Perivascular Adipose Tissue and Coronary Vascular Disease

Meredith Kohr Owen, Jillian N. Noblet, Daniel J. Sassoon, Abass M. Conteh, Adam G. Goodwill, Johnathan D. Tune

Abstract—Coronary perivascular adipose tissue is a naturally occurring adipose tissue depot that normally surrounds the major coronary arteries on the surface of the heart. Although originally thought to promote vascular health and integrity, there is a growing body of evidence to support that coronary perivascular adipose tissue displays a distinct phenotype relative to other adipose depots and is capable of producing local factors with the potential to augment coronary vascular tone, inflammation, and the initiation and progression of coronary artery disease. The purpose of the present review is to outline previous findings about the cardiovascular effects of coronary perivascular adipose tissue and the potential mechanisms by which adipose-derived factors may influence coronary vascular function and the progression of atherogenesis. (Arterioscler Thromb Vasc Biol. 2014;34:00-00.)

Key Words: adipokines ■ adipose tissue ■ obesity

Coronary perivascular adipose tissue (PVAT) is a visceral adipose tissue of mesothelial origin that normally surrounds the major coronary arteries on the surface of the heart.1,2 Coronary PVAT is functionally distinct from the adipose tissue found on the surface of the myocardium, which is defined as myocardial epicardial adipose tissue.3,4 In addition to adipocytes and preadipocytes, coronary PVAT contains fibroblasts, macrophages, leukocytes, as well as blood vessels and autonomic nerves. With no fascia separating PVAT from the coronary circulation and myocardium, these essential components of the heart share the same microcirculation.1 Originally perceived as a relatively ubiquitous and benign tissue that largely provides structural support and insulation,5-6 it is becoming clear that factors derived from PVAT (adipokines) are capable of influencing a variety of key (patho)physiological parameters. In particular, recent data support that cardiac adiposity expands with obesity,7 that atherosclerotic plaques occur predominately in coronary arteries that are encased in PVAT,7-10 and that coronary PVAT volume is positively associated with underlying plaque burden.11 Patients with high myocardial epicardial adipose tissue volume have also been shown to have a higher incidence of atrial fibrillation, independent of left atrium enlargement.12-14 As such, cardiac adiposity has been identified as an independent risk factor for coronary artery disease15-16 and a predictor of future coronary events.17 Although specific adipokines can serve to promote vascular health and integrity,18,19 evidence is mounting in support of marked upregulation of proatherogenic mRNA and protein expression profiles in coronary PVAT and myocardial epicardial adipose tissue in the setting of obesity.20-25 This aberrant regulation of coronary PVAT also correlates with underlying vascular dysfunction and disease in obesity25-30. Thus, there is growing evidence to support the hypothesis that local alterations in PVAT-derived factors contribute to the initiation, progression, and expansion of coronary disease24,25 independent of changes in visceral adipose tissue and systemic adipokine levels that may occur in the setting of obesity.31 The purpose of the present review is to outline current data about the cardiovascular effects of coronary PVAT and the potential mechanisms by which adipose-derived factors may influence coronary endothelial and smooth muscle function and the progression of atherogenesis.

Vascular Effects of Peripheral Versus Coronary PVAT

Initial studies into the vascular effects of peripheral (noncardiac) PVAT demonstrated significant reductions in contractile responses to a variety of agonists in aorta, aortic,32-35 mesenteric,36-38 and human internal thoracic arteries.39-40 This anticontractile (or adipose-derived relaxing factor) vasodilator effect has been attributed to PVAT-derived adiponectin,41 hydrogen sulfide,37 hydrogen peroxide,33 and angiotensin-(1–7)42-mediated vasodilation via the opening of voltage-dependent K_v7 channels,37 BK Ca channels,40,43 and Kir channels.38 In contrast, the presence of peripheral PVAT has also been shown to potentiate contraction of mesenteric arteries to electric field stimulation via increased production of angiotensin II and superoxide.44,45 Recent data from Watts et al46 implicate hemerin as a PVAT-derived...
these profiles are significantly altered in the setting of disease. Examination of PVAT surrounding the major coronary arteries suggests that this adipose depot is phenotypically consistent with both white and brown adipose tissue. Data from the Weintraub laboratory indicate that adipocytes from human coronary PVAT exhibit a reduced state of adipogenic differentiation compared with adipocytes from other depots from the same subjects (eg, subcutaneous or perirenal–visceral) and that expression of proinflammatory genes and secretion of cytokines such as interleukin-6, interleukin-8, and monocyte chemoattractant protein are markedly elevated in coronary PVAT versus other adipose tissue depots and in the presence of coronary artery disease (Table). Furthermore, recent findings from our laboratory, as well as others, support that this heightened proinflammatory environment of coronary PVAT is markedly exacerbated by obesity and with the progression of coronary artery disease.

