

Research Journal of Pharmaceutical, Biological and Chemical Sciences

Intensity Of Spontaneous Aggregation Of Erythrocytes In Patients With Abdominal Obesity And Dyslipidemia.

Medvedev IN*.

Russian State Social University, st. V. Pika, 4, Moscow, Russia, 129226.

ABSTRACT

Most of the pathology revealed in the adult population is due to abdominal obesity and dyslipidemia. Their appearance leads to the development of thrombosis of blood vessels. Therefore, a great practical importance was the additional examination of patients with abdominal obesity and dyslipidemia. Of particular interest was the evaluation of their aggregation of erythrocytes. The aim of the work is to clarify the aggregation properties of red blood cells in patients with abdominal obesity and dyslipidemia. 41 patients with abdominal obesity and dyslipidemia of the second adulthood were examined. Control is represented by 26 healthy volunteers of the second adult age. Biochemical, hematological and statistical methods of investigation were used. The examined patients noted an increase in the cholesterol content in erythrocyte membranes, a decrease in phospholipids in them and an increase in the processes of lipid peroxidation. In all patients, excessive spontaneous aggregation of erythrocytes was found. In the course of the study, it became clear that the increase in the aggregating properties of red blood cells is a consequence of metabolic abnormalities and excess lipid peroxidation arising from abdominal obesity and dyslipidemia. The apparent hyperaggregation of erythrocytes in this contingent of patients can greatly increase the risk of thrombosis, often leading to disability or death.

Keywords: abdominal obesity, dyslipidemia, rheology, blood, aggregation, erythrocytes.

**Corresponding author*

INTRODUCTION

The gradual increase in the standard of living of broad sections of the population in many industrialized countries is accompanied by a high prevalence rate of combination of abdominal obesity and dyslipidemia [1,2]. The combination of this pathology is accompanied by the onset of thrombosis of the vessels leading to disability and early death [3,4]. The high frequency of thrombosis in patients with abdominal obesity and dyslipidemia often involves hyperaggregation of blood cells [5,6]. The development of this condition leads to an increase in the mechanisms of hemostasis [7,8,9]. It is known that the aggregation of blood cells is normally inhibited by desaggregants of vascular origin, sensitivity to which decreases with thrombophilia [10,11]. The wide prevalence among the population of a combination of abdominal obesity and dyslipidemia is of great interest to the state of these patients in the aggregation of erythrocytes.

The goal is to clarify the aggregation properties of red blood cells in patients with abdominal obesity and dyslipidemia.

MATERIAL AND METHODS

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

41 patients with abdominal obesity and dyslipidemia IIb type [12] of the second adult age (mean age 49.2 ± 1.8 years) were examined. The control group consisted of 26 healthy people of the second adulthood. All the people surveyed gave written information consent to participate in the study.

The degree of intensity of lipid peroxidation (LPO) in plasma was estimated by the amount of thiobarbituric acid (TBA) -active products in it, using the Agat-Med (Russia) [13] and acyl hydroperoxides (AHP) kit according to the generally accepted procedure [14]. The antioxidant characteristics of blood plasma were determined using the method of [15]. The activity of LPO in erythrocytes was evaluated by the content of malonic dialdehyde (MDA) and AGP in them after washing and resuspension [14]. Also in washed and resuspended red blood cells, the amount of cholesterol enzymatic colorimetric method using "Vital Diagnosticum" kit manufactured (Russia) and phospholipids by the number of phosphorus in their conventional manner.

The intensity of aggregation properties of erythrocytes was elucidated [16]. Activity of erythrocyte aggregation processes was determined with the aid of a light microscope in the Goryaev chamber. The number of erythrocyte aggregates, the number of erythrocytes that have entered and not joined in aggregation were recorded [17].

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", "Microsoft Excel". Differences in data were considered reliable in case of $p < 0.05$.

RESEARCH RESULTS AND DISCUSSION

In the examined patients, activation of LPO in plasma was found - the amount of AGP in it was 2.3 times higher than the level of control, the content of TBA-active products was increased 1.5 times due to a 1.5-fold decrease in the antioxidant activity of their plasma (Table 1).

Observed patients showed an increased amount of cholesterol in the erythrocyte membranes with a decrease in the content of phospholipids. This was accompanied by the increase in their erythrocytes of LPO processes due to depression of their antioxidant defense (Table).

