



Abstract B56 Figure 1

verse aortic constriction (TAC) to induce elevated cardiovascular load.

**Results** ECG measurements revealed that *Erg1EC-KO* had significantly reduced heart rate and lengthened cQT interval occurring from one week after ERG-deletion. Echo showed significantly reduced ejection fraction and fractional shortening in *Erg1EC-KO*. Tissue profiling at day 30 post-tamoxifen found a significant increase in *Erg1EC-KO* heart/body weight ratio. Immunohistochemistry revealed significant cardiomyocyte hypertrophy together with increased SMA and pSMAD3 in all regions of the heart. We observed significant thickening of the right ventricular wall, in line with signs of inflammation, fibrosis and haemorrhage in lung tissue from *Erg1EC-KO*. Interestingly, phenotypic changes in pulmonary microvascular EC were homogeneous while cardiac microvascular EC had geographical and subset-specific variations. TAC surgery resulted in all *Erg1EC-KO* reaching endpoint within 28 days (n=5) with significant heart dilation and reduced cardiac function. Notably all *Erg1EC-KO* exhibited severe inflammation and loss of lung structure. (Figure 1)

**Conclusion** Systemic deletion of EC-specific ERG significantly influences the microvascular profile, structural integrity and

function of cardiopulmonary system. This study highlights that impaired EC functional can rapidly influence ventricular repolarisation and cardiac function. Furthermore, we uncover that chronic EC dysfunction in *Erg1EC-KO* causes systemic mechanisms and organotypic phenotypes affect the heart and lung emphasizing the role of the endothelium in regulating cardiovascular function.

**Conflict of interest** No

BS7

**ANGIOTENSIN-(1-9) INHIBITS NEOINTIMA FORMATION IN A MURINE VEIN GRAFT MODEL AND MODULATES ERK1/2 PHOSPHORYLATION AND MICRORNA-132 PATHWAYS IN HUMAN VASCULAR SMOOTH MUSCLE CELLS**

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**Introduction** Vascular smooth muscle cell (VSMC) migration is integral to vascular remodelling in acute vascular injury.