

Myoglobin translational diffusion in rat myocardium and its implication on intracellular oxygen transport

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Current theory of respiratory control invokes a role of myoglobin (Mb)-facilitated O₂ diffusion in regulating the intracellular O₂ flux, provided Mb diffusion can compete effectively with free O₂ diffusion. Pulsed-field gradient NMR methods have now followed gradient-dependent changes in the distinct ¹H NMR γ CH₃ Val E11 signal of MbO₂ in perfused rat myocardium to obtain the endogenous Mb translational diffusion coefficient (D_{Mb}) of $4.24 \times 10^{-7} \text{ cm}^2 \text{ s}^{-1}$ at 22°C. The D_{Mb} matches precisely the value predicted by *in vivo* NMR rotational diffusion measurements of Mb and shows no orientation preference. Given values in the literature for the Krogh's free O₂ diffusion coefficient (K_0), myocardial Mb concentration and a partial pressure of O₂ that half saturates Mb (P_{50}), the analysis yields an equipoise diffusion P_{O_2} of 1.77 mmHg, where Mb and free O₂ contribute equally to the O₂ flux. In the myocardium, Mb-facilitated O₂ diffusion contributes increasingly more than free O₂ diffusion when the P_{O_2} falls below 1.77 mmHg. In skeletal muscle, the P_{O_2} must fall below 5.72 mmHg. Altering the Mb P_{50} induces modest change. Mb-facilitated diffusion has a higher poise in skeletal muscle than in myocardium. Because the basal P_{O_2} hovers around 10 mmHg, Mb does not have a predominant role in facilitating O₂ transport in myocardium but contributes significantly only when cellular oxygen falls below the equipoise diffusion P_{O_2} .

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A cornerstone of respiratory regulation stands on the capacity of myoglobin (Mb) to store O₂ or to facilitate O₂ transport. In marine mammals, the high concentration of Mb could certainly supply O₂ during a dive or apnoea (Dolar *et al.* 1999; Guyton *et al.* 1995; Kooyman, 1998; Ponganis *et al.* 2002). In adaptation to high altitude, enhanced Mb expression increases the O₂ depot (Gimenez *et al.* 1977; Terrados *et al.* 1990). These observations agree with the correlation between Mb concentration (O₂ supply) and oxidative capacity in different species (Wittenberg & Wittenberg, 2003). Yet, in spontaneously beating rat heart, Mb can prolong normal heart function for only a few seconds (Chung & Jue, 1996). Without any Mb, neither myocardial nor skeletal muscle function suffers any apparent physiological impairment (Garry *et al.* 1998; Godecke *et al.* 1999).

The physiological canon also states that Mb can facilitate O₂ diffusion. In contrast to the low solubility of O₂, the high O₂ carrying capacity of Mb can confer an advantage in transporting O₂ from the sarcolemma to the mitochondria (Wittenberg, 1970; Wittenberg & Wittenberg, 1989). *In vitro* studies have confirmed that O₂ diffuses faster in solution containing Mb than in

Mb-free solution. Mb exhibits sufficient mobility and O₂ carrying capacity to compete effectively with free O₂ (Johnson *et al.* 1996). *In vivo*, however, the contribution of Mb-facilitated O₂ diffusion remains unclear. Without a definitive translational diffusion coefficient for Mb (D_{Mb}) *in vivo*, the theory of Mb-facilitated diffusion languishes for experimental confirmation.

Over the years, researchers have attempted to estimate endogenous Mb diffusion in the cell by measuring Mb diffusion in concentrated solution, in tissue homogenate and in myoglobin-free frog muscle (Moll, 1968; Riveros-Moreno & Wittenberg, 1972; Baylor & Pape, 1988). The results have varied widely. Fluorescence recovery after photobleaching (FRAP) techniques have recently tracked the photoxidation of Mb in superfused rat diaphragm or the diffusion of microinjected modified Mb in isolated muscle fibre. These experiments have determined a low D_{Mb} that cannot support any significant role for Mb in facilitating O₂ diffusion (Jurgens *et al.* 1993; Papadopoulos *et al.* 2001).

However, the FRAP experiments do not actually measure endogenous Mb diffusion and utilize model systems that do not adequately mimic respiring tissue

(Groebe, 1995). Moreover, they disagree with the *in vivo* NMR observation of Mb rotational diffusion, which predicts a much faster D_{Mb} (Livingston *et al.* 1983; Wang *et al.* 1997).

Because the ^1H NMR can detect the distinct γCH_3 Val E11 signal of MbO₂ in myocardium at -2.8 ppm, an opportunity exists to apply pulsed-field gradient technique to map endogenous Mb translational diffusion in perfused myocardium (Stejskal & Tanner, 1965; Kreuzer *et al.* 1992). Indeed, MbO₂ diffuses with an average coefficient about 4 times faster than the FRAP-determined diffusion coefficient and shows no orientation preference. The D_{Mb} also matches precisely the value predicted by the NMR rotational diffusion analysis (Wang *et al.* 1997).

Given the Mb concentration in tissue, the partial pressure of O₂ that half saturates Mb (P_{50}) and the D_{Mb} , the analysis establishes an equipose diffusion P_{O_2} in the cell, where Mb and free O₂ contribute equally to O₂ transport. In the basal state rodent myocardium or skeletal muscle, Mb cannot play a significant role in facilitating O₂ diffusion. In contrast, marine mammal muscle with a high Mb concentration can utilize Mb-facilitated O₂ diffusion under all physiological conditions. The conclusion agrees with Mb studies in which rat myocardium inhibited with a significant fraction of CO-bound Mb exhibits no sign of respiration or metabolism impairment (Glabe *et al.* 1998; Chung *et al.* 2006). The NMR-determined translational diffusion coefficient of endogenous Mb in respiring myocardium has established a key parameter that does not lend support to the hypothesis that Mb has an overall general role in facilitating O₂ transport in respiring tissue. Instead, the D_{Mb} defines the physiological conditions in which Mb can contribute significantly to the intracellular O₂ flux.

