

Enhanced contractility and myosin phosphorylation induced by Ca^{2+} -independent MLCK activity in hypertensive rats

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Aims	The role of Ca^{2+} sensitization induced by a Ca^{2+} -independent myosin light chain kinase (MLCK) in hypertension has not been determined. The aim of this study was to clarify the role of possible Ca^{2+} -independent MLCK activity in hypertension.
Methods and results	We compared increases in contractile force and phosphorylation of myosin light chain (MLC) evoked by calyculin A, a phosphatase inhibitor, in β -escin-permeabilized mesenteric arteries at pCa 9.0 between spontaneously hypertensive rat (SHR) and Wistar Kyoto rat (WKY). We found that there was no detectable phosphorylation of MLC at pCa 9.0, but that the administration of 1 μM calyculin A gradually increased force and mono- and di-phosphorylation of MLC. This contraction was inhibited by staurosporine but not by wortmannin, Y-27632, or calphostin-C. The calyculin A-induced contraction was significantly greater in the SHR than in the WKY and was associated with an increase in mono- and di-phosphorylation of MLC. SM-1, a zipper-interacting protein kinase (ZIPK)-inhibiting peptide, significantly inhibited the amplitude of the calyculin A-induced contraction and di-phosphorylation. Total ZIPK expression (54 + 32 kDa) was greater in the SHR than in the WKY. Phosphorylation of myosin phosphatase target subunit at Thr ⁶⁹⁷ , but not at Thr ⁸⁵⁵ , was consistently stronger in the SHR than in the WKY in calyculin A-treated tissues at pCa 9.0.
Conclusions	Our results suggest that Ca^{2+} -independent MLCK activity is enhanced in the SHR, and that ZIPK plays, at least in part, an important role as a candidate for this kinase in rat mesenteric arteries.
Keywords	ZIPK • Hypertension • Phosphorylation of MLC • Phosphorylation of MYPT1 • Calyculin A

1. Introduction

Smooth muscle contraction is activated primarily by phosphorylation at Ser¹⁹ of the 20 kDa regulatory light chains of myosin II (RLC₂₀),¹ which is controlled by the opposing activities of myosin light chain kinase (MLCK)² and myosin light chain phosphatase (MLCP).³ The amplitude of contraction can be affected by any change in the ratio of MLCK:MLCP activity. MLCK activity is dependent on Ca^{2+} -calmodulin; hence, the intracellular Ca^{2+} concentration ($[\text{Ca}^{2+}]_i$) is the primary determinant of smooth muscle contraction.⁴ However, both contractile force development and RLC₂₀ phosphorylation in smooth muscle can be elicited without corresponding changes in $[\text{Ca}^{2+}]_i$. The increase in sensitivity of smooth muscle contractile response to $[\text{Ca}^{2+}]_i$ (i.e. Ca^{2+} sensitization) may be caused by inhibition of MLCP activity⁴ or by activation of extracellular-regulated

kinase-mediated caldesmon phosphorylation.⁵ Inhibition of MLCP can occur either directly by phosphorylation of the myosin phosphatase target subunit (MYPT1) of MLCP⁶ or indirectly via phosphorylation of a protein kinase C (PKC)-potentiated phosphatase inhibitor protein of 17 kDa (CPI-17).⁷

Another possible mechanism for Ca^{2+} sensitization also exists. Ca^{2+} -independent MLCK activity has been identified. When microcystin-LR, a type 1 and 2A phosphatase inhibitor, is applied to permeabilized smooth muscle strips in Ca^{2+} -free media, a Ca^{2+} -independent sustained contraction is observed, which cannot be attributed to traditional MLCK activity.^{8–10} This Ca^{2+} -independent contraction is accompanied by di-phosphorylation of RLC₂₀ at Ser¹⁹ and Thr¹⁸.¹⁰ Similar results have been obtained with a number of different smooth muscle tissues and with other type 1 and 2A phosphatase inhibitors, okadaic acid, and calyculin A,^{11–13} suggesting a

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common mechanism. Since MLCK is absolutely dependent on Ca²⁺ and, at physiological levels of the kinase, is specific for phosphorylation at Ser¹⁹, the kinase responsible is clearly not MLCK itself.¹⁴ Previous reports have suggested several candidates for this Ca²⁺-independent MLCK, including rho-associated kinase (ROCK),¹⁵ PKC,¹⁶ mitogen-activated protein kinase (MAPK)-activated protein kinase-2,¹⁷ MAPK-activated protein kinase-1b,¹⁸ Integrin-linked kinase (ILK),¹⁹ and ZIPK.⁸ Phosphorylation of RLC₂₀ by ROCK, MAPK-activated protein kinase-2, MAPK-activated protein kinase-1b is restricted to Ser¹⁹, and PKC phosphorylates neither Ser¹⁹ nor Thr¹⁸. Furthermore, among these kinases, only ROCK¹⁵, ILK¹⁹, and ZIPK⁸ have been shown to induce RLC₂₀ phosphorylation and contraction of smooth muscle. Taken together, only ILK and/or ZIPK have emerged as practical candidates to fill the role of Ca²⁺-independent MLCK for the di-phosphorylation of RLC₂₀ and contraction of smooth muscle.²⁰

Earlier reports have shown that myosin in di-phosphorylated RLC₂₀ has a higher actin-activated Mg²⁺-ATPase activity than mono-phosphorylated RLC₂₀,^{21,22} and di-phosphorylation of the RLC₂₀ enhances the tension acting on stress fibres in fibroblasts.²³ While RLC₂₀ mono-phosphorylation is most commonly observed in smooth muscle tissue in response to physiological contractile stimuli, RLC₂₀ di-phosphorylation is more commonly observed in pathological situations such as vasospasm.^{24,25} These observations have led to the suggestion that di-phosphorylation of RLC₂₀ is associated with hypercontractility of vascular smooth muscle. Furthermore, augmented Ca²⁺ sensitization has been reported in hypertensive animal models.^{26–28}

Although pathological alterations to the sensitivity of the smooth muscle contractile response to Ca²⁺ have been hypothesized to underlie many diseases, such as hypertension^{29,30} and vasospasm,³¹ the role of Ca²⁺ sensitization induced by a Ca²⁺-independent MLCK in hypertension has not been determined and the precise identity of the Ca²⁺-independent MLCK remains controversial. In the present study, we determined that an increased contractile force and di-phosphorylation of RLC₂₀ caused by a Ca²⁺-independent MLCK occurs in a model of hypertension and, furthermore, that the subcellular mechanism likely involves ZIPK-mediated phosphorylation of MYPT1.

