

Effects of voltage sensitive dye di-4-ANEPPS on guinea pig and rabbit myocardium

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Abstract. Voltage-sensitive dyes (VSDs) are used to record transient potential changes in various cardiac preparations. In our laboratory, action potentials have been recorded by optical probe using di-4-ANEPPS. In this study, the effects of two different ways of staining were compared in guinea pig and rabbit isolated hearts perfused according to Langendorff: staining either by coronary perfusion with low dye concentration or with concentrated dye as a bolus into the aorta. Staining with low dye concentration lead to its better persistence in the tissue. Electrogram and coronary flow were monitored continuously. During the staining and washout of the dye, prominent electrophysiological changes occurred such as a decrease in spontaneous heart rate, partial atrioventricular block and changes of ST-T segment, accompanied by a decrease in mean coronary flow. No production of hydroxyl radicals was found by HPLC which excluded significant ischemic damage of the myocardium. Good viability of the stained preparation was supported by unchanged electron microscopy. Since in rabbit hearts the VSD-induced arrhythmogenesis was less pronounced, we conclude that the rabbit myocardium is more resistant to the changes triggered by VSD application. It may be due to different properties of the membrane potassium channels in the cardiomyocytes of these two species.

Key words: di-4-ANEPPS — Myocardium — Rabbit — Guinea pig

Introduction

Although the intracellular microelectrode or whole-cell patch clamp techniques still represent the gold standard for recording transmembrane action potentials, the optical method has approached comparable signal-to-noise ratio and thus became a candidate for applications in experimental and clinical studies. Voltage-sensitive dyes (VSDs) provide a powerful new technique for measuring membrane potential in systems where – for reasons of scale, topology, or complexity – the use of electrodes is inconvenient or impossible, e.g. in the presence of external

electric fields – uninterrupted and artifact-free recording during pacing stimuli and defibrillation shocks or recording of high-resolution maps, e.g. of cardiac repolarization (Loew 1996).

VSDs have been extensively employed by numerous research groups to record optical action potentials (APs) in a wide variety of heart preparations from single cardiomyocyte to isolated heart. This method represents sophisticated, up-to-date approach to a measurement of fine voltage changes on the membrane of cardiac cell. Simultaneous recordings of transmembrane potential by optical and microelectrode techniques have validated the high fidelity of optical APs as compared with microelectrode recordings and demonstrated that optical APs recorded the classic features of APs from various parts of the conductive system and working myocardium (Bove and Dillon 1998; Choi and Salama 1998, 2000; Dillon et al. 1998; Laurita and Singal 2001).

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However, this technique faces some limitations. The main one is that the downstroke of the AP is usually disfigured by moving tissue. The classical measurement of AP by means of the microelectrode differs from the optical AP also in such a way that optical recording represents the sum of APs from the cells within the region of tissue and not the AP of a single cell. Also the absolute value of membrane resting potential cannot be obtained unless calibrated with a microelectrode (Choi et al. 1998).

Several groups of VSDs have been introduced (merocyanine, ANEPPS, etc.), out of them those ones from aminonaphthyl-ethenyl-pyridinium (ANEPPS) group are the most consistently used in cardiac preparations (Montana et al. 1989; Loew 1996; Salama 2001). Generally, the VSD has to fulfill several criteria: i) it has to exhibit large fluorescence and/or absorption changes that vary (preferably linearly) with changes of the membrane potential; ii) its optical responses must be specifically related to the changes of membrane potential and not to ion concentration, transmembrane currents, or membrane conductance; iii) the response time of the dye has to lay in microsecond range; iv) the dye should be optically stable in its local environment and not prone to photobleaching upon an exposure to intense light; v) staining of the heart with the dye should not result in pharmacological or toxic effects to the preparation.

The last condition is very important to monitor since the experiments might be of long duration, the whole procedure of loading, washout the dye and the very experiment may take several hours in some experimental set-ups. Thus, it is absolutely necessary to be sure of the viability and quality of the cardiac preparation at the beginning of the AP recording.

The procedure of loading the tissue differs with respect to the experimental model: the cells attached to the coverslips are typically labelled by direct addition of a small amount of dye stock solution to the cell incubation medium. Specific groups of neurons or the isolated heart are loaded by a retrograde perfusion either by a concentrated dye stock solution (neurons) or by diluted dye *via* coronary system (heart). Another possibility is to inject the dye directly to the tissue (e.g. neurons) by microelectrode (microinjection). Usually the preparation is then washed several times to remove excessive dye from the tissue, in case of the isolated heart – from the coronary system (Zochowski et al. 2000; Novakova et al. 2006).

In our experiments in isolated guinea pig and rabbit hearts perfused according to Langendorff, the dye was applied directly into the coronary system. The tissue was loaded by retrograde perfusion of dye stock solution diluted in the perfusion solution. This system is used only in a few laboratories where VSDs are employed for APs measurement (Laurita and Singal 2001; Nygren et al. 2003) and others prefer injection of small volume of VSD stock

solution into the bubble trapper of the perfusion set during short period of time. Little is known about the response of cardiac tissue to the procedure of staining and wash-out from dye, although certain observations indicate that binding of the dye to the cardiac cell membranes changes the overall situation there (Cheng et al. 1998; Nygren et al. 2003).

