Count and Heterogeneity of Human Fetal Blood Lymphocytes in the Course of Fetal Development

Z. S. Khlystova, R. M. Khairullin, and G. T. Sukhikh

Translated from Byulleten' Eksperimental'noi Biologii i Meditsiny, Vol. 126, No. 9, pp. 331-333, September, 1998 Original article submitted February 3, 1998

> Blood specimens from 89 human embryos and fetuses were analyzed by immunological methods during gestation weeks 4-40. All formed elements circulate in fetal blood starting from week 13 of gestation. Lymphocytes predominate among blood leukocytes, because normally lymphocytosis is an inherent feature of blood. T cells and their subpopulations: active T lymphocytes, Ty lymphocytes, and theophylline-sensitive and resistant cells are present. B lymphocytes are represented by cells with immunoglobulins M and G, zero cells, and large granular lymphocytes.

Key Words: lymphocytes; blood; human fetus

Embryogenesis of the immune system of a human fetus is an important aspect of immunomorphology. For a long time only maternal defense reactions were studied, while participation of the fetus in immunity reactions was doubted. New facts [1] about the immune system ontogenesis [11] in different organs and tissues [4] changed the situation. Lymphocytes occupy the central place in this system.

T and B lymphocytes were revealed in the sixties and seventies, and their cooperation in immune response was proved [5]. The subpopulations of T cells characterized by specific functions and supporting cellular mechanisms of immune regulation were identified. A special group of lymphocytes, zero cells, have no surface markers typical of T and B lymphocytes. These discoveries were made mainly in an adult organism, while fetal immunogenesis is little known; the fetus develops under sterile, but not antigen-free conditions. The development of fetal immune system depends on the maternal organism which creates special ecological conditions for the fetus. The lymphocyte count in the blood during

MATERIALS AND METHODS Blood specimens of 89 embryos and fetuses were

ferent periods of gestation.

obtained from healthy mothers at 4-40th weeks in maternity hospitals of Moscow. Fetal age was determined from the parietocalcanean size and weight of the fetus. Total population and subpopulations of T lymphocytes were recorded in the spontaneous lymphocyte rosette formation test with sheep erythrocytes and fetal proper erythrocytes [10]. Theophylline-sensitive and resistant lymphocytes [7]. active T cells [9], and subpopulation of Ty lymphocytes with suppressor-cytotoxic properties were distinguished [8].

different periods of embryogenesis is an indicator of

fetal immune status. This fact is of both theoretical

and practical significance in tissue therapy, which

has been unfolded at present. Procurement of fetal

donor material should include depletion of fetal

lymphocytic components and selection of the per-

geneity of human fetal blood lymphocytes at dif-

Our purpose was to study the counts and hetero-

iods of embryogenesis optimal for this purpose.

Institute of Human Morphology, Russian Academy of Medical Sciences, Moscow

B lymphocytes with surface receptors to the complement C3 component were detected in the lymphocyte rosette formation test with bovine erythrocytes loaded with primary response antibodies and the complement. B lymphocytes with receptors to mouse erythrocytes were detected as described previously [10] and B lymphocyte subpopulation with membrane-bound IgM and IgG by the method described elsewhere [3]. Zero cell population was assessed as the difference between the total count of lymphocytes and the sum of total population of T lymphocytes and cells with receptors to the com-

plement C3 component. Large granular lymphocytes were identified as described previously [6]. The relative and absolute counts of lymphocytes were estimated after statistical processing of the results (Tables 1-3).

RESULTS

Blood for precise quantitative analysis and isolation of lymphocytes was collected from fetuses starting from week 13 of gestation. Starting from this moment, all types of blood cells constantly circulate

TABLE 1. Counts of Lymphocytes, Zero Cells, and Large Granular Lymphocytes in Human Fetal Blood on Weeks 13-40 of Gestation(M±m)

Fetal age, weeks		Lymphocytes	Zero lymphocytes	Large granular lymphocytes	
13-16 (<i>n</i> =5)	%	11.7±3.06	66.9±3.16	5,20±0.8	
	10º/liter	2.812±0.506	1.885±0.337	0.148±0.041	
18-20 (n=6)	%	32.78±5.72*	54.4±6.80	8.4±2.30	
	109/liter	4.703±0.521	2.528±0.448	0.381±0.118	
21-23 (n=5)	%	56.67±4.55*	71.70±3.64	6.00±1.86*	
	10º/liter	11.918±2.018*	8.678±1.757*	0.731±0.236*	
24-25 (n=3)	%	27.89±7.03	70.16±6.62	1.75±0.25*	
	10º/liter	5.012±0.96	3.609±0.975	0.100±0.034*	
26-27 (n=8)	%	36.90±4.28	48.98±4.28	10.85±2.10	
	10 ⁹ /liter	4.805±0.618	2.426±0.455	0.536±0.152	
28-30 (<i>n</i> =6)	%	43.50±5.49	30.93±9.19	11.68±1.30	
	10º/liter	8.013±11.256*	1.949±0.683	0.847±0.153*	
36-40 (<i>n</i> =13)	%	33.61±2.49	22.70±2.10	9.54±0.90	
•	10 ⁹ /liter	3.948±0.213	0.974±0.141	0.386±0.046	

Note. Here and in Tables 2 and 3: *p<0.05 vs. the next group.

