New Roles for an Old Pore

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Biological organisms depend on a variety of mechanisms to remove defective components. Such was originally thought to be the function of the mitochondrial permeability transition, in which high-conductance permeability transition pores (PTP) form in the inner mitochondrial membrane, causing immediate matrix depolarization, Ca release, reversal of ATP synthase, matrix swelling, and eventually rupture of the outer mitochondrial membrane, releasing proapoptotic signaling molecules, such as cytochrome c (Figure). PTP formation is triggered primarily by reactive oxygen species (ROS) and matrix Ca overload. Originally interpreted as a suicide switch to remove defective mitochondria spewing excess ROS, PTP were later discovered to open transiently in a lower conductance mode hypothesized to serve a useful physiological role—namely as a mechanism to allow Ca-overloaded mitochondria to flush Ca from the matrix.

PTP innovation was described nearly 20 years ago, but its function is still not fully understood. While transient PTP openings occur under a variety of conditions, the exact mechanism by which they lead to cell death is still being investigated. In this issue, Lu et al. have tackled this issue using state-of-the-art imaging techniques and succeeded in identifying events that are convincing candidates for transient low-conductance PTP openings. They show that in intact and permeabilized cardiac myocytes exposed to progressive Ca loading by several methods, individual mitochondria occasionally demonstrate “MitoWinks,” a sudden drop in matrix-free [Ca] lasting about 1 minute. They go on to show that these MitoWinks occur simultaneously with transient matrix membrane depolarizations but are not associated with loss of matrix calcein, implying a low-conductance state permeable to molecules <600 Da. MitoWinks are also suppressed by pharmacological or genetic PTP inhibition and mitochondrial Ca uniporter inhibition; conversely, they are promoted by progressive Ca loading, oxidative stress with H₂O₂, and heart failure. Together, these findings make a compelling case that the authors have succeeded in visualizing transient low-conductance PTP openings in single in situ mitochondria in isolated cardiac myocytes.

Despite this impressive achievement, however, several important questions remain. First, the frequency of the transient PTP openings was low, averaging once every 83 hours (0.02% duty cycle) under control conditions, which modestly increased to once every 3 hours (0.5%) under the most extreme conditions studied (including elevated extramitochondrial [Ca] up to 2000 nmol/L). Moreover, most of the experiments were performed with the mitochondrial Na–Ca exchange blocked to exacerbate matrix Ca accumulation. Thus, even under extreme Ca overload conditions, the transient PTP openings observed in this study were rare, raising a question of how robust this mechanism could be for regulating matrix Ca under rapidly changing conditions, such as ischemia/reperfusion. In populations of isolated mitochondria, matrix Ca release through transient PTP openings occurred much more rapidly during Ca loading, bringing up the possibility that some regulatory.
The Two Faces of PTP Openings

THE GOOD: Transient low conductance mode
- Protection against matrix Ca overload
- Generation of signaling ROS activating RISK pathway and cardioprotection
- Cell protection

THE BAD: Long-lasting high conductance mode
- Sustained matrix depolarization, Ca release, ATP consumption, loss of respiratory co-factors, matrix swelling, OMM rupture, release of pro-apoptotic molecules (cytochrome c)
- Cell death

Component may have become disabled in the isolated myocyte preparations. Finally, a puzzling feature in this study is that after a transient PTP opening, the free [Ca] recorded in the matrix rapidly reaccumulated to a similar or even higher level without the pore reopening. The authors hypothesize accordingly that transient PTP opening may also deplete a cofactor (such as phosphate) that decreases the subsequent sensitivity of the pore to Ca. However, the details remain to be worked out.

What is the evidence that transient PTP openings are physiologically important to intact hearts? It has been previously demonstrated that when cyclophilin D, a key component promoting PTP formation, is knocked out in the mouse, their hearts are more resistant to acute ischemia/reperfusion injury, attributed to suppression of damaging long-lasting high-conductance PTP openings during reperfusion. However, when cyclophilin D knockout mice are subjected to the chronic hemodynamic stress, their cardiac function deteriorates more rapidly than wild-type mice, presumably because the loss of beneficial transient low-conductance PTP openings makes mitochondria more susceptible to matrix Ca overload and mitochondrial injury. Thus, suppressing PTP in the heart is a double-edged sword that can have either deleterious or beneficial effects depending on the setting. The double-edged sword effect also applies to acute ischemia/reperfusion injury. Although pharmacological or genetic PTP inhibition during reperfusion after prolonged ischemia reduces infarct size, PTP inhibitors delivered during ischemic preconditioning (IPC) abrogate cardioprotection, indicating that transient PTP openings during IPC play an important role in activating cardioprotection signaling through the RISK pathway. The mechanism may be related to the observation that transient low-conductance PTP openings in isolated mitochondrial populations are associated with significant ROS production, consistent with the cyclosporin A-sensitive “superoxide flashes” imaged during PTP openings in situ mitochondria. During IPC, activation of the RISK pathway depends on signaling ROS generated during the IPC episodes because ROS scavengers administered during IPC block cardioprotection. Thus, it is intriguing to speculate that the transient PTP openings, in conjunction with mitochondrial ATP-sensitive K channel openings, are important in generating the signaling ROS required to activate cardioprotective signaling during IPC. However, mechanism responsible for increased mitochondrial ROS production during PTP openings has yet to be fully defined.

These multifunctional aspects of the PTP make its further characterization an important subject, not only in heart but also in other organs as well. The Lu et al study makes a key contribution by directly visualizing the PTP operating in its protective transient low-conductance mode, but also raises caution with respect to targeting PTP therapeutically. Like ROS, a little PTP activation (in the transient low-conductance mode) is protective, but a lot (in the long-lasting high-conductance mode) wreaks havoc.

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None.

References

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