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## Severity Of Vascular Disaggregation Control Over Neutrophils In Patients With Impaired Glucose Tolerance And Abdominal Obesity.

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### ABSTRACT

Among the population of many industrialized countries, the prevalence of a combination of abdominal obesity and impaired glucose tolerance persists. When this pathology is combined, thromboses of blood vessels are very frequent. This is due to the pronounced weakening of the disaggregation function of blood vessels in relation to all blood cells. The goal is to determine the level of disaggregation activity of blood vessels in relation to neutrophils in patients with abdominal obesity with impaired glucose tolerance. We examined 39 patients of the second mature age (mean age  $50.1 \pm 1.8$  years) with impaired glucose tolerance and abdominal obesity. 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 abdominal obesity 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 and abdominal obesity combination with impaired glucose tolerance. The persons with arterial hypertension 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, abdominal obesity, impaired glucose tolerance, vascular wall, antiaggregation.

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## INTRODUCTION

Progressive development of medicine throughout the world can not yet curb the increasing prevalence among the population of a combination of abdominal obesity and impaired glucose tolerance [1,2]. Very often, their combination develops in persons of working age, contributing to the occurrence of vascular complications leading to incomplete disability and early mortality [3]. It becomes clear that a high frequency in the population of thromboses with abdominal obesity and impaired glucose tolerance is associated with a weakening of the synthesis in the vessels of the factors of disaggregation control over shaped elements [4,5]. It is recognized that the increase in the aggregation of blood cells occurs necessarily in vascular dysfunction, 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 abdominal obesity with impaired glucose tolerance and serious significance for microcirculation of neutrophil aggregation, it was important to assess the level of vascular control over the process of neutrophilic leukocyte aggregation in these patients [11].

The aim of the study is to find out the level of disaggregation activity of vessels with respect to neutrophils in patients with abdominal obesity and violation of 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 39 patients of the second mature age (mean age  $50.1 \pm 1.8$  years) with impaired glucose tolerance and abdominal obesity. 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].

Vessel control over neutrophil aggregation was assessed in plasma taken after temporary venous occlusion and without it on a photoelectrocolorimeter. Inductors were the lectin of wheat germ at a concentration of  $32 \mu\text{g/ml}$ , concanavalin A -  $32 \mu\text{g/ml}$  and phytohemagglutinin -  $32 \mu\text{g/ml}$ .

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 1.4 times, being accompanied by suppression of antioxidant plasma activity in 1.32 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 examined patients it was revealed that neutrophil aggregation in response to applied inductors appeared earlier than in control (with lectin 35.2%, concanavalin A 27.7%, phytohemagglutinin 30.1%) (Table). In all patients, a decrease in the disaggregation effects of the vessels with respect to neutrophils (Table).

In plasma, patients receiving temporary temporal venous occlusion also showed excessive aggregation of neutrophils, exceeding that in control with all applied inducters (with lectin at 62.7%, concanavalin A at 57.3%, with phytohemagglutinin at 49.4%).

**Table: Registered indicators in the surveyed**

Registered parameters	Patients, n=39, M±m	Control, n=26, M±m
acylhydroperoxides plasma, D <sub>233</sub> /1ml	3.10±0.06	1.42±0.09 p<0.01
TBA-compounds, umol/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 parameters of neutrophils		
cholesterol of neutrophils, umol/10 <sup>9</sup> neutrophils	0.81±0.012	0.62±0.004 p<0.01
common phospholipids of neutrophils, umol/10 <sup>9</sup> neutrophils	0.37±0.007	0.51±0.003 p<0.01
acylhydroperoxides of neutrophils, D <sub>233</sub> /10 <sup>9</sup> neutrophils	3.47±0.05	2.36±0.05 p<0.01
malonic dialdehyde of neutrophils, nmol/10 <sup>9</sup> neutrophils	1.38±0.06	0.73±0.03 p<0.01
catalase of neutrophils, ME/10 <sup>9</sup> neutrophils	5550.0±9.25	9950.0±19.77 p<0.01
superoxidismutase of neutrophils, ME/10 <sup>9</sup> neutrophils	1250.0±3.86	1780.0±4.21 p<0.01
aggregation of neutrophils in intact plasma		
Aggregation with lectin, %	21.1±0.17	15.6±0.07 p<0.01
Aggregation with concanavalin A, %	18.9±0.14	14.8±0.04 p<0.01
Aggregation with phytohemagglutinin, %	39.8±0.05	30.6±0.09 p<0.01
vascular control of aggregation neutrophils		
Aggregation with lectin after temporary venous occlusion, %	19.2±0.12	11.8±0.06 p<0.01
Aggregation with concanavalin A after temporary venous occlusion, %	17.3±0.06	11.0±0.07 p<0.01
Aggregation with phytohemagglutinin after temporary venous occlusion, %	36.0±0.15	24.1±0.03 p<0.01

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

Important significance in the development of rheological disturbances and thrombophilia in persons with abdominal obesity and impaired glucose tolerance belongs to aggregation increase of regular blood elements and especially – neutrophils [17,18]. At combination of abdominal obesity 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 intensification of neutrophil aggregation found in the examined patients is largely due to the depression of synthesis in the vessel walls of compounds having disaggregation activity. In addition, an increasing role in this was played by an increase in the number of glycoprotein receptors on the surface of leukocytes to lectins used in the study as inducers [24,25]. The intensification of lectin- and concanavalin A-induced aggregation of neutrophils in plasma after temporary venous occlusion in patients with abdominal obesity with impaired glucose tolerance is associated with an increase in the level of expression on the membranes of their neutrophils, adhesion receptors, which include a significant number of sites containing N-acetyl- D-glucosamine, N-acetyl-neuraminic acid and mannose [26,27]. Activation of neutrophil aggregation in response to the appearance of phytohemagglutinin in the plasma is caused by the growth in their receptors of regions 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

The high incidence of the combination of abdominal obesity and impaired glucose tolerance in many countries requires a comprehensive study of this pathology. Particular attention to neutrophils is due to the high incidence of thrombosis in this category of patients. It was possible to find out that in these patients the processes of lipid peroxidation in plasma were significantly enhanced. This contributes to the formation of vasopathy with a weakening of the development of antiplatelet vessels in the walls. It becomes clear that the simultaneous weakening of the disaggregation properties of blood vessels and the intensification of neutrophil aggregation disrupt trophism of tissues and make a significant contribution to the risk of thrombosis in patients with abdominal obesity and impaired glucose tolerance [33,34,35].

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