In our pilot experiments we accidentally noticed certain changes of electrogram of isolated hearts during staining with VSD di-4-ANEPPS. Since our experiments are of long duration we were worried about the quality of preparation. Moreover, in our experimental set-up recording of APs is continuous and thus the tissue is illuminated for a long time. In order to test the viability of tissue in our experimental model, touchless recording of 3D-electrogram together with the measurement of mean coronary flow (CF) was performed. Ever since we have observed typical changes of electrograms and of CF during the staining procedure and these changes persisted up to certain level also during washout period. By means of high-performance liquid chromatography (HPLC) we tested whether the application of di-4-ANEPPS was accompanied by the formation of hydroxyl radicals. Electron microscopy was employed to check the putative ultrastructural changes in the tissue exposed to the dye. Finally, we compared two ways of staining the heart with VSD to get an idea about the persistence of dye in the tissue and to exclude the possibility that long exposure to the dye during the staining leads to the tissue damage.

Materials and Methods

Isolated perfused heart according to Langendorff

The perfusion apparatus for small animal hearts (Figure 1) based on Langendorff technique was modified in our laboratory for pharmacological experiments in which more than one reservoir was needed (Novakova et al. 2000). The common glass bath is used to keep the desired temperature in all reservoirs. Each reservoir is oxygenated separately. A system of four-way stop-cocks allows rapid switching of solutions between respective reservoirs. Small diameter of the connecting tubes accounts for a small dead space. This is very important for minimizing variations in temperature when switching from one solution to another. A special system keeps the perfusion pressure constant and equal in all reservoirs in spite of different amounts of solution.

Briefly, the animal was deeply anaesthetized by ketamin (60 mg/kg of body mass) and xylazin (2 mg/kg of b.m.), artificially ventilated and the chest was opened. Then the heart was excised with a sufficiently long segment of ascending

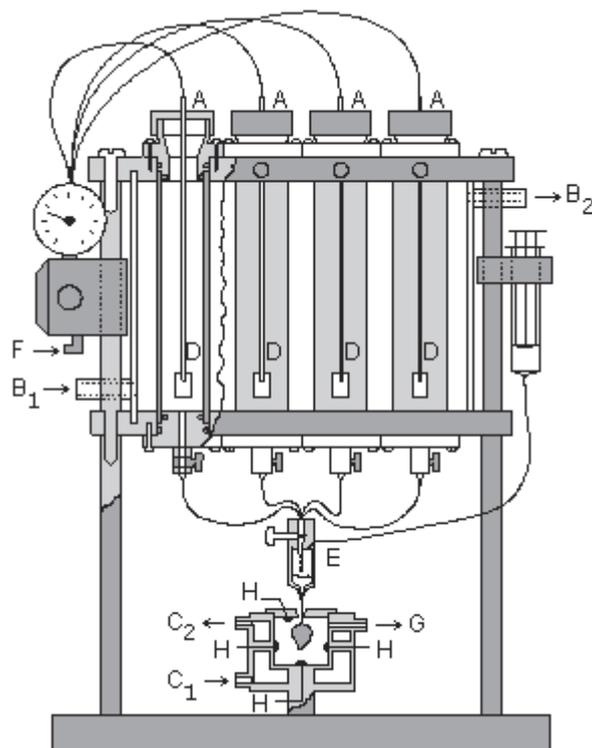


Figure 1. Modified perfusion set according to Langendorff. Four reservoirs (A) filled with perfusion solution are placed in a common bath (connected to a thermostat – B₁, B₂). The heart is placed in a small double-walled bath connected to the thermostat as well (C₁, C₂). The solution in every reservoir is separately oxygenated (D). Heated and oxygenated perfusate is driven to the heart fixed on the cannula at the tip of a bubble-trapper (E). The perfusion pressure is maintained at a preset level by a special control system (F), connected to all reservoirs and to the cylinder with O₂/CO₂ mixture. The perfusate leaving the heart drops into the solution in the bath. The overflow-tube (G) is placed in the wall of the bath close to proximal margin. Six silver-silver chloride disc electrodes are placed on the inner surface of the bath (H).

aorta. The aorta was cannulated, the heart mounted in the Langendorff apparatus and placed in thermostat-controlled bath (37°C) filled with Krebs–Henseleit solution of following composition (in mmol/l): NaCl 118, NaHCO₃ 24, KCl 4.2, KH₂PO₄ 1.2, MgCl₂ 1.2, glucose 5.5, taurine 10 and CaCl₂ 1.2. The solution is oxygenated with 95% O₂ and 5% CO₂. The isolated heart is then perfused with the same solution at the constant perfusion pressure (80 mm Hg) for 25–30 min – control period. All hearts exhibiting any dysrhythmias during this period are discarded.

In this study, hearts of 14 guinea pigs of non-specified breed (both sexes, average weight 366 ± 86 g) and 30 New Zealand rabbits (both sexes, average weight 2950 ± 380 g) were included.

