

**Aggravated myocardial infarction-induced cardiac remodeling and heart failure  
in histamine-deficient mice**

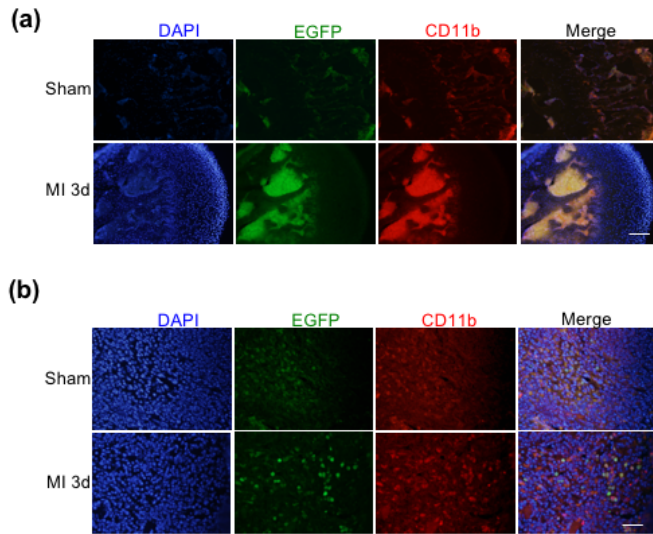
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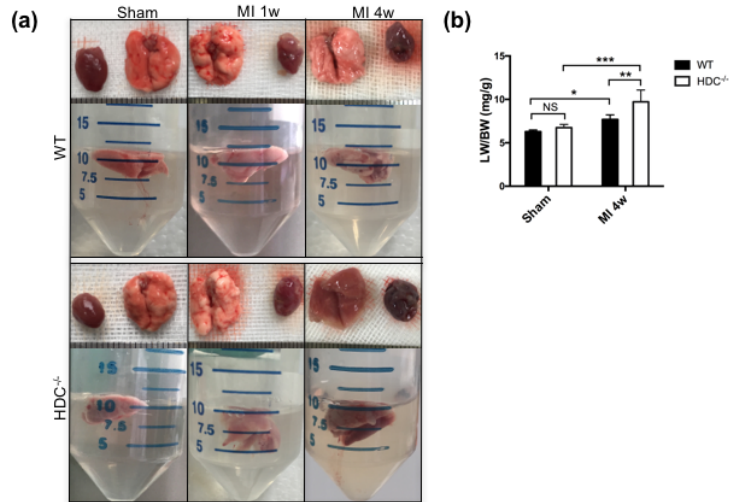
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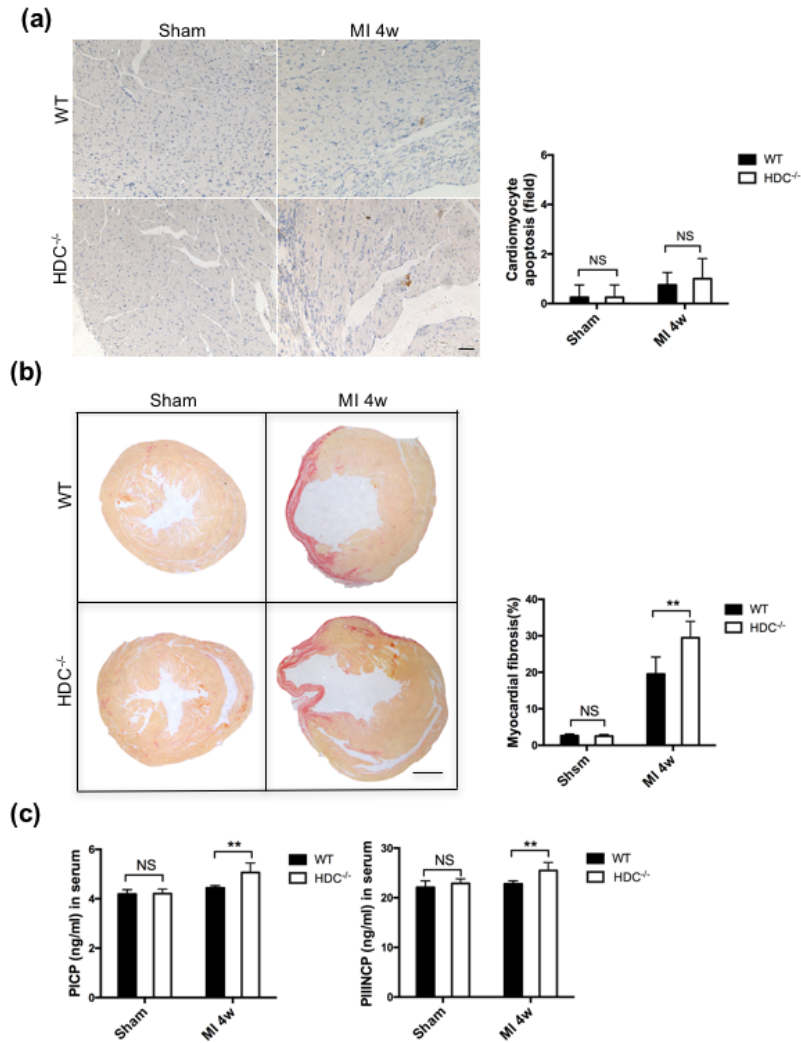
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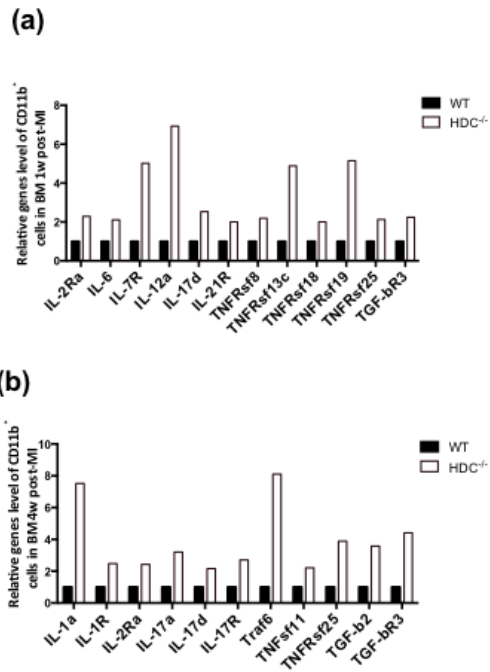
**Figure S1.** EGFP<sup>+</sup>CD11b<sup>+</sup> myeloid cell numbers markedly increased in the bone marrow and spleens of HDC-EGFP mice at 3 days post-MI. **(a, b)** Representative images of the bone marrow **(a)** and spleens **(b)** of HDC-EGFP mice at 3 days post-MI (scale bar=50 $\mu$ m; n=5).



