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The Level Of Disaggregation Control Of Blood Vessels Over Erythrocytes In Patients With Type 2 Diabetes Mellitus.

Medvedev IN.*.

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

ABSTRACT

It was found that in patients with type 2 diabetes mellitus, vasopathy, which forms the risk of thrombosis, is very common. The widespread prevalence in developed countries of type 2 diabetes supports the high interest of many researchers. Much attention in this pathology is given to vascular control over the aggregation of blood cells. The aim of the study was to study the state of disaggregation properties of blood vessels in relation to erythrocytes in patients with type 2 diabetes mellitus. 36 patients with diabetes mellitus of type 2 of the second adult age were examined. The control consisted of 26 healthy persons of the second adult age. The study uses biochemical, hematological and statistical methods. In patients, an increase in the cholesterol content in erythrocyte membranes, a decrease in the level of phospholipids in them, and activation of lipid peroxidation were found. In addition, they showed excessive activity of spontaneous aggregation of erythrocytes. It was accompanied in these patients by the weakening of vascular disaggregation control over them. The changes found in the examined category of patients should be considered as a consequence of metabolic disorders, expressed vasospasm and activation of lipid peroxidation.

Keywords: vasopathy, diabetes mellitus, vascular wall, aggregation, erythrocytes.

**Corresponding author*

INTRODUCTION

Conducting frequent preventive examinations and examinations and regular implementation of recreational activities in industrially developed countries have so far failed to significantly affect the widespread prevalence of type 2 diabetes in society [1,2]. It was noted that in patients with this pathology very often episodes of blood vessel thrombosis are recorded, which can lead to disability and early death [3,4]. The widespread prevalence of thrombosis in patients with type 2 diabetes mellitus is largely associated with the formation of vasopathy [5,6]. This greatly aggravates the aggregation processes in the blood of these patients. The emerging situation can strongly activate the mechanisms of hemostasis and cause thrombosis [7,8,9]. At the heart of these processes is the weakening of the synthesis of vascular deagregantov, especially prostacyclin and nitric oxide [10,11]. Given the high risk of thrombosis in type 2 diabetes, it seemed important to assess the level of vascular control over erythrocyte aggregation in this category of patients.

The goal is to study the state of the disaggregation properties of blood vessels in relation to erythrocytes 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).

36 patients with type 2 diabetes [12], the second adult age (mean age 47.4 ± 2.1 years) were examined. Control consisted of 26 healthy people of the second adulthood. The examinees gave written information consent to participate in the conducted research according to the generally accepted procedure [13].

The level of lipid peroxidation (LPO) in plasma was taken into account by the level of thiobarbituric acid (TBA)-active products with the help of the Agat-Med (Russia) and acyl hydroperoxides (AGP) kit. [14] The state of antioxidant plasma protection was estimated by the method of [15].

The expression of LPO in erythrocytes was determined by the level of malonic dialdehyde (MDA) in them and the content of AHP in them after washing and resuspension [14]. In addition, in washed and resuspended red blood cells, the cholesterol content was assessed by the enzymatic colorimetric method, using the Vital Diagnosticum kit (Russia) and taking into account the total phospholipids for phosphorus content in erythrocytes.

The state of disaggregation of vascular effects on erythrocytes was assessed by its decrease in plasma taken after temporary venous occlusion [16]. The activity of spontaneous aggregation of erythrocytes in plasma obtained after temporary ischemia of the vessel wall and without it was determined with the aid of a light microscope in the Goriaev chamber. The number of erythrocyte aggregates, the number of aggregated and non-aggregated erythrocytes were taken into account [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", "MicrosoftExcel". Differences in data were considered reliable in case of $p < 0.05$.

RESULTS AND DISCUSSION

In the patients under observation, a pronounced activation of LPO in the plasma was found - the AGP content in it was 2.2 times higher than the control level. The quantity of TBA-active products is 1.5 times. This occurred as a result of the weakening of the antioxidant protection of the plasma by a factor of 1.4 (Table).

In the examined patients, an excess of the amount of cholesterol in the erythrocyte membranes was found, while the total phospholipids in them were reduced. At the same time, activation of LPO due to depression of their antioxidant protection was found in erythrocytes (Table).