Electrogram and mean CF

During the whole experiment, electrogram was recorded and mean CF monitored. The electrogram was recorded by the touch-free method (Uematsu et al. 1987). Six silver-silver chloride disc electrodes (4 mm in diameter) are placed on the inner surface of the bath. Electrogram signals are recorded from three orthogonal bipolar leads (x, y, and z). The signals are amplified and digitized at a sampling rate of 500 Hz by a three-channel, 16-bit analog to digital converter. The maximum amplitude of recorded signals varies between 100 μV and 500 μV, depending on the subject. The mean CF was measured every fifth minute during the whole experiment.

Staining the heart

Each experiment proceeds in four steps: isolation of the heart, control, staining with the dye, and measurement of optical APs under the experimental protocols (ischemia and reperfusion, pharmacological interventions, etc.). The heart is exposed to voltage-sensitive dye di-4-ANEPPS (Molecular Probes, Eugene, OR, USA) diluted in Krebs–Henseleit solution to the concentration of 2 μmol/l (stock solution either in DMSO or DMF, 2 mmol/l). The tissue is perfused with this mixture for approximately 20 min. Again, the electrogram and mean CF are monitored. The dye is washed out for the same period of time as was the staining. Then the heart is ready for optical recording of APs.

In most of laboratories, another way of staining with VSD is used – direct application of small amount of concentrated dye into the bubble trapper by means of microsyringe or pump. Therefore, in final part of our study we compared these two different ways of staining in rabbit hearts – some hearts were stained by regular procedure – e.g. “slow” application of diluted dye into coronary system at speed given by CF and in some heart “fast” staining (application of 20 μl of stock solution in the aortic cannula, 5 min washout and then measurement) was applied.

High performance liquid chromatography

Isolated hearts were perfused with Krebs–Henseleit solution containing 1 mmol/l salicylate during control period and then with Krebs–Henseleit buffer containing 1 mmol/l salicylate and di-4-ANEPPS for loading. Hydroxylated products of salicylic acid were analyzed in the coronary effluents. Determination of 2,5-di-hydroxy benzoic acid (2,5-DHBA) rather than 2,3-DHBA was used because of its greater sensitivity for the quantification of hydroxyl radicals' productions. The effluents were collected at the end of both perfusion periods (with and without di-4-ANEPPS) and stored at –80°C until assayed by HPLC electrochemical de-

tection. Retention times for the peak 2,5-DHBA and salicylic acid were verified by injecting standards.

The HPLC apparatus consisted of high pressure LCP 4000.1 pump, electrochemical detector Coulochem II with analytical cell model 5010 (ESA, Chelmsford, MA, USA) and Rheodyne 7125 syringe loading sample injector (Cotati, CA, USA), sample loop 20 μ l. The Chromatography Station for Windows version 1.5 (Data Apex, Prague, Czech Republic) was used for the quantification. All analyses were performed on a reversed-phase column (LiChrospher 100 RP 18.5 μ m, 100 \times 3 mm I.D, Merck) with precolumn (Separon SGX, 5 μ m). Detection of 2,5-DHBA and salicylic acid was performed by isocratic elution with the mobile phase containing 20% (v/v) MeOH in the buffer pH 3.6 (0.03 mol/l citric acid and 0.06 mol/l NaH₂PO₄), flow rate 0.5 ml/min. The mobile phase was filtered through nylon membrane filter (0.2 μ m pore size, SolVac, USA). Analytes were detected on a dual electrode analytical cell with the first electrode set to oxidize the 2,5-DHBA at +250 mV and the second electrode set to oxidize salicylic acid at +750 mV. A guard cell (model 5020) was placed between the pump and sampler at a potential of +775 mV to oxidize contaminants in mobile phase.

Part of the hearts included in this study was tested on hydroxyl radical production. There was no difference in other measured parameters between the hearts perfused with salicylate and hearts perfused without it.

Electron microscopy

The viability of preparation was checked by electron microscopy. The tissue was prepared by the following procedure: at the end of experiment (washout period), the heart is perfused with 3% solution of glutaraldehyde for 10 min,

removed from Langendorff apparatus and the strips 1 \times 1 \times 3 mm in size were cut from both atria and ventricles. The samples were immediately fixed in a 400 mmol/l solution of glutaraldehyde in 0.1 mol/l phosphate buffer at pH 7.4. Fixation was carried out in two baths of 40 mmol/l OsO₄ solution in phosphate buffer at pH 7.4.

Dehydration, immersion and embedding in Durcupan ACM followed the standard procedure. Ultra thin sections were made on an LKB Nova ultramicrotome and stained with lead citrate or with uranyl acetate and lead citrate. The sections were viewed and photographed in a Philips Morgagni 268D (FEI, The Netherlands) electron microscope.

Results

Perfusion with VSD di-4-ANEPPS caused specific changes of electrograms in all examined hearts. Moreover, there was a difference between guinea pig and rabbit hearts. Figure 2 shows RR interval changes during staining with VSD in both animal models. Each value represents an average of minimum 12 animals. Results are presented as a mean \pm S.E.M. Statistical differences among groups were determined by one-way analysis of variance (ANOVA).