2. Methods

This investigation confirms with the Guide for the Care and Use of Laboratory Animals published by the US National Institutes of Health (NIH publication No. 85-23, revised 1996). All procedures were performed in accordance with protocols approved by the Institutional Animal Care and Use Committee of Yonsei University College of Medicine.

2.1 Tissue preparation and organ bath study

Male spontaneously hypertensive rat (SHR) and Wistar Kyoto rat (WKY) aged 16–18 weeks were purchased from Japan SLC, Inc., Inasa Production Facility. The mean systolic blood pressures of the SHR and WKY rats measured by the tail-cuff method were 202 ± 10 and 145 ± 10.5 mmHg, respectively.

The rats were killed by decapitation. All mesenteric arteries were excised and placed in a HEPES-Tyrode solution composed of the following (in mmol/L): NaCl, 134; KCl, 5.6; CaCl₂, 2.5; MgCl₂, 1; HEPES, 10; glucose, 10. The HEPES-Tyrode solution was continuously aerated with 100% O₂. The second or third branches of the mesenteric arteries were dissected and ring segments (~1 mm in length) were prepared. Fat and adventitia were removed mechanically under a binocular microscope, and the endothelium of the arterial ring was removed by gently rubbing the endothelial surface with the edge of a forceps. Removal of

endothelium was confirmed by observing the absence of relaxation on challenge with acetylcholine when 70 mmol K⁺ solution (equimolar substitution of Na⁺ with K⁺)-induced contraction had reached a plateau.

Force was measured as we have previously described.³²

2.2 Permeabilization with β-escin and force recording

Force in permeabilized preparations was measured as we have previously described.^{32,33} Briefly, 1 μM calyculin A and several inhibitors were treated after stable responses were obtained at pCa 9.0. All experiments, except the experiments concerned with the effect of several protein kinase inhibitors and SM-1 peptide on calyculin A-induced contraction, were conducted in 10 μM wortmannin (inhibitor of Ca²⁺-dependent MLCK and phosphatidylinositol 3-kinase)-treated tissues to eliminate the possible contribution of Ca²⁺-dependent MLCK.

2.3 RLC₂₀ phosphorylation measurements

Phosphorylation of the RLC₂₀ in the SHR and WKY was measured using glycerol-urea minigels as described previously.³⁴ The vessels were frozen when the contractile response became stable at pCa 9.0, pCa 4.5, and pCa 9.0 with calyculin A.

2.4 Sodium dodecyl sulfate polyacrylamide gel electrophoresis and western blotting

The expression levels of proteins in non-stretched SHR and WKY mesenteric arteries, the effects of calyculin A on the mono- and di-phosphorylation of the RLC₂₀, Thr⁶⁹⁷, and Thr⁸⁵⁵ phosphorylation of MYPT1, and CPI-17 phosphorylation were measured by using western blot as described previously.³²

2.5 Immunofluorescence

The expression of protein in the first or second mesenteric branches and di-phosphorylated forms of RLC₂₀ in the SHR and WKY were measured by the immunofluorescence method using a confocal laser scanning microscope. Non-stretched arteries and vessels after a functional study were fixed with paraformaldehyde embedded in an optimal cutting temperature (Sakura Fine Tec Inc., Torrance, CA, USA) compound and frozen in liquid nitrogen. The frozen sections (10 μm) were cut onto gelatin-coated slides, air-dried, and then washed with phosphate-buffered saline (PBS; 137 mmol/L NaCl, 2.7 mmol/L KCl, 10.14 mmol/L Na₂HPO₄, 1.76 mmol/L KH₂PO₄, 0.05% Tween 20). After a blockade with blocking solution composed of PBS containing 3% bovine serum albumin and 0.5% Triton X-100, the sections were incubated with primary antibodies in blocking solution overnight in a humidified chamber at room temperature. The specific primary antibodies used are as follows: ZIPK (1:50, Santa Cruz), total MLC (1:100, Sigma), β-actin (1:500, Abcam), and ppMLC (1:100, Cell Signaling, MA, USA). After washing with PBS, sections were incubated with the secondary antibodies for 1 h in the dark. Immunofluorescent signals were viewed using a confocal laser scanning microscope (Carl Zeiss, LSM 510) with oil immersion lens.

The specificity of the immunostaining was evaluated by omission of the primary antibody (negative control) and processed as above.

2.6 Drugs

The following drugs were used: calyculin A (Enzo Life Science; Farmingdale, NY, USA), wortmannin (Enzo Life Science), *trans*-4-[(1R)-1-Aminoethyl]-N-4-pyridinylcyclohexanecarboxamide (Y-27632; Enzo Life Science), calphostin-C (Sigma), staurosporine (Sigma), SM-1 peptide (sequence: AKKLSKDRMKKYMARRKWQKTG, Bio Basic Inc. and Thermo scientific), and scramble SM-1 peptide (sequence: KWARMKDKAMRYKTKGRLQKSK, Bio Basic Inc. and Thermo scientific). The general laboratory reagents used were analytical grade or better.

2.7 Statistics

All values given in the text are expressed as mean \pm SEM and were analysed by ANOVA, followed by Tukey's test. Significant differences were taken at the $P < 0.05$ level. Force was expressed as a relative percentage of the amplitude of the contraction at pCa 4.5.

