Clinical Utility of Serum Lipocalin-2 in Pre-Eclampsia

Thesis

Submitted for partial fulfillment of Master Degree in Clinical and Chemical Pathology

By

Mervat Ibrahiem Mohamed

M.B., B.Ch., Ain Shams University

Under Supervision of **Prof. Dr./ Dalia Helmy Farag**

Professor of Clinical and Chemical Pathology Faculty of Medicine- Ain Shams University

Dr./ Nermine Helmy Mahmoud

Assistant Professor of Clinical and Chemical Pathology Faculty of Medicine- Ain Shams University

Dr./ Hala Abdel Al Ahmed

Assistant Professor of Clinical and Chemical Pathology Faculty of Medicine- Ain Shams University

> Faculty of Medicine Ain Shams University 2013

List of Abbreviations

AKI : Acute kidney injury

ALT : Serum alanine aminotransferase

AM : Adrenomedullin

ASH : American Society of Hypertension

AST : Aspartate aminotransferase

BP : Blood pressure

CBC : Complete blood picture
CKD : Chronic kidney disease

DIC : Disseminated intravascular coagulopathy

DBP : Diastolic Blood pressure

Enos : Endothelial nitric oxide synthase

ELISA : Enzyme-linked immunosorbent assay

ET-1 : Endothelin-1 FVL : Factor V Leiden

HELLP Hemolysis, elevated Liver function tests, low Platelets

HIV : Human immune deficiency virus

HLA : Human leukocyte antigen

HLA-C2 : Human leukocyte antigen class II haplotype

IDDM : Insulin-dependent diabetes mellitus

IGF : Insulin-like growth factor

IL-6 : Interleukin 6 IL-8 : Interleukin 8

IUGR : Intrauterin growth retardation

IVF : In vitro fertilizationKDR : Kinase domain regionKIR : Killer Ig-like receptor

LCN-2 : Lipocalin-2

LDH : Lactate dehydrogenase

MAHA : Microangiopathic hemolytic anemia

MMP : Matrix metalloproteinase
MMP-9 : Matrix metalloproteinase-9

MUP : Major urinary protein

NGAL : Neutrophil gelatinase-associated lipocalin

List of Contents

• LIST OF ABBREVIATIONS	I
• LIST OF TABLES	Iii
• LIST OF FIGURES	V
• INTRODUCTION	1
• AIM OF THE WORK	3
• REVIEW OF LITERATURE	4
I- PRE-ECLAMPSIA	4
A. Definition of Pre-eclampsia	4
B. Risk Factors of Pre-eclampsia	5
C. Pathophysiology of Pre-eclampsia	6
D. Causes of Pre-eclampsia	7
1. Genetic Hypothesis	7
2. Abnormal Placentation Hypothesis	8
3. Aberrant Cytokine Production	11
a) Pro-inflammatory cytokines	11
b) Regulatory cytokine	12
4. Immunological Hypothesis	13
5. The Oxidative Stress Hypothesis	14
E. Complications of Pre-eclampsia	15
1) Maternal Complications	15
a) Eclampsia	15
b) Hepatic damage	15
c) Placental abruption	16
d) Disseminated intravascular coagulopathy	17
(DIC)	
e) Cardiovascular and respiratory complications	17
f) Maternal death	17
2) Fetal Complications	17
a) Intrauterine growth retardation (IUGR)	17
b) Oligohydramnios	18
c) Retinopathy of prematurity	18
d) Fetal death	18
F. Screening of Pre-eclampsia	19
G. Diagnosis of Pre-eclampsia	19
1. Medical History	19
2. Clinical Findings	20
a) Mild pre-eclampsia	20
b) Severe pre-eclampsia	20

List of Contents (Cont...)

3. Radiological Investigations	21
a) Uterine ultrasonography	21
b) Uterine artery doppler ultrasonography	21
4. Laboratory Diagnosis	22
a. General laboratory investigations	22
i. Assessment of protein in urine	22
ii. Complete blood picture	24
iii. Kidney function tests	24
iv. Liver function tests	25
v. Laboratory diagnosis of HELLP syndrome	26
b. Laboratory markers for prediction of pre-eclampsia	26
 Urinary kllikrein excretion 	27
ii. Coagulation disorder markers	27
iii. Urinary Calcium	27
iv. Oxidative stress markers	28
v. Homocysteine	28
vi. Adrenomedullin	29
vii. Activin A and inhibin A	30
viii. Leptin	30
ix. Maternal serum foetal erythroblast and cell-	30
free foetal DNA	
x. Placental protein-13	31
xi. Pregnancy associated plasma protein A	31
xii. Vascular endothelial growth factor	32
xiii. Placental growth factor	32
xiv. Soluble Flt-1	33
xv. Soluble endoglin	34
xvi. lipocalin-2	35
H. Differential Diagnosis of Hypertensive Disorders of	35
Pregnancy	

List of Contents (Cont...)

