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Intensity Of Spontaneous Aggregation Of Erythrocytes In Patients With Impaired Glucose Tolerance And Abdominal Obesity.

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ABSTRACT

The prevalence of thrombosis in patients with abdominal obesity with impaired glucose tolerance is caused by the presence of very many of them hyperaggregation of blood cells. Because of the high incidence in the world of the combination of abdominal obesity and impaired glucose tolerance, it is of great practical importance to evaluate the state of these patients in the aggregation of the most numerous red blood cells, erythrocytes. The aim of the work is to evaluate the aggregation capacity of red blood cells in patients with abdominal obesity and impaired glucose tolerance. 39 patients with abdominal obesity with impaired glucose tolerance of the second adulthood were examined. Control is represented by 26 healthy people of the same age. During the study, biochemical, hematological and statistical methods of investigation were used. In patients, activation of lipid peroxidation processes, excess cholesterol and reduction of total phospholipids in erythrocyte membranes were revealed. Patients also showed a high intensity of spontaneous aggregation of erythrocytes. The revealed enhancement of the aggregating properties of erythrocytes is a consequence of metabolic disturbances arising in abdominal obesity with impaired glucose tolerance and active lipid peroxidation. The hyperaggregation of erythrocytes, characteristic of the patients surveyed, sharply increases the risk of thrombosis threatening disability and death.

Keywords: abdominal obesity, violation of glucose tolerance, aggregation, erythrocytes, thrombophilia.

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INTRODUCTION

In recent years, in many developed countries, the quality of life of the population is increasing, which inevitably leads to an increase in prevalence and rejuvenation of a combination of abdominal obesity and impaired glucose tolerance [1,2]. The combination of these two metabolic disturbances can often be complicated by vascular thrombosis, threatening disability and death [3,4].

The high incidence of thrombosis in patients with abdominal obesity and impaired glucose tolerance is largely due to the intrinsic hyperaggregation of blood cells for them [5,6]. This phenomenon greatly enhances the mechanisms of hemostasis and forms the risk of thrombosis [7,8,9]. It is known that the increase in the aggregation of blood cells occurs with a decrease in their sensitivity to vascular disaggregants-prostacyclin and nitric oxide [10,11]. Given the wide prevalence of a combination of abdominal obesity and impaired glucose tolerance, studies of the specificity of erythrocyte aggregation in this category of patients become particularly relevant.

The aim of the study is to evaluate the aggregation capacity of red blood cells in patients with abdominal obesity and impaired glucose tolerance.

MATERIAL AND METHODS

The research was approved by the Ethics Committee of Russian State Social University (record №5 from 12.05.2014).

39 patients with impaired glucose tolerance and abdominal obesity [12] of the second adult age (mean age 50.1 ± 1.8 years) were examined. Control consisted of 26 healthy volunteers of the second adulthood. All surveyed gave written information consent to participate in the study according to generally accepted rules [13].

The activity of lipid peroxidation in plasma was evaluated by the level of thiobarbituric acid-active products by the Agat-Med (Russia) and acyl hydroperoxides by the method of [14] .The level of antioxidant protection of blood plasma was also evaluated [15].

The state of lipid peroxidation in erythrocytes was determined by the level of malonic dialdehyde and acyl hydroperoxides in them after washing and resuspension of erythrocytes [14]. Also in washed and resuspended erythrocytes, the content of cholesterol was determined by the enzymatic colorimetry method using the "Vital Diagnosticum" (Russia) kit and the level of total phospholipids in the content of phosphorus in the erythrocytes.

Spontaneous aggregation of erythrocytes was determined with the help of a light microscope in Goryaev's chamber [16]. The number of erythrocyte aggregates, the number of erythrocytes that have been aggregated and not aggregated [17] were recorded.

The results were processed by Student's criterion (t). Statistical processing of received information was made with the help of a programme package "Statistics for Windows v. 6.0", "MicrosoftExcel". Differences in data were considered reliable in case of p<0.05.

RESEARCH RESULTS AND DISCUSSION

The patients involved in the study found activation of lipid peroxidation in plasma - the amount of acyl hydroperoxides in it exceeded the control by 2.2 times, thiobarbituric acid-active products - by 1.4 times. This was due to the weakening of the antioxidant protection of the plasma by 32.7% (Table).

