

The β 2-Adrenergic Receptor Is a Global Regulator of Wound Healing *In Vivo*

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1 Introduction

Wound healing is a complex process, requiring the coordinated, temporal orchestration of numerous processes, including galvanotaxis, to repair damaged tissue. Over the past five years, we have established a role for the β 2 adrenergic receptor (β 2-AR) in regulating skin wound healing by investigating the effect of β 2-AR activation and blockade on the cellular processes of both human keratinocytes (K) and dermal fibroblasts (DF) in vitro and on wound healing in ex-vivo human skin models (1-6). Our prior research suggests that an endogenous catecholamine/ β 2-AR network might regulate wound healing in vivo. In this study, we established colonies of FVB β 2-AR $+/+$ (wild-type, WT) and FVB β 2-AR $-/-$ (knock-out, KO) mice to investigate the role of the β 2-AR in murine wound healing in vivo.

2 Materials and Methods

Murine K and DF were isolated from both WT and KO neonates and the effect of β 2-AR ligands on murine cell migration, ERK phosphorylation and galvanotaxis was studied as previously described (1-6). Two 6mm full-thickness wounds were created on the shaved backs of WT and KO mice, treated daily, topically, with gel alone or gel containing 0.1% β 2-AR agonist or antagonist ($n = 5$). Wounds were photographed daily then excised after either 3 or 5 days, fixed, embedded and sectioned for both hematoxylin/eosin and smooth muscle α -actin (SM α A) immunostaining.

3 Results

β 2-AR activation decreased both ERK

phosphorylation and the migratory capacity of WT murine K, while blinding them to an applied electric field (EF). β 2-AR blockade increased ERK phosphorylation, migration rate and galvanotaxis in WT murine K. KO murine K did not respond to β 2-AR ligands but migrated faster and more directionally in an EF than their WT counterparts. In contrast, both β 2-AR activation and blockade increased ERK phosphorylation and speed of migration in WT murine DF, while KO murine DF did not respond to β 2-AR ligands but migrated faster than WT. Finally, we detected catecholamine synthesis enzymes and measured epinephrine in both WT and KO K extracts.

β 2-AR agonist treatment delayed while β 2-AR antagonist treatment or loss of the β 2-AR accelerated wound closure. β 2-AR activation decreased wound re-epithelialization by 15% while blockade or loss of receptor increased re-epithelialization by 30% in wounds excised 5 days post wounding. Wound contraction correlates with the appearance of Sm α A expressing myofibroblasts in the granulation tissue. WT mice exhibited dense staining for Sm α A within the dermis below the hyperproliferative epithelial wound margin. SM α A staining was markedly reduced in β -AR agonist-treated WT wounds (by 62%) and markedly increased in β 2-AR antagonist-treated WT wounds (2.2 fold) and KO wounds (27%).

4 Conclusion

In summary, we have demonstrated that β 2-AR agonist treatment significantly delays, while β 2-AR antagonist treatment significantly augments wound healing in vivo by modulating both re-epithelialization (K) and wound contraction (DF). Additionally, the fact that wound healing is

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accelerated in β 2-AR KO mice provides convincing evidence that the β 2-AR/catecholamine network regulates the rate of wound healing. Our work demonstrates that β 2-AR blockade could be a potential therapy for promoting healing in chronic wounds.

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References

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