Methods

Protein preparation

Mb solution was prepared from lyophilized horse heart protein (Sigma Chemical Inc.). The preparation of MbCO solution followed the procedure previously described (Kreuzer *et al.* 1993). The same process was also applied to prepare the haemoglobin (Hb) solution, in which Hb was extracted from human erythrocytes (Wang *et al.* 1997).

Animal preparation and heart perfusion

Animal care and experimental procedures followed the guidelines of the NIH Office for Laboratory Animal Welfare and were approved by the University of California Davis Institutional Animal Use and Care Committee. The procedure for rat heart perfusion was performed

as previously described (Chung & Jue, 1999; Kreuzer & Jue, 2004). Male Sprague-Dawley rats (350–400 g) were anaesthetized by an intraperitoneal injection of sodium pentobarbital (65 mg kg^{-1}) and heparinized (1000 U kg^{-1}). The heart was quickly isolated and perfused in Langendorff perfusion apparatus, with Krebs-Henseleit buffer maintained at room temperature ($21\text{--}23^\circ\text{C}$). A peristaltic pump (Rainin Rabbit) maintained a constant, non-recirculating perfusion flow of $12\text{--}13 \text{ ml min}^{-1}$.

K⁺-induced arrest

After a 20 min control period, the perfusate was switched to Krebs-Henseleit buffer containing 92.7 mM NaCl and 30 mM KCl , which stopped the heart beat. The perfusate flow rate was reduced to 50% of control 10 min after the heart stopped beating. High K⁺ perfusion continued for approximately 7 h. The perfusate was then switched back to 118 mM NaCl , 4.7 mM KCl , and the flow returned to its control level. Perfusion then continued for 20–30 min.

NMR

An Avance 400-MHz Bruker spectrometer measured the $^1\text{H}/^{31}\text{P}$ signals with a 20 mm micro-imaging gradient probe. The ^1H 90 deg pulse was $65 \mu\text{s}$. A modified Stejskal-Tanner pulsed-field gradient spin echo or pulsed-field gradient stimulated echo (PG-STE) sequence followed the Val E11 resonance of MbCO and MbO₂ at -2.4 ppm and -2.8 ppm, respectively (Stejskal & Tanner, 1965; Price, 1997). The gradient field strength ranged from 0 to $95 \text{ G (gauss cm}^{-1}\text{)}$. A typical spectrum required 1024 scans and used the following signal acquisition parameters: 8192 Hz spectral width, 4096 data points and 255 ms acquisition time. The H₂O line served as the spectral reference, 4.75 ppm at 25°C relative to sodium-3-(trimethylsilyl)propionate-2,2,3,3-d₄ at 0 ppm

Diffusion measurements in perfused heart experiments utilized a modified PG-STE sequence that included chemical-shift selective (CHESS) pulses (Haase *et al.* 1985). For the diffusion measurements, the acquisition parameters included the following: acquisition time of 38.5 ms, spectral width of 10 KHz and 768 data points. A typical spectrum required 16 000 scans or about 24 min of signal accumulation.

For the ^{31}P spectra, the signal acquisition utilized a 55 deg pulse angle, 6494 Hz spectral width, 4096 point data size and a 0.65 s repetition time. The ^{31}P 90 deg pulse was $72 \mu\text{s}$ calibrated against a 0.1 M phosphate solution. Peak area analysis, calibrated against fully relaxed spectra, determined the phosphocreatine (PCr) and ATP levels. All ^{31}P signals were referenced to PCr peak as 0 ppm. A typical spectrum required 256 scans.

Diffusion equation

The NMR determination of the translational diffusion relates signal intensity change with strength of the applied rectangular gradient pulses (Stejskal & Tanner, 1965; Price, 1997):

$$\begin{aligned} \ln\left(\frac{S(G)}{S(0)}\right) &= -\gamma^2\delta^2(\Delta - \delta/3)G^T DG \\ &= -\sum_{i=1}^3 \sum_{j=1}^3 \gamma^2\delta^2(\Delta - \delta/3)G_i D_{ij} G_j \\ &= -\sum_{i=1}^3 \sum_{j=1}^3 b_{ij} D_{ij} \end{aligned} \quad (1)$$

where $S(G)$ is the signal intensity in an applied field gradient, $S(0)$ is the signal intensity with no applied field gradient, γ is the magnetogyric ratio, δ is the duration of the gradient pulse, Δ is the gradient pulse separation, G and G^T are the 1×3 and 3×1 gradient field tensor and its transpose, D is the 3×3 rank-two diffusion tensor and G_i , G_j and D_{ij} are the respective matrix elements. The equation reduces to a linear combination of the product of tensor elements D_{ij} and b_{ij} , where

$$b_{ij} = \gamma^2 G_i G_j \delta^2 (\Delta - \delta/3) \quad (2)$$

To determine molecular diffusion requires measuring the signal intensity as a function of gradient pulses G applied along different directions, reflecting the elements of the b matrix. In the case of isotropic diffusion, the observations corresponding to diagonal elements will not differ, and the equation reduces to a simple expression:

$$\ln\left(\frac{S(G)}{S(0)}\right) = -bD = -\gamma^2 G^2 \delta^2 (\Delta - \delta/3) D \quad (3)$$

