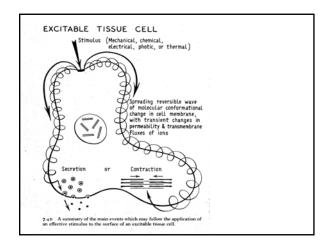
STNS 602 Cellular and Molecular neuroscience

Lecture : Molecular Structure of Sodium and Potassium Channels

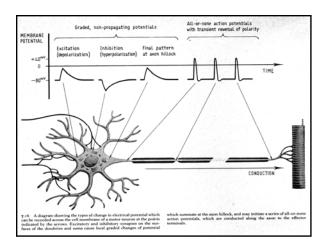
Lecturer: Dr. Naiphinich Kotchabhakdi Ph.D.

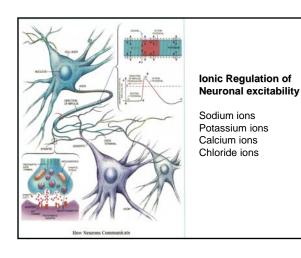
Neuro Behavioural Biology Center, Institute of Science and Technology, Mahidol University, Salaya, Nakorn pathom 73170 Thailand

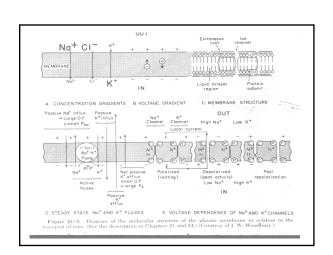


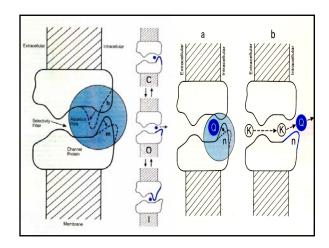
Movements of water and electrolytes through plasma membrane of excitable cells and neurons

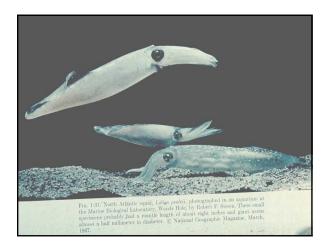
- 1. Passive channels
- 2. Water channels (Aquaporins)
- 3. Ion pumps (e.g. Na+/K+ ATPase)
- 4. Ligand-gated ionic channels (Receptors)
- 5. Voltage-gated ionic channels
- 6. Mechanical sensitive ionic channels
- 7. G-proteins-coupled receptors
- 8. Gap junctions (Nexus, Nexin channels)
- 9. Leak channels

