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## Severity Of Depression Of Vascular Disaggregation Effects On Neutrophils In Patients With Type 2 Diabetes Mellitus.

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#### **ABSTRACT**

The continuous increase in the level of pathological burden in the population of industrially developed countries is accompanied by an increase in the prevalence of type 2 diabetes mellitus in persons of working age. The great danger of this disease is associated with the high incidence of thrombosis in her. The leading cause of this is considered a violation of the vascular functions, especially with regard to their disaggregation capabilities with respect to the blood elements. The goal is to assess the features of the disaggregation properties of blood vessels in relation to neutrophil aggregation in patients with arterial hypertension with type 2 diabetes mellitus. We examined 36 patients of the second mature age (mean age 47.4±2.1 years) with type 2 diabetes mellitus. The control group was composed of 26 clinically healthy people of the same age. All the examined persons gave written informed consent on participation in the research. There were applied biochemical, hematological and statistical methods of investigation. High thromboses' frequency of various localizations at type 2 diabetes mellitus is closely connected with angiopathy development against their background. Weakening of plasma antioxidant protection with activation of lipids' peroxidation processes in it leading to alteration of vascular wall, is noted in conditions of type 2 diabetes mellitus. The persons with type 2 diabetes mellitus are detected to have evident weakening of disaggregating vascular impacts of vascular wall on strengthening aggregative ability of neutrophils. In the result of it given patients get sharply increased risk of thromboses of any localization which can lead to invalidism and lethal outcome.

Keywords: neutrophils, vasopathy, type 2 diabetes mellitus, vascular wall, antiaggregation.

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#### INTRODUCTION

The wide prevalence of type 2 diabetes mellitus among people in many countries of the world [1,2] is an important cause of the high incidence of early vascular complications leading to disability and early death [3]. It is proved that high frequency of thrombosis in type 2 diabetes mellitus is associated with pronounced weakening of vascular disaggregation control over all blood cells [4,5]. As a result, the activation of hemostasis, leading to the development of thrombosis, inevitably occurs [6,7,8]. An important starting factor in this process is a decrease in blood levels of patients with prostacyclin and nitric oxide levels [9,10]. Given the high prevalence of type 2 diabetes mellitus and the high significance of its presence for microcirculation and neutrophil aggregation, it was considered important to clarify the features of vascular control over neutrophilic leukocyte aggregation in this patient population [11].

The goal is to evaluate the features of the disaggregation properties of blood vessels in relation to neutrophil aggregation in patients with type 2 diabetes mellitus.

#### **MATERIALS AND METHODS**

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

We examined 36 patients of the second mature age (mean age 47.4±2.1 years) with type 2 diabetes mellitus [12]. The control group was composed of 26 clinically healthy people of the same age. All the examined persons gave written informed consent on participation in the research. All participants in the study gave their written consent to participate in it [13].

Intensity of lipids' peroxidation (LPO) processes in plasma was estimated according to the content of thiobarbituric acid (TBA)-active products by a kit "Agat-Med" and acylhydroperoxides (AHP) [14]. Antioxidant abilities of liquid part of blood were determined according to the level of its antioxidant activity [15].

LPO activity in studied regular blood elements was determined according to the quantity of malon dialdehyde (MDA) in reduction reaction of thiobarbituric acid in washed and resuspended cells and the content of AHP in them [14]. In studied washed and resuspended regular blood elements we estimated the levels of cholesterol by enzymatic colorimetric method with the help of a kit "Vital Diagnostikum" and CPL according to the content of phosphorus in them.

Evidence of vascular wall's control over neutrophils' aggregation was detected according to its weakening in the test with temporal venous occlusion [16].

The level of disaggregation effects of blood vessels on neutrophils was assessed in plasma taken after temporary venous occlusion and without it. Aggregation of neutrophils was recorded on a photoelectrocolorimeter. Inductors were used lectin wheat germ at a dose of 32  $\mu$ g/ml, concanavalin A - 32  $\mu$ g/ml and phytohemagglutinin - 32  $\mu$ g/ml.

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

### **RESULTS AND DISCUSSION**

The patients were noted to have evident plasma LPO activation – the content of AHP in it surpassed the control value in 2.2 times, TBA-active products – in 1.5 times, being accompanied by suppression of antioxidant plasma activity in 1.4 times (Table).

The observed patients were noted to have increased CS content in neutrophils membranes which was accompanied by the decrease of CPL in them and LPO activation on behalf of weakening of their antioxidant protection (Table).