RR intervals respond to VSD application with a delay. This delay is affected by CF that is individually different even if using hearts of the same species, sex, age, and similar weight. This effect of VSD on heart excitability is, however, washable only in rabbit hearts; in guinea pig hearts the decrease in heart rate is sustained. These changes are not statistically significant in rabbit hearts.

Beside the changes in the heart rate, in both models various changes in the shape of electrogram recorded during

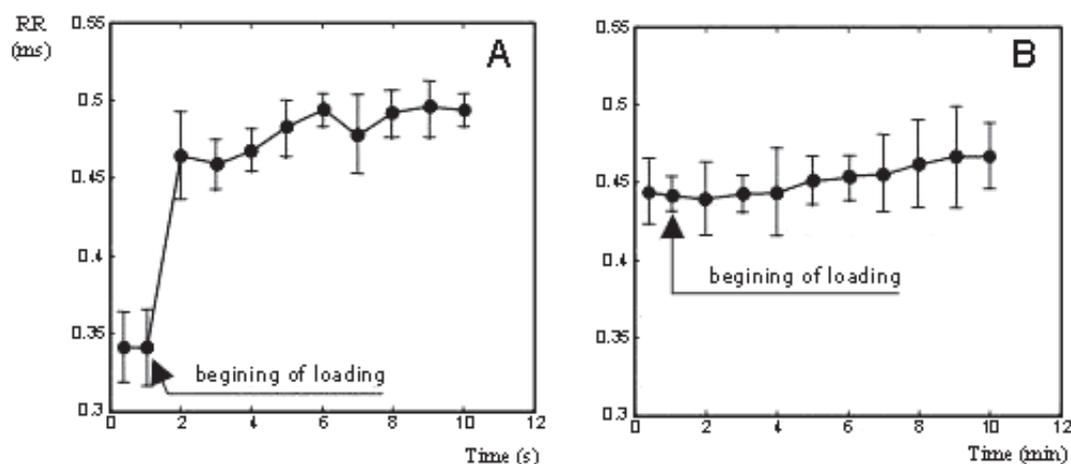


Figure 2. Changes in RR intervals in guinea pig (A) and rabbit (B) heart immediately after dye application (A, time scale in seconds) and during 10-min period of staining (B, time scale in minutes). Note the immediate RR intervals prolongation in guinea pig. This effect is irreversible and significant ($p < 0.05$). RR interval changes in rabbit hearts (B) are subtle and washable (not shown).

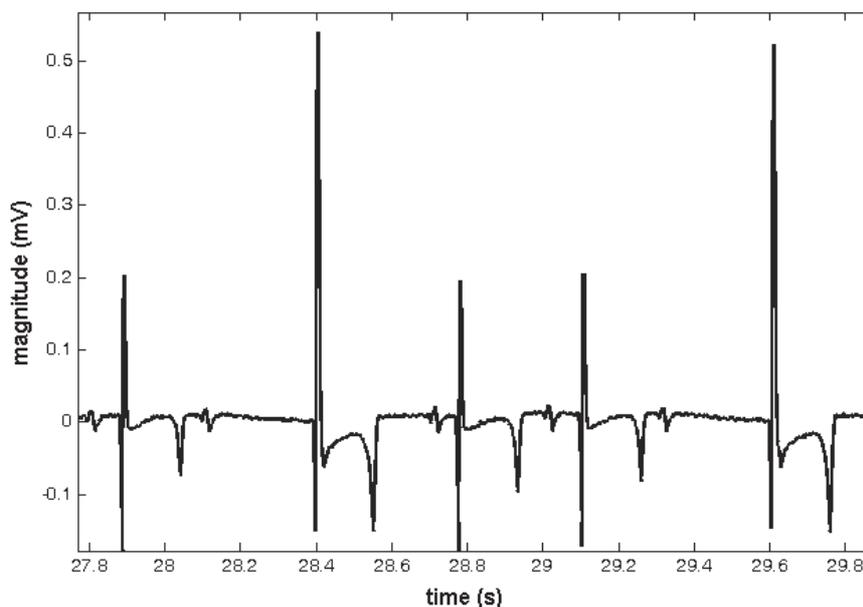


Figure 3. Electrocardiogram of isolated perfused guinea pig heart recorded during perfusion with dye. Note the irregularities of rhythm.

staining were observed – mainly the shape of QRS complex and T wave were often altered by perfusion with the dye. These changes during VSD application were observed in all experiments in guinea pig, and in part of rabbit hearts. Among other changes of electrogram, the most prominent one is “floating” of P wave or partial block in the atrioventricular (AV) node, also more often present in guinea pig hearts. All these changes are partially reversible during the washout period in guinea pig. In rabbit, the changes of electrogram configuration are minor, insignificant and fully washable.

An example of the effect of perfusion with di-4-ANEPPS on electrogram is given in Figure 3 and for the comparison of VSD effect in isolated heart of both species see Figure 4. CF changes are summarized in Figure 5. The mean CF does not significantly change during the period of loading with the dye, however, in the period of washout the decrease of the mean CF can be observed in most of the hearts. Due to inconsistency of the measured data the decrease in CF is insignificant in neither species or situation.