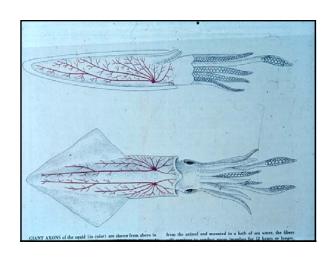




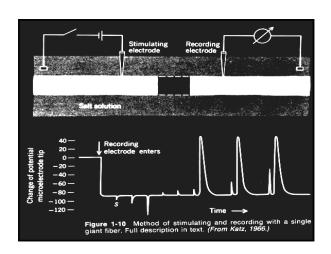


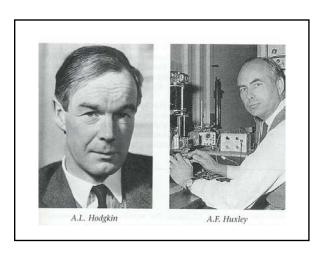


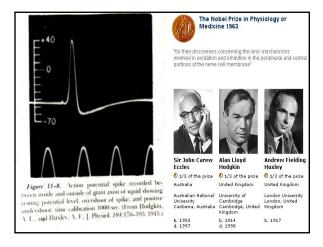


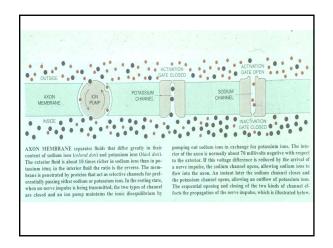


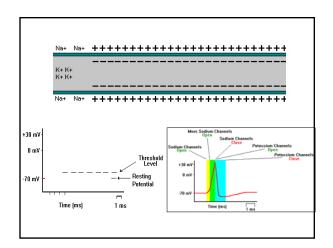


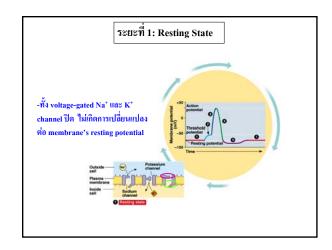


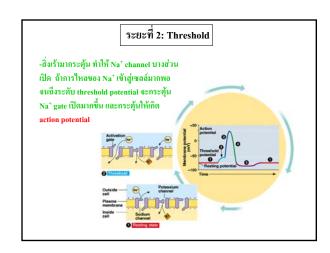


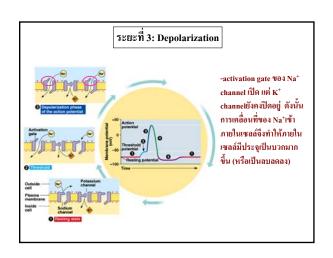


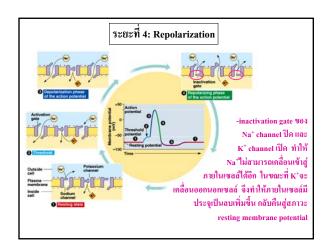


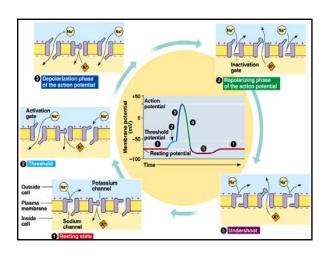


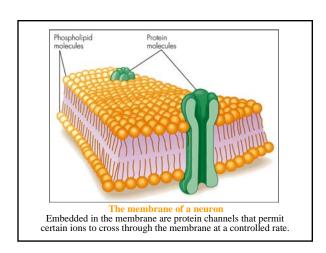


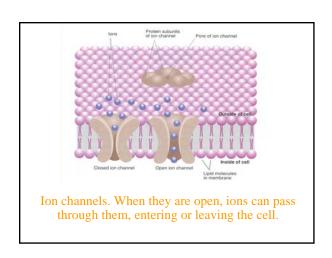


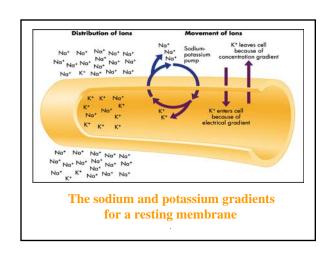


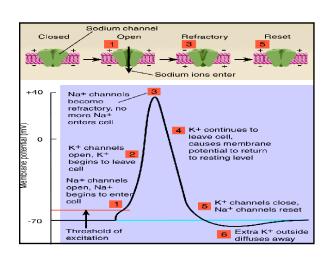


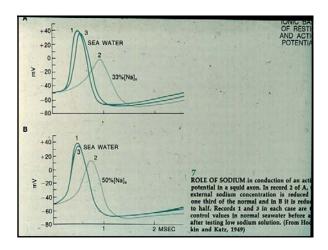


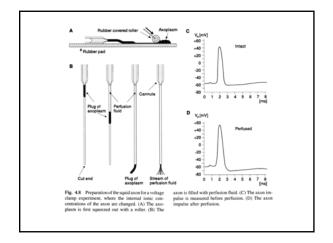


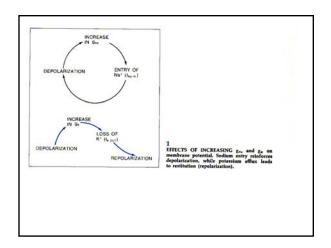


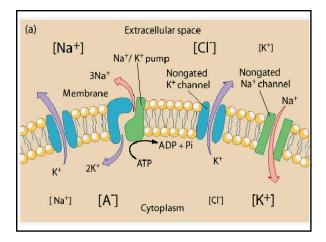


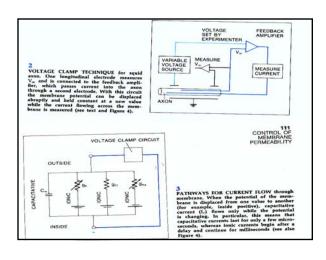


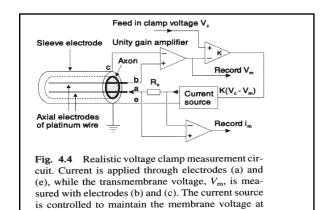




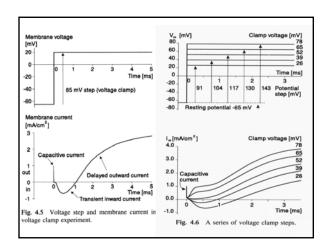


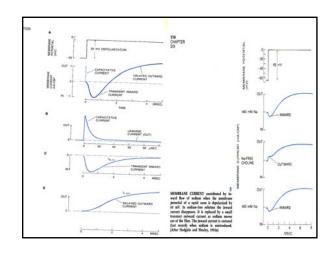






