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But...

[NAD<sup>+</sup>] is usually low under normal conditions

Succinate to drive RET would normally come from upstream dehydrogenases ( $\alpha$ KGDH) that consume NAD<sup>+</sup>

## So... if RET occurs, where could those backward flowing electrons go, if not onto NAD<sup>+</sup>?

What about a complex pathologic situation?



## Lots of Complex I inhibitors are protective against cardiac IR injury

Rotenone, Amobarbital, Volatile Anesthetics, S-nitrosothiols, Ranolazine, Capsaicin, Metformin, Ischemic Preconditioning

Original idea.... Slow reversal of inhibition at reperfusion allows more "gradual wake up" of respiration, avoids surge of ROS

## BUT... lots of Complex II inhibitors are also protective against cardiac IR injury

Diazoxide, 3-NP, Nitro-linoleate, HNO, Atpenin A5, Malonate, Methyl-malonate

Complex II doesn't contribute much to respiration, especially in the heart which is mostly reliant on  $\beta$ -oxidation