Decrease in the CF might cause ischemic damage of the myocardium and in turn this could explain certain electrophysiological changes observed during staining with VSD and washout of the dye. Thus we decided to test whether hydroxyl radicals were formed during control period and if the presence of di-4-ANEPPS can affect their formation. The method described by Onodera was used (Onodera and Ashraf 1991) that was verified in our previous experiments (Bochorakova et al. 2006). In this method, salicylic acid is

added to the perfusion medium and production of hydroxyl radicals is detected on the basis of formation of hydroxylation products of salicylic acid. The 2.5-DHBA can be detected on HPLC. Isolated hearts were perfused in the presence of 1 mmol/l salicylic acid. We analysed the production of 2.5-DHBA in coronary effluents and the effect of di-4-ANEPPS on its formation. We didn't find any peak of 2.5-DHBA in the chromatogram during perfusion period as well as in the presence of di-4-ANEPPS (Figure 6). This implies that the treatment with di-4-ANEPPS during loading period is not followed by the formation of hydroxyl radicals.

Next part of our study was focused on examination of possible ultrastructural changes caused by long-lasting exposure to VSD. In comparison with control hearts, those loaded with di-4-ANEPPS did not reveal any changes detectable by electron microscopy (see Figure 7 for guinea pig myocardium): the tissue was composed of interconnected mono-nucleated cells imbedded in a weave of collagen. The picture contains a large number of myofibrils, striated like in skeletal muscle. A large fraction of the cell volume is occupied by mitochondria. Myofibrils and mitochondria occupy about 85% of the heart cell volume; the rest contains sarcolemma, T-tubules, sarcoplasmic reticulum, intercalated discs, and gap junctions (nexus). Both species were examined and no changes in ultrastructure as a consequence of di-4-ANEPPS binding were observed in either of the examined hearts.

Finally, we decided to compare signal-to-noise ratio (SNR) in rabbit hearts stained with di-4-ANEPPS in both staining procedures. Rabbit was chosen because of its