O₂ transport by Mb and free diffusion

The relative O₂ flux by Mb-facilitated diffusion and free O₂ derives from following equations:

$$F_{O_2} = F_{O_2}^{Mb} + F_{O_2}^{O_2} \quad (4)$$

$$\begin{aligned} F_{O_2}^{Mb} &= \frac{D_{Mb} C_{Mb} P_{50}}{(P_{O_2} + P_{50})(P_r + P_{50})} \cdot \frac{\Delta P}{\Delta x} \\ &\approx \frac{D_{Mb} C_{Mb}}{P_{O_2} + P_{50}} \cdot \frac{\Delta P}{\Delta x} \end{aligned} \quad (5)$$

$$F_{O_2}^{O_2} = K_0 \cdot \frac{\Delta P}{\Delta x} \quad (6)$$

Where F_{O_2} is total O₂ flux, $F_{O_2}^{Mb}$ is O₂ flux from Mb, $F_{O_2}^{O_2}$ is O₂ flux from free O₂, P_{O_2} is partial pressure of O₂ at the cell surface, P_r is P_{O_2} at the mitochondria (assumed to be

0), P_{50} is P_{O_2} that will half saturate Mb (O₂ binding affinity of Mb), C_{Mb} is Mb concentration, $\frac{\Delta P}{\Delta x}$ is P_{O_2} gradient from cell surface to the mitochondria, K_0 is Krogh's diffusion constant for free O₂, D_{Mb} is Mb diffusion coefficient.

The following equation describes the relative contribution to O₂ transport:

$$\frac{F_{O_2}^{Mb}}{F_{O_2}^{O_2}} = \frac{D_{Mb} C_{Mb}}{K_0 (P_{O_2} + P_{50})} \quad (7)$$

Statistical analysis

Statistical analysis, used Sigma Plot/Sigma Stat program (Systat Software, Inc.) and expressed the data as mean \pm s.e.m. Linear least-squares regression determined the slopes, intercepts and correlation coefficients. Statistical significance was determined by two-tailed Student's t test ($P < 0.05$).

Results

Figure 1 shows the ¹H spectra of MbCO in solution measured with a modified PG-STE sequence at different gradient fields applied in the x direction. At 72.8 G, the Val E11 γ -methyl signal of MbCO at -2.4 ppm shows the lowest signal intensity (A in Fig. 1). As the gradient strength decreases from 63.7 to 18.2 G, the signal intensity rises. With applied field gradient 9.1 G, the signal intensity reaches its maximum intensity (H in Fig. 1). The analysis of the natural logarithm of the solution state MbCO and HbCO signal intensity as a function of the square of

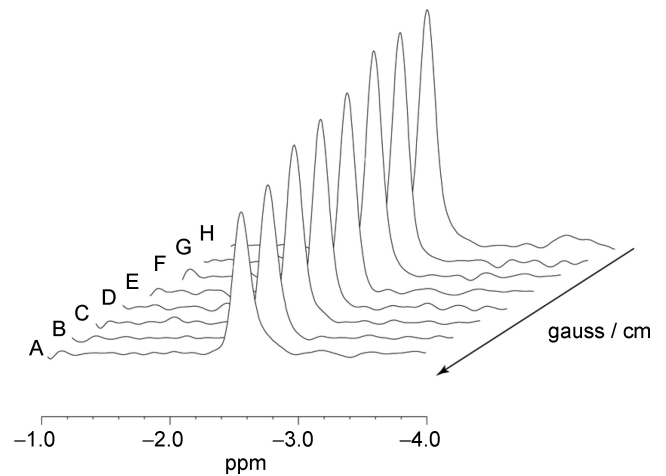


Figure 1. ¹H NMR diffusion-weighted spectra of MbCO solution at 22°C

A modified pulsed-field gradient stimulated echo (PG-STE) maps the gradient-dependent change in the γ CH₃ Val E11 MbCO signal at -2.4 ppm. The signal intensity decreases as the applied field gradient increases. The bank of spectra shows changes with the incremental increase in field gradient strength applied stepwise in the x direction from (A–H) 72.8 to 9.1 G.

Table 1. Diffusion coefficients of Mb/Hb in solutions and in muscles

Sample	Method	$D \times 10^{-7} \text{ cm}^2 \text{ s}^{-1}$	°C	Reference
MbCO solution (1.8 mm)	NMR	11.6*	22	This work
Mb diluted solution	Diffusion tube	11.3	20	(Riveros-Moreno & Wittenberg, 1972)
HbCO solution (0.75 mm)	NMR	7.53*	22	This work
HbCO solution (1.2 mm)	Diffusion tube	6.98	20	(Riveros-Moreno & Wittenberg, 1972)
Mb in rat myocardium	NMR, perfused heart	4.24*	22	This work
Mb in rat myocardium	NMR, calculated from rotation correlation time	5.0†	25	(Wang <i>et al.</i> 1997)
Model calculation	Literature data	23	37	(Federspiel, 1986)
18% Mb solution (~10 mm)	Diffusion across a thin porous plate	7.0	20	(Wittenberg, 1970)
Mb in undiluted homogenates of rat skeletal muscle	Multilayer diffusion	1.5	20	(Moll, 1968)
Mb injected into frog skeletal muscle	Fluorescence and photo-oxidation, microinjection of metMb	1.6	22	(Baylor & Pape, 1988)
Isolated rat soleus muscle fibre	Fluorescence and photo-oxidation, microinjection of metMb	1.25‡	22	(Jurgens <i>et al.</i> 1993; Papadopoulos <i>et al.</i> 2001)
		1.22§		
Isolated rat cardiac muscle fibre	Fluorescence and photo-oxidation, microinjection of Fe^{+3} - Mb -H ₂ O (metMb)	1.17‡	22	(Jurgens <i>et al.</i> 1993; Papadopoulos <i>et al.</i> 2001)
		1.25§		