II LIPOCALIN-2	37	
A. Structure		
B. Mechanism of Action of Lipocalin-2		
C. Physiological Role of Lipocalin-2:	39	
1. Regulation of Apoptosis	40	
2. Iron Sequestration	41	
D. Tissue Distribution of Lipocalin-2	42	
E. Clinical Significance of Lipocalin-2	42	
1. Lipocalin-2 and Skin Disorders	42	
2. Lipocalin-2 and Kidney Disorders	43	
a) Lipocalin-2 in acute and chronic	43	
b) Lipocalin-2 and lupus nephritis	44	
3. Lipocalin-2 and Infections	44	
a. Bacterial Infections	44	
b. Viral infections	45	
4. Lipocalin-2 and Cardiac Diseases	46	
5. Lipocaline-2 in Metabolic Syndrome and Insulin	46	
Resistance		
6. Lipocalin-2 and Malignant Diseases	47	
F. Methods of Assay of Lipocalin-2	47	
1) Types of Specimen	47	
2) Analytical methods	48	
a)Enzyme-linked immunosorbent assay (ELISA)	48	
b)Western blot	49	
c) Immunohistochemistry	50	
• SUBJECTS AND METHODS	51	
• RESULTS	64	
• DISCUSSION	74	
• SUMMARY AND CONCLUSION	79	
• RECOMMENDATIONS	82	
• REFERENCES	83	
ARABIC SUMMARY	_	

List of Abbreviations (Cont...)

NO : Nitric oxide

NTBI : Non-transferrin-bound iron
PAI-1 : Plasminogen activator inhibitor 1

PAPP-A: Pregnancy associated plasma protein A

PE : Pre-eclampsia

PDGF : Platelet derived growth factor

PGE2 : Prostaglandin

PIGF : Placental growth factor
PTH : Parathyroide hormone
PP-13 : Placental protein-13
RBP : Retinol binding protein
ROS : Reactive oxygen species
SBP : Systolic Blood pressure

sEng : Soluble endoglin

sFlt-1 : Soluble fms-like tyrosine kinase-1 **SLE** : Systemic lupus erythematosus

SOGC : Society of Obstetricians and Gynaecologists of Canada

TGF-β : Transforming growth factor beta
 TGF-β1 : Transforming growth factor beta 1
 TGF-β3 : Transforming growth factor beta 3

TNF-α : Tumor necrosing factor alfa tPA : Tissue plasminogen activator

uPA : Urokinase

VEGF : Vascular endothelial growth factor

VEGFR-1 : Vascular endothelial growth factor receptor-1

List of Tables

Tab. No	. Title	Page	No.
Table (1):	Risk Factors of Pre-eclampsia		5
Table (2):	Criteria of Severe Pre-eclampsia		21
Table (3):	Diagnostic Criteria of Mild and Seve eclampsia		25
Table (4):	Criteria for Laboratory Diagnosis of Syndrome		26
Table (5):	The Potential Laboratory Market Prediction of Pre-eclampsia		35
Table (6):	Differential Diagnosis of Hype Disorders of Pregnancy		36
Table (7):	Descriptive Statistics of the Various Parameters in the Different Studied G		67
Table (8):	Comparative Statistics Between the D Studied Groups As Regards the D Studied Parameters Using Student's to Parametric Data and Wilcoxon's Ran Test for Skewed Data	Different Test for nk Sum	68
Table (9):	Comparative Statistics Between D Subgroups of Pre-eclampsia As Rega Different Studied Parameters Student's t Test for Parametric Da Wilcoxon's Rank Sum Test for Skewe	urds the Using ata and	69
Table (10):	Correlation Study between Lipocalin the Other Studied Parameters is eclamptic Patients Group Using Spearman Correlation Coefficient Tes	n Pre- Ranked	70

List of Tables (Cont...)

