

Feature Article Commentary

Endothelium-dependent hyperpolarization: out of the dish and into the brain

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Certain agonists are known to dilate cerebral arteries and/or arterioles by hyperpolarizing the endothelium through activation of endothelial intermediate-conductance calcium-activated K channels (IK_{Ca} or K_{Ca}3.1) alone or in combination with small-conductance calcium-activated K channels (SK_{Ca} or K_{Ca}2.X, most likely K_{Ca}2.3) (Faraci *et al*, 2004; Marrelli *et al*, 2003; McNeish *et al*, 2006; You *et al*, 1999). A major component of this dilatory mechanism involves spread of the endothelial hyperpolarization to the vascular smooth muscle (VSM) through myo-endothelial gap junctions (Bryan *et al*, 2005). This hyperpolarization relaxes VSM by reducing cytoplasmic Ca²⁺ through closing voltage-operated calcium channels that reside in the plasmalemma of VSM but not endothelium. Although traditionally known as endothelium-derived hyperpolarizing factor, a more appropriate term for this mechanism of dilation is endothelium-dependent hyperpolarization (EDH), as no 'factor', *per se*, is transferred between cells (Bryan *et al*, 2005).

Utilizing techniques that covered a spectrum from single-cell K⁺ currents to isolated pressurized parenchymal arterioles (PAs) to laser Doppler perfusion, a measure of cerebral blood flow (CBF), Hannah *et al* (this issue) now demonstrate that this EDH mechanism does not require receptor stimulation but is active in the basal state and is responsible for helping to maintain a resting CBF. Although it has been known that IK_{Ca} and SK_{Ca} are expressed by endothelium, this is the first time that K⁺ currents from these channels have been measured in freshly isolated endothelial cells from cerebral vessels and the first for any arteriole. Given the difficulty in obtaining single-cell currents in freshly isolated endothelium in general, the fact that these were from arterioles is

impressive. More importantly, Hannah *et al* demonstrated that IK_{Ca} and SK_{Ca} contribute to the resting tone of PA and contribute significantly to resting CBF. Combined blockade of IK_{Ca} and SK_{Ca} decreased CBF by ~15%, a response similar to that produced by the inhibition of NO. Whereas previous studies have demonstrated EDH as an important mechanism in isolated vessels, Hannah *et al* now show that it is an important mechanism *in vivo* during resting conditions.

Several observations point to the fact that EDH is a major regulator of CBF: (1) EDH is more important than NO as a dilator mechanism in isolated PA upon activation of P2Y2 receptors (You *et al*, 1999); (2) EDH contributes to resting CBF and the resting tone of arterioles (Hannah *et al*, this issue) (Cipolla and Bullinger, 2008; Cipolla *et al*, 2009); (3) EDH is as important as NO in controlling resting CBF (Hannah *et al*, this issue); and (4) EDH dilations persist or are even upregulated in cerebral vessels, following a number of pathological states, when NO bioavailability is diminished (Cipolla and Bullinger, 2008; Cipolla *et al*, 2009; Golding *et al*, 2001; Marrelli *et al*, 1999; Prisyby *et al*, 2006). Thus, EDH must be considered as a significant mechanism for the regulation of CBF and as a potential target for increasing CBF in pathological states where flow has been compromised. Certainly, more *in vivo* studies, similar to the one highlighted by this editorial, are needed to fully understand the role of EDH in the cerebral circulation.

Disclosure/conflict of interest

The authors declare no conflict of interest.

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