TABLE 2. Counts of T lymphocytes and Their Subpopulations in Human Fetal Blood on Weeks 13-40 of Gestation (M±m)

Fetal age, weeks		T lymphocytes	Active T lymphocytes	T lymphocytes with proper erythrocytes	
13-16 (<i>n</i> =5)	%	13.10±1.60*	3.80±0.38	1.60±0.19	
	10º/liter	0.356±0.069*	0.105±0.019*	0.049±0.013	
18-20 (n=6)	%	29.00±5.00	9.75±3.06	4.25±1.30	
	10°/liter	1.419±0.34	0.493±0.165	0.194±0.54	
21-23 (n=5)	%	16.50±3.92	7.00±2.20	3.60±1.43	
	10º/liter	1.777±0.385*	0.734±0.157*	0.413±0.170	
24-25 (n=3)	%	17.00±2.73*	5.67±0.68*	5.00±1.71	
	10°/liter	0.820±0.094*	0.275±0.023*	0.264±0.130	
26-27 (<i>n</i> =8)	%	34.68±2.82	12.06±1.42	5.19±0.99	
	10º/liter	1.622±0.278	0.594±0.112	0.270±0.060	
28-30 (<i>n</i> =6)	%	41.40±6.93	16.75±3.54	8.50±2.09	
	10 ⁹ /liter	3.693±1.062	1.481±0.479	0.748±0.276	
36-40 (<i>n</i> =13)	%	60.50±3.40	25.40±3.90	8.30±1.80	
	10 ⁹ /liter	2.368±0.187	0.999±0.135	0.265±0.054	

in the blood. Lymphocytes are the predominating type of leukocytes, i.e., lymphocytosis is a normal characteristic of fetal blood.

Blood lymphocytes were represented by T lymphocytes and their subpopulations: active T cells (Table 2), the ophylline-sensitive and resistant Ty lymphocytes. B lymphocytes include cells with receptors to the complement C3 component and to mouse antigens (Table 3). There were B lymphocytes with membrane-bound IgM and IgG, zero cells, and large granular lymphocytes (Table 1). The latter are a heterogeneous group, the majority of which are natural killer cells [2]. They possess natural cytotoxicity and are among the principal components responsible for antiviral and antitumor resistance of the organism. Prenatal changes in fetal blood large granular lymphocytes were so far unknown, which permits us to consider our results as original.

The count of each blood lymphocyte type changes with age (Tables 1-3). There is a general regularity in the time course of lymphocyte changes: by weeks 23-25 the counts of all blood lymphocytes dropped (Tables 1 and 2), including the predominating T cells, and by week 27 the count of these cells increases.

A high percentage of B lymphocytes (20%) secreting immunoglobulins is observed starting from week 13; then the count of these cells decreases and again rises by the 28th week.

Therefore, starting from the 13th week, all lymphocyte subpopulations are present in human fetal blood, including Ty cells with suppressor-cytotoxic activity, zero cells, and large granular lymphocytes. The time course of lymphocytes and their subpopulations in fetal blood and their heterogeneity in fetogenesis reflect the development of the immunogenesis organs. High physiological lymphocytosis is typical of fetal blood as well as a high count of T lymphocytes. B cell immunity in fetal blood is more stable.

TABLE 3. Counts of B lymphocytes with Receptors to the Complement C3 Component and Mouse Antigens in Human Fetal Blood on Weeks 13-40 (*M*±*m*)

, ₂₀₀ 20 45 i 20 i 200 2		B lymphocytes with receptors to		
Fetal age,	weeks	complement C3 component	mouse antigens	
13-16 (n=5)	%	20.00±1.60	16.50±1.40*	
	10º/liter	0.570±0.136	0.479±0.081	
18-20 (<i>n</i> =6)	%	16.60±3.54	10.40±2.01	
	109/liter	0.576±0.141	0.495±0.121*	
21-23 (n=5)	%	11.80±1.34	17.10±3.44	
	109/liter	1.463±0.393	1.972±0.410*	
24-25 (n=3)	%	12.84±6.32	15.67±1.35	
	109/liter	0.583±0.245	0.800±0.216	
26-27 (n=8).	%	16.37±1.42	12.62±1.36	
	10º/liter	0.757±0.112*	0.593±0.119	
28-30 (<i>n</i> =6)	%	27.67±5.64	18.83±3.64	
	10º/liter	2.371±0.698*	1.627±0.509	
36-40 (n=13)	%	16.80±4.65	16.80±2.10	
	10º/liter	0.606±0.058	0.611±0.102	

REFERENCES

- 1. F. Bernet, Immunology [in Russian], Moscow (1971).
- K. P. Zak and Z. A. Butenko, Gematol. Transfuziol., 30, No. 2, 45-53 (1985).
- G. I. Kozinets, V. V. Kasatkina, N. N. Talilenova, et al., in: Kinetic Aspects of Hemopoiesis [in Russian], Tomsk (1982), pp. 222-225.
- 4. E. R. Kudryavtseva, Immunologiya, No. 6, 71-72 (1983).
- R. V. Petrov, Immunology and Immunogenetics [in Russian], Moscow (1976).
- 6. G. Gastl, Blood, 64, No. 1, 288-295 (1984).
- S. Gimatibul, A. Shore, H. Dosch, et al., Clin. Exp. Immunol., 33, 503-513 (1978).
- 8. S. Gupta and R. Good, Cell. Immunol., 36, No. 2, 263-270 (1979).
- P. Hokland and Y. Heron, Scand. J. Immunol., 9, No. 4, 233-342 (1979).
- M. Jondal, G. Holm, and H. Wiegzell, J. Exp. Med., 136, No. 2, 207-225 (1972).
- D. Stites and Ch. Povia, *Pediatrics*, No. 5, Pt. 2, Suppl., 795-802 (1979).