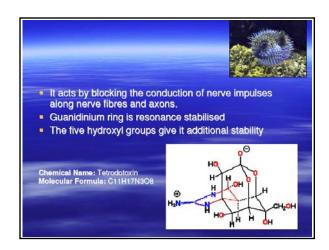
some preselected value $V_{\rm c}$.

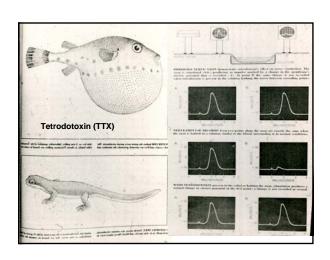


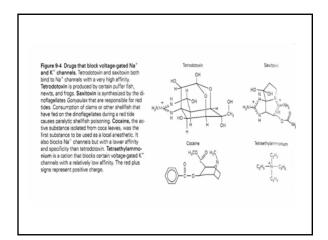


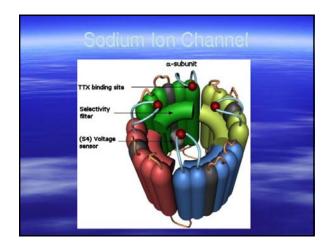


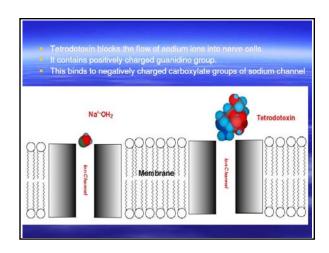


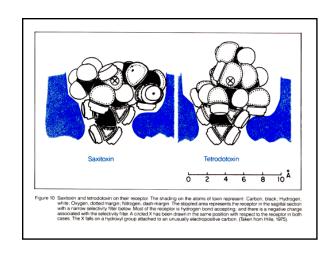




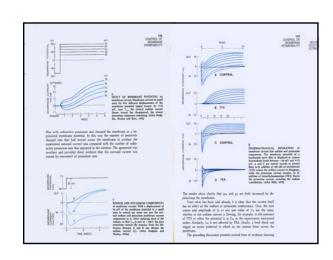












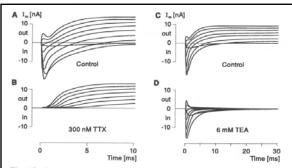
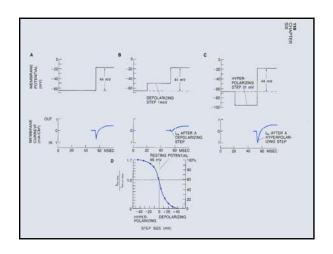
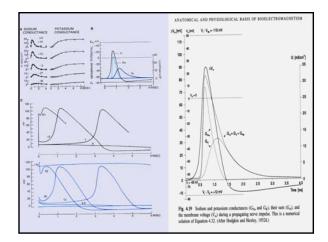
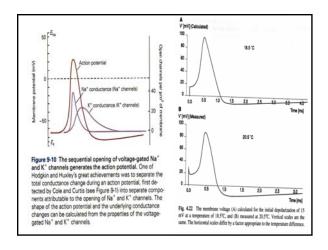
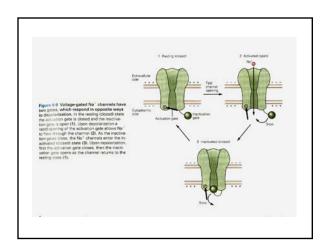


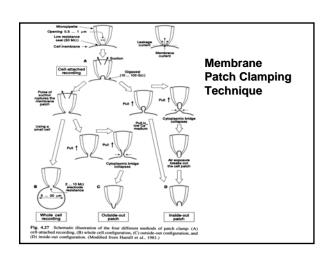
Fig. 4.9 Selective measurement of sodium and potassium currents by selective blocking of the sodium and potassium channels with pharmacological agents. (A) Control measurement without pharmacological agents. (B) Measurement after application of tetrodotoxin (TTX). (C) Control measurement without pharmacological agents. (D) Measurement after application of tetraethylammonium (TEA).

