

# **The Association Between E-selectin Gene Polymorphism and Atherosclerosis in End-Stage Renal Disease**

**Thesis**

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# **ABSTRACT**

Atherosclerosis is the main cause of death and cardiovascular (CV) complications in end-stage renal disease (ESRD). A possible explanation is that decreased renal function may be associated with other non-traditional risk factors, and genetic factors. This study involved 40 end stage renal disease patients and 30 age- and sex- matched healthy control subjects. All were subjected to Full history taking, full clinical examination, kidney functions & genotyping of the "Leu 554 Phe" polymorphism in the E-selectin gene, Doppler examination of the carotid artery (for the patient group only).

The CT (heterozygous) genotype is the more prevalent genotype in our small studied groups and the presence of the T allele might not carry the risk of atherosclerosis in ESRD patients.

**Key words:** Chronic kidney disease,  
Atherosclerosis,  
E-selectin.

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# **LIST OF ABBREVIATIONS**

<b>AA</b>	: Arachidonic acid
<b>ABPM</b>	: Ambulatory blood pressure monitoring
<b>ACE</b>	: Angiotensin converting enzyme
<b>ADMA</b>	: Asymmetric dimethylarginine
<b>ANCA</b>	: Anti-neutrophil cytoplasmic antibody
<b>ANOVA</b>	: Analysis of variance
<b>AOPP</b>	: Advanced oxidation protein products
<b>B.P.</b>	: Blood pressure
<b>BTP</b>	: Beta-Trace Protein
<b>BUN</b>	: Blood urea nitrogen
<b>CAD</b>	: Coronary artery disease
<b>Ca × P</b>	: Calcium-phosphorus product
<b>[Ca<sup>2+</sup>]</b>	: Intracellular calcium
<b>cAMP</b>	: Cyclic adenosine monophosphate
<b>CBC</b>	: Complete blood count
<b>CHF</b>	: Congestive heart failure
<b>CHO</b>	: Carbohydrates
<b>cIMT</b>	: Carotid artery intima-media thickness
<b>CKD</b>	: Chronic kidney disease
<b>cPLA2</b>	: Cytosolic phospholipase A2
<b>Creat.</b>	: Creatinine
<b>CRF</b>	: Chronic renal failure
<b>CRP</b>	: C-reactive protein
<b>CT</b>	: Computed tomography
<b>CVD</b>	: Cardiovascular disease
<b>CysC</b>	: Cystatin C
<b>CytP450</b>	: Cytochromes P450