3. Results

3.1 Calyculin A induces a Ca^{2+} -independent contraction of β -escin-permeabilized rat mesenteric arterial smooth muscle

Figure 1A depicts a typical calyculin A-induced contraction of β -escin-permeabilized rat mesenteric arterial smooth muscle in the absence of Ca^{2+} . β -escin-permeabilized tissue contracted in response to an

increase in $[\text{Ca}^{2+}]$ (pCa 4.5) and relaxed upon return to pCa 9.0. The administration of $1 \mu\text{M}$ calyculin A to the permeabilized smooth muscle in pCa 9.0 elicited a gradual increase in force, reaching a plateau 20–30 min after administration (Figure 1A). To clarify which kinase is responsible for the calyculin A-induced Ca^{2+} -independent contraction, we examined the effects of various protein kinase inhibitors on the calyculin A-induced contraction at pCa 9.0 (Figure 1B–F). The compounds evaluated included inhibitors of: MLCK (10^{-5} M wortmannin), ROCK (10^{-5} M Y-27632), PKC (5×10^{-7} M calphostin-C), and a non-specific, broad-spectrum protein kinase inhibitor (10^{-5} M staurosporine). As shown in Figure 1, wortmannin, Y-27632, and calphostin-C were ineffective, whereas staurosporine inhibited the calyculin A-induced contraction. Staurosporine decreased the calyculin A-induced contraction from $59.9 \pm 5.2\%$ ($n = 7$, contraction normalized to maximal pCa 4.5-induced contraction) to $6.7 \pm 6.7\%$ ($n = 4$, $P < 0.01$).

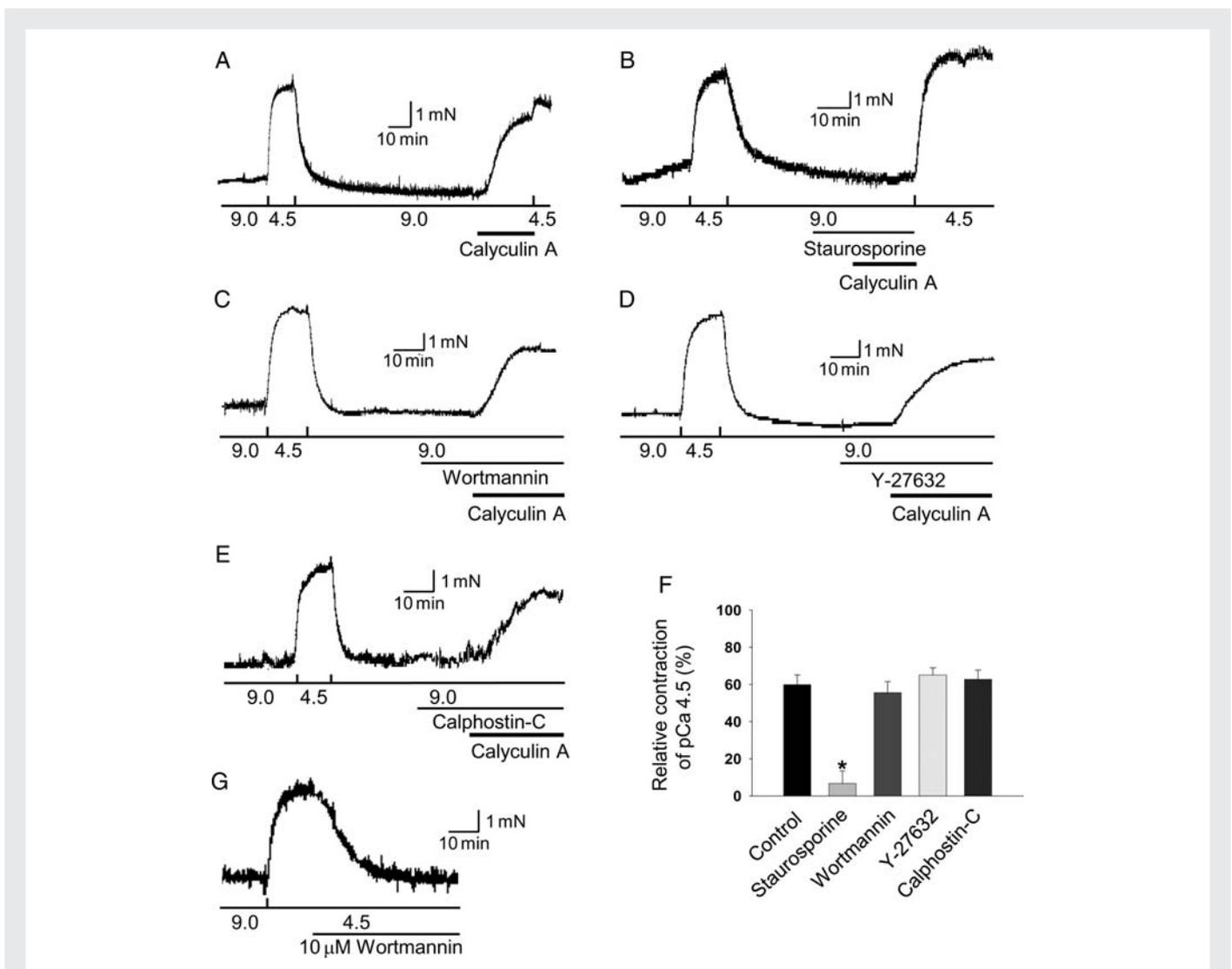


Figure 1 Characterization of protein phosphatase inhibitor, calyculin A-induced contraction in β -escin-permeabilized rat mesenteric arterial smooth muscle. (A) Typical recording for the effect of $1 \mu\text{M}$ calyculin A in β -escin-permeabilized rat mesenteric arteries at pCa 9.0. (B–E) Typical recording for the effects of protein kinase inhibitors on the calyculin A-induced contraction at pCa 9.0. 10^{-5} M staurosporine (B), 10^{-5} M wortmannin (C), 10^{-5} M Y-27632 (D), and 5×10^{-7} M calphostin-C (E) were applied 15 min before administration of calyculin A. (F) Mean data for calyculin A-induced contraction with protein kinase inhibitors at pCa 9.0. The magnitude of contraction was normalized by the response of pCa 4.5 (100%). Data are a summary of 4–15 independent experiments and are expressed as mean \pm SEM. *, $P < 0.01$. (G) Control data for Ca^{2+} (pCa 4.5)-induced contraction.