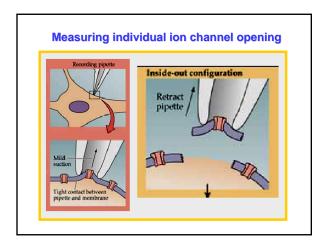


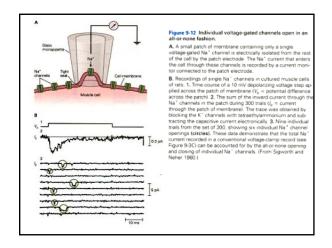


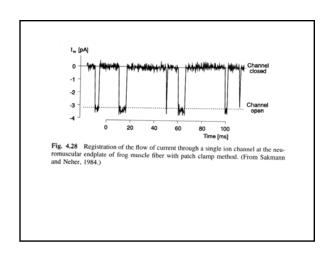


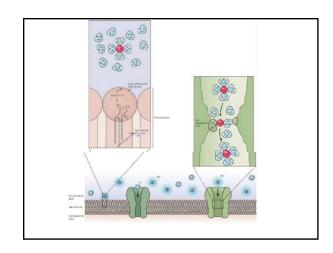


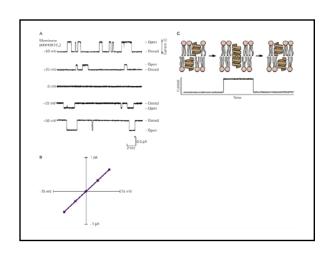


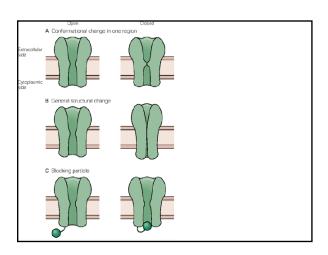


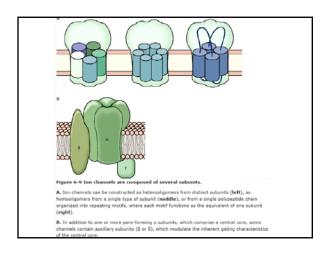


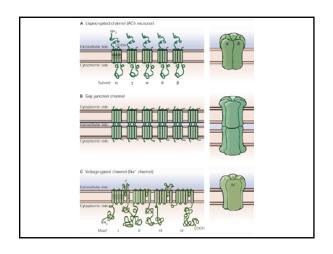


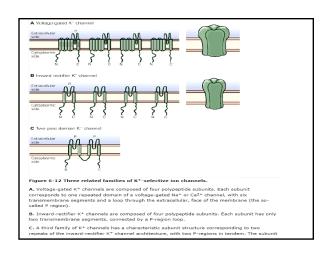


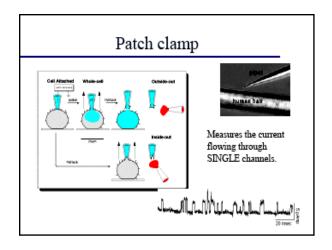


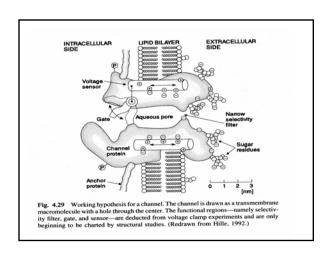


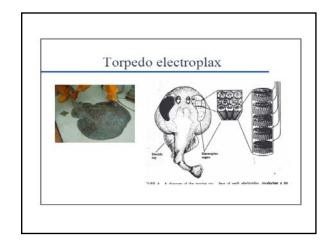


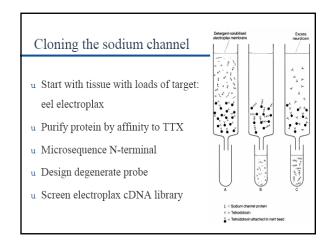


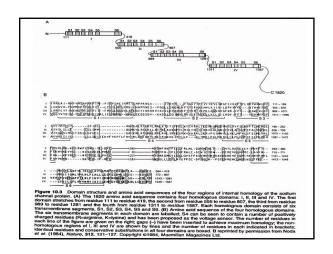


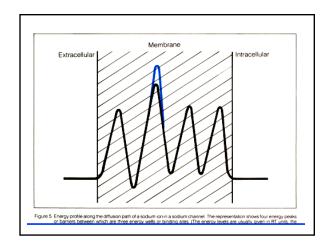


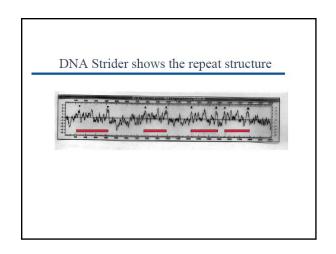


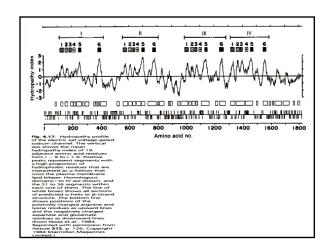


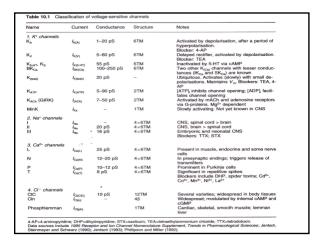


