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# Vascular Anti-aggregation Control Of Neutrophils In Patients With Dyslipidemia With Impaired Glucose Tolerance.

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#### **ABSTRACT**

As before, the combination of dyslipidemia and impaired glucose tolerance persists among the population of all industrially developed countries. It is believed that the high prevalence of thrombosis in dyslipidemia and impaired glucose tolerance is caused by the weakening of vascular functions and especially their disaggregation capabilities with respect to blood cells. The goal is to assess the disaggregation capacity of the vessels in relation to neutrophils in patients with dyslipidemia with impaired glucose tolerance. We examined 45 patients of the second mature age (mean age 47.6±1.5 years) with dyslipidemia and impaired glucose tolerance. 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 dyslipidemia with impaired glucose tolerance 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 dyslipidemia combination with impaired glucose tolerance. The persons with dyslipidemia and impaired glucose tolerance 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, dyslipidemia, impaired glucose tolerance, vascular wall, antiaggregation.

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#### INTRODUCTION

Despite widespread mass preventive measures of the population in industrially developed countries, a significant prevalence of a combination of dyslipidemia and impaired glucose tolerance has been preserved [1,2]. Very often their combination develops in able-bodied individuals, causing them a high incidence of vascular complications leading to disability and early mortality [3]. It becomes clear that a high frequency in the population of thromboses with dyslipidemia and impaired glucose tolerance is associated with a weakening of the synthetic processes in the vessels, especially their disaggregation control factors over the shaped elements [4,5]. It is recognized that the strengthening of the aggregation of blood elements occurs necessarily in vascular dysfunctions, accompanied by activation of hemostasis and the development of thrombosis [6,7,8]. This is largely due to a decrease in synthesis in the vessels of disaggregants, including prostacyclin and nitric oxide [9,10]. In view of the high prevalence of dyslipidemia with impaired glucose tolerance and serious significance for microcirculation of neutrophils, it was important to assess the level of vascular control over the process of aggregation of neutrophilic leukocytes in these patients [11].

The aim of the study is to assess the disaggregation capacity of the vessels in relation to neutrophils in patients with dyslipidemia with impaired glucose tolerance.

#### **MATERIALS AND METHODS**

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

We examined 45 patients of the second mature age (mean age 47.6±1.5 years) with dyslipidemia and impaired glucose tolerance [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 effect of vessels on neutrophil aggregation was assessed in plasma taken after temporary venous occlusion and without it on a photoelectric colorimeter. Inductors were the lectin of wheat germ at a concentration 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 2.1 times, TBA-active products – in 1.4 times, being accompanied by suppression of antioxidant plasma activity in 1.33 times (Table).



Table: Registered indicators in the surveyed

Registrated parameters	Patients,	Control,
	n=45, M±m	n=26, M±m
acylhydroperoxides plasma,	3.02±0.09	1.42±0.09
D <sub>233</sub> /1ml		p<0.01
TBA-compounds, μmol /l	4.99±0.16	3.56±0.07
		p<0,01
antioxidant activity plasma, %	24.8±0.22	32.9±0.12
		p<0.01
biochemical para	meters of neutrophils	
cholesterol of neutrophils,	0.86±0.014	0.62±0.004
μmol /10 <sup>9</sup> neutrophils		p<0.01
common phospholipids of neutrophils, μmol	0.34±0.010	0.51±0.003
/10 <sup>9</sup> neutrophils		p<0.01
acylhydroperoxides of neutrophils, D <sub>233</sub> /10 <sup>9</sup>	3.70±0.05	2.36±0.05
neutrophils		p<0.01
malonic dialdehyde of neutrophils, nmol/109	1.49±0.08	0.73±0.03
neutrophils		p<0.01
catalase of neutrophils, ME/10 <sup>9</sup> neutrophils	5100.0±13.17	9950.0±19.77
		p<0.01
superoxidismutase of neutrophils, ME/10 <sup>9</sup>	1200.0±3.25	1780.0±4.21
neutrophils		p<0.01
aggregation of neu	trophils in intact plasma	
Aggregation with lectin, %	24.1±0.18	15.6±0.07
		p<0.01
Aggregation with concanavalin A, %	21.3±0.16	14.8±0.04
		p<0.01
Aggregation with phytohemagglutinin, %	42.2±0.07	30.6±0.09
		p<0.01
vascular control of	aggregation neutrophils	
Aggregation with lectin after temporary	21.9±0.21	11.8±0.06
venous occlusion, %		p<0.01
Aggregation with concanavalin A after	19.1±0.12	11.0±0.07
temporary venous occlusion, %		p<0.01
Aggregation with phytohemagglutinin after	40.6±0.16	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.

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 patients enrolled, neutrophil aggregation in response to applied inductors appeared earlier than in the control group (with lectin 54.5%, concanavalin A 43.9%, phytohemagglutinin 37.9%) (Table).

In all patients, a decrease in the disaggregation effects of the vessels with respect to neutrophils (Table).

In patients in plasma, obtained after temporary venous occlusion, excessive aggregation of neutrophils was found, exceeding the control values with all used inducers (85.6% lectin, 73.6% concanavalin A, 68.5% phytohemagglutinin).



Important significance in the development of rheological disturbances and thrombophilia in persons with dyslipidemia and impaired glucose tolerance belongs to aggregation increase of regular blood elements and especially – neutrophils [17,18]. At combination of dyslipidemia and impaired glucose tolerance 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 increase in neutrophil aggregation found in the examined patients is largely due to the depression of synthesis in the vessel walls of compounds having disaggregation activity against the background of an increase in the number of glycoprotein receptors on leukocytes to lectins used as inducers in the study [24,25]. The intensification of lectin- and concanavalin A-induced aggregation of neutrophils in plasma after temporary venous occlusion in patients with dyslipidemia and impaired glucose tolerance is associated with an increase in the expression level on the membranes of their neutrophils, adhesion receptors, which contain a significant number of sites containing N-acetyl- D-glucosamine, N-acetyl-neuraminic acid and mannose [26,27]. The increase in neutrophil aggregation in response to the appearance of phytohemagglutinin in the plasma is caused by the growth in their receptors of sites of glycoproteins containing bD-galactose [28,29] under the conditions of depression of synthesis in the vascular endothelium of prostacyclin and NO patients [30,31,32].

# **CONCLUSION**

A high degree of prevalence in the population of dyslipidemia and impaired glucose tolerance requires a comprehensive study of this pathology. Particular attention to neutrophils is due to the high incidence of thrombosis in this category of patients. In the study, it was found that lipid peroxidation in plasma was significantly enhanced in these patients. This causes the formation of vasopathy in them with a weakening of the production in the vessels of physiological antiplatelet agents. This breaks in these patients vascular control over the dramatically increasing aggregation of neutrophils. The simultaneous weakening of the disaggregation properties of blood vessels and the enhancement of neutrophil aggregation disrupt tissue trophism and make a significant contribution to the risk of thrombosis in patients with dyslipidemia with impaired glucose tolerance [33,34,35].

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