Tab. No.	. Title	Page No.
, ,	Diagnostic Performance of Lipoca Discrimination of Group I from Group	
, ,	Diagnostic Performance of Lipocal Discrimination of Subgroup Ia Subgroup Ib	from

List of Figures

Tab.	No	. Title Page No) <u>.</u>
Figure	(1):	Pathophysiological events in pre-eclampsia	7
Figure	(2):	Abnormal placentation in pre-eclampsia 1	0
Figure	(3):	ELISA Techniques	9
Figure	· (4):	Westernblot Techniques5	0
Figure	(5):	Immunohistochemistry Techniques5	0
Figure	e (6):	ROC curve analysis showing the diagnostic performance of Lipocalin-2 for discriminating PE patients from the control group	2
Figure	(7):	ROC curve analysis showing the diagnostic performance of Lipocalin-2 for discriminating severe PE patients from mild PE patients	3

بِسْمِ اللَّهِ الرّحَمَٰنِ الرّحيمِ

(...رَبِّ أُوزِعنِي أَن أَشكُرَ نِعمَتَكَ النِّتِي أَنْ أَشكُرَ نِعمَتَكَ النِّتِي أَنْعَمْتَ عَلَيَّ و عَلى والدَيَّ و أَنْ أَعْمَلَ صَالِحاً تَرْضَاهُ و أَدْخِلْنِي بِرَحْمَتِكَ فِي عِبَادِكَ الصَّالِحِينَ)

صدق الله العظيم

النمل. اية رقع 1



First of all, all gratitude is due to **Allah** for blessing this work, until it has reached its end, as a part of his generous help, throughout my life.

Really I can hardly find the words to express my gratitude to **Prof. Dr. Dalia Helmy Farag,** Professor of Clinical and Chemical Pathology, faculty of medicine, Ain Shams University, for her supervision, continuous help, encouragement throughout this work and great effort she has done in the meticulous revision of the whole work. It is a great honor to work under her guidance and supervision.

I am also grateful to **Dr. Nermine Helmy Mahmoud,** Ass. professor of Clinical and Chemical Pathology, faculty of medicine, Ain Shams University for her guidance, continuous assistance and sincere supervision of this work.

I would like also to express my sincere appreciation and gratitude to **Dr. Hala Abdel Al Ahmed**, Assistant Professor of Clinical and Chemical Pathology, faculty of medicine, Ain Shams University, for her continuous directions and support throughout the whole work.

Last but not least, I dedicate this work to my family, whom without their sincere emotional support, pushing me forward this work would not have ever been completed.



I would like to dedicate this Thesis to my Mother, Father and my husband; to them I will never find adequate words to express my gratitude.

Introduction

Pre-eclampsia (PE) is a medical condition in which new onset hypertension arises in pregnancy after 20 weeks of gestation and is characterized by significant proteinuria (*Sibai et al.*, 2003). It occurs in up to 5%–8% of pregnancies, and is considered the leading cause of maternal and fetal morbidity and mortality (*Sankaralingam et al.*, 2006 and Duley, 2009).

The mechanisms involved in the etiology of this disorder have not been yet clearly identified (Arikan et al., 2010). Placental ischemia secondary to an initial defective placentation and generalized endothelial cell damage and dysfunction have been proposed to be the pathogenic mechanisms underlying PE (Turner, 2010). Furthermore, recent studies suggest that adipokines may play an important role in the pathogenesis of PE through their role in low-grade systemic inflammation, atherosclerosis, and insulin resistance. Therefore, it is reasonable to suppose that adipokines may directly or indirectly influence the function of placental endothelial cells (Arikan et al., 2010).

Lipocalin-2 (Lcn-2), a novel adipokine, also known as neutrophil gelatinase associated lipocalin (NGAL), is a 25 kDa secretory adipokine belonging to the highly heterogeneous family of lipocalins (*Flo et al.*, 2004 and Devireddy et al., 2005). It is present mainly in specific granules of human neutrophils in addition to its expression in other tissues, including adipose tissue, macrophages, liver, kidneys, and

lungs. Moreover it has been implicated in diverse actions, such as innate immunity and apoptosis (Wang et al., 2007).

Many studies demonstrated the over-expression of Lcn-2 in epithelia damaged by inflammation or neoplasia leading to increased angiogenesis and tumor cell proliferation (*D'anna et al., 2008*). Moreover, over production of LCN2 was rapidly induced in renal failure, and was well correlated with residual renal function (*Nickolas et al., 2008*). Recently, few studies started to highlight the role of LCN2 in hypertension (*D'anna et al., 2010*).

Aim of the Work

The aim of the present work is to study the clinical utility of serum lipocalin-2 (LCN-2) in pre-eclampsia and its relation to the disease severity.