



# SZABO SCANDIC

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## Produktinformation



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# PRODUCT INFORMATION



## Iloprost-d<sub>4</sub> Item No. 9000366

**Formal Name:** 5-((3aS,4R,5R,6aS,E)-5-hydroxy-4-((3S,E)-3-hydroxy-4-methyloct-1-en-6-yn-1-yl)hexahydropentalen-2(1H)-ylidene)pentanoic-3,3,4,4-d<sub>4</sub> acid

**Synonym:** Ciloprost-d<sub>4</sub>

**MF:** C<sub>22</sub>H<sub>28</sub>D<sub>4</sub>O<sub>4</sub>

**FW:** 364.5

**Chemical Purity:** ≥95% (Iloprost)

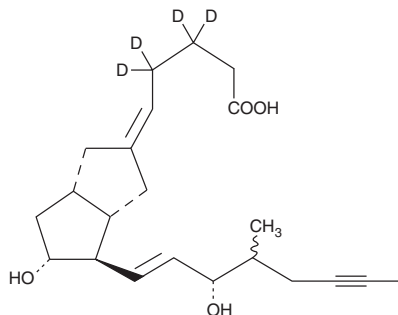
**Deuterium Incorporation:** ≥99% deuterated forms (d<sub>1</sub>-d<sub>4</sub>); ≤1% d<sub>0</sub>

**Supplied as:** A solution in methyl acetate

**Storage:** -20°C

**Stability:** ≥1 year

**Special Conditions:** Vasodilator



Information represents the product specifications. Batch specific analytical results are provided on each certificate of analysis.

### Laboratory Procedures

Iloprost-d<sub>4</sub> is intended for use as an internal standard for the quantification of iloprost (Item No. 18215) by GC- or LC-MS. The accuracy of the sample weight in this vial is between 5% over and 2% under the amount shown on the vial. If better precision is required, the deuterated standard should be quantitated against a more precisely weighed unlabeled standard by constructing a standard curve of peak intensity ratios (deuterated versus unlabeled).

Iloprost-d<sub>4</sub> is supplied as a solution in methyl acetate. To change the solvent, simply evaporate the methyl acetate under a gentle stream of nitrogen and immediately add the solvent of choice. Solvents such as chloroform and dichloromethane purged with an inert gas can be used. Iloprost-d<sub>4</sub> is slightly soluble (0.1-1 mg/ml) in chloroform and dichloromethane.

### Description

Iloprost is an agonist of the IP receptor and the prostaglandin E<sub>2</sub> (PGE<sub>2</sub>) receptor subtype EP<sub>1</sub> and a derivative of PGI<sub>2</sub>.<sup>1,2</sup> It selectively binds to IP and EP<sub>1</sub> receptors (K<sub>i</sub> = 11 nM for both) over EP<sub>2</sub>, EP<sub>4</sub>, DP, FP, and TP receptors (K<sub>s</sub> = 1,870, 284, 1,035, 619, and 6,487 nM, respectively) but also binds to the EP<sub>3</sub> receptor (K<sub>i</sub> = 56 nM).<sup>1</sup> Iloprost increases cAMP levels in HEK293 cells expressing IP or EP<sub>3</sub> receptors (EC<sub>50</sub>s = 0.37 and 27.5 nM, respectively) and increases calcium levels in HEK293 cells expressing the EP<sub>1</sub> receptor (EC<sub>50</sub> = 0.3 nM).<sup>2</sup> It inhibits ADP-, thrombin-, and collagen-induced platelet aggregation in isolated human platelet-rich plasma (IC<sub>50</sub>s = 1.07, 0.71, and 0.24 nM, respectively).<sup>3</sup> Iloprost (100 ng/kg per minute) increases the time to occlusive coronary artery thrombosis in a porcine model of electrically induced coronary artery thrombosis.<sup>4</sup> Aerosolized administration of iloprost (130-1,300 ng/kg per minute) reduces right ventricular systolic pressure and reverses vascular remodeling in rats in a model of chronic pulmonary hypertension induced by the alkaloid monocrotaline (Item No. 16666).<sup>5</sup> Formulations containing iloprost have been used in the treatment of pulmonary arterial hypertension and severe frostbite.

### References

1. Abramovitz, M., Adam, M., Boie, Y., et al. *Biochim. Biophys. Acta* **1483**(2), 285-293 (2000).
2. Whittle, B.J., Silverstein, A.M., Mottola, D.M., et al. *Biochem. Pharmacol.* **84**(1), 68-75 (2012).
3. Schrör, K., Darius, H., Matzky, R., et al. *Naunyn Schmiedebergs Arch. Pharmacol.* **316**(3), 252-255 (1981).
4. van der Giessen, W.J., Mooi, W.J., Rutteman, A.M., et al. *Thromb. Res.* **36**(1), 45-51 (1984).
5. Schermuly, R.T., Yilmaz, H., Ghofrani, H.A., et al. *Am. J. Respir. Crit. Care Med.* **172**(3), 358-363 (2005).

#### WARNING

THIS PRODUCT IS FOR RESEARCH ONLY - NOT FOR HUMAN OR VETERINARY DIAGNOSTIC OR THERAPEUTIC USE.

#### SAFETY DATA

This material should be considered hazardous until further information becomes available. Do not ingest, inhale, get in eyes, on skin, or on clothing. Wash thoroughly after handling. Before use, the user must review the complete Safety Data Sheet, which has been sent via email to your institution.

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