Table: Registered indicators in the surveyed

Registrated parameters	Patients, n=36, M±m	Control, n=26, M±m
acylhydroperoxides plasma, D ₂₃₃ /1ml	3.10±0.10	1.42±0.09 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 parameters of erythrocytes		
cholesterol of erythrocytes, umol/10 ¹² erythrocytes	1.29±0.012	1.04±0.004 p<0.01
common phospholipids of erythrocytes, umol/10 ¹² erythrocytes	0.62±0.004	0.75±0.003 p<0.01
acylhydroperoxides of erythrocytes, D ₂₃₃ /10 ¹² erythrocytes	4.50±0.23	3.08±0.10 p<0.01
malonic dialdehyde of erythrocytes, nmol/10 ¹² erythrocytes	1.61±0.16	1.14±0.05 p<0.01
catalase of erythrocytes, ME/10 ¹² erythrocytes	8500.0±12.0	11196.0±22.4 p<0.01
superoxidismutase of erythrocytes, ME/10 ¹² erythrocytes	1550.0±3.06	1986.0±7.01 p<0.01
aggregation of erythrocytes in intact plasma		
sum of all the erythrocytes in an aggregate	61.3±0.15	41.9±0.10 p<0.01
quantity of aggregates	13.0±0.20	9.0±0.06 p<0.01
quantity of free erythrocytes	178.0±0.75	240.0±0.23 p<0.01
aggregation of erythrocytes in plasma after temporary venous occlusion		
sum of all the erythrocytes in an aggregate	54.6±0.22	32.6±0.14 p<0.01
quantity of aggregates	11.2±0.14	7.0±0.07 p<0.01
quantity of free erythrocytes	209.8±0.88	305.3±0.18 p<0.01

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

The observed patients noted a strong activation of spontaneous erythrocyte aggregation (Table). This was indicated by an increase in their total inclusion in aggregates (by 46.3%), an increase in the number of these aggregates (by 44.4%) and a 34.8% decrease in non-aggregated red blood cells.

Also, patients showed a decrease in the disaggregation properties of blood vessels in relation to erythrocytes (Table). It was noted that in the plasma taken against the background of temporary venous occlusion, the number of erythrocytes in the aggregates exceeded the control by 67.4%, the number of aggregates themselves was increased by 60.0%, and the number of non-aggregated red blood cells was reduced by 45.5%.

The growth of erythrocyte aggregation plays a significant role in maintaining a high risk of thrombosis in individuals with type 2 diabetes [18, 19]. With type 2 diabetes mellitus, depression of the antioxidant

protection of plasma develops, which ensures the growth of LPO processes in it [20]. This inevitably worsens the structure and function of erythrocyte membranes [21]. All this leads to hyperaggregation of erythrocytes. The oncoming weakening of the disaggregating effects of blood vessels on erythrocytes aggravates the situation [22,23]. This was observed in the patients observed for the growth of erythrocyte aggregation in plasma after temporary venous occlusion [24]. It became clear that the growth of erythrocyte aggregation in patients with type 2 diabetes was caused by a weakening of the disaggregating properties of their vessels [25,26] and a decrease in the level of negatively charged proteins on erythrocytes [27]. Weakening of antioxidant plasma parameters promotes intensification of lipid peroxidation processes in it, and, consequently, marked oxidative damage of endotheliocytes and plasma proteins [28,29]. In conditions of deficiency of vascular dezagregantov there is an intensification of erythrocyte communication among themselves in aggregates and an increase in their number [30,31]. At the same time, a decrease in the level in the blood of prostacyclin and nitric oxide forms a functional imbalance in the erythrocytes of adenylate cyclase and phosphodiesterase [32,33]. As a result, the amount of cyclic adenosine monophosphate decreases and the level of Ca^{2+} increases, which additionally stimulates the expression of erythrocyte aggregation [34,35].

CONCLUSION

For patients with type 2 diabetes, a high platelet count is characteristic. This required a detailed examination of this contingent of patients. In the work it was revealed that in the case of type 2 diabetes mellitus, the antioxidant activity of the plasma is weakened and the peroxidation of lipids, which adversely affects the vascular wall, is enhanced in it. In addition, this group of patients found a decrease in the disaggregating properties of the vessels in relation to the spontaneous aggregation of erythrocytes increasing in them. Expressed vasopathy in this contingent of patients is a serious basis for the high risk of thrombosis of any localization seriously affecting the patient's health [36,37,38].

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