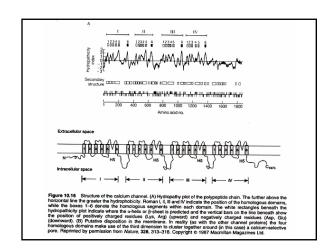


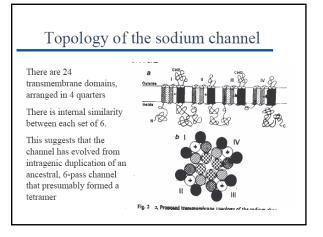


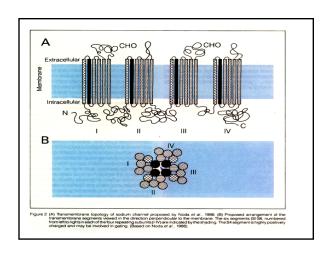


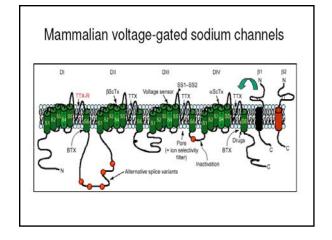


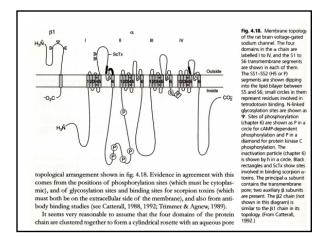


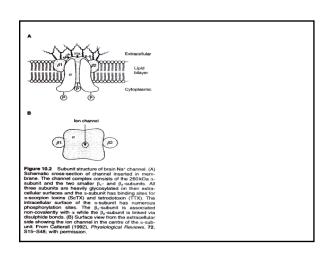


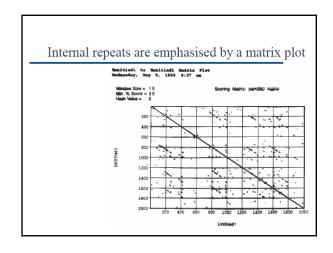


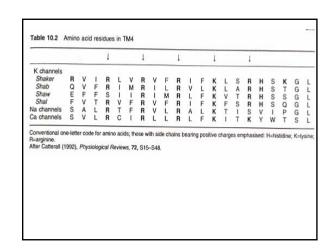


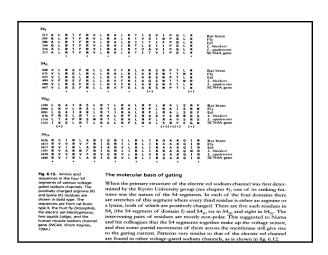


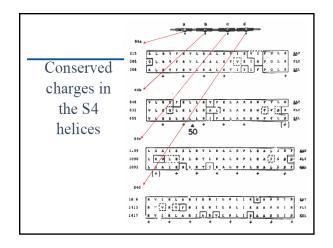


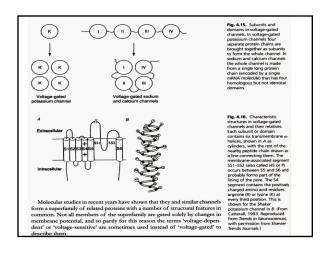


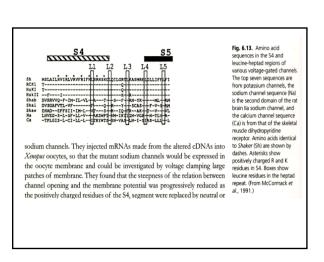


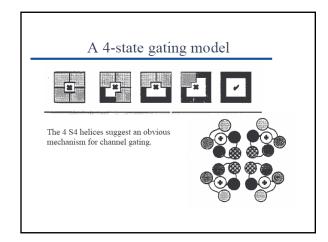


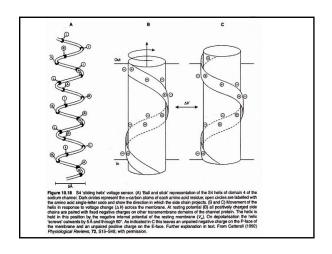


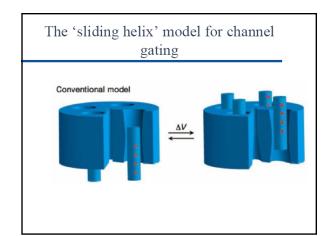






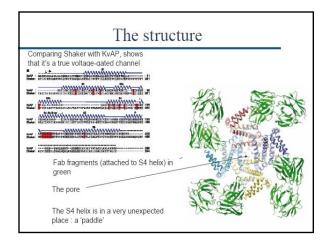


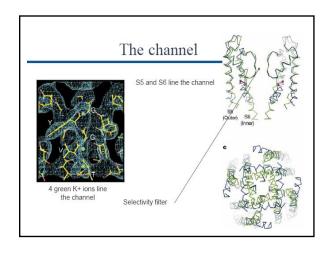


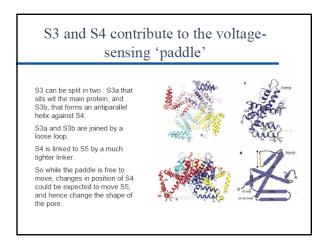