Mb, myoglobin; Hb, haemoglobin; metMb. *Values calculated from best curve fit of data points in Figs 2 and 4. The radius of myoglobin is 17.5 Å (Kataoka *et al.* 1995). †The Stokes-Einstein equation connects the translational and rotational diffusion coefficients (Wang *et al.* 1997). ‡Axial direction of fibre. §Radial direction of fibre.

the gradient strength yields a translational diffusion coefficient of $11.6 \times 10^{-7} \text{ cm}^2 \text{ s}^{-1}$ (1.8 mm Mb) and $7.53 \times 10^{-7} \text{ cm}^2 \text{ s}^{-1}$ (0.75 mm Hb), calibrated against the H₂O diffusion coefficient $2.17 \times 10^{-5} \text{ cm}^2 \text{ s}^{-1}$ (Fig. 2). The Mb and Hb diffusion coefficients match literature values (Table 1). Applying the field gradient along either the *y* or

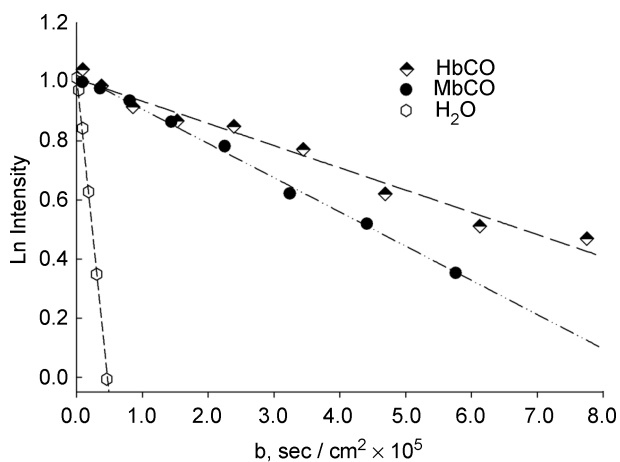


Figure 2. Plot of natural logarithm of the signal intensity of H₂O, γ CH₃ Val E11 signal of MbCO and HbCO versus *b* ($\ln(\frac{S(b)}{S(0)}) = -bD = -\gamma^2 G^2 \delta^2 (\Delta - \delta/3)D$) with a field gradient applied in the *x* direction

Linear regression leads to the self-diffusion coefficient of $2.17 \times 10^{-5} \text{ cm}^2 \text{ s}^{-1}$ (H₂O), $1.16 \times 10^{-6} \text{ cm}^2 \text{ s}^{-1}$ (MbCO) and $7.53 \times 10^{-7} \text{ cm}^2 \text{ s}^{-1}$ (HbCO) at 22°C, respectively. Field gradients applied in the *y* and *z* directions yield an identical set of diffusion coefficients. For definition of terms in equation, see text.

z direction yields identical diffusion coefficient values, as expected for an isotropic, homogeneous solution (data not shown).

The perfused rat myocardium at 22°C shows physiological characteristics consistent with previously reported experiments (Table 2; Chung & Jue, 1999; Kreuzer & Jue, 2004). Introducing 30 mM KCl stops heart contraction. Rate pressure product (RPP) decreases from $10.9 \pm 0.4 \times 10^3 \text{ mmHg min}^{-1}$ to zero. During the period of K⁺-induced arrest, oxygen consumption (MVO₂) decreases from 14.1 ± 0.6 to $5.0 \pm 0.4 \mu\text{mol min}^{-1} (\text{g dry weight})^{-1}$ and ATP level decreases to $95.4 \pm 1.6\%$ of control. However, PCr rises to $120.6 \pm 4.3\%$ above the basal level. During reperfusion with control buffer, MVO₂ returns to $14.0 \pm 1.0 \mu\text{mol min}^{-1} (\text{g dry weight})^{-1}$. PCr and ATP levels recover to $93.2 \pm 3.2\%$ and $93.9 \pm 1.3\%$ of the control level, respectively. RPP returns to $10.5 \pm 0.4 \times 10^3 \text{ mmHg min}^{-1}$.

Figure 3 shows the ¹H spectra of the Val E11 γ -methyl signal of MbO₂ at -2.8 ppm from perfused myocardium measured with the same modified PG-STE sequence at different gradient fields applied in the *y* direction: 84.2 G (A) 74.8 G (B) 56.1 G (C) 37.4 G (D) and 4.7 G (E). At 84.2 G, the Val E11 γ -methyl signal of MbO₂ shows the lowest signal intensity. As the gradient strength decreases, the signal intensity increases.

A plot of the natural logarithm of the MbO₂ signal intensity from the myocardium (*n* = 5) as a function of the square of the gradient strength applied along *x*, *y* and *z*

Table 2. Physiological parameters for perfused heart at 22°C

	LVDP	HR	RPP	MVO ₂	PCr	ATP	<i>n</i>
	(mmHg)	(min ⁻¹)	(mmHg min ⁻¹ × 10 ³)	(μmol min ⁻¹ (g dry wt) ⁻¹)	(%)	(%)	
Control	150.9 ± 7.2	72.3 ± 2.6	10.9 ± 0.4	14.1 ± 0.6	100	100	5
K ⁺ -induced arrest	0	0	0	5.0 ± 0.4	120.6 ± 4.3	95.4 ± 1.6	5
Reperfusion	148.9 ± 8.4	71.0 ± 4.6	10.5 ± 0.7	14.0 ± 1.0	93.2 ± 3.2	93.9 ± 1.3	5

LVDP, left ventricular developed pressure; HR, heart rate; RPP, rate pressure product; MVO₂, oxygen consumption; PCr, phosphocreatine. Data are means ± S.E.M.

reveals a linear relationship (Fig. 4; $r > 0.99$). Gradients applied along x , y or z yield a similar translational diffusion coefficient: 4.12 ± 0.40 (x), 4.51 ± 0.38 (y) and 4.08 ± 0.19 (z) $\times 10^{-7}$ cm² s⁻¹. The average diffusion coefficient is therefore 4.24×10^{-7} cm² s⁻¹.

