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Altered slow inactivation of sodium channels carrying an epilepsy mutation promotes depolarization block | Louisiane Lemaire

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Dravet syndrome is a developmental and epileptic encephalopathy (DEE) that typically begins in the first year of life. This complex pathology is characterized by drug-resistant seizures, various comorbidities such as cognitive delay, and a risk of early death. Most cases are due to mutations of NaV1.1, a voltage-gated sodium channel expressed in fast-spiking (FS) inhibitory neurons. The pathological mechanism in the initial stage of the disease involves impaired function of those neurons, leading to network hyperexcitability. However, the details remain unclear.

Mutations of NaV1.1 may result in non-functional channels or channels with altered gating properties. We focus on the less studied case of altered gating, by investigating how it impairs neuronal activity in the case of a specific mutation (A1783V). Using recordings in cell lines, Layer et al. (2021) showed that A1783V alters the voltage dependence of channel activation, as well as the voltage dependence and kinetics of slow inactivation. Slow inactivation is a mechanism distinct from the fast inactivation of sodium channels at each spike, developing much more slowly, during prolonged trains of depolarization. Implementing the three effects of the mutation in a conductance-based model, Layer et al. predict that altered activation has the largest impact on channel function, as it causes the most severe reduction in firing rate.



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