In the observed patients, the process of neutrophil aggregation with applied inducers occurred earlier than in the control (with lectin by 48.1%, with concanavalin A by 33.8%, with phytohemagglutinin by 31.7%) (Table).

All the patients were noted to have the decrease of vessels' disaggregative impacts on neutrophils (Table).

Table: Registered indicators in the surveyed

Registrated parameters	Patients, n=36, M±m	Control, n=26, M±m
D <sub>233</sub> /1ml		p<0.01
TBA-compounds, umol/l	5.34±0.14	3.56±0.07
		p<0,01
antioxidant activity plasma, %	23.8±0.16	32.9±0.12
		p<0.01
biochemical p	parameters of neutrophils	
cholesterol of neutrophils,	0.83±0.008	0.62±0.004
umol/10 <sup>9</sup> neutrophils		p<0.01
common phospholipids of neutrophils,	0.35±0.014	0.51±0.003
umol/10 <sup>9</sup> neutrophils		p<0.01
acylhydroperoxides of neutrophils, D <sub>233</sub> /10 <sup>9</sup>	3.52±0.02	2.36±0.05
neutrophils		p<0.01
malonic dialdehyde of neutrophils, nmol/109	1.46±0.08	0.73±0.03
neutrophils		p<0.01
catalase of neutrophils,	6100.0±18.23	9950.0±19.77
ME/10 <sup>9</sup> neutrophils		p<0.01
superoxidismutase of neutrophils, ME/10 <sup>9</sup>	1220.0±5.21	1780.0±4.21
neutrophils		p<0.01
aggregation of	neutrophils in intact plasma	
Aggregation with lectin, %	23.1±0.14	15.6±0.07
		p<0.01
Aggregation with concanavalin A, %	19.8±0.12	14.8±0.04
		p<0.01
Aggregation with phytohemagglutinin, %	40.3±0.17	30.6±0.09
		p<0.01
vascular contro	l of aggregation neutrophils	
Aggregation with lectin after temporary	20.6±0.20	11.8±0.06
venous occlusion, %		p<0.01
Aggregation with concanavalin A after	19.5±0.08	11.0±0.07
temporary venous occlusion, %		p<0.01
Aggregation with phytohemagglutinin after	37.2±0.12	24.1±0.03
temporary venous occlusion, %		p<0.01

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

In plasma of patients obtained after temporary venous occlusion, a significant increase in neutrophil aggregation was found. It exceeded the control values with all the inducers used (lectin 74.6%, concanavalin A 77.3%, phytohemagglutinin 54.3%).

Important significance in the development of rheological disturbances and thrombophilia in persons with type 2 diabetes mellitus belongs to aggregation increase of regular blood elements and especially – neutrophils [17,18]. At type 2 diabetes mellitus the depression of plasma antioxidant activity is formed which provides the increase of LPO activity in it [19]. The increase of freely radical processes in liquid part of blood



inevitably promotes the damage of neutrophils' membranes [20]. The development of these manifestations in combination with found in these patients' neutrophils lipid imbalance leads to their hyperaggregability. The level of disaggregating impacts from the side of vascular wall [21,22] lowers simultaneously with it in respect of neutrophils [23].

The intensification of neutrophil aggregation in type 2 diabetes mellitus is largely due to the weakening of the production in the vessel wall of physiological disaggregants. This is exacerbated by an increase in the density of receptors on leukocytes capable of interacting with lectins used in the work as aggregation inducers [24,25]. The amplification of lectin- and concanavalin A-induced aggregation of neutrophils in plasma taken against a background of temporary venous occlusion in patients with type 2 diabetes mellitus is associated with an increase in the number of adhesion receptors on neutrophils, including many sites with N-acetyl-D-glucosamine, N-acetyl-neuraminic acid and mannose [26, 27]. The growth of neutrophil aggregation with phytohemagglutinin is caused by an increase in the area of their receptors with bD galactose [28,29] with a marked decrease in the formation of prostacyclin and NO patients in the vessels [30,31,32].

#### CONCLUSION

The frequent occurrence among the population of many countries of type 2 diabetes requires further study of this pathology. Its great danger is associated with a high incidence of thrombosis on its background. In the conducted study, it was established that in these patients lipid peroxidation in plasma was sharply increased. It causes the progression of vasopathy with a weakening of vaginal antiplatelet production. This is associated with the weakening of vascular control in these patients over the excessive aggregation of neutrophils. Simultaneous depression of the disaggregation capacity of blood vessels and active aggregation of neutrophils severely impairs trophism of tissues and increases the risk of thrombosis in individuals with type 2 diabetes [33,34,35].

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