## Meeting abstract

# **Open Access** Prostaglandin E<sub>2</sub> acts via the EP<sub>4</sub> receptor to inhibit platelet aggregation Sonia Philipose, Martina Ofner, Ákos Heinemann and Rufina Schuligoi\*

Address: Institute of Experimental and Clinical Pharmacology, Medical University of Graz, 8010 Graz, Austria

Email: Rufina Schuligoi\* - rufina.schuligoi@medunigraz.at

\* Corresponding author

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

© 2009 Philipose et al; licensee BioMed Central Ltd.

### **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  $(PGI_2)$ . It is known that low concentrations of  $PGE_2$ 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<sub>2</sub> and EP<sub>4</sub> ( $G_s$  signalling). PGI<sub>2</sub> is known to inhibit platelet aggregation through its IP receptor ( $G_s$  signalling). The role of  $EP_3$  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  $EP_4$  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. Ca2+ flux changes caused by addition of agonists were also examined using a fluorescent Ca2+ 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<sub>2</sub>selective agonist (butaprost) seemed to have no effect on platelet aggregation. On the contrary, an EP4 agonist (ONO AE1-329) inhibited platelet aggregation in a concentration-dependent manner, and this effect could be reversed by using EP4 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<sub>4</sub> agonist, while inhibition of adenylate cyclase had no effect. The EP<sub>4</sub> agonist ONO AE1-329 also attenuated Ca<sup>2+</sup> 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.