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STUDY OF CARBAMYLATED HEMOGLOBIN IN PATIENTS WITH END-STAGE RENAL DISEASE UNDER MAINTENANCE HEMODIALYSIS

Thesis submitted to Medical Research Institute Alexandria University In partial fulfillment of

Master Degree
In
Chemical Pathology

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عَدَ مِنَا مُنْ إِلَى اللهِ عَلَيْهَا و إِمِينَ إِلَيْهِ يَسُورُ إِسِّارُ (٥٠) (١/١٥)

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CONTENTS

List of Abbreviations

List	of	Figures	and	Tab	les

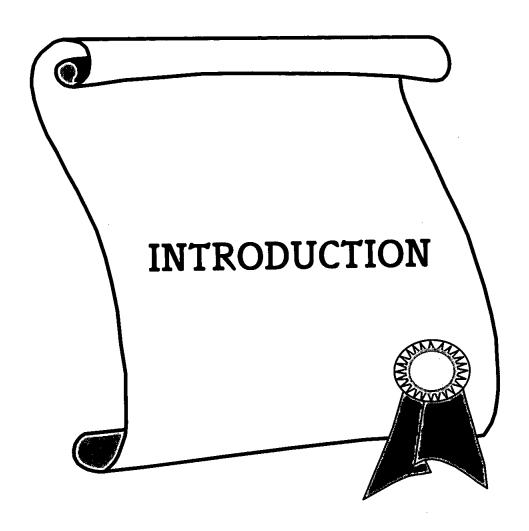
Introduction	page
Chapter I: Carbamylated Hemoglobin Chapter II: Dialysis and Carbamylated He	
Aim of the Work	21
Material	22
Methods	24
Results	36
Discussion	69
Summary and Conclusions	78
References	82
Arabic Summary	

LIST OF ABBREVIATIONS

- ACTH: Adrenocorticotropic hormone
- BMI : Body Mass Index
- BUN: Blood Urea Nitrogen
- CarHb: Carbamylated Hemoglobin
- DPG: 2,3 Diphosphoglycerate
- DW: Dry Weight
- ESRD: End Stage Renal Disease
- G: Urea Generation Rate
- HPLC: High Performance Liquid Chromatography
- Kt/V: Dose of dialysis
- LDL: Low-density Lipoproteins
- MAC: Mid Arm Circumference
- MAMC: Mid Arm Muscle Circumference
- NCDS: National Cooperative Dialysis Study
- PCRn: Normalized Protein Catabolic Rate
- tid: Interdialysis time
- TSF: Triceps Skin Fold
- UF: Ultrafiltration rate
- UKM : Urea Kinetic Modelling
- URR: Urea Reduction Ratio
- V1: Urea distribution volume at the end of the dialysis session
- V2: Urea distribution volume at the beginning of the next dialysis session

LIST OF FIGURES AND TABLES

	Title	Page
Fig. (1)	Structure of hemoglobin	7
Fig. (2)	Schematic representation of hemoglobin carbamylation	8
Fig. (3)	Acid hydrolysis of CarHb	12
Table (1)	Clinical data of the control group	37
Table (2)	Clinical data of the patients group	39
Table (3)	Anthropometric measurements in the control group	41
Table (4)	Anthropometric measurements in the patients group	42
Table (5)	Fasting serum levels of glucose, urea nitrogen, and	
	creatinine in the control group	,
Table (6)	Fasting serum levels of glucose, urea nitrogen, and	45
	creatinine in the patients group	
Table (7)	Serum urea nitrogen levels in patients group at the end	47
	of dialysis session and at the beginning of the next	
	dialysis session	
Table (8)	Serum levels of total proteins and albumin in the	49
	control group	
Table (9)	Serum levels of total proteins and albumin in the	50
	patients group	
Table (10)	The duration of dialysis, the interdialysis time, and the	52
	duration of the dialysis session in the patients group	
Table (11)	Carbamylated hemoglobin (CarHb) levels in both	54
	groups	
Table (12)	The urea distribution volume at the end of the dialysis	56
į	session (V1) and at the beginning of the next dialysis	
	session (V2) in the patients group	
Table (13)	The dry weight and the ultrafiltration rate in the	58
	patients group	
Table (14)	The urea reduction ratio in the patients group	60
Table (15)	The dose of dialysis (Kt/V) in the patients group	62
Table (16)	The urea generation rate (G) in the patients group	64
Table (17)	The normalized protein catabolic rate (PCRn) in the	66
	patients group	ı
Table (18)	The number of patients according to the cut off values	~ 67
	of PCRn (1g/kg/day) and Kt/V (1.1)	
Table (19)	Significant correlations in the patients group	68
Table (20)	Categories of patients according to the cut off values of	76
! :	Kt/V and PCRn	



CHAPTER I

CARBAMYLATED HEMOGLOBIN

Urea is spontaneously rearranged in plasma to form ammonium and cyanate ions (1). The protonated form of cyanate, isocyanic acid, reacts with the amino terminal group of proteins, resulting in the carbamylation of proteins (2).

When urea is retained as in renal failure along with other metabolites, carbamylation of amino acids, plasma proteins, leukocyte proteins and hemoglobin have all been shown to occur. [3-14]

In mammals carbamylation of proteins, lipids, peptides and amino acids is widespread in health [3,7,8,12,15-18] and is a natural physiological phenomenon. In the lens, gamma crystallin is carbamylated at the lysine site [19]. In lipid envelope of the red cell, the carbamylated lipids are phosphatidyl-ethanolamine and serine. The site of carbamylation of insulin, T3 and other plasma proteins is uncertain [17].

Carbamylation is a non-enzymatic, irreversible reaction. Once a protein, lipid, polypeptide or amino acid is carbamylated the concentration of the carbamylated material can only fall through two possible mechanisms- firstly, catabolism with destruction of the modified protein, lipid, peptide or amino acid, or secondly, entry of newly synthesized noncarbamylated proteins, lipids, peptides or amino acids into the compartment under study, usually but not always, the blood or plasma. However, the concentration of carbamylated substrate can increase if there is greater exposure to urea, either by longer exposure of the proteins to the same concentration or exposure to higher urea concentrations [3,10,20].

Major plasma proteins and hemoglobin have a considerable half-life measurable in days, are demonstrably carbamylated, and the physiological consequences of carbamylation have been studied[21].

Some studies [16] have shown that plasma proteins are carbamylated in renal failure in a similar way to hemoglobin and point out that there is good reason to extrapolate from carbamylation of plasma proteins to tissue proteins which are most likely

Introduction 3

carbamylated because of the ubiquitous presence of urea in cells. How this affects their function is at the moment unknown, but the same group has pursued this matter in the peptides insulin, triiodothyronine and ACTH [15,21,22].

Insulin was carbamylated in vivo and its immunological activity and its bioactivity were determined. The authors found that the biological activity of insulin was reduced to one fifth of that of uncarbamylated insulin. In addition, they found that immunologically carbamylated insulin was only immunoprecipitable with insulin antibodies to one third of the amount precipitable by non-carbamylated insulin [16,23].

Triiodothyronine has similarly been carbamylated in vitro, and its biological activity was determined.[23]. There is also a statistically significant decrease in the activity of the carbamylated triiodothyronine in vivo which could be remotely related to the situation in uremic man, but the majority of patients in advanced uremia do not display hypothyroidism, so the significance of carbamylation experiments in vitro or in vivo is not clear. A possible