In the observed patients, an excess of the cholesterol content in the erythrocyte membranes was found and the total phospholipids in them decreased. This was accompanied by activation of lipid peroxidation in their erythrocytes by weakening enzymes of antioxidant protection of red blood cells (Table).



In the examined patients activation of the process of spontaneous aggregation of erythrocytes was found (Table). This was indicated by an increase in their total involvement in aggregates (by 53.5%), an increase in the number of these aggregates (by 38.9%) and a 40.9% decrease in red blood cells that did not join the aggregation.

Table. Hematologic parameters in the examined

Registrated parameters	Patients,	Control,
	n=39, M±m	n=26, M±m
acylhydroperoxides plasma,	3.10±0.06	1.42±0.09
D ₂₃₃ /1ml		p<0.01
TBA-compounds, μmol/l	5.08±0.12	3.56±0.07
		p<0.01
antioxidant activity plasma, %	24.8±0.17	32.9±0.12
		p<0.01
biochemical para	meters of erythrocytes	
cholesterol of erythrocytes,	1.30±0.012	1.04±0.004
μmol/10 ¹² erythrocytes		p<0.01
common phospholipids of erythrocytes,	0.58±0.010	0.75±0.003
μmol/10 ¹² erythrocytes		p<0.01
acylhydroperoxides of erythrocytes,	4.50±0.14	3.08±0.10
D ₂₃₃ /10 ¹² erythrocytes		p<0.01
malonic dialdehyde of erythrocytes,	1.64±0.13	1.14±0.05
nmol/10 ¹² erythrocytes		p<0.01
catalase of erythrocytes,	7540.0±16.2	11196.0±22.4
ME/10 ¹² erythrocytes		p<0.01
superoxidismutase of erythrocytes, ME/10 ¹²	1690.1±3.16	1986.0±7.01
erythrocytes		p<0.01
aggregatio	n of erythrocytes	
sum of all the erythrocytes in an aggregate	64.3±0.14	41.9±0.10
		p<0.01
quantity of aggregates	12.5±0.18	9.0±0.06
		p<0.01
quantity of free erythrocytes	170.3±0.74	240.0±0.23
		p<0.01

Note: p - reliability of differences in the indices of a group of patients and a control group.

Great importance in the development of rheological disorders and the formation of the risk of thrombosis in individuals with abdominal obesity and impaired glucose tolerance has an increase in erythrocyte aggregation [18, 19]. With the combination of abdominal obesity and impaired glucose tolerance, depression of the antioxidant activity of plasma occurs, which causes the growth of LPO activity in it [20]. This inevitably damages the structure of red blood cells [21]. The development of these disorders in combination with the lipid imbalance that occurs in the erythrocytes of the examined patients ensures their hyperaggregation. At the same time, the possibility of disaggregation weakens in erythrocytes [22,23]. This was diagnosed in the examined patients for increased erythrocyte aggregation [24]. Apparently, the increase in erythrocyte aggregation in patients with abdominal obesity and impaired glucose tolerance is primarily caused by an increase in the density of receptors on erythrocytes [25,26] and a decrease in the density of negative proteins on the erythrocyte surface [27]. Depression of the antioxidant properties of plasma entails increased lipid peroxidation processes in it, as well as damage to erythrocytes and globular plasma proteins [28,29]. With a low sensitivity of erythrocytes to vascular disaggregants, there is inevitably an increase in the connection of erythrocytes in aggregates and their number in the blood increases [30, 31]. The resulting disorder creates an imbalance in the erythrocytes of the activity of adenylate cyclase and phosphodiesterase



[32,33]. This leads to a decrease in the level of cyclic adenosine monophosphate in their cytoplasm and increases Ca²⁺, which is an intracellular basis for enhancing erythrocyte aggregation [34, 35].

CONCLUSION

In patients with abdominal obesity and impaired glucose tolerance, thromboses of blood vessels are common. This required additional testing of this contingent of patients. It has been revealed that abdominal obesity with violation of glucose tolerance indicates weakening of antioxidant protection of the plasma and intensification of lipid peroxidation damaging the membranes of blood cells in it. In patients with abdominal obesity and impaired glucose tolerance, a decrease in the ability of red blood cells to disaggregate was found. The resulting risk of vascular thrombosis can lead to vascular occlusion, resulting in disability and early death [36,37,38].

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