

# Effect of Serum from Cardiovascular Patients on Catalytic Activity of Secretory Phospholipase A<sub>2</sub> (IIA)

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Incubation of patients' serum catalytically active by type IIA secretory phospholipase A<sub>2</sub> (SP-IIA) with serum containing the enzyme in a high concentration but exhibiting no catalytic activity in 1:1 volume ratio led to a significant inhibition of SP-IIA catalytic activity. Donor and patient sera with low levels of SP-IIA had no effect on the serum with SP-IIA activity under these conditions. However, the increase in the content of patients' serum with a low level of SP-IIA in the incubation mixture to 1:2 (v/v) and of donor serum to 1:3 (v/v) also led to blockade of SP-IIA catalytic activity. These results indicate that human serum contains an SP-IIA inhibitor and its concentration decreases significantly in sera with SP-IIA activity.

**Key Words:** type IIA secretory phospholipase A<sub>2</sub>; inhibitor; serum; cardiovascular diseases

The development of cardiovascular diseases (CVD) is associated with acute and chronic inflammatory processes. Serum level of type IIA secretory phospholipase A<sub>2</sub> (SP-IIA; a proinflammatory enzyme with normally negligible concentration) increases significantly during inflammation [4]. SP-IIA is an important inflammation mediator [5]. High level of this enzyme persisting for a long time in the serum is considered to be an independent risk factor and CVD predictor in coronary patients [2,3].

SP-IIA is secreted in catalytically active form by blood and liver cells [6]. The mechanisms of CP-IIA inactivation in human serum are unknown. We previously showed that in some cardiovascular patients the serum with high levels of CP-IIA exhibited no CP-IIA activity. These data suggest the presence of SP-IIA inhibitor in patients' blood.

We measured serum SP-IIA levels in cardiovascular patients and evaluated the effects of these sera on catalytic activity of SP-IIA.

## MATERIALS AND METHODS

The study was carried out in 5 donors and 15 patients with stable angina pectoris, functional classes II-III. Venous blood specimens were collected from the ulnar vein. The blood was centrifugated for 20 min at 3000 rpm. The sera were stored at -70°C until the study.

Serum SP-IIA was measured by enzyme immunoassay using human SP-IIA EIA kit (Cayman Chemical Company). Serum specimens were diluted with buffer from the kit in 1:20 proportion, after which 100-μl diluted samples were tested in two repetitions. EIA kit is specific for SP-IIA and does not react with phospholipase A<sub>2</sub> types I, IV, and V or with any of inflammation mediators (TNF, IL-1, erythrocyte activation factor). The minimum concentration detectable by EIA is 15.6 pg/ml.

In order to evaluate SP-IIA catalytic activity, water emulsion of L-3-phosphatidyl-N-methyl-<sup>14</sup>C-choline-1,2-dipalmitoyl was used as the substrate (57 mCi/mol; Amersham). The studied mixture (250 μl) contained 5 nmol radioactive substrate, 20 μl serum, and 100 nM Tris-HCl (pH 8.0)

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containing 2 mM  $\text{CaCl}_2$ . The mixture was incubated for 30 min at 37°C and constant shaking. The reaction was stopped by adding 1.5 ml chloroform:methanol (2:1) mixture. Extracted lipids were separated by thin layer chromatography on silica gel plates (DC, Merck) in chloroform:methanol:28%  $\text{NH}_4\text{OH}$  (60:30:8) system. Lipid spots were developed by iodine vapor. Fractions corresponding to lysophosphatidylcholine were scraped off and put into flasks with 7 ml Unisolve 100 scintillation fluid (Koeh-Light Ltd.). Radioactivity was measured on a Rackbeta 125  $\beta$ -scintillation counter (LKB). Catalytic activity of SP-IIA was estimated in units per liter of serum [6]. Inhibition of SP-IIA activity was evaluated by adding catalytically inert sera (10, 20, 40, 60  $\mu\text{l}$ ) into incubation mixture.

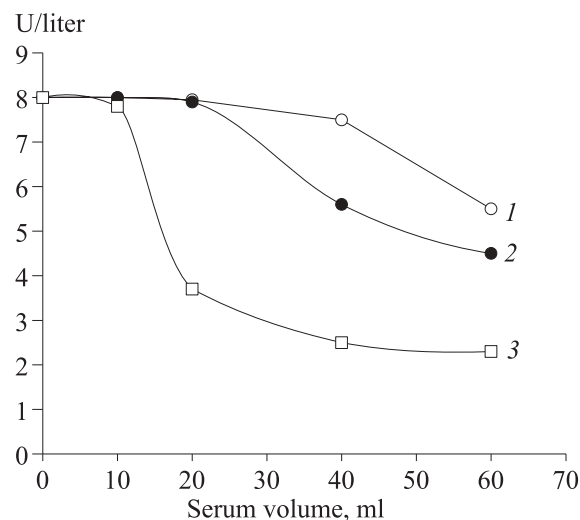
The results were processed using Student's test. The differences were considered significant at  $p < 0.05$ .

## RESULTS

The type of SP-IIA present in the serum was evaluated using manoalide (specific and irreversible SP-IIA inhibitor). Manoalide in a concentration of 0.1  $\mu\text{M}$  completely blocked SP-IIA activity, preventing accumulation of radiolabeled product lysophosphatidylcholine in the reaction mixture (data are not presented), this indicating the presence of SP-IIA in patient sera.

In 5 patients whose sera showed SP-IIA activity the enzyme concentration was  $4.5 \pm 1.1$   $\mu\text{g/liter}$ , which was significantly higher than in donors ( $1.40 \pm 0.25$   $\mu\text{g/liter}$ ;  $n=5$ ). Patients whose sera showed no SP-IIA activity formed two groups. Group 1 consisted of 5 patients with low SP-IIA concentration ( $2.40 \pm 0.13$   $\mu\text{g/liter}$ ), comparable with the enzyme concentration in the sera of donors. Group 2 consisted of 5 patients with high concentration of SP-IIA ( $22.56 \pm 5.25$   $\mu\text{g/liter}$ ).

Incubation of serum with SP-IIA activity with catalytically inert serum from patients with high enzyme concentration in 1:1 volume ratio (20:20  $\mu\text{l}$ ) led to significant inhibition of SP-IIA activity (Fig. 1). Normal donor serum or serum from patients with low concentration of SP-IIA had no ef-



**Fig. 1.** Relationship between inhibition of SP-IIA catalytic activity and serum volume. 1) donors; 2) group 2 patients; 3) group 2 patients.

fect on the serum with SP-IIA activity under these conditions. However, increasing the percent of serum from group 1 patients in the incubation mixture (to 1:2; 20:40  $\mu\text{l}$ ) and of normal donor serum (to 1:3; 20:60  $\mu\text{l}$ ) also led to SP-IIA blockade.

These results indicate the presence of SP-IIA inhibitor in human serum, the concentration of this inhibitor decreasing significantly in the sera with SP-IIA activity.

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