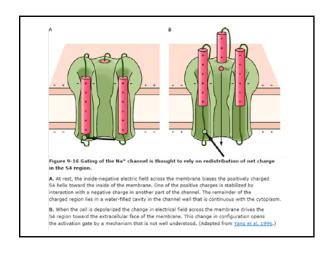
Problems with structure

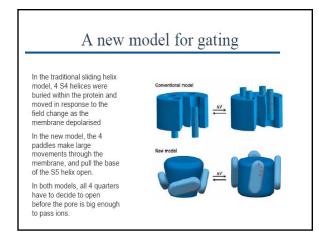
- u Voltage gated channels were thought to be impossible to crystallise
- McKinnon's group tried many organisms, but could not get stable crystals
- u Thought that this meant that part of the protein was very mobile
- u So used sequence from thermophilic bacterium
- u AND raised monoclonals to S4 domain
- u WERE able to crystallise

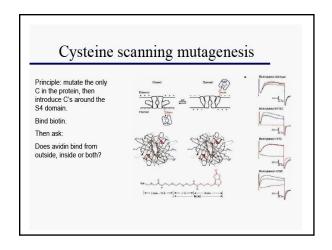


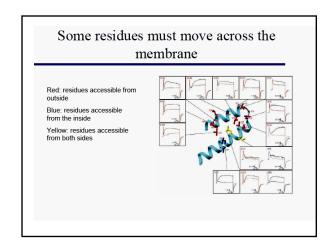


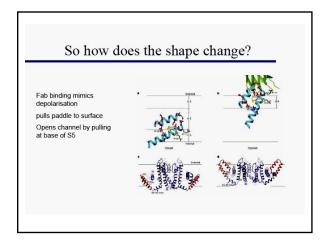


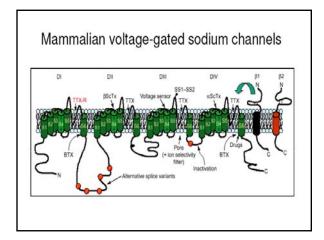


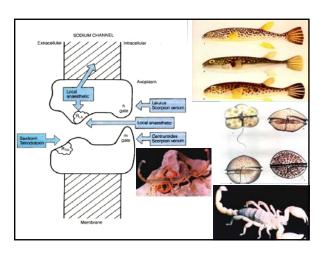












$\begin{array}{c} \text{Mammalian voltage-gated sodium channel } \alpha \\ \text{subunits} \end{array}$