3.2 The Ca²⁺-independent, calyculin A-induced contraction and RLC₂₀ phosphorylation are augmented in the SHR

To clarify whether the Ca²⁺-independent, calyculin A-induced contraction increases in a hypertensive model, we compared the calyculin A-induced contraction in permeabilized rat mesenteric arterial smooth muscle of SHR and WKY at pCa 9.0. As shown in Figure 2A, the Ca²⁺-independent, calyculin A-induced contraction was concentration dependent. The maximum response was obtained at 1 μM in the SHR and the WKY, but the amplitude of the contraction was greater in the SHR (79.0 ± 7.8%, *n* = 9) than in the WKY (53.6 ± 4.1%, *n* = 7; Figure 2A). We further compared the effect of calyculin A on RLC₂₀ phosphorylation in the permeabilized rat mesenteric arterial smooth muscle of SHR and WKY. We first examined the level of RLC₂₀ phosphorylation with a total RLC₂₀ antibody using urea/glycerol gel electrophoresis that separates un-phosphorylated and phosphorylated forms of RLC₂₀. As shown in Figure 2B, in permeabilized tissue, during application of pCa 4.5, un- and mono-phosphorylated forms of RLC₂₀ were detected in both SHR and WKY tissues, but the signal for mono-phosphorylated forms of RLC₂₀ was stronger in the SHR than in the WKY. Di-phosphorylated forms of RLC₂₀ were not

detected in pCa 4.5. In the case of pCa 9.0 without calyculin A, the total RLC₂₀ antibody recognized only un-phosphorylated forms of RLC₂₀ in control SHR and WKY tissues. However, in the presence of calyculin A at pCa 9.0, three bands, un-, mono-, and di-phosphorylated forms of RLC₂₀ appeared in both SHR and WKY. The amounts of mono- and di-phosphorylated RLC₂₀ were larger in the SHR than in the WKY.

We also compared agonist-induced di-phosphorylation in intact arterial smooth muscle of SHR and WKY to clarify if the agonist can induce di-phosphorylation and whether agonist-induced di-phosphorylation is augmented in a hypertensive animal model. As shown in Figure 2C, phenylephrine-induced di-phosphorylation of RLC₂₀ and di-phosphorylated forms of RLC₂₀ were augmented in the SHR compared with the WKY in intact tissue. We also compared the levels of RLC₂₀ mono- and di-phosphorylation induced by Ca²⁺-independent, calyculin A in permeabilized rat mesenteric arterial smooth muscle of SHR and WKY using sodium dodecyl sulfate polyacrylamide gel electrophoresis (SDS/PAGE) with antibodies specific for RLC₂₀ phosphorylated exclusively at Ser¹⁹ or both Ser¹⁹ and Thr¹⁸. As shown in Figure 3, the results obtained are similar to those seen with urea/glycerol gel electrophoresis. In SHR and WKY, Ser¹⁹-phosphorylated RLC₂₀ (Figure 3A) was increased in pCa 4.5 alone and in pCa 9.0 with calyculin A, but Ser¹⁹- and Thr¹⁸-

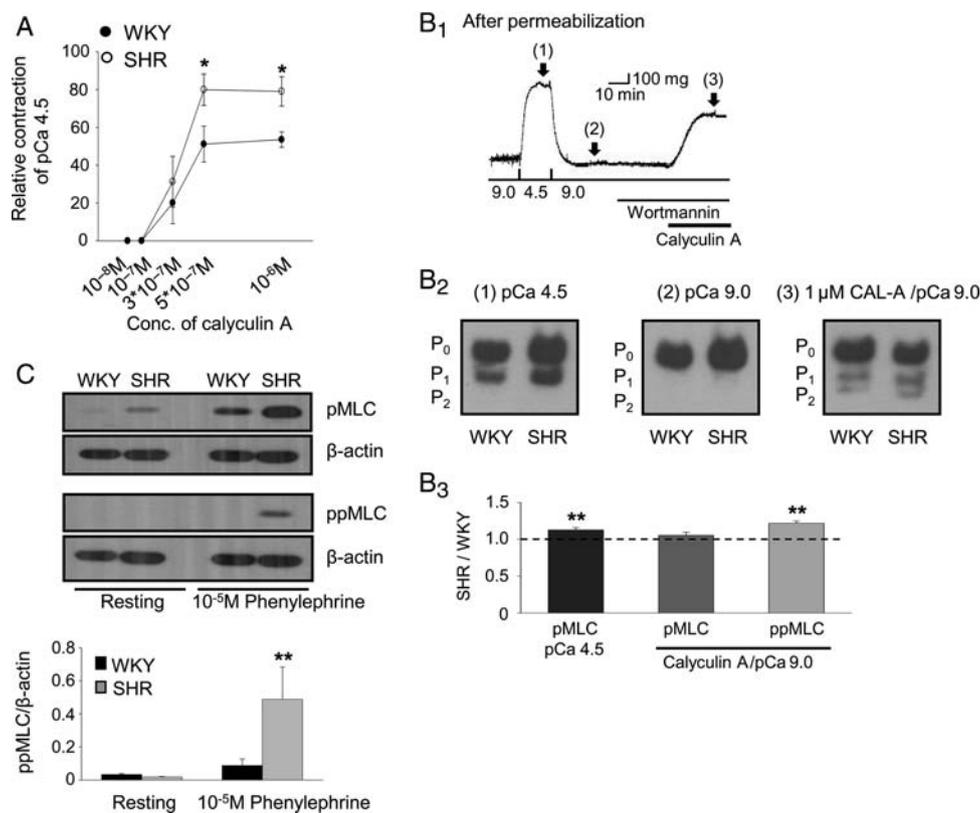


Figure 2 Changes in Ca²⁺-independent, calyculin A-induced contractions and RLC₂₀ phosphorylation between SHR and WKY. (A) Concentration-dependent effect of Calyculin A in β-escin-permeabilized mesenteric arteries of SHR (*n* = 9) and WKY (*n* = 7) at pCa 9.0. *, *P* < 0.01. (B₁–B₃) After β-escin permeabilization, RLC₂₀ phosphorylation levels at various conditions. These results are representative of four independent experiments. The vessels are collected at peak contraction induced by pCa 4.5 (1), at pCa 9.0 without calyculin A (2), and at peak contraction induced by 1 μM calyculin A at pCa 9.0 (3). Un- (P₀), mono- (P₁), and di- (P₂) phosphorylated forms of RLC₂₀ were separated by urea/glycerol gel electrophoresis. The densitometric sum of the bands in each category was normalized to that seen in the WKY (B₃). (C) Effect of phenylephrine on RLC₂₀ di-phosphorylation in intact arteries of WKY and SHR. **, *P* < 0.05. WKY, Wistar Kyoto rat; SHR, spontaneously hypertensive rat; CAL-A, calyculin A.

