

# Research Journal of Pharmaceutical, Biological and Chemical Sciences

## Role of T-Regulatory Cells in Preeclampsia: A Mini Review.

### Seyyed Amir Yasin Ahmadi<sup>1</sup>, Shaghayegh Mapar<sup>1</sup>, Ali Safarzadeh<sup>2</sup>, and Farhad Shahsavar<sup>3</sup>\*.

<sup>1</sup> Student Research Committee, Lorestan University of Medical Sciences, Khorramabad, Iran.
<sup>2</sup> Research Office for the History of Persian Medicine, Lorestan University of Medical Sciences, Khorramabad, Iran.
<sup>3</sup> Associate Prof. of Immunology, Lorestan University of Medical Sciences, Khorramabad, Iran.

#### ABSTRACT

The preeclampsia occurring in 5-8% of all pregnancies worldwide, is one of the pregnancy complications which is the major cause of perinatal and maternal morbidity and mortality. The exact molecular basis of preeclampsia is still unknown. In a Successful pregnancy, the semi-allogeneic fetus will not reject by maternal immune systems. The T regulatory cells (Tregs) controlled by the gene *FOXP3* seem to play a role in this maternal immune-tolerance. ICOS is one of the co-stimulatory molecules existing on surface Tregs. Previous studies have shown that blocking the co-stimulatory pathway ICOS-B7h could reduce the chance of fetal survival by reduction of regulatory cytokines like TGF-beta. In this brief review we are trying to show the roles of Tregs. **Keywords:** preeclampsia, T regulatory cells, immune tolerance.

\*Corresponding author



ISSN: 0975-8585

#### INTRODUCTION

The preeclampsia occurring in 5-8% of all pregnancies worldwide, is one of the pregnancy complications which is the major cause of perinatal and maternal morbidity and mortality. The exact molecular basis of preeclampsia is still unknown [1-6]. Insufficient arterial remodeling of uterine spiral arteries results in inadequate blood supplying of the fetus and preeclampsia, and the controversies are mainly about involving immunological mechanisms. Because of this narrowness of uterine spiral arteries, blood pressure of the mother goes up [7-11]. In this brief review we are trying to show the roles of T regulatory cells (Tregs).

#### DISCUSSION

In a Successful pregnancy, the semi-allogeneic fetus will not reject by maternal immune systems. Tregs seem to play a role in this maternal immune-tolerance [12, 13]. Of course natural killer cells (NKs) has the most significant role in immune-tolerance [14, 15] and also in implantation and pregnancy based on previous studies [16-18]. It is worth noting that the size and function of these cells will be strengthened by the influence of male seminal fluid and ovarian steroid hormones in pre-implantation phase. IL-10 is another effective factor which can be pointed out. This inhibitory cytokine reduces apoptosis of Tregs [19]. Development and function of Tregs are controlled by the gene *FOXP3*. It has been observed that its allelic polymorphism is associated different outcomes the assisted ovarian stimulation [20] a technic used for treatment of infertility that of course because of its sequels is not recommended [21-26]. There are studies that show a relation between Tregs and vitamin D3 and the result was that Vitamin D3 deficiency in pregnant women can lead to damage Treg performance [27-33]. Two species of Tregs have been observed so far: 1) the nTregs which create in thymus and their task is to prevent systemic autoimmune and inflammatory diseases; 2) the iTregs which are produced by induction of exogenous antigens in the periphery. These roles can be listed for them: preventing fertility and pregnancy complications like infertility, recurrent spontaneous abortion and preeclampsia [34].

Inducible co-stimulator (ICOS) is one of the co-stimulatory molecules existing on surface Tregs. Previous studies have shown that blocking the co-stimulatory pathway ICOS-B7h could reduce the chance of fetal survival by reduction of regulatory cytokines like TGF-beta. In addition, disruption of this co-stimulatory system can be associated with preeclampsia and HELLP Syndrome [12, 13]. We should consider various Molecular aspects to identify the whys and therefore of infertility and reduce diagnostic medical errors. In the past even there was no belief to the role of human leukocyte antigen (HLA) typing in allograft organ transplantations let alone the semi-allograft pregnancies. But nowadays we should study HLA, immunoglobulin-like receptors (KIR), ICOS, CD94, NKG2a and other molecules and genes like *FOXP3* for genetic polymorphisms. Hence, it's upon us to setup and produce affordable polymerase chain reaction (PCR) [11], reverse transcriptase PCR [35, 36] or other genomic and proteomic-based [37] kits in knowledge-based companies across our countries.

#### REFERENCES

- [1] Khosrowbeygi A, Ahmadvand H. J Ayub Med Coll Abbottabad. 2009;21(3).
- [2] Khosrowbeygi A, Ahmadvand H. Bangladesh Medical Research Council Bulletin. 2011;37(3):106-9.
- [3] Khosrowbeygi A, Ahmadvand H. Journal of Obstetrics and Gynaecology Research. 2013;39(3):641-6.
- [4] Khosrowbeygi A, Ahmadvand H. Bangladesh Medical Research Council Bulletin. 2013;39(1):18-21.
- [5] Khosrowbeygi A, Lorzadeh N, Ahmadvand H. Iranian journal of reproductive medicine. 2011;9(2):113.
- [6] Khosrowbeygi A, Lorzadeh N, Ahmadvand H, Shiravand Y. Int J Biol Chem. 2011;5:184-92.
- [7] Yakıştıran B, Yüce T, Söylemez F. International Journal of Women's Health and Reproduction Sciences. 2016;4(1):4-7.
- [8] Cetin O, Atmaca M, Kurdoglu Z, Cim N, Yıldızhan R, Guler Sahin H, et al. International Journal of Women's Health and Reproduction Sciences. 2015;3(4):217-9.
- [9] Kurdoglu M, Kurdoglu Z. International Journal of Women's Health and Reproduction Sciences. 2015;3(2):118-9.
- [10] Atashkhoei S, Lame MM. International Journal of Women's Health and Reproduction Sciences. 2015;3(3):155-7.
- [11] Ahmadi SAY, Shahsavar F, Akbari S. International Journal of Women's Health and Reproduction Sciences. 2016;4(3):96-102.
- [12] Riella LV, Dada S, Chabtini L, Smith B, Huang L, Dakle P, et al. The American journal of pathology. 2013;182(6):2204-13.