Figure 5 shows the relative contribution from Mb and free O₂ in transporting O₂ in the cell. The straight lines depict the contribution from free O₂ diffusion. The O₂ flux contribution from free O₂ diffusion reveals a linear dependence on P_{O_2} and has a slope that reflects the two values reported in the literature for the Krogh's diffusion constant (K_0) of 2.52 and 4.28×10^{-5} ml O₂ cm⁻¹ min⁻¹ atm⁻¹. The Mb-facilitated O₂ flux shows a concentration-dependent response based on the experimentally determined D_{Mb} value of 4.24×10^{-7} cm² s⁻¹. As Mb concentration increases from 0.19 to 0.42 mM, the Mb contribution to the overall O₂ flux increases correspondingly. Altering the P_{50} from 1.5 to 2.3 mmHg produces a modest change in the Mb-dependent O₂ flux. The intersection of the free O₂ and Mb-facilitated O₂ diffusion marks the equipose diffusion P_{O_2} , where Mb and free O₂ contribute equally to the O₂ flux. Below the equipose diffusion P_{O_2} , the Mb

contribution dominates. Table 3 summarizes the equipose diffusion P_{O_2} values at different Mb concentrations and values of P_{50} and K_0 .

Discussion

NMR signal of cellular MbO₂

With NMR, the detectable Val E11 MbO₂ signal in myocardium and skeletal muscle presents an opportunity to determine the endogenous Mb diffusion in the cell with pulsed-field gradient methodology. Control experiments confirm that the NMR-determined diffusion coefficients of solution Mb (11.6×10^{-7} cm² s⁻¹) and Hb (7.53×10^{-7} cm² s⁻¹) agree closely with values reported in the literature. In perfused myocardium, Mb diffusion in the cell drops by 37% from 11.6 to 4.24×10^{-7} cm² s⁻¹.

A comparative study has shown that the ¹H NMR spectral analysis and biochemical assay yield matching

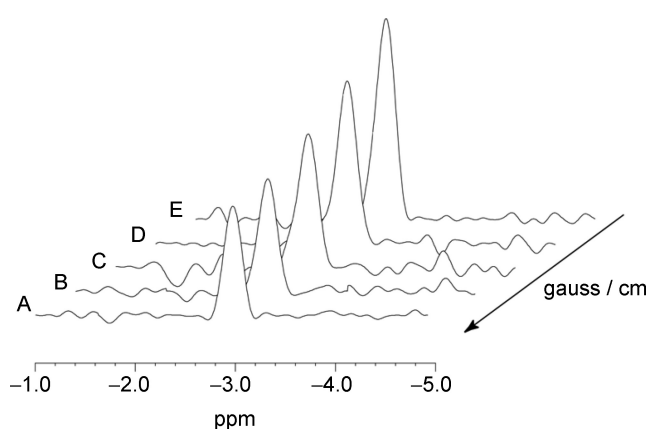


Figure 3. ¹H NMR diffusion-weighted spectra of MbO₂ from perfused rat heart under KCl-induced arrest at 22°C

A modified PG-STE sequence detects the peak intensity change in the MbO₂ γ CH3 Val E11 signal at -2.8 ppm as a function of gradient field strength in the y direction: 84.2 G, (A) 74.8 G, (B) 56.1 G, (C) 37.4 G, (D) and 4.7 G, (E).

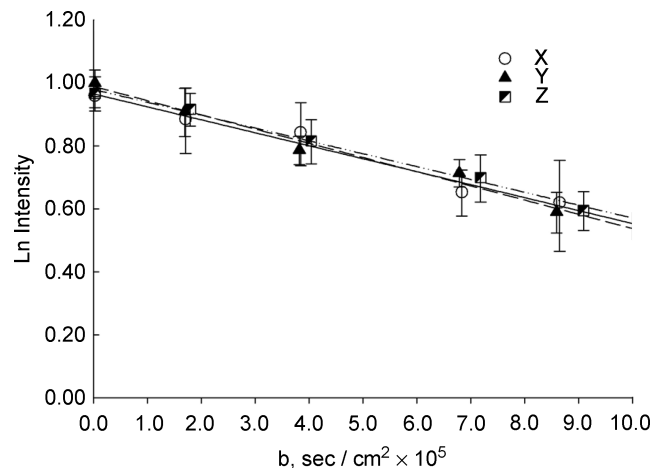


Figure 4. Plot of the natural logarithm of the MbO₂ Val E11 peak intensity from perfused heart as a function of b

Each point represents mean ± S.E.M. of the MbO₂ signal from perfused myocardium ($n = 5$). Standard error ranges from 3% to 14%. The MbO₂ signal intensity decreases with each stepwise increase in gradient field strength in the x , y and z directions. In each of the three directions, the regression lines for the respective data points show no significant difference and lead to a translational diffusion coefficient of 4.12×10^{-7} cm² s⁻¹ (A) in the x direction, 4.51×10^{-7} cm² s⁻¹ (B) in the y direction and 4.08×10^{-7} cm² s⁻¹ (C) in the z direction.