di-phosphorylated RLC₂₀ (Figure 3B) was increased only in pCa 9.0 with calyculin A. Quantification of the immunoblots shows that Ser¹⁹-phosphorylated RLC₂₀ at pCa 4.5 and at pCa 9.0 with calyculin A are stronger in the SHR than in protein-matched samples from the WKY. However, Ser¹⁹- and Thr¹⁸- di-phosphorylated forms of RLC₂₀ are stronger in the SHR than in protein-matched samples from the WKY only at pCa 9.0 with calyculin A, but not with pCa 4.5 alone. Finally, we confirmed the expression levels of di-phosphorylated forms of RLC₂₀ using immunostaining and image analysis with confocal microscopy. As shown in Figure 3C, in SHR and WKY, di-phosphorylated RLC₂₀ was not detected at pCa 9.0, whereas di-phosphorylated RLC₂₀ was significantly increased at pCa 9.0 with calyculin A. These results indicate that the contraction induced by calyculin A at pCa 9.0 was accompanied by an increase in mono- and di-phosphorylation of RLC₂₀.

3.3 Identification of the protein kinase involved in the Ca²⁺-independent, calyculin A-induced contraction

To identify the nature of protein kinase involved in Ca²⁺-independent, calyculin A-induced contraction and RLC₂₀ di-phosphorylation, we studied the effects of SM-1, a ZIPK-inhibiting peptide, on the calyculin A-induced contraction and di-phosphorylation of RLC₂₀ in permeabilized rat mesenteric arterial smooth muscle. As shown in Figure 4A, SM-1 (100 μM) significantly inhibited the amplitude of contraction (31.1 ± 9.3%, n = 5) induced by calyculin A at pCa 9.0 (Figure 4A₂) compared with the control group (57.9 ± 3.6%, n = 9; Figure 4A₁), but scrambled SM-1 had no effect on the calyculin A-induced contraction (57.4 ± 7.4%, n = 3; Figure 4A₃). SM-1 also significantly inhibited the amount of di-phosphorylation induced by calyculin A (Figure 4B). To confirm the presence of ZIPK in mesenteric arterial smooth

muscle, we studied the double immunofluorescence staining of ZIPK and actin or myosin light chain (MLC) in rat mesenteric arterial smooth muscle. As shown in Figure 4C, ZIPK immunoreactivity was verified by co-staining with smooth muscle-specific actin or MLC (Figure 4C). The negative control obtained without primary antibodies gave no detectable signal. To determine whether expression of ZIPK changes in SHR animals, we measured the expression of ZIPK in the rat mesenteric artery of SHR and WKY using western blot. We also compared the expression levels of ROCK, CPI-17, and ILK. As shown in Figure 4D, anti-ZIPK detected a prominent band of both 32 kDa and 54 kDa in SHR and a weaker band in protein-matched WKY tissues. Quantification of the immunoblots showed that total (54 + 32 kDa) ZIPK is 1.3 ± 0.04-fold (n = 23) more abundant in the SHR than in protein-matched samples from the WKY. ROCK (180 kDa) was detected in both SHR and WKY tissues, and the signal was consistently stronger in the SHR than in the WKY. CPI-17 and ILK were detected in both SHR and WKY tissues at equal expression levels.

3.4 Contribution of MYPT1 and CPI-17 phosphorylation to MLCP inhibition during calyculin A-induced contraction in SHR and WKY

We examined whether calyculin A modifies phosphorylation of specific sites on MYPT1 and whether differences in MYPT1 phosphorylation induced by calyculin A exist between SHR and WKY. As shown in Figure 5A, Thr⁶⁹⁷ (numbering for rat isoform) phosphorylation of MYPT1 was significantly increased by treatment of SHR and WKY tissue with calyculin A at pCa 9.0 compared with pCa 9.0 alone, and the signal was consistently stronger in the SHR than in the WKY. Quantification of immunoblots for calyculin A