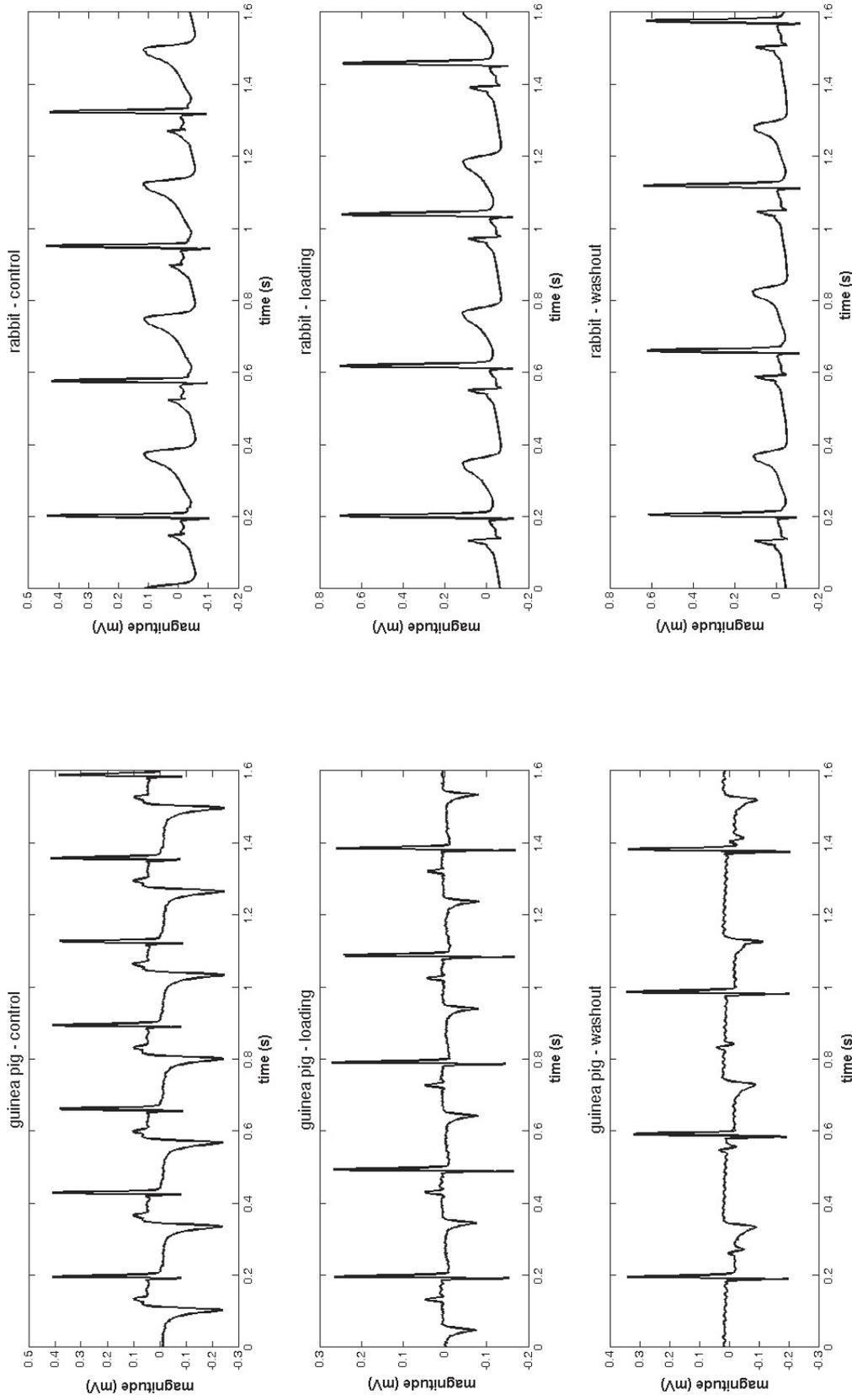


Figure 4. Original records of the effects of VSD on a guinea pig (left panel) and a rabbit (right panel) isolated heart. Note the partial AV block in guinea pig – washout (left bottom).

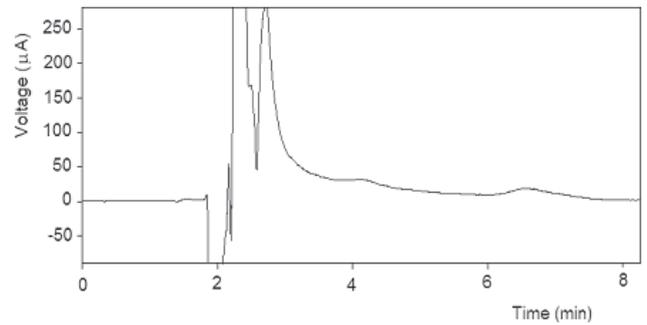
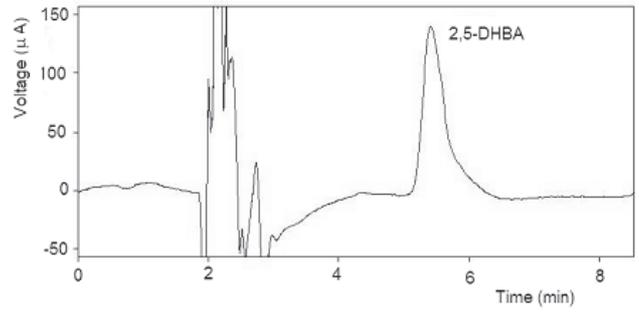
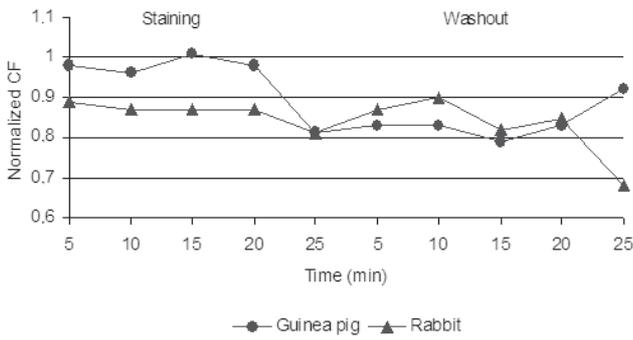


Figure 5. Mean coronary flow (CF) measured during staining and washout period in both animal models. Each value represents an average of minimum 12 animals. Results are presented as a mean (S.E.M. not calculated – the values are normalized to the end of stabilization period). Statistical differences among groups were determined by ANOVA.

Figure 6. Top: model HPLC chromatogram of the Krebs–Henseleit solution containing standard of 2,5-DHBA. Peak of 2,5-DHBA has retention time 335 s. Bottom: HPLC chromatogram of coronary effluent containing 1 mmol/l salicylate and di-4-ANEPPS. No peak of 2,5-DHBA is seen.