Туре	Gene Symbol	Name		Present in DRG	TTX sensitivity
Na _v 1.1	SCN1a	type I	CNS, heart	+	+
Na _v 1.2	SCN2a	type II	CNS	+ (embryonic)	+
Na _v 1.3	SCN3a	type III	foetal brain	+ (embryonic)	+
Na _v 1.4	SCN4a	SkM1 (µ1)	skeletal muscle	(embryonic, rat)	+
Na _v 1.5	SCN5a	SkM2 (H1)	Heart	+ (adult, mouse)	-
Na _v 1.6	SCN8a	NaCh6	CNS, glial cells	+	+
Na _v 1.7	SCN9a	PN1	SCG, CNS	+	+
Na _v 1.8	SCN10a	SNS (PN3)	DRG	+ (small & medium cel	ls) -
Na _v 1.9	SCN11a	NaN (SNS2)	DRG	+ (most small cells)	-
Nax	SCN7a	NaG	sciatic nerve, lun	9 +	+(?)

Mutations in Voltage-Gated Channels Cause Specific Neurological Diseases

Several inherited neurological disorders are now known to be caused by mutations in voltagegated ion channels. Patients with hyperkalemic periodic paralysis have episodes of muscle stiffness (myotonia) and muscle weakness (paralysis) in response to the elevation of K* levels in serum after vigorous exercise. Genetic studies have shown that the disease is caused by a point mutation in the o-subunit of the gene for the voltage-gated Na* channel found in skeletal muscle. Voltage-clamp

studies of cultured skeletal muscle cells obtained from biopsies of patients with this disorder demonstrate that the voltage-gated Na⁺ channels fail to completely inactivate. This defect is exacerbated by elevation of external K*. The prolonged opening of the Na⁺ channels is thought to cause muscles to fire repetitive trains of action potentials, thus producing the muscle stiffness. As the fraction of channels with altered inactivation increases (as a result of continued K* elevation), the muscle resting potential eventually reaches a new stable depolarized level (around -40 mV), at which point most Na⁺ channels become inactivated so that the membrane fails to generate further action potentials (paralysis).

Hyperkalemic periodic paralysis and SCN4a

SCN4A

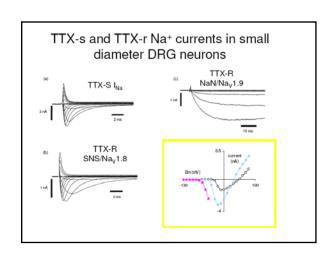
Official Symbol SCN4A and Name: sodium channel, voltage-gated, type IV, alpha subunit [Homo sapiens]
Other Aliases: HYKPP, HYPP, NAC1A, Na(V)1.4, Nav1.4, SkM1

Other Designations: skeletal muscle voltage-dependent sodium channel type IV alpha subunit; voltage-gated sodium channel type 4 alpha

Chromosome: 17; Location: 17q23-q25.3 Annotation: Chromosome 17, NC_000017.9

(59369646..59404010, complement)

MIM: 603967 GeneID: 6329



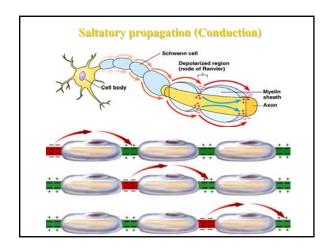
Role of sodium channels in DRG

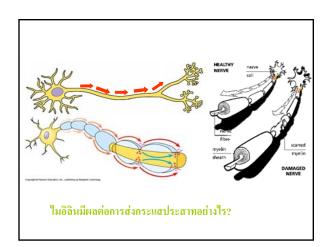
<u>May 1.3 and neuropathic pain</u>
 Not expressed in the adult PNS. Down-regulated by GDNF. Re-expression after nerve damage was thought to be responsible for ectopic discharges but KO animals are still neuropathic and still display ectopic discharges...

