

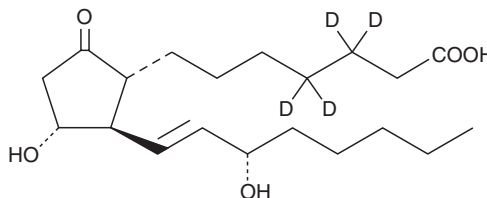
# PRODUCT INFORMATION



## Prostaglandin E<sub>1</sub>-d<sub>4</sub>

Item No. 313010

**CAS Registry No.:** 211105-33-8  
**Formal Name:** 9-oxo-11 $\alpha$ ,15S-dihydroxy-prost-13E-en-1-oic-3,3,4,4-d<sub>4</sub> acid  
**Synonyms:** Alprostadil-d<sub>4</sub>, PGE<sub>1</sub>-d<sub>4</sub>  
**MF:** C<sub>20</sub>H<sub>30</sub>D<sub>4</sub>O<sub>5</sub>  
**FW:** 358.5  
**Chemical Purity:** ≥98% (Prostaglandin E<sub>1</sub>)  
**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:** ≥2 years



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

### Laboratory Procedures

Prostaglandin E<sub>1</sub>-d<sub>4</sub> (PGE<sub>1</sub>-d<sub>4</sub>) is intended for use as an internal standard for the quantification of PGE<sub>1</sub> (Item No. 13010) 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).

PGE<sub>1</sub>-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 ethanol, DMSO, and dimethyl formamide (DMF) purged with an inert gas can be used. The solubility of PGE<sub>1</sub>-d<sub>4</sub> in DMF is approximately 100 mg/ml and approximately 50 mg/ml in ethanol and DMSO.

### Description

PGE<sub>1</sub> is a vasoactive prostaglandin and an active metabolite of dihomo- $\gamma$ -linolenic acid (DGLA; Item No. 90230).<sup>1,2</sup> It is formed from DGLA by COX-1 and COX-2. PGE<sub>1</sub> is an agonist of the PGE<sub>2</sub> (Item No. 14010) receptor subtypes EP<sub>1</sub>, EP<sub>2</sub>, EP<sub>3</sub>, and EP<sub>4</sub>, and the IP receptor (K<sub>i</sub>s = 36, 10, 1.1, 2.1, and 33 nM, respectively, for the mouse receptors).<sup>3</sup> It inhibits ADP-induced platelet aggregation of isolated human platelet-rich plasma (IC<sub>50</sub> = 40 nM) and isoproterenol-induced increases in L-type calcium current (I<sub>Ca</sub>) in isolated rabbit atrial cells (EC<sub>50</sub> = 27 nM).<sup>4,5</sup> PGE<sub>1</sub> (100 nM) induces vasodilation in isolated rat aortic rings and activates ATP-sensitive potassium channels (K<sub>ATP</sub>) in a cell-attached patch clamp assay using isolated rat vascular smooth muscle cells (VSMCs).<sup>1</sup> It decreases femoral arterial perfusion pressure in dogs.<sup>6</sup> Formulations containing PGE<sub>1</sub> have been used in the treatment of erectile dysfunction and to maintain patency of the ductus arteriosus in neonates with congenital heart defects who depend on a patent ductus arteriosus for survival.

### References

1. Eguchi, S., Kawano, T., Yinhu, *et al.* *J. Cardiovasc. Pharmacol.* **50**(6), 686-691 (2007).
2. Levin, G., Duffin, K.L., Obukowicz, M.G., *et al.* *Biochem. J.* **365**(Pt 2), 489-496 (2002).
3. Kiriya, M., Ushikubi, F., Kobayashi, T., *et al.* *Br. J. Pharmacol.* **122**(2), 217-224 (1997).
4. Kobzar, G., Mardla, V., Järving, I., *et al.* *Proc. Estonian Acad. Sci. Chem.* **40**(N3), 179-180 (1991).
5. Yamamoto, T., Habuchi, Y., Tanaka, H., *et al.* *Am. J. Physiol.* **277**(4), H1369-H1374 (1999).
6. Nakano, J. *Br. J. Pharmacol.* **44**(1), 63-70 (1972).

#### 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.

#### WARRANTY AND LIMITATION OF REMEDY

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