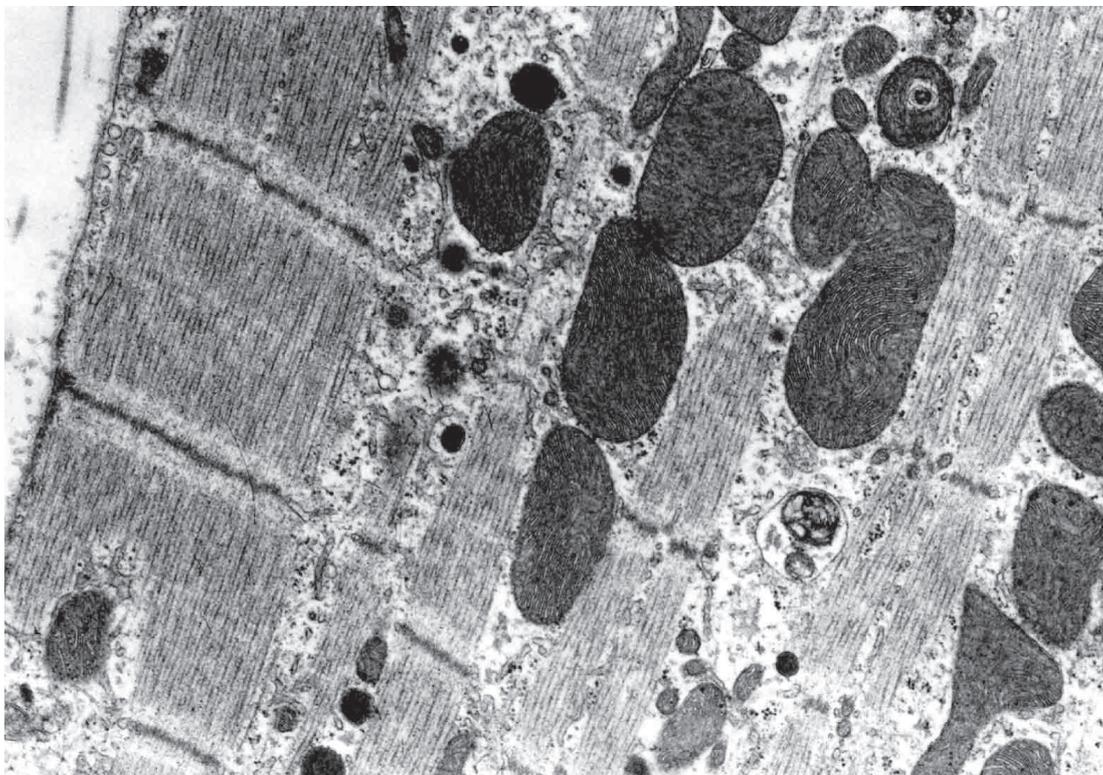


Figure 7. Electronoptical picture of guinea pig heart muscle exposed previously to fixation to VSD di-4-ANEPPS.

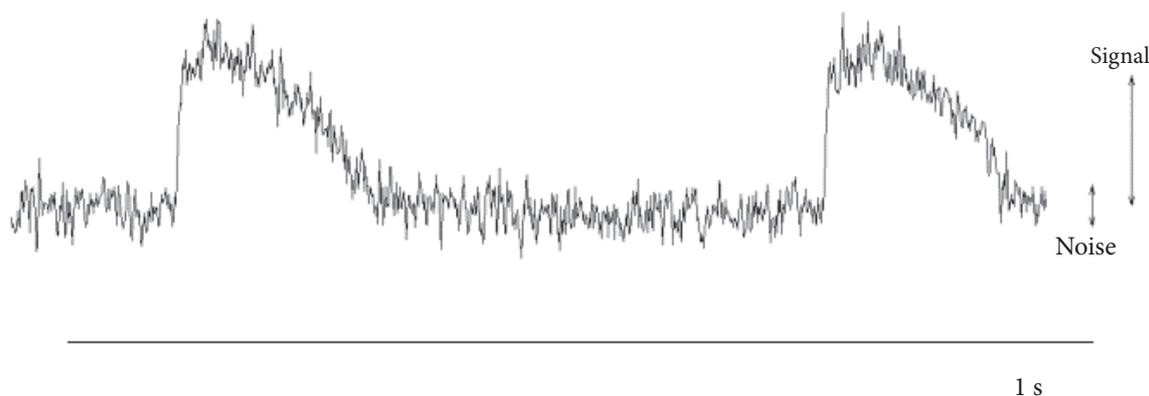


Figure 8. Original recording of APs with marked values of signal and noise. Recording was obtained after approximately 8 min of continuous illumination.

better resistance to changes triggered by VSD application. After the heart was stained and the excess of dye washed out from coronary system, continuous exposure to light source and recording of APs was started. In each minute of recording, AP amplitudes were manually marked in their maximum (Figure 8), SNR was evaluated according to formula

$$\text{SNR} = 20 \times \log(\text{signal}/\text{noise})$$

and obtained values were plotted in Figure 9.

It is obvious that slower staining with low concentration of dye applied into coronary system together with perfusion solution (Method I in Figure 9) brings tissue with higher SNR and also that the obtained signal is smoother. Persistence of dye in the myocardium in this case is quite high in comparison with myocardium stained with small amount of dye applied in one bolus into the perfusion system. Fading of the signal during continuous illumination of the heart in Method II is quite fast.

Discussion

The possibility of recording the dynamic changes of the transmembrane potential of excitable cells by optical means was first suggested already in 1968. The first cardiac application was then reported in 1981 – the localization of pacemaker activity in embryonic heart preparation. Since then the method has been improved and numerous VSDs from various chemical groups have been tested (Montana et al. 1989; Salama et al. 2005). Several problems had to be solved before these new dyes were accepted for everyday laboratory practice. One of the most important tasks was to minimize side effects of the dye on the preparation in the

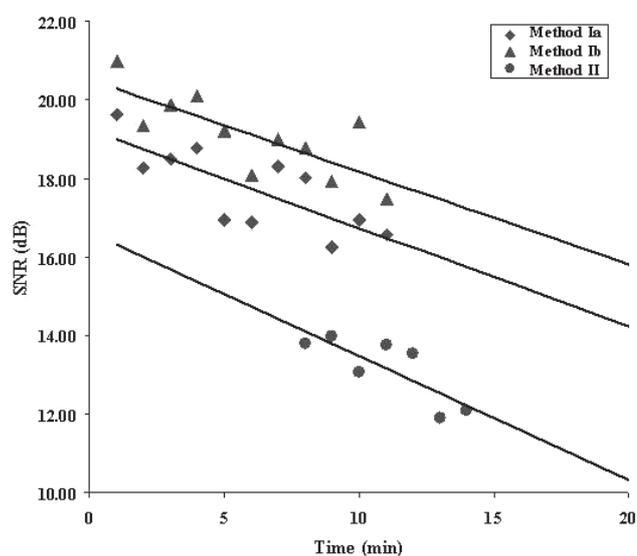


Figure 9. Changes of signal-to-noise ratio (SNR) in rabbit isolated hearts stained with di-4-ANEPPS during continuous illumination. Method I – slow staining (a and b represent two different experiments), Method II – fast staining. Linear trends are marked.