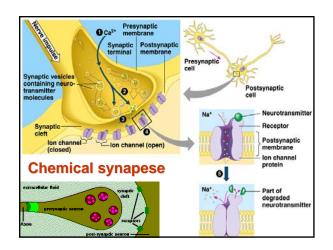
 Nav.1.7 and inflammation
 Located at sensory neurons 'terminals, Up-regulated by inflammatory mediators such as NGF. Mutations in Na_{v.1.7} are involved in human dominant inflammatory pathologies (Paroxysmal Extreme Pain Disorder and Primary Erythermalgia) and congenital inability to experience pain.

<u>Nay 1.8 and nociception</u>
 TTX-R sensory neuron-specific channel. Contributes the majority of the sodium current underlying action potentials in nociceptors. Activation facilitated by inflammatory mediators (PKA).

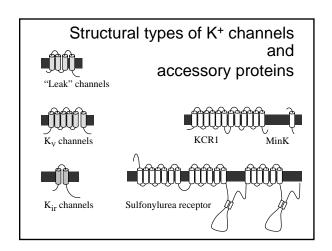
<u>May 1.9</u>
 Expressed in some nociceptors. Too slow to contribute to action potentials. Sets firing threshold. Up-regulated by G-protein pathways. Down-regulated after axotomy.

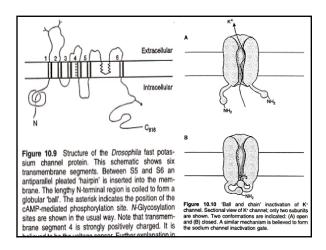


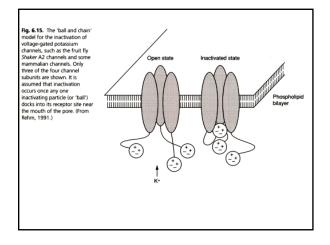


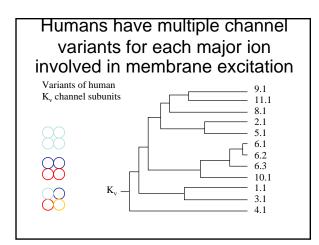


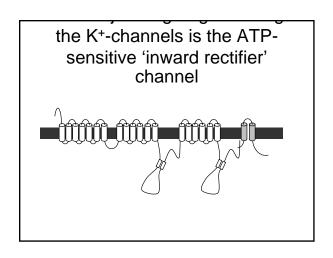
	Mammal				
Drosophila		Mouse	Rat	Human	
Shaker	Kv1.1	MBK1	RCK1, RBK1	HBK1, HK1	
		MK1	RMK1, RK1		
	Kv1.2	MK2	RCK5, BK2	HBK4	
			RK2, NGK1		
	Kv1.3	MK3	RCK3, RGK5	HGK5, HPCN	
			KV3		
	Kv1.4		RCK4, RHK1	HBK4, HK2	
			RK3	hPCN2	
	Kv1.5		RCK7, KV1	hPCN1	
			RK4		
	Kv1.6		RCK2, KV2	HBK2	
	Kv1.7	MK4			
	Kv1.8		RCK9		
Shab	Kv2.1	MShab	DRK1	DHK1	
	Kv2.2		cdrk		
Shaw	Kv3.1	NGK2	KV4, Raw2 Raw2a		
	Kv3.2		RkShillA, Raw1		
	Kv3.3	MK5		KCNC3	
	Kv3.4	MK6	Raw3	KCNC4	
Shal	Kv4.1	MShal	RShall		
	Kv4.2	10130100	RK5		



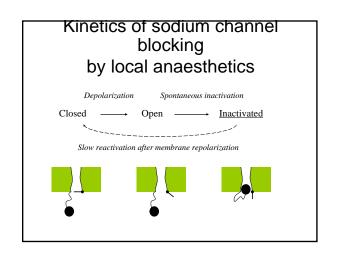








Cation channels as drug targets Sodium channels: Cardiac excitation arrhythmia local anaesthetics Neural conduction Cerebral excitation epilepsy Potassium channels: Cardiac excitation arrhythmia Vascular smooth muscle tone blood pressure Pancreatic β-cells insulin secretion Calcium channels: Cardiac excitation arrhythmia Vascular smooth muscle tone blood pressure



Kinetics of sodium channel blocking by local anaesthetics Bound, Open Bound, Inactivated Ligand Ligand Closed Open Inactivated Fast Block Slow Block