#### ISSN: 0975-8585

- [13] Wagner M, Jöst M, Spratte J, Schaier M, Mahnke K, Meuer S, et al. Clinical & Experimental Immunology. 2016;183(1):129-42.
- [14] Mousavi T, Poormoghim H, Moradi M, Tajik N, Shahsavar F, Soofi M. Iranian Journal of Allergy, Asthma and Immunology. 2009;8(4):193-8.
- [15] Mousavi T, Shahsavar F, Farnia P, Tajik N, Soofi M. Iranian Journal of Allergy, Asthma and Immunology. 2011;10(3):189-94.
- [16] Ghafourian M, Band NA, Pour AF, Kooti W, Rad MF, Badiee M. International Journal of Women's Health and Reproduction Sciences. 2015;3(1):61-6.
- [17] Beigi Boroujeni N, Beigi Boroujeni M, Rafiei Alavi E, Shafiei A. Journal of Medicinal Plants. 2015;14(53):15-24.
- [18] Yasin Ahmadi SA, Tavafi M, Ahmadi PS. International Journal of Women's Health and Reproduction Sciences. 2015;3(4):223-4.
- [19] Robertson SA, Guerin LR, Moldenhauer LM, Hayball JD. Journal of reproductive immunology. 2009;83(1):109-16.
- [20] Patnam AK, Vinu R, Vijayalakshmi J, Venkatachalam P, Rani GU. Molecular Cytogenetics. 2014;7(1):1.
- [21] Karimfar MH, Bazzi P. International Journal of Women's Health and Reproduction Sciences. 2013;1(1):21-8.
- [22] Telli CP, Mehmet E, Nuray B, Yirmibes M, Mesut O, Ahmet E, et al. International Journal of Women's Health and Reproduction Sciences. 2014;2(4):225-8.
- [23] Biegy M, Salehnia M, Al-Tiraihi T. Middle East Fertility Society Journal. 2003;8(3):229-34.
- [24] Boroujeni MB, Boroujeni NB, Salehnia M, Marandi E, Boroujeni MB. Iranian Biomedical Journal. 2012;16(1):33-7.
- [25] Boroujeni MB, Salehnia M, Khalatbary AR, Pourbeiranvand S, Boroujeni NB, Ebrahimi S. Iranian Biomedical Journal. 2010;14(4):171-7.
- [26] Fayazi M, Beigi Boroujeni M, Salehnia M, Khansarinejad B. Iranian Biomedical Journal. 2014;18(1):8-15.
- [27] Mahmoudi AR, Zarnani AH, Jeddi-Tehrani M, Katouzian L, Tavakoli M, Soltanghoraei H, et al. Reproductive Sciences. 2013;20(4):426-36.
- [28] Rajaei S, Mirahmadian M, Jeddi-Tehrani M, Tavakoli M, Zonoobi M, Dabbagh A, et al. Gynecological Endocrinology. 2012;28(11):906-11.
- [29] Shahbazi M, Jeddi-Tehrani M, Zareie M, Salek-Moghaddam A, Akhondi M, Bahmanpoor M, et al. Placenta. 2011;32(9):657-64.
- [30] Tavakoli M, Jeddi-Tehrani M, Salek-Moghaddam A, Rajaei S, Mohammadzadeh A, Sheikhhasani S, et al. Fertility and sterility. 2011;96(3):751-7.
- [31] Tavakoli M, Salek-Moghaddam A, Jeddi-Tehrani M, Talebi S, Kazemi-Sefat GE, Vafaei S, et al. Molecular reproduction and development. 2015;82(5):356-64.
- [32] Zarnani A, Delbandi A, Mahmoudi M, Shervin A, Kalantari A, editors. 1, 25-Dihydroxy vitamin D3 modulates endometriosis-related features of human endometriotic stromal cells. HUMAN REPRODUCTION; 2015: OXFORD UNIV PRESS GREAT CLARENDON ST, OXFORD OX2 6DP, ENGLAND.
- [33] Zarnani AH, Shahbazi M, Salek-Moghaddam A, Zareie M, Tavakoli M, Ghasemi J, et al. Fertility and sterility. 2010;93(8):2738-43.
- [34] Hsu P, Santner-Nanan B, Dahlstrom JE, Fadia M, Chandra A, Peek M, et al. The American journal of pathology. 2012;181(6):2149-60.
- [35] Beigi Boroujeni N, Beigi Boroujeni M, Gholami M, Shafiei A. Comparative Clinical Pathology. 2016;25(1):125-9.
- [36] Boroujeni MB, Boroujeni NB, Gholami M. Iranian Journal of Basic Medical Sciences. 2016;19(3):252-7.
- [37] Mitra A, Mandana B. Journal of Human Reproductive Sciences. 2015;8(1):18-24.