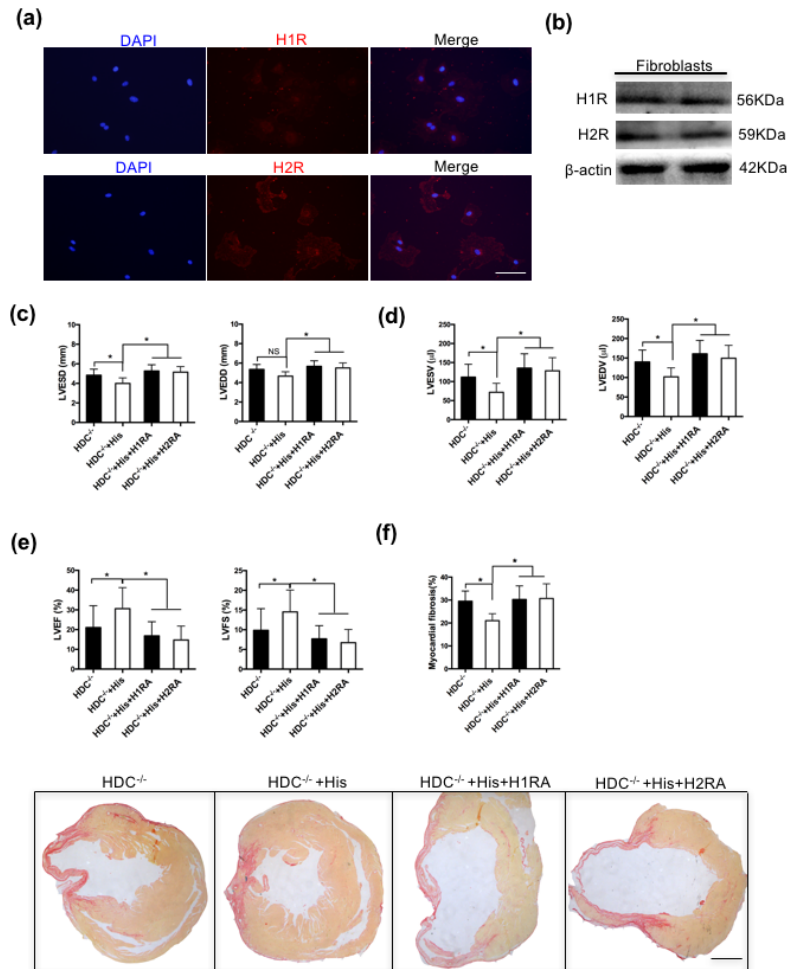
**Figure S2.** Histamine deficiency promoted the pulmonary edema associated with worse cardiac dysfunction after MI. **(a)** Representative images of the lungs in WT and HDC<sup>-/-</sup> mice at 1 week and 4 weeks post-MI. **(b)** Lung weights were higher in HDC<sup>-/-</sup> mice than WT mice at 4 weeks post-MI (n=8-10). NS, not statistically significant, \*p<0.05, \*\*p<0.01, \*\*\*p<0.001.



