2 regulatory subunit
- Involved in early phase of repolarization
- Blocked by a large number of drugs  $\rightarrow$  risk of deaths caused by long QT syndrome-induced torsades de pointes

### **Voltage-gated Calcium channels:**  $I_{\text{Cal}}$



One pore forming subunit α: 4 x 6 transmembrane domains, S4 voltage sensor

In ventricules  $\alpha$  subunit is mainly Ca<sub>v</sub>1.2 for L-type calcium channel

3 states: closed, opened, inactivated. Opening at -40 mV

Responsible of the main entry of  $Ca<sup>2+</sup>$  in the cardiomyocyte

Key player of excitation contraction coupling

 $C_1$  = Initial closed state  $C_{N}$  = Closed state before the O state  $\equiv$  Open state  $\equiv$  Inactivated state

**Voltage-gated Calcium channels:**  $I_{Ca}$ 



Blocked by dihydropyridine, verapamil

#### **Sodium/calcium exchanger: NCX**



Main isoforme in cardiomycytes : NCX1 encoded by SLC8A1 gene

In normal mode responsible of calcium extrusion :  $1 Ca<sup>2+</sup>$  out / 3 Na<sup>+</sup> in

Electrogenic: it induces depolarisation

#### **Na+/Ca2+ exchanger: NCX**

Na<sup>+</sup>/Ca<sup>2+</sup> exchanger



*Bers DM . Nature 2002*

#### **Summary**



Grant et al., 2009

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#### **Gender differences in ventricular repolarization**



Jonnson et al., 2010

Purple: larger current reported in males Orange: larger current reported in females <del>□</del>> Progesterone causes up/down regulation Black: no intrinsic differences reported

Festosterone causes up/down regulation Estrogen causes down regulation

#### **Gender differences in ventricular repolarization**



et al., 2022





#### **Transmural gradient of cardiac repolarization and gender differences**



#### **Circadian ventricular electrical activity**



**electrical activity**

*Black et al., Heart Rhythm 2019*

**Circadian ventricular electrical activity**





*Jeyaraj et al., Nature 2012*

#### **Electrical Coupling of Myocytes: Gap Junctions**



#### **Electrical Coupling of Myocytes: colocalization of Cx43 and Na<sub>v</sub>1.5 in perinexus**



Hoagland *et al.*, 2019

### **β-adrenergic stimulation and excitation-contraction coupling**



#### **Electrophysiological remodelling during cardiac hypertrophy**



#### **Electrophysiological remodelling during cardiac hypertrophy**

Rats with myocardal infarction



#### Increased L-type calcium current  $\rightarrow$  increased action potential duration

Perrier et al, Circulation, 2004

#### **Electrophysiological remodelling during cardiac hypertrophy**

Rats with myocardal infarction



Decreased potassium current  $(I_{\text{to}}) \rightarrow$  increased action potential duration

Perrier et al, Circulation, 2004

#### **Electrophysiological remodelling during heart failure**



#### **Lateralization of Cx43 abdominal aortic constriction**









Takahashi *et al.*, 2012

#### **Coupled-Clock System in the SA Node Cell**