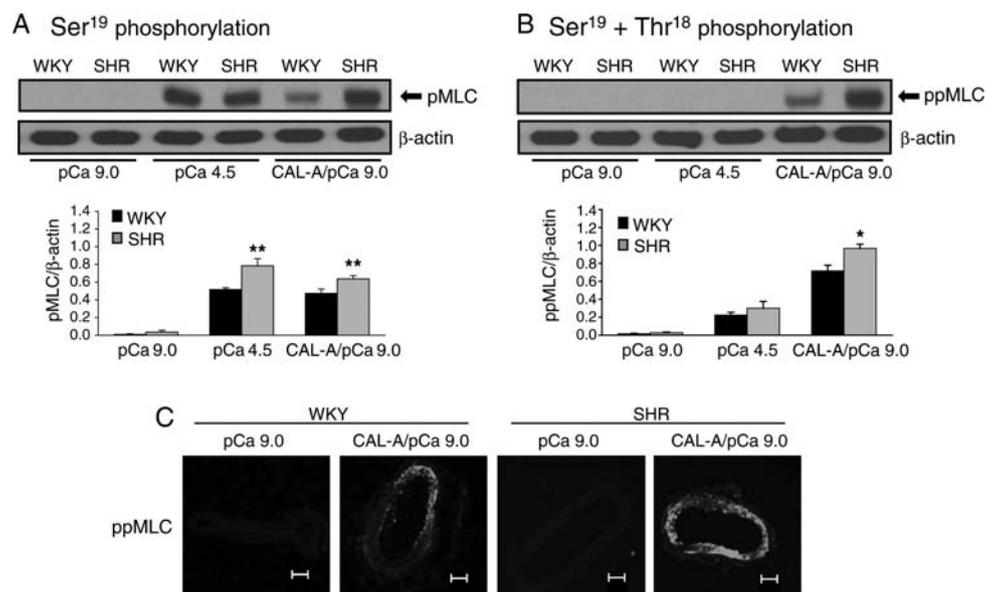


Figure 3 RLC₂₀ phosphorylation at Ser¹⁹ and Thr¹⁸ is increased in the SHR. (A and B) Ser¹⁹-pMLC and both Ser¹⁹ and Thr¹⁸ phosphorylated (ppMLC) RLC₂₀ levels in SHR and WKY at pCa 9.0, pCa 4.5, and pCa 9.0 with calyculin A using SDS/PAGE gel electrophoresis with antibodies specific for RLC₂₀ phosphorylated exclusively at Ser¹⁹ (A) or both Ser¹⁹ and Thr¹⁸ (B). The magnitude of phosphorylation was expressed as pMLC/actin (lower panel of A) or ppMLC/actin (lower panel of B). *, P < 0.01; **, P < 0.05 (n = 7). (C) Immunofluorescence staining for di-phosphorylated forms (ppMLC) of RLC₂₀. Data were obtained with confocal microscopy. Scale bar: 50 μm.

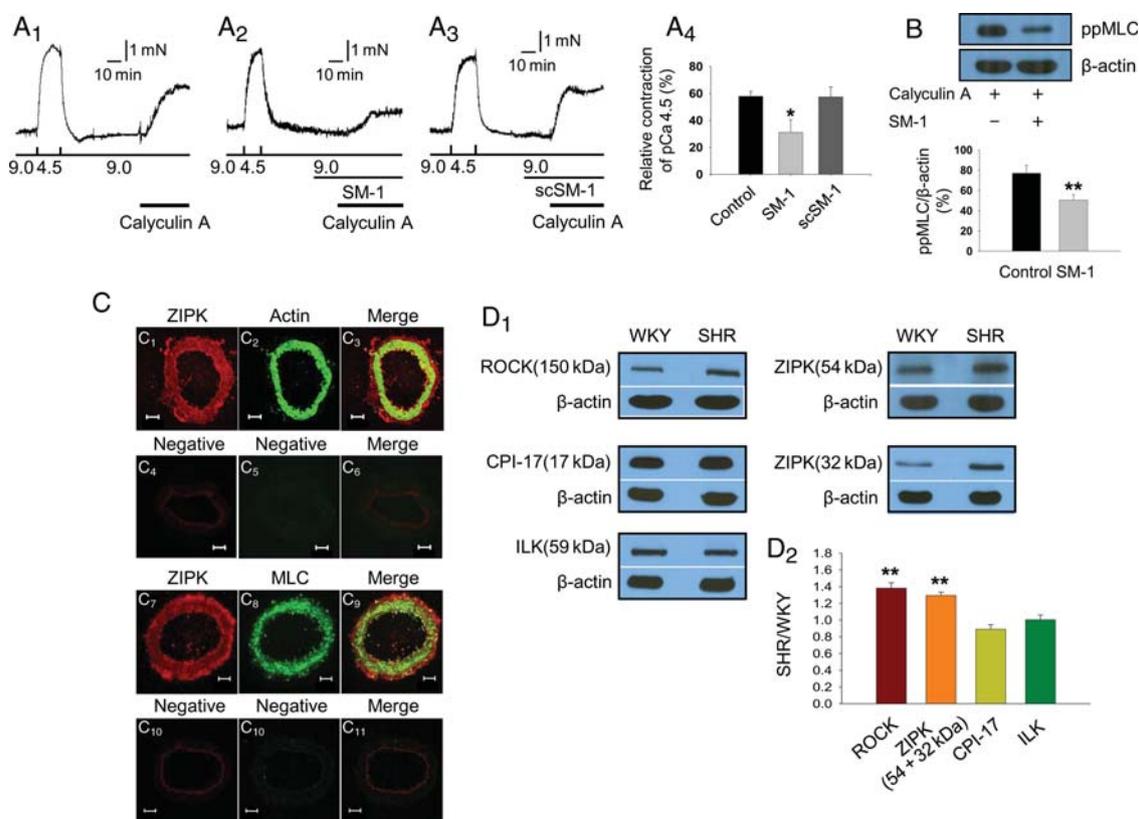


Figure 4 Effect of SM-1 on Ca²⁺-independent, calyculin A-induced contraction and expression of various protein kinases in SHR and WKY. (A) Effect of SM-1 on Ca²⁺-independent, calyculin A-induced contraction of β-escin-permeabilized rat mesenteric arteries. Contraction induced by 1 μM calyculin A in the absence of peptide (A₁) and in the presence of 100 μM SM-1 (A₂) or scrambled SM-1 (scSM-1, A₃). (A₄) Mean data for the effect of SM-1 (or scSM-1) on calyculin A-induced contraction at pCa 9.0. The magnitude of the contraction was normalized by the response of pCa 4.5 (100%). **, *P* < 0.05 (*n* = 3–9). (B) Effect of SM-1 on calyculin A-induced di-phosphorylation of β-escin-permeabilized rat mesenteric arteries. (C) Double immunofluorescence staining for ZIPK and actin or myosin light chain (MLC) in rat mesenteric arterial smooth muscle. Localization of ZIPK immunoreactivity (C₁ and C₇), actin (C₂), or MLC (C₈), and (C₃ and C₉) their co-localization in smooth muscle tissues. C_{4–6} and C_{10–12}. The negative controls consisted of omission of the primary antibody. Scale bar: 50 μm. (D₁) Immunoblots of ROCK, CPI-17, ILK, and ZIPK in rat mesenteric arteries of SHR and WKY. (D₂) The magnitude of expression was expressed as a SHR/WKY ratio. **, *P* < 0.05 (*n* = 12–23).

and pCa 9.0 gave a Thr⁶⁹⁷ phosphorylation/total MYPT1 ratio of 1.68 ± 0.3 (*n* = 7) in SHR and 1.06 ± 0.1 (*n* = 7) in WKY. Thr⁸⁵⁵ (numbering for rat isoform) phosphorylation of MYPT1 was significantly increased by treatment of SHR and WKY tissue with calyculin A in addition to pCa 9.0 conditions, but the phosphorylation levels increased by calyculin A did not differ significantly between SHR and WKY (Figure 5B).

