## **BMC Pharmacology**



Meeting abstract

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# Prostaglandin $E_2$ acts via the $EP_4$ receptor to inhibit platelet aggregation

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from 15th Scientific Symposium of the Austrian Pharmacological Society (APHAR) Joint meeting with the Hungarian Society of Experimental and Clinical Pharmacology (MFT) and the Slovenian Pharmacological Society (SDF) Graz, Austria. 19-21 November 2009

Published: 12 November 2009

BMC Pharmacology 2009, 9(Suppl 2):A8 doi:10.1186/1471-2210-9-S2-A8

This abstract is available from: http://www.biomedcentral.com/1471-2210/9/S2/A8

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### **Background**

Platelets play a central role in haemostasis. Blood vessel injury leads to platelet aggregation and also invokes an inflammatory response leading to the formation of prostanoids like prostaglandin E2 (PGE2) and prostacyclin (PGI<sub>2</sub>). It is known that low concentrations of PGE<sub>2</sub> enhance and high concentrations inhibit platelet aggregation. PGE<sub>2</sub> mediates its effect through four receptors: EP<sub>1</sub> ( $G\alpha_q$  signalling), EP<sub>3</sub> (three isoforms present; signals via  $G_i$ ,  $G_s$  or  $G_a$  based on cell type),  $EP_2$  and  $EP_4$  ( $G_s$  signalling). PGI<sub>2</sub> is known to inhibit platelet aggregation through its IP receptor (G<sub>s</sub> signalling). The role of EP<sub>3</sub> in exacerbating platelet aggregation has been well described. However, the role of EP<sub>4</sub> which acts via the same G protein coupling like IP has not been explored in detail. The aim of this study was to investigate the role of EP₄ in platelet aggregation.

#### **Methods**

Platelet aggregation assays were performed *ex vivo* using a platelet aggregation analyser (Aggregometer II). Blood from healthy human donors was used to obtain plateletrich plasma. Aggregation was induced using ADP or collagen. Different agonists and antagonists were added to investigate their effects on platelet aggregation. Ca<sup>2+</sup> flux changes caused by addition of agonists were also examined using a fluorescent Ca<sup>2+</sup> dye (Fluo-3 AM) by flow cytometry.

#### Results

As expected,  $PGE_2$  (up to 300 nM) and an  $EP_3$  agonist (sulprostone) enhanced platelet aggregation, whereas an  $EP_2$ -selective agonist (butaprost) seemed to have no effect on platelet aggregation. On the contrary, an  $EP_4$  agonist (ONO AE1-329) inhibited platelet aggregation in a concentration-dependent manner, and this effect could be reversed by using  $EP_4$  antagonists (ONO AE3-208 and GW627368x) but not an IP or a DP antagonist. Inhibition of protein kinase C prevented the inhibitory effect of the  $EP_4$  agonist, while inhibition of adenylate cyclase had no effect. The  $EP_4$  agonist ONO AE1-329 also attenuated  $Ca^{2+}$  flux in platelets that had been stimulated with ADP.

#### Conclusion

These results are suggestive of an exclusive EP<sub>4</sub> effect on inhibition of platelet aggregation and EP<sub>4</sub> could be a potential target of antithrombotic therapy.