Potential mediators and mechanisms of these influences are discussed below.

In summary, the findings to date indicate that the vascular effects of PVAT are highly dependent on anatomic location of the artery/adipose tissue depot, the species being studied, the pharmacological agonist(s) used, and the underlying phenotype of the endothelium and smooth muscle in relation to the overall health status of the studied model. Generally, PVAT from peripheral beds exerts vasodilator anticontractile influences, whereas coronary PVAT tends to induce vasoconstrictor effects, which includes attenuation of endothelial-dependent dilation. It is important to recognize that the experimental evidence thus far derives from in vitro examination of isolated arteries. Thus, the functional (physiological) relevance of these vascular influences on the regulation of blood pressure, organ blood flow, and progression of disease remains a critical and experimentally difficult question to address moving forward. In addition, more careful examination of the precise cell types and mediators responsible for these effects is also warranted.

**Expression Profiles in Coronary PVAT**

Recent evidence supports that there are substantial differences in gene and protein expression in different adipose tissue depots (eg, subcutaneous versus coronary) and that
Pathways Influenced by Coronary PVAT

As outlined above, initial studies on the vascular effects of coronary PVAT have shown that factors produced by this depot can impair endothelial-dependent vasodilation and augment coronary smooth muscle constriction, especially in the setting of obesity. At present, we are far from understanding the precise factors and signaling pathways responsible for the vascular effects of coronary PVAT. However, there are recent investigations that provide insight about potential mechanisms of PVAT-induced coronary vascular dysfunction.

Data from our laboratory support that coronary PVAT significantly attenuates endothelial-dependent dilation of isolated coronary arteries in the setting of obesity. This endothelial dysfunction was associated with elevated expression of the adipokine leptin, which we have demonstrated induces significant reductions in coronary endothelial nitric oxide production via a protein kinase C-β–dependent phosphorylation of endothelial nitric oxide synthase at the Thr495 inhibitory site. This hypothesis is supported by additional studies that found that the endothelial effects of obese coronary PVAT are abrogated by the inhibition of leptin receptors with a recombinant, pegylated leptin antagonist or by the inhibition of protein kinase C-β with ruboxistaurin. These findings are corroborated by data from other laboratories which have documented increased activation of protein kinase C-β in obesity. Prior studies have also implicated leptin in other key aspects of atherogenesis, including (1) monocyte chemotraction, (2) promotion of cholesterol ester accumulation in foam cells, (3) reduction of plasma high-density lipoprotein cholesterol and apolipoprotein A-I concentrations, (4) activation of acute phase reactants, and (5) elevation of oxidative stress and modification of plasma lipoproteins, and (6) augmented DNA-binding activity of proinflammatory transcription factors.

Alternatively, reductions in adiponectin expression in obese coronary PVAT could facilitate inflammation, endothelial dysfunction, and atherogenesis, as recent data from Karastergiou et al indicate that administration of recombinant adiponectin successfully reversed PVAT-mediated increases in endothelial adhesion molecule expression (intercellular adhesion molecule-1) and adhesion of mononuclear cells to human coronary artery endothelial cells. PVAT-derived adiponectin has also been shown to improve the bioavailability of nitric oxide in gluteal arteries obtained from healthy but not obese humans. Prior studies also demonstrate that adiponectin administration diminishes oxidative stress and inflammation and improves endothelial function via adenosine monophosphate–activated protein kinase–induced phosphorylation of endothelial nitric oxide synthase at Thr176. Taken together, these findings suggest that an imbalance between proatherogenic versus antiatherogenic PVAT-derived adipokines could serve to activate several key regulatory pathways to promote obesity-induced coronary artery disease at a local level. Alterations in these pathways, along with other adipokines such as resistin and tumor necrosis factor-α that are known to negatively affect endothelial function and vascular remodeling, should be further explored.

