



# Editorial: Vascular Adjustments in Cardiovascular Disorders

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## Editorial on the Research Topic

### Vascular Adjustments in Cardiovascular Disorders

The vascular system is involved in the distribution of blood flow to organs and tissues, as well as in the blood pressure control. The role played by conductance and resistance vessels as well as by the specific vascular beds (e.g., cerebral, pulmonary, or mesenteric vasculature) is different. In addition, vessel reactivity and function adjust under physiological and pathological conditions. Local, humoral, and neural mechanisms contribute to regulate and integrate the heterogeneity of vascular function. Myogenic tone, endothelial cells, perivascular adipose tissue (PVAT) secretion and innervation, and components of the extracellular matrix are local mechanisms implicated in the regulation of vascular tone and structure, thereby controlling vascular resistance and compliance.

Cardiovascular diseases (CVD) are considered a major health problem worldwide and correspond to the main cause of mortality in developing and developed countries. There are multiple factors triggering and/or contributing to worsening of cardiovascular disorders. Among these, physical inactivity, gene signature, disturbances to the microbiome, and environmental factors such as unhealthy diet and contaminants can direct or indirectly induce vascular dysfunction, thereby contributing to the progression of CVD and, consequently, leading to end-organ target damage. It is well-known that a dysfunction of the mechanisms controlling vascular resistance and compliance is involved in the development of alterations on vascular tone and/or structural remodeling. These changes are pivotal to the pathophysiology of several cardiometabolic diseases, such as hypertension, heart failure, diabetes, liver cirrhosis and obesity.

In the present Frontiers Research Topic, several articles focused on mechanisms involved on the vascular adjustments in obesity and diabetes. Moraes et al. reviewed the participation of vascular transient receptor potential (TRP) channel's function. The TRP superfamily consists of a diverse group of non-selective cation channels, that are present in endothelial and vascular smooth muscle cells, PVAT and perivascular sensory nerves. These channels have been implicated in the regulation of vascular tone, vascular cell proliferation, vascular wall permeability, and angiogenesis. As reviewed, vascular TRP channel's function is important for the prevention of vascular complications and end-organ damage in the setting of obesity and diabetes, and dysfunction of these channels is associated with cardiometabolic diseases. Barp et al. discussed PVAT-derived factors [with special attention to nitric oxide (NO), reactive oxygen species (ROS), and renin-angiotensin system (RAS)] as a putative target for intervention in CVD. In line with this point of view, dos Reis Costa et al. elegantly suggested a compensatory enhancement of the anticontractile effect of PVAT in male mice fed a high-carbohydrate diet, which involves angiotensin receptors (Mas and AT<sub>2</sub>) activation, and both nNOS and iNOS signaling, leading to increased production of NO and H<sub>2</sub>O<sub>2</sub>, and the opening of potassium channels as well.

Focused on the intima layer of the vessel, the review article from Potje et al. highlighted recent findings about the activation of endothelial glycocalyx and caveolae

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leading to higher pulmonary vascular resistance. Hu et al. reviewed the interplay between the heat shock protein 90 (Hsp90) dysregulation and different proteins involved in pulmonary hypertension development, shedding novel insights into the intrinsic pathogenesis and potentially novel therapeutic strategies for this important disease.

Given the above, the editors consider that the articles published in this Frontiers Research Topic of Vascular Physiology contribute to the understanding of pathophysiological mechanisms involved in several CVD, as well to identify potential targets to prevent or minimize the vascular complications associated with CVD (**Figure 1**).

## AUTHOR CONTRIBUTIONS

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