Table 3. Equipose diffusion P_{O_2} in tissue with different Mb concentration

	$K_0 = 2.52 \times 10^{-5} \text{ ml O}_2 \text{ cm}^{-1} \text{ min}^{-1} \text{ atm}^{-1}$ (at 23°C)		$K_0 = 4.28 \times 10^{-5} \text{ ml O}_2 \text{ cm}^{-1} \text{ min}^{-1} \text{ atm}^{-1}$ (at 23°C)	
	P_{50} (1.5 mmHg) (mmHg)	P_{50} (2.3 mmHg) (mmHg)	P_{50} (1.5 mmHg) (mmHg)	P_{50} (2.3 mmHg) (mmHg)
P_{O_2} (0.19 mM Mb)	1.77	0.97	0.42	—
P_{O_2} (0.42 mM Mb)	5.72	4.92	2.76	1.96
P_{O_2} (1.4–4.0 mM Mb)	22.58–67.30	21.78–66.50	12.69–39.03	11.89–38.23

Equipose diffusion P_{O_2} is defined as the P_{O_2} that allows Mb and O_2 to contribute equally to O_2 transport. P_{50} is the P_{O_2} that half saturates Mb.

values for the Mb concentration in the perfused rat myocardium. No significant bound pool of Mb exists in the cell, and the NMR Mb Val E11 signal reflects the total cellular Mb pool (Kreutzer *et al.* 1993). Moreover, the line shape of the Mb Val E11 signal in the cell *versus* in solution shows no significant deviation, consistent with freely diffusing Mb pool in the cell. Any significant compartmentalization or restricted diffusion of Mb would yield disparate NMR *versus* biochemical assay results and contrasting solution *versus* cellular Mb line shapes.

Under normoxic conditions, the perfused myocardium model in the study also reveals no sign of O_2 heterogeneity, which would give rise to a regional distribution of partially saturated MbO_2 (Kreutzer & Jue, 1995). Experiments with infused high affinity CO yield a dynamically matching MbCO and MbO_2 Val E11 signal intensity. The MbCO signal intensity never exceeds the MbO_2 signal intensity, and the sum of the MbCO and MbO_2 signal remains

constant (Glabbe *et al.* 1998; Chung *et al.* 2006). Any O_2 heterogeneity would yield a higher MbCO signal intensity.

Comparison of translational diffusion coefficients

The literature contains reports of D_{Mb} ranging from 1.2 to $23 \times 10^{-7} \text{ cm}^2 \text{ s}^{-1}$ (Riveros-Moreno & Wittenberg, 1972; Federspiel, 1986; Papadopoulos *et al.* 1995). Many models have predicted on the premise that the Mb concentration in terrestrial mammalian muscle does not exceed 0.5 mM and the cellular environment contains enzymes as well as metabolites that increase the viscosity. As a consequence, the D_{Mb} of an 18 g dl⁻¹ Mb solution ($5\text{--}7 \times 10^{-7} \text{ cm}^2 \text{ s}^{-1}$ at 20°C) has served as a key starting point for mathematical modelling of intracellular O_2 transport (Riveros-Moreno & Wittenberg, 1972; Federspiel, 1986). To mimic the cellular environment, tissue homogenates have been used. In rat skeletal muscle homogenate, Fe (+3) Mb-H₂O (metMb) has a D_{Mb} of $1.5 \times 10^{-7} \text{ cm}^2 \text{ s}^{-1}$ at 20°C (Moll, 1968). Homogenates, however, do not necessarily reflect the cellular milieu. Indeed, the literature has documented, such as the case with ADP, that homogenates and the cell do not exhibit matching free metabolite and enzyme pools (Iles *et al.* 1985).

Nevertheless, studies following the diffusion of microinjected metMb into Mb-free frog muscle have found a similar D_{Mb} of $1.6 \times 10^{-7} \text{ cm}^2 \text{ s}^{-1}$ at 22°C (Baylor & Pape, 1988). Similarly, recent fluorescence recovery after photobleaching (FRAP) experiments have followed the diffusion of microinjected dye-conjugated metMb in isolated muscle fibre from heart and skeletal muscle tissue and have obtained a D_{Mb} of $1.2 \times 10^{-7} \text{ cm}^2 \text{ s}^{-1}$ at 22°C, which is about 10 times slower than dilute Mb diffusion (Papadopoulos *et al.* 2001). Because of the uncertain contribution of metMb reaction kinetics with Mb reductase, the non-physiological nature of an isolated fibre model, and boundary condition assumptions, questions have been raised about the validity of the observed D_{Mb} as a reflection of endogenous Mb diffusion in respiring tissue (Groebe, 1995). In particular, invasive microinjection procedure requires 4–6 h of post-injection recovery to minimize cell trauma (Seksek *et al.* 1997). The present NMR study shows that the endogenous Mb

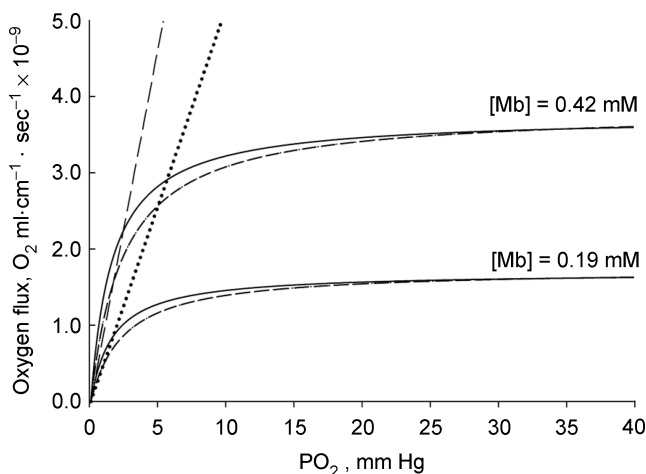


Figure 5. Plot of free O_2 flux versus Mb-facilitated O_2 diffusion as a function of P_{O_2} at 22°C