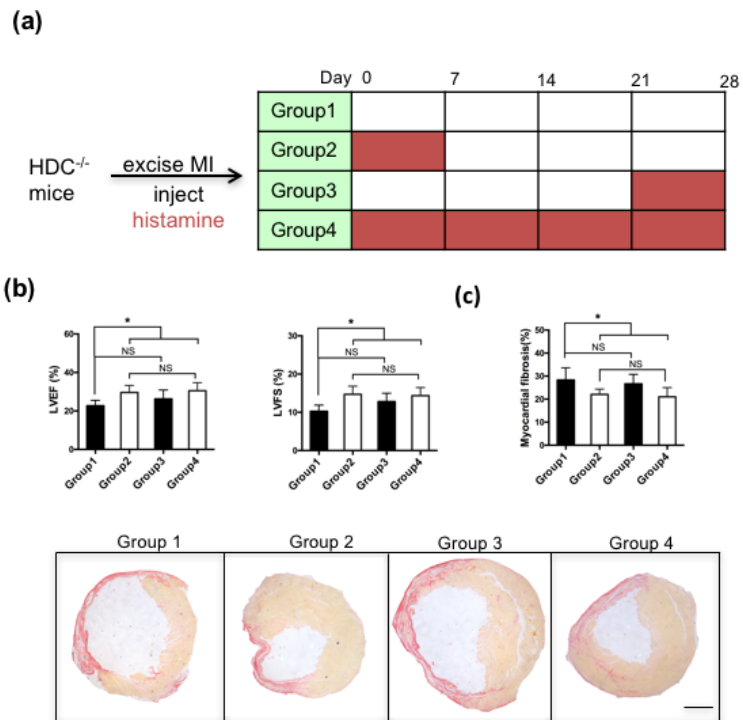
**Figure S3.** Histamine deficiency increased fibrosis in the infarcted hearts. **(a)** TUNEL staining showed no significant difference in the numbers of apoptotic cardiomyocytes between WT and HDC<sup>-/-</sup> mice at 4 weeks post-MI (scale bar=50μm; n=5). **(b)** The cardiac fibrosis rates in HDC<sup>-/-</sup> mice compared with WT controls were measured by the Picro-Sirius Red staining (the scale bar=500 μm; n=8-10). **(c)** PICP and PIINP levels in the serum at 4 weeks post-MI were measured by ELISA assays (n=6-8). NS, not statistically significant, \*\*p<0.01.