**DAG** : 1,2-diacylglycerol

**DBP** : Diastolic blood pressure

**DM** : Diabetes mellitus

**DNA** : Deoxyribonucleic acid

**DTPA**: <sup>99</sup>mTc-labeled diethylenetriamine pentaacetic acid

**EDTA** : Ethylenediamine Tetra-Acetic Acid

**EGF** : Epidermal growth factor

**eGFR** : Estimated GFR

**ELAM1** : Endothelial leukocyte adhesion molecule 1

**ERK** : Extracellular signal-regulated kinase

**ESL-1** : E-selectin ligand-1

**ESRD** : End-stage renal disease

**FBS** : Fasting blood sugar

**FMD** : Flow-mediated dilatation

**GAPs** : GTPase activating proteins

**GFR** : Glomerular filtration rate

**GlyCAM-1**: Glycosylation-dependent cell adhesion molecule-1

**GRFs** : Guanine nucleotide regulatory factors

**GSH** : Reduced glutathione

**GSH-PX** : Glutathione peroxidase

**GSSG** : Oxidized glutathione

**GTP** : Guanosine triphosphate

**Hb** : Hemoglobin concentration.

**HbA1c** : Glycated hemoglobin

**HD** : Hemodialysis

**HDL** : High-density lipoprotein

**HIV** : Human immunodeficiency virus

**HOCl** : Hydrochloric acid

**HOMA** : Homeostasis model assessment method

**HTN** : Hypertension

**ICAM** : Intercellular adhesion molecules

**IgA** : Immunoglobulin A

**IL** : Interleukin

**IL-1** : Interleukin -1

**IL-6** : Interleukin -6

**IL-8** : Interleukin- 8

**IMT** : Intima-media thickness

**IP3** : Inositol 1,4,5-trisphosphate

**IV contrast-enhanced CT**: Intravenous contrast-enhanced Computed tomography

**Kg.** : Kilogram

**L** : Ligand

**LDL** : Low-density lipoprotein

**Leu** : Leucine aminoacid

**Leu554Phe** : Leucine to phenylalanine at codon 554

**Lp(a)** : Lipoprotein(a)

**L-PGDS** : Lipocalin-type urinary prostaglandin D synthase

**LPS** : Lipopolysaccharide

**LT** : Leukotrienes

**LTCSA** : Left side cross-sectional area

**LTIMT** : Left side intema-media thickness

**LX** : Lipoxins

**MAdCAM-1** : Mucosal addressin cell adhesion molecule-1

**MAP** : Mitogen-activated protein

**MAP kinase** : Mitogen-activated protein kinases

**MDRD formula** : Modification of Diet in Renal Disease formula

**MPO** : Myeloperoxidase

**MRI** : Magnetic resonant imaging

**NaCl** : Sodium Chloride

**NADPH**: Nicotinamideadenine dinucleotide phosphate

**NaOH** : sodium hydroxide

**NF-AT** : Nuclear factor of activated T cells

**NO** : Nitricoxide

**NOS** : Nitric oxide synthase

**NT-pro-BNP** : N-terminal pro-brain natriuretic peptide

**OPG** : Osteoprotegerin

**OPN** : Osteopontin

**oxLDL** : Oxidized LDL

**PA** : Phosphatidic acid

**PC** : Phosphatidyl choline

**PCR** : Polymerase chain reaction.

**Phe** : Phenylalanine aminoacid

**PIP2** : Phosphatidyl inositol 4,5-bisphosphate

**PKC** : Protein kinase C

**PLC** : Phospholipase C

**PLD** : Phospholipase D

**PSGL-1** : P-selectin glycolipid-1

**PTH** : Parathyroid hormone

**PTKs** : Protein tyrosine kinases

**PTX3** : Pentraxin-3

**R** : Receptor

**RFLP** : Restriction fragment length polymorphism.

**RRT** : Renal replacement therapy

**RT**: Right side

**RTCSA**: Right side cross-sectional area

**RTIMT**: Right side intima-media thickness

**SBP** : Systolic blood pressure

**SCRs** : Short consensus repeats

**SDS** : Sodium Dodecyl Sulphate  
**SELE gene** : Selectin-E gene  
**SELL gene** : Selectin-L gene  
**SELP gene** : Selectin-P gene  
**Sgp200** : Sulfated glycoprotein  
**sLe<sup>a</sup>** : Sialyl Lewis<sup>a</sup>  
**sLe<sup>x</sup>** : Sialyl Lewis<sup>x</sup>  
**SNP** : Single nucleotide polymorphism  
**SOD** : SuperOxide Dismutase  
**S128A** : Serine to arginine at codon 128  
**T3** : Tri-iodothyronine.  
**TCL** : Total cholesterol  
**TG** : Triglycerides  
**TGF- $\beta$**  : Transforming growth factor-beta  
**tHcys** : Homocystine  
**TNF- $\alpha$**  : Tumor necrosis factor-  $\alpha$   
**U-alb** : Urinary albumin excretion  
**UV** : Ultra violet.  
**VCAM** : Vascular cell adhesion molecule  
**VLDL** : Very low density lipoprotein  
**WBC** : White blood cell count  
**(y)** : years

# **INTRODUCTION & AIM OF WORK**

Atherosclerosis is the main cause of death and cardiovascular (CV) complications in end-stage renal disease (ESRD) (*Testa et al., 2006*). The dialysis population is an interesting natural model of atherosclerosis because uremia is a strong amplifier of arterial damage (*Zoccali, 2002*). This could partially be explained by the traditional risk factors, i.e. hypertension, smoking, diabetes and dyslipidemia (*Foley et al., 1998*). Besides, attention has been focused on disease-specific factors like hyperparathyroidism, hypoalbuminemia and anemia and on emerging factors like hyperhomocysteinemia and inflammation. Moreover, genetic factors are of relevance in atherosclerosis. Association studies between genetic factors and indicators of arterial damage are therefore important in order to understand the unique severity of CV disease in ESRD (*Balakrishnan et al., 2005*).

Soluble adhesion molecules may play an important role in the genesis of CVD by affecting thrombosis, leukocyte infiltration, smooth-muscle proliferation, and cell migration. Moreover, adhesion molecules are elevated among patients with atherosclerosis, and in patients with coronary heart disease. (*Stenvinkel et al., 2000*)

E-selectin is a key adhesion molecule which plays a fundamental role in endothelial progenitor cell-dependent reparative mechanisms in experimental ischaemia and it serves to anchor leucocytes to the endothelium in inflammatory processes (*Malatino et al., 2007*). In ESRD, the Leu554Phe polymorphism of E-selectin gene is associated with the