The free O_2 flux increases linearly with P_{O_2} . Two lines show the rate of change given as cellular free O_2 diffusion constant of $K_0 = 4.28 \times 10^{-5}$ (dashed line) and $K_0 = 2.52 \times 10^{-5}$ (dotted line) $\text{ml O}_2 \text{ cm}^{-1} \text{ min}^{-1} \text{ atm}^{-1}$. The two non-linear curves show the O_2 flux contribution from Mb-facilitated diffusion increases as the cellular Mb concentration rises from 0.19 to 0.42 mM. The contribution of Mb-facilitated O_2 diffusion also increases when the P_{50} decreases from 2.3 (dashed line) to 1.5 mmHg (continuous line).

diffusion in respiring myocardium has a D_{Mb} 2.7 times slower than dilute Mb solution, but about 2.7–3.5 times faster than the diffusion coefficient determined by Mb microinjection-based experiments.

Mb versus free O₂ contribution to O₂ flux

A key element of the Mb-facilitated diffusion theory pivots about the translational diffusion of Mb in the cell. The intracellular O₂ transport depends upon the O₂ flux from Mb and free O₂, FO_2^{Mb} and $FO_2^{\text{O}_2}$, (eqns (4–7)). A relatively low diffusion coefficient of Mb in the cell cannot support a significant role for Mb in facilitating O₂ diffusion, as Mb cannot compete effectively with free O₂ diffusion.

The contribution from free O₂ flux depends linearly upon P_{O_2} and K_0 . K_0 values ranging from 2.52 to $4.28 \times 10^{-5} \text{ ml O}_2 \text{ cm}^{-1} \text{ min}^{-1} \text{ atm}^{-1}$ have been reported (Bentley *et al.* 1993). With a K_0 of $2.52 \times 10^{-5} \text{ ml O}_2 \text{ cm}^{-1} \text{ min}^{-1} \text{ atm}^{-1}$, a P_{50} of 1.5 mmHg and an Mb concentration of 0.19 mM, the NMR-determined translational diffusion coefficient of $4.24 \times 10^{-7} \text{ cm}^2 \text{ s}^{-1}$ yields an equipose diffusion P_{O_2} of 1.77 mmHg, where Mb and free O₂ have equal contribution to the O₂ flux. Below a P_{O_2} of 1.77 mmHg, the Mb-dependent contribution to the O₂ flux begins to dominate. Increasing the concentration of Mb from 0.19 to 0.42 mM shifts the equipose diffusion P_{O_2} to 5.7 mmHg, well above the Mb P_{50} . In essence, as Mb concentration rises, its role in facilitated O₂ diffusion also increases.

In terrestrial mammalian muscle, the Mb concentration range from 0.19 mM in heart muscle to 0.42 mM in soleus muscle indicates a higher poise for Mb-facilitated O₂ diffusion in skeletal muscle than in myocardium (Wittenberg, 1970). In marine mammalian muscle, Mb concentration in muscle can rise to 25–70 g (kg tissue)⁻¹ (approximately 1.4–4 mM) (Dolar *et al.* 1999; Wright & Davis, 2006). At 1.4–4 mM Mb, the equipose diffusion P_{O_2} increases to 12–38 mmHg at 37°C. Mb-dependent O₂ diffusion predominates even under resting conditions.

In vivo NMR experiments have shown that in the basal state of muscle, sufficient O₂ exists to saturate Mb > 90% and to keep the P_{O_2} well above 10 mmHg. Even as myocardial respiration increases with workload, the O₂ level does not fall enough to produce a detectable deoxy-Mb signal (Zhang *et al.* 1999; Kreutzer *et al.* 2001). No transient fluctuation in MbO₂ saturation appears in a cardiac contraction cycle (Chung & Jue, 1999). Moreover, spontaneously beating heart with 77% of Mb inactivated with CO suffers no impairment in respiration, contractile function or high energy phosphate state, even under conditions that would accentuate the purported role of Mb in O₂-facilitated diffusion (Glabe *et al.* 1998; Chung *et al.* 2006). Mb does not appear to play a significant role in regulating myocardial respiration.

In contrast, as skeletal muscle begins to contract, Mb desaturates within 30 s to reach a deoxygenated steady state that depends upon workload, even though the cell has abundant O₂ to drive oxidative phosphorylation (Mole *et al.* 1999; Chung *et al.* 2005). MbO₂ responds to a transient rather than a steady-state change in energy demand.

As the Mb P_{50} rises, however, the equipose diffusion P_{O_2} declines. In particular, during muscle contraction, the muscle temperature rises and will increase the Mb P_{50} (Schenkman *et al.* 1997). If Mb P_{50} rises from 1.5 to 2.3 mmHg, the equipose diffusion P_{O_2} decreases from 1.77 to 0.97 mmHg in tissue with 0.19 mM Mb. At 0.42 mM Mb, the equipose diffusion P_{O_2} shifts from 5.72 to 4.92 mmHg. As muscle contraction proceeds and generates heat, the cell reduces its reliance on Mb-facilitated O₂ diffusion.