**Figure S4.** Up-regulations of several pro-inflammatory and pro-fibrotic cytokines in CD11b<sup>+</sup> myeloid cells isolated from the bone marrow of HDC<sup>-/-</sup> mice compared with WT control mice at 1week **(a)** and 4 weeks **(b)** post-MI. The microarray assay was performed on the bone marrow-derived CD11b<sup>+</sup> myeloid cells that were pooled by five mice in each group.

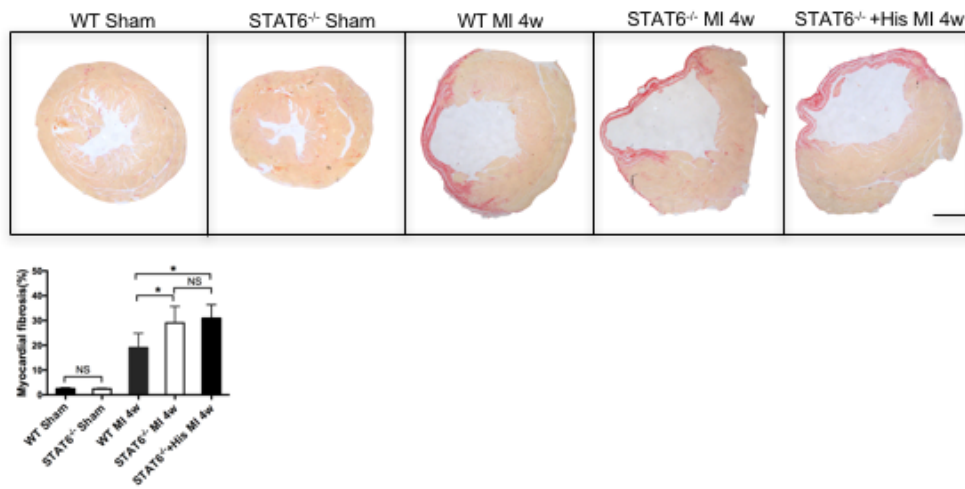


**Figure S5.** Histamine repressed cardiac fibrosis through H<sub>1</sub>R- and H<sub>2</sub>R-dependent pathways. **(a, b)** H<sub>1</sub> and H<sub>2</sub> receptors could be detected in the heart fibroblasts by **(a)** immunofluorescence staining (scale bar=50μm) and **(b)** western blotting. **(c-e)**, The echocardiographic data demonstrated that worse cardiac remodeling and dysfunction in HDC<sup>-/-</sup> mice at 4 weeks post-MI. The protection of histamine injection could be blocked by H<sub>1</sub>R or H<sub>2</sub>R antagonists (n=8-10). **(f)** The Picro-Sirius Red staining showed that cardiac fibrosis decreased in histamine-treated HDC<sup>-/-</sup> mice compared with HDC<sup>-/-</sup> mice and that the effects of histamine were reversed by H<sub>1</sub>R or H<sub>2</sub>R antagonists (the scale bar=500 μm; n=6-8). NS, not statistically significant, \*p<0.05, \*\*p<0.01.



**Figure S6.** Histamine curative study. (a) Schematic of histamine curative study. (b) Heart functions were examined by echocardiographic assay (n=8). (c) Cardiac fibrosis rates were analyzed by the Picro-Sirius Red staining (the scale bar=500  $\mu$ m; n=8). NS, not statistically significant, \*p<0.05.

(a)



**Figure S7.** The Picro-Sirius Red trichrome staining showed that cardiac fibrosis rate was higher in STAT6<sup>-/-</sup> mice than WT mice at 4 weeks post-MI, and that exogenous histamine had no beneficial effect on STAT6<sup>-/-</sup> mice (the scale bar=500  $\mu$ m; n=6-8).

NS, not statistically significant, \*p<0.05.