

Secretome of Apoptotic Peripheral Blood Cells (APOSEC) Attenuates Microvascular Obstruction in a Porcine Acute Myocardial Infarction Model: Role of Platelet Aggregation and Vasodilation

Konrad Hoetzenecker^{1,2}, Alice Assinger³, Michael Lichtenauer^{1,2}, Michael Mildner⁴,
Thomas Schweiger^{1,2}, Zolt Petراس⁵, Christoph Plass⁶, Mariann Gyöngyösi⁶, Ivo Volf³,
Hendrik Ankersmit^{1,2}

¹*Department of Thoracic Surgery, Medical University of Vienna, Austria*

²*Christian Doppler Laboratory for Cardiac and Thoracic Diagnosis and Regeneration,
Medical University of Vienna, Austria*

³*Institute of Physiology, Medical University of Vienna, Austria*

⁴*Department of Dermatology, Medical University of Vienna, Austria*

⁵*Department of Biomedical Laboratory and Imaging Science, University of Debrecen,
Hungary*

⁶*Department of Cardiology, Medical University of Vienna, Austria*

Objective:

Our group has recently found that paracrine factors secreted from apoptotic peripheral blood mononuclear cells (APOSEC) attenuate the size of acute myocardial infarction (AMI). The aim of this study was to determine the influence of APOSEC on microvascular obstruction (MVO) in a porcine AMI model.

Methods and Results:

Treatment of AMI with cell culture supernatants derived from irradiated apoptotic peripheral blood mononuclear cells (APOSEC) resulted in a significantly improved microvascular perfusion (Myocardial blush grade: 1.3 ± 0.3 vs. 2.5 ± 0.3 ; $p=0.033$). Platelet activation markers (P-selectin, CD40L, PF-4, TSP-1) were reduced in plasma samples, suggesting an anti-aggregatory capacity of APOSEC. This finding was confirmed by *in vitro* tests showing significantly impaired aggregation of APOSEC treated platelets, paralleled by vasodilator-stimulated phosphoprotein-mediated inhibition. In addition, APOSEC evidenced a significant vasodilatory capacity of coronary arteries. HUVECs co-incubated with the compound upregulated iNOS expression. Treatment of isolated coronary arterial segments with APOSEC resulted in a dilation of the vessels in a dose dependent manner (APOSEC from $5 \cdot 10^5$ cells: 23% dilation; $1 \cdot 10^6$: 26%; $5 \cdot 10^6$: 34%).

Conclusion:

Our data give first evidence that APOSEC reduces the extent of MVO during AMI. This explains the improved long-term outcome after APOSEC treatment in AMI as previously described.