Isotropic versus anisotropic diffusion

In solution, Mb exhibits isotropic diffusion; in myocyte, Mb can exhibit anisotropic diffusion, as the longitudinal myofibril dimension exceeds the radial dimension by a factor of 10. In particular, the different fibre orientations in the myocardium could lead to a macroscopic volume-averaged determination of the components of the apparent diffusion tensor. Indeed, de Graaf *et al.* (2000) have hinted at anisotropic diffusion of PCr and ATP in the sarcoplasm. For Mb, however, the translational diffusion in the cell shows no orientation preference. In the *x*, *y* and *z* directions, Mb diffuses at 4.12 ± 0.40 , 4.51 ± 0.38 and $4.08 \pm 0.19 \times 10^{-7} \text{ cm}^2 \text{ s}^{-1}$, respectively.

The isotropic motion of Mb agrees with the independent rotational diffusion analysis. Because paramagnetic molecules can exhibit field-dependent relaxation, the deoxy-Mb proximal histidyl N₆H signal has served to assess Mb rotational diffusion time in respiring muscle tissue. Under the assumption of unrestricted, isotropic diffusion, the observed rotational correlation time of $13.6 \pm 1.3 \times 10^{-9} \text{ s}$ leads to a calculated translational diffusion coefficient of $4\text{--}6 \times 10^{-7} \text{ cm}^2 \text{ s}^{-1}$ (Wang *et al.* 1997). The calculated and measured translational diffusion values are in excellent agreement. Mb diffusion does not distinguish between the radial *versus* axial direction and shows an apparent isotropic motion.

Estimated root mean square (RMS) displacement

Previous studies have used the O₂ off-rate constant for MbO₂ and the translational diffusion coefficient to estimate the RMS displacement (Wittenberg & Wittenberg, 2003). For Mb, the rate determining O₂ off-rate has served as a basis to estimate the O₂ residence time. Beyond the RMS displacement, Mb will lose half of its O₂ load. At 20°C, the MbO₂ dissociation constant

of 12 s^{-1} leads to a half-time ($t_{1/2}$) of approximately 58 ms, the time required to dissociate half of the O_2 from MbO₂ (Gibson *et al.* 1986). Given the measured D_{Mb} of $4.24 \times 10^{-7} \text{ cm}^2 \text{ s}^{-1}$, the Einstein-Smoluchowski equation of the mean square displacement, $\langle r^2 \rangle = 6Dt$, yields a RMS displacement of $\langle r \rangle = 3.8 \mu\text{m}$ (Wittenberg & Wittenberg, 2003). As muscle cells have a typical dimension of $10 \mu\text{m} \times 100 \mu\text{m}$, a RMS displacement of Mb represents a small portion of the cell. Electron microscopy analysis reveals that many mitochondria cluster near the capillary and form a reticulum. A $3.8 \mu\text{m}$ Mb RMS displacement poses no apparent limitation of O_2 delivery to the mitochondria reticulum (Kirkwood *et al.* 1986).

Cellular architecture

The Mb diffusion coefficients also yield insight into the cellular environment and architecture. Field-dependent relaxation measurement of the paramagnetic proximal histidyl N_δH Mb signal reveals an Mb rotational correlation time about 1.4 times longer in the myocardium cell than in solution and an estimate of the translational diffusion coefficient ($4\text{--}6 \times 10^{-7} \text{ cm}^2 \text{ s}^{-1}$) (Wang *et al.* 1997). Independent pulsed-field gradient method confirms that indeed Mb diffuses in the myocardial cell at $4.24 \times 10^{-7} \text{ cm}^2 \text{ s}^{-1}$. Both measurements point to a local cellular environment that slows Mb diffusion by about 40% relative to solution Mb (1.8 mm). Calibrating the diffusion against the water or Mb solution viscosity of 0.95 cP (centipoise) at 22°C leads to a cardiac myocyte viscosity of 2.6 cP, 2.74 times larger than solution viscosity (Lide & Frederikse, 1990). Indeed, the NMR and FRAP portrayal of the cellular architecture shares similar features. FRAP experiments have determined a cellular viscosity in the 2–3 cP range, in excellent agreement with the values derived from NMR rotational and translational diffusion measurements (Mastro *et al.* 1984). The translational diffusion of large solutes in cytoplasm and nucleus slows only 3–4 times relative to water diffusion and indicates an unrestricted diffusion distance of $\sim 4 \mu\text{m}$ in the cell (Kao *et al.* 1993). The NMR-determined Mb diffusion provides then another perspective and experimental means to assess any impact of cellular crowding on enzyme reactivity (Welch & Marmillot, 1991).

Conclusion

This study has applied pulsed-field gradient NMR methods to determine the endogenous Mb diffusion in perfused rat myocardium. Mb diffuses with a translational diffusion coefficient of $4.24 \times 10^{-7} \text{ cm}^2 \text{ s}^{-1}$ and shows no orientation preference over an estimated RMS displacement of $3.8 \mu\text{m}$. The translational diffusion coefficient matches precisely the value predicted by previous rotational diffusion measurements. Comparing the flux contribution from free O_2 versus Mb reveals an equipoise diffusion P_{O_2} of 1.77 mmHg in

rat myocardium and 5.72 mmHg in rat skeletal muscle. In marine mammalian muscle, the equipoise diffusion P_{O_2} can increase to 67 mmHg. The different equipoise diffusion P_{O_2} values arise largely from a variation in Mb concentration. Altering the P_{50} induces only a modest change. For terrestrial mammals, Mb can contribute to the O_2 flux only if intracellular P_{O_2} falls significantly, especially with increased energy demand.

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