We also examined the possibility that calyculin A-induced contractions could be a reflection of the CPI-17 phosphorylation status. However, as shown in Figure 5C, phosphorylation levels of CPI-17 increased by calyculin A were not significantly different between SHR and WKY.

4. Discussion

The present study demonstrates that, in a model of hypertension, there is a significant increase in Ca²⁺-independent, calyculin A-induced contractions. This type of contraction is significantly greater in the SHR than in the WKY, and the augmentation of contractions in the SHR is associated with an increase in mono- and di-phosphorylation of RLC₂₀. We also show that ZIPK appears to

be the Ca²⁺-independent MLCK involved. We provide evidence that SM-1, a ZIPK-inhibiting peptide, significantly inhibits the contraction and di-phosphorylation of RLC₂₀ induced by calyculin A at pCa 9.0, that ZIPK is expressed in the mesenteric artery, and that the expression level of ZIPK is higher in the SHR than in the WKY. Finally, we show that the increase in Thr⁶⁹⁷ phosphorylation of MYPT1, likely caused by the higher expression levels of ZIPK in SHR, plays an important role in the enhanced calyculin A-induced contraction and RLC₂₀ phosphorylation in SHR. Taken together, these results suggest that Ca²⁺-independent MLCK activity is enhanced in the SHR and that the increase in the expression level of ZIPK in SHR appears to play an important role in the enhanced calyculin A-induced contraction and RLC₂₀ phosphorylation.

To investigate the existence of Ca²⁺-independent contraction and di-phosphorylation of RLC₂₀ in rat mesenteric arterial smooth muscle, we first measured the effects of calyculin A on the contractility of β-escin-permeabilized arterial smooth muscle at pCa 9.0. MLCK is absolutely dependent on Ca²⁺ and calmodulin for its activity, and has no activity under these experimental conditions. Thus, in the absence of Ca²⁺ (pCa 9.0), we found that there is no phosphorylation of MLC in this system (Figure 2). However, we also showed that

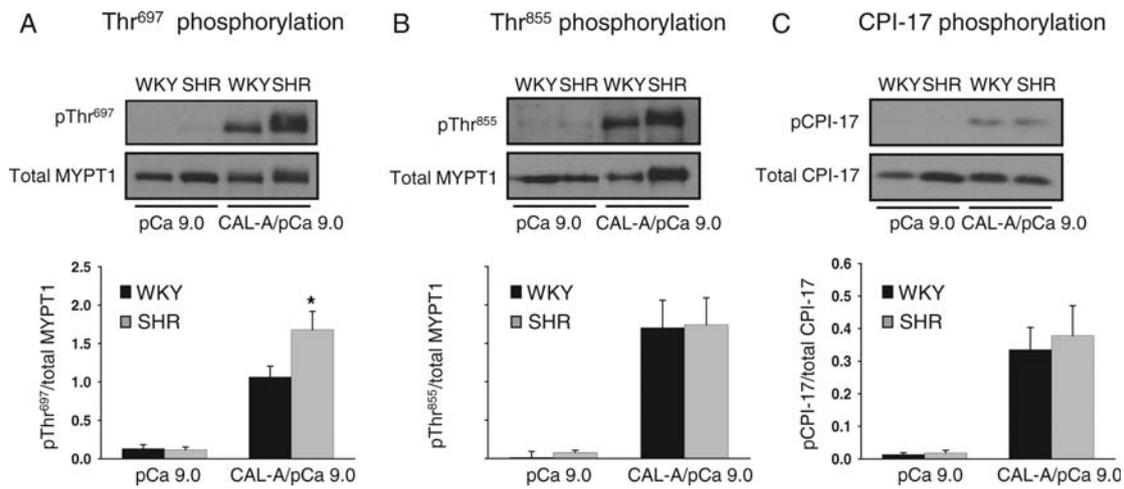


Figure 5 Analysis of MYPT1 and CPI-17 phosphorylation contribution to Ca^{2+} -independent, calyculin A-induced contraction in SHR and WKY. (A and B) Changes of Thr⁶⁹⁷ (A) and Thr⁸⁵⁵ (B) phosphorylation of MYPT1 by treatment of calyculin A at pCa 9.0 (CAL-A/pCa 9.0) in β -escin-permeabilized rat mesenteric arteries of SHR and WKY. (C) Changes of phosphorylation of CPI-17 by treatment of calyculin A at pCa 9.0 (CAL-A/pCa 9.0) in β -escin-permeabilized rat mesenteric arteries of SHR and WKY. Data are expressed as signal-intensity ratios for phosphorylated (pThr⁶⁹⁷ and pThr⁸⁵⁵ or pCPI-17): total (Total MYPT1 or Total CPI-17) MYPT1 or CPI-17. *, $P < 0.01$ ($n = 7$).

calyculin A induces a gradual increase in force and mono- and di-phosphorylation of RLC₂₀ in permeabilized rat mesenteric arterial smooth muscle at pCa 9.0. We also showed that the calyculin A-induced contraction is insensitive to treatment with wortmannin, Y-27632, and calphostin-C, ruling out the involvement of traditional MLCK, ROCK, or PKC in this Ca^{2+} -independent contraction. These results are consistent with previous reports^{8,11–13,35} and suggest that a Ca^{2+} -independent MLCK activity is unmasked in our experimental conditions.

To clarify whether the Ca^{2+} -independent MLCK activity might be increased in hypertension, we used a model of hypertension, the SHR, and compared Ca^{2+} -independent, calyculin A-induced contractions in permeabilized rat mesenteric arterial smooth muscle of SHR and WKY at pCa 9.0. We showed that the amplitude of calyculin A-induced contraction is greater in the SHR than in the WKY. Consistent with this finding, we also showed that in the presence of calyculin A at pCa 9.0, the prevalence of mono- and di-phosphorylated forms of RLC₂₀ is stronger in SHR than in WKY. In the present study, we measured RLC₂₀ phosphorylation using three different methods: urea/glycerol gel electrophoresis with a total RLC₂₀ antibody, SDS/PAGE gel electrophoresis with antibodies specific for RLC₂₀ phosphorylated exclusively at Ser¹⁹ or both Ser¹⁹ and Thr¹⁸, and immunostaining and image analysis with confocal microscopy. Consistent results were obtained with all three methods, and the results indicate that an increase in the amplitude of calyculin A-induced contraction in the SHR is associated with elevations in the mono- and di-phosphorylated forms of RLC₂₀.