Also, observed patients showed a marked activation of spontaneous aggregation of erythrocytes (Table). This was indicated by an increase in their total inclusion in aggregates (by 53.5%), an increase in the number of these aggregates (by 66.7%) and a 39.0% decrease in the number of non-aggregated erythrocytes.

Table. Registered indicators in the surveyed

| Registrated parameters | Patients, n=41, M±m | Control, n=26, M±m |
|--|------------------------|------------------------|
| acylhydroperoxides plasma, D ₂₃₃ /1ml | 3.29±0.08 | 1.42±0.09 p<0.01 |
| TBA-compounds, umol/l | 5.38±0.09 | 3.56±0.07 p<0.01 |
| antioxidant activity plasma, % | 21.8±0.23 | 32.9±0.12 p<0.01 |
| biochemical parameters of erythrocytes | | |
| cholesterol of erythrocytes, µmol/10 ¹² erythrocytes | 1.31±0.010 | 1.04±0.004 p<0.01 |
| common phospholipids of erythrocytes, µmol/10 ¹² erythrocytes | 0.54±0.006 | 0.75±0.003 p<0.01 |
| acylhydroperoxides of erythrocytes, D ₂₃₃ /10 ¹² erythrocytes | 4.50±0.12 | 3.08±0.10 p<0.01 |
| malonic dialdehyde of erythrocytes, nmol/10 ¹² erythrocytes | 1.68±0.11 | 1.14±0.05 p<0.01 |
| catalase of erythrocytes, ME/10 ¹² erythrocytes | 7600.0±14.7 | 11196.0±22.4 p<0.01 |
| superoxidismutase of erythrocytes, ME/10 ¹² erythrocytes | 1580.0±3.02 | 1986.0±7.01 p<0.01 |
| aggregation of erythrocytes | | |
| sum of all the erythrocytes in an aggregate | 64.3±0.12 | 41.9±0.10 p<0.01 |
| quantity of aggregates | 15.0±0.19 | 9.0±0.06 p<0.01 |
| quantity of free erythrocytes | 172.6±0.81 | 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 a risk of development of thrombosis in individuals with abdominal obesity and dyslipidemia increased aggregation of erythrocytes [18, 19]. Patients with abdominal obesity and dyslipidemia develop depression of the antioxidant activity of the plasma, which causes the growth of the amount of LPO products in it [20]. This contributes to damage to erythrocyte membranes [21]. This situation is aggravated by the lipid imbalance present in these patients in the erythrocytes, which contributes to their hyperaggregation. At the same time, there is a weakening of the disaggregating effects of blood vessels on erythrocytes [22,23]. This fact was revealed in patients with increasing erythrocyte aggregation in plasma obtained in conditions of temporary venous occlusion [24]. It is clear that the growth of erythrocyte aggregation in patients with abdominal obesity and dyslipidemia is caused by a depression of their sensitivity to the disaggregating effects of their vessels [25,26] and a decrease in the number of proteins with a negative charge on the erythrocyte surface [27]. Weakening of antioxidant protection of plasma promotes the enhancement of peroxidation in it. Due to this, oxidative damage of erythrocytes and plasma globular proteins also develops [28,29]. Under these conditions, the strengthening of the connection of erythrocytes in aggregates develops [30, 31]. Depression of their sensitivity to prostacyclin and nitric oxide leads to imbalance in erythrocytes of adenylate cyclase and phosphodiesterase activity [32,33]. This greatly reduces the amount of cyclic adenosine monophosphate in their cytoplasm and significantly increases the amount of Ca²⁺, which also leads to increased erythrocyte aggregation [34, 35].

CONCLUSION

For patients with abdominal obesity and dyslipidemia, a high incidence of thrombosis is characteristic. In this connection, it was very important to study the aggregation properties of their erythrocytes. It was revealed that with abdominal obesity and dyslipidemia, antioxidant protection of plasma is attenuated and the amount of products of lipid peroxidation is increased in it. This creates a situation leading to damage to all elements of the vascular wall. In patients with abdominal obesity and dyslipidemia, the aggregation properties of erythrocytes, estimated by their spontaneous aggregation, are weakened. As a result of the growth of aggregation properties of erythrocytes, the risk of blood vessel thrombosis sharply increases in this contingent of patients, often with a fatal outcome [36,37,38].

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