absence and presence of light (Salama 2001). Most prominent pharmacological effect of VSDs on cardiac tissue is so-called photodynamic or phototoxic damage. The exact mechanism of these effects remains unknown but undoubtedly it is very complex. Formation of free radicals or direct interaction with the voltage-gated calcium and/or potassium channels have been suggested, which may result in altered conductivity and the time-dependent gating (Cheng et al. 1998; Nygren et al. 2003; Qin et al. 2003).

Our data presented in this study support the idea of direct effect of VSD di-4-ANEPPS on the conductive system and

working myocardium of the guinea pig and rabbit heart similarly as previously reported in rat myocardium by Nygren et al. (2003). Quite typical observation in our experiments was slowing of the heart rate and a partial block in AV node. Accompanying changes of the shape of electrogram curve favor the idea of direct effect of the dye on cardiac ionic channels. Since T wave is often impaired in its shape and amplitude during the staining and washout periods, we assume that predominantly potassium channels are affected.

Most often used experimental models in basic cardiology research – rat, guinea pig and rabbit hearts – differ mainly in repolarization phase of action potential. It is caused by the fact that guinea pig ventricular cardiomyocytes do not develop transient outward current which – in turn – is present in rat and about half of the rabbit ventricular myocytes. Moreover, delayed rectifier current of relatively high amplitude has been found in guinea pig cardiac cells on the contrary to negligible or even absent delayed rectifier current in rat and rabbit. Inward rectifier potassium current is similar in rabbit and guinea pig (Varró et al. 1993). Thus, we can presume that different response of guinea pig and rabbit myocardium to staining with di-4-ANEPPS in our experiments is caused by the effect of this dye on characteristics of delayed rectifier and/or transient outward currents.

Our results concerning electrophysiological changes caused by VSD are in agreement with the above cited study in rat myocardium (Nygren et al. 2003). Namely, AV blocks of various degrees, which are transient and of short duration in rabbit myocardium and more sustained in guinea pig hearts, were observed in rat heart muscle as well. Moreover, various changes of electrogram mainly in repolarization part (ST segment and T wave) accompany staining with di-4-ANEPPS. Again, these changes are more prominent in guinea pig myocardium. Recently, involvement of impaired calcium cycling in direct effect of di-4-ANEPPS on pig hearts (Qin et al. 2003) and positive inotropic effect of another VSD, RH421 in rat myocardium were studied (Cheng et al. 1998). However, when studied in patch clamp experiments, ventricular cardiomyocytes of rat, guinea pig and rabbit did not show any significant differences in calcium inward current (Varró et al. 1993). Nevertheless, the effect of di-4-ANEPPS on conductivity in AV node (present as AV blocks) implies the possibility that slow calcium current in pacemaker cells is affected by the dye.

A decrease in the mean CF observed during staining but mainly during the washout period outlasted in various degrees till the end of the experiment. The explanation of this phenomenon is very difficult since CF is only subsidiary information and it is well known that this parameter depends on many factors. However, we did not find any production of hydroxyl radicals in consequence to staining of the cardiac muscle with voltage-sensitive dye and thus we can exclude the possibility that ischemia – which might be caused by

decreased CF – is a reason for observed electrophysiological changes. Also morphological examination did not bring any light into this problem. It seems that application of VSD di-4-ANEPPS causes vasoconstriction in coronary system in isolated guinea pig and partially also rabbit hearts perfused according to Langendorff without any functional or morphological consequences. This data are contradictory to findings of Nygren et al. (2003) who observed transient coronary vasodilatation in rat isolated hearts perfused according to Langendorff after application of di-4-ANEPPS. Yet there are certain differences in their experimental set-up which may explain this incongruity: perfusion pressure was monitored but in our set-up it is kept constant throughout the experiment to ensure proper perfusion during all its phases; the temperature during staining was maintained at 32°C, but in our experiments we worked strictly at physiological temperature of 37°C; and last but not least – rat myocardium differs in many aspects from other species.

Most of laboratories use to stain the myocardium by concentrated dye as a bolus. During short period of staining in this case hardly any electrophysiological changes can be detected. The staining procedure used in our laboratory gives us the opportunity to obtain preparation with quite high persistence of the dye in the stained tissue. We have proved that although certain electrophysiological changes are present in the hearts of both species, at least in rabbit these changes are mostly reversible and thus rabbit myocardium can be stained with di-4-ANEPPS by low concentration of the dye applied into the coronary system and be considered a reliable model for electrophysiological studies.

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