It is well known that phosphorylation of RLC₂₀ at Ser¹⁹ markedly increases actin-activated Mg^{2+} -ATPase activity of smooth muscle myosin,³⁶ and this is known to be further enhanced by additional phosphorylation at Thr¹⁸.²¹ In vascular smooth muscle tissues, RLC₂₀ di-phosphorylation has been observed in pathological conditions such as vasospasm.^{24,25} In addition, we previously reported that the $[\text{Ca}^{2+}]_i$ -induced contraction is larger in SHR than in WKY, and the $[\text{Ca}^{2+}]_i$ -force curve is significantly shifted to the left in SHR

when compared with WKY.³³ These observations have led to the suggestion that di-phosphorylation of RLC₂₀ is associated with hypercontractility in vascular smooth muscle. Our results indicate that Ca^{2+} -sensitization by Ca^{2+} -independent MLCK activity might play an important role in the hypercontractility of vascular smooth muscle of SHR.

Since Ca^{2+} -independent, microcystin-LR-induced contraction and RLC₂₀ phosphorylation were first demonstrated by Kureishi *et al.*³⁵ a number of different Ca^{2+} -independent kinases have subsequently been shown to phosphorylate RLC₂₀ *in vitro*.²⁰ However, ILK and ZIPK have emerged as the most likely candidates for Ca^{2+} -independent di-phosphorylation of RLC₂₀ at Ser¹⁹ and Thr¹⁸ in smooth muscle.²⁰ In the present study, to identify the nature of the protein kinase causing the Ca^{2+} -independent, calyculin A-induced contraction and RLC₂₀ di-phosphorylation, we studied the effects of SM-1, a ZIPK-inhibiting peptide, on the calyculin A-induced contraction and di-phosphorylation of RLC₂₀. SM-1 significantly inhibited the amplitude of contraction and di-phosphorylation of RLC₂₀ induced by calyculin A at pCa 9.0; in contrast, scrambled SM-1 had no effect. We also showed that ZIPK is expressed in the rat mesenteric artery, in both the 32 kDa and 54 kDa forms of ZIPK, and that more ZIPK is present in the SHR than in the WKY. It has been shown that a 32 kDa form of ZIPK, expressed in the smooth muscle, co-localizes with actin filaments and plays a role in the regulation of smooth muscle contraction.³⁷ A 54 kDa form of ZIPK is also expressed in smooth muscle and activated by prostaglandin F₂ α stimulation.³⁸ Taken together, our results suggest that the increased expression levels of ZIPK in SHR induce augmentation of the calyculin A-induced contraction and RLC₂₀ phosphorylation. However, in the present study, calyculin A-induced residual contraction in the presence of SM-1, a ZIPK-inhibiting peptide, still exists despite the fact that we used the concentration of SM-1 which is the maximal effective dose. Therefore, ILK might be another possible candidate for Ca^{2+} -independent MLCK, although it was detected at equal expression levels in both SHR and WKY tissues in the present study.

We found the expression level of ROCK to be stronger in the SHR than in the WKY. Because ROCK can activate ZIPK, ROCK also plays an important role for Ca²⁺-independent MLC phosphorylation. However, because the ROCK inhibitor Y-27632 had no inhibitory effect on the calyculin A-induced contraction, ROCK might not be a candidate for the Ca²⁺-independent MLCK.

Interestingly, we also found evidence for an effect of ZIPK to phosphorylate MLCP in addition to its apparent direct effect to phosphorylate RLC₂₀. It is known that ZIPK can mediate inhibition of MLCP^{39,40} either directly, via phosphorylation of the MYPT1, or indirectly, via phosphorylation of a CPI-17.⁴¹ Therefore, augmentation of di-phosphorylation by calyculin A in the SHR may be due to inhibition of MLCP, either directly, through enhanced phosphorylation of the MYPT1 of MLCP, or indirectly, through enhanced phosphorylation of a CPI-17. To clarify this possibility, we examined the differences of MYPT1 phosphorylation induced by calyculin A between SHR and WKY. We showed that both Thr⁶⁹⁷ and Thr⁸⁵⁵ phosphorylation of MYPT1 was significantly increased by the treatment of SHR and WKY tissue with calyculin A at pCa 9.0, but the signal of phosphorylation at Thr⁶⁹⁷, and not at Thr⁸⁵⁵, was consistently stronger in the SHR than in the WKY. These results are consistent with the previous finding that ZIPK directly regulates MYPT activity through phosphorylation of Thr⁶⁹⁶ (numbering for human isoform and equivalent to Thr⁶⁹⁷).⁴² We also showed that the phosphorylation of CPI-17 was significantly increased by treatment of SHR and WKY tissue with calyculin A at pCa 9.0, and that the increase caused by calyculin A was similar in both SHR and WKY. Taken together, our results suggest that the increase in both Thr⁶⁹⁷ phosphorylation of MYPT1 and direct phosphorylation of RLC₂₀, driven by the higher expression levels of ZIPK in SHR, plays an important role in the enhanced calyculin A-induced contraction and RLC₂₀ phosphorylation in this model of hypertension.

In the present study, the SHR have been employed as animal models of human primary (essential) hypertension. Although SHR are widely used as a model to investigate the mechanisms underlying essential hypertension, there are some differences between SHR and human hypertension. Therefore, further study is needed to elucidate the role of Ca²⁺ sensitization induced by Ca²⁺-independent MLCK in hypertension using other hypertensive animal models, such as deoxycorticosterone acetate salt-induced hypertensive rats. Investigation is also necessary into whether the increased contractility and di-phosphorylation of RLC₂₀ induced by Ca²⁺-independent MLCK in hypertension is a causative factor or a consequence of hypertension development.

In summary, our results suggest that contraction and phosphorylation of RLC₂₀ induced by Ca²⁺-independent MLCK activity are further enhanced in the SHR than in the WKY, and ZIPK is a key candidate for causing this effect. Furthermore, the increase in the expression level of ZIPK in SHR appears to play an important role in enhanced calyculin A-induced contraction and RLC₂₀ phosphorylation.

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