Recently, Owen et al documented that coronary PVAT is capable of releasing factors that initiate and potentiate coronary contraction via activation of voltage-dependent ion channels (Ca, 1.2 channels). This effect of PVAT was substantially augmented in tissues obtained from obese relative to

<table>
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<tr>
<th>Adipokine</th>
<th>Condition</th>
<th>Coronary PVAT Expression Relative to Subcutaneous</th>
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<tbody>
<tr>
<td>Leptin</td>
<td>NCAD</td>
<td>↓ mRNA</td>
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<tr>
<td></td>
<td>CAD</td>
<td>↓ mRNA</td>
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<tr>
<td>Adiponectin</td>
<td>NCAD</td>
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<td>CAD</td>
<td>↑ protein secretion</td>
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<td>NCAD+CAD</td>
<td>↑ mRNA</td>
<td>64</td>
</tr>
<tr>
<td></td>
<td>CAD</td>
<td>↑ mRNA, ↑ protein secretion</td>
<td>63</td>
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<tr>
<td></td>
<td></td>
<td>↓ protein secretion</td>
<td>26</td>
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<tr>
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<td>NCAD</td>
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<td>↑ mRNA</td>
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<td></td>
<td></td>
<td>↑ protein secretion</td>
<td>63</td>
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<tr>
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CAD indicates coronary artery disease; IL-1β, interleukin-1β; IL-6, Interleukin-6; MCP-1, monocyte chemoattractant protein-1; NCAD, no coronary artery disease; NCAD+CAD, grouped population of NCAD and CAD; PAI-1, plasminogen activator inhibitor-1; PVAT, perivascular adipose tissue; and TNF-α, tumor necrosis factor-α.
lean swine, thus suggesting that obesity increases production of adipose-derived constricting factors from coronary PVAT. A global proteomic assessment of coronary PVAT supernatant from lean and obese swine revealed substantial alterations in key regulatory pathways, including cellular growth and proliferation (51 molecules) and cellular movement (39 molecules). Of particular interest were increases in RhoA (2.9-fold) and calpastatin (1.6-fold) which are directly linked to smooth muscle contraction, Ca\(^{2+}\) sensitization, and the progression of hypertension.96,97 Further studies to examine the effects of calpastatin, a known endogenous calpain inhibitor,97,98 revealed that this protein dose dependently augments contractions of isolated coronary arteries similarly to that of coronary PVAT. Interestingly, interrogation of the Rho kinase pathway revealed that coronary contractions to lean PVAT are largely mediated via a Rho dependent pathway, whereas enhanced coronary contractions to obese coronary PVAT occurred independent of Rho kinase signaling (was unaffected by the inhibition of Rho kinase). These data, along with concurrent evidence that PVAT-derived factors significantly impair coronary vasodilation of hydrogen peroxide-sensitive K\(^+\) channels,23 indicate that the effects of coronary PVAT are related not only to inherent alterations in coronary PVAT expression profiles but also to underlying mechanistic differences in obese coronary artery smooth muscle cells. This hypothesis is supported by earlier studies from our laboratory and others which have demonstrated that obesity decreases the functional expression of coronary K\(^+\) channels99-103 and increases coronary Ca\(_{\text{L}2}\) channel current, expression, and contraction.51,52,104

Implications and Conclusions

Taken together, there is a growing body of evidence to support that changes in the phenotypic expression patterns in coronary PVAT occur concomitantly with mechanistic alterations in endothelium and vascular smooth muscle. These changes seem to be dependent on the unique characteristics of the cell types involved and the underlying environment/milieu in which they reside. However, the extent to which PVAT-derived factors causally contribute to changes in vascular expression of K\(^+\) channels, Ca\(^{2+}\) channels, Rho signaling, macrophage/foam cell formation, and regional heterogeneity of smooth muscle differentiation/proliferation and atheroma progression has not been determined. Future research to delineate the involvement of specific adipose tissue cell types, how adipose tissue–derived factors are delivered to the vascular wall and possibly systemic circulation (ie, vasa vasorum), identity of precise mediators, as well as signaling pathways and end-effector mechanisms influenced by coronary perivascular and epicardial adipose tissue beds, remain central questions moving forward.

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Disclosures

None.

References


**Significance**

There is a growing body of evidence to support that changes in the phenotypic expression patterns in coronary perivascular adipose tissue occur concomitantly with mechanistic alterations in endothelium and vascular smooth muscle in the setting of cardiovascular disease. These changes seem to be dependent on the unique characteristics of the cell types involved and the underlying environment/milieu in which they reside. This review summarizes current findings on the cardiovascular effects of coronary perivascular adipose tissue and outlines potential mechanisms by which adipose-derived factors may influence coronary disease.
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