# Hb Marseille $[\alpha_2 \beta_2 \text{ N methionyl} - 2 (\text{NA}_2) \text{ His} \rightarrow \text{Pro}]$ : a new $\beta$ chain variant having an extended N-terminus

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A new abnormal hemoglobin was found in a diabetic Maltese woman by citrate agar electrophoresis. This variant was undetectable by isoelectric focusing. No hematological abnormalities were observed. The structural analysis included isolation of the abnormal  $\beta$  chain, high pressure liquid chromatography of the corresponding tryptic peptides and then microsequencing of the abnormal  $T_1$ . These procedures revealed a double abnormality: the presence of a methionyl residue extending the  $NH_2$  terminus and a histidine to proline substitution in position  $NA_2$ .

Hemoglobinopathy  $\beta$  variant HPLC Hemoglobin Marseille Protein synthesis

## 1. INTRODUCTION

An increasing number of hemoglobin variants are detected in the course of Hb  $A_{1c}$  evaluation in diabetic patients [1,2]. Here we detected a hemoglobin fraction behaving like Hb F or Hb  $A_{1c}$  by citrate agar electrophoresis (Corning Medical, USA) in a 64-year-old woman with mild diabetes. She was of Maltese origin but lived in Marseille. Structural studies allowed the observation of a very unusual modification, since, together with a His to Pro substitution at the NA<sub>2</sub> position, we have demonstrated the persistence of the initiating methionine. This illustrates that structural studies of hemoglobin variants can still provide some insight into molecular mechanisms.

# 2. MATERIALS AND METHODS

Standard hematological procedures were followed. Heinz bodies staining was performed with Cresyl brilliant blue (1%) after 3 h sterile incubation at 37°C. Freshly prepared hemolysates were subjected to the 4 classical electrophoretic systems

as proposed in [3]. Electrophoresis at alkaline pH (Tris-EDTA-borate buffer) was performed on cellulose acetate strips (Helena Titan III H), citrate agar electrophoresis (pH 6.2) on plates from Helena (Titan IV), and globin chain electrophoresis in 6 M urea, 1%  $\beta$ -mercaptoethanol (pH 6 and 9) on cellulose acetate strips (Sepraphore X Gelman). Isoelectric focusing (IEF) was carried out on a thin-layer polyacrylamide gel (pH 6-9) as in [4]. Globin chain analysis on acid-urea-Triton acrylamide gel was performed as in [5]. Densitometry of acid-urea-Triton polyacrylamide slabs was done with a Cellosystem Sebia densitometer (France). Quantification of Hb F was as in [6] and the A<sub>2</sub> level was measured chromatographically as in [7]. Stability was tested the isopropanol test as in [8]. methemoglobin fraction in the fresh hemolysate was spectrophotometrically evaluated with a Cary 118 C instrument. The oxygen affinity of the whole blood was determined with an Aminco Hemoscan (Silver Springs, USA) and the 2,3-DPG assay was performed as in [9]. The abnormal hemoglobin was separated by Biorex chromatography according to [10] with some modifications [11] (fig.1). Purity of the abnormal

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hemoglobin was assessed by citrate agar electrophoresis and by acid-urea-Triton polyacrylamide gel electrophoresis (fig.1). The abnormal  $\beta$  chain after desheminisation by acid-acetone precipitation was prepared by CM-cellulose 8 M urea chromatography [12], aminoethylated and stripped of urea on a Biogel P2 (Biorad) column and hydrolysed with trypsin. Two methods were used for the characterization of tryptic peptides: (i) fingerprinting on silica gel thin-layer plates [13] and specific staining for histidine, tyrosine, tryptophan, arginine and methionine [14]; (ii) HPLC using a Beckman model 343 with an Altex wavelength detector set at 214 nm. The column system was a Waters μBondapack C18 (10 μm, ID 3.9 mm, 30 cm). The solvent system was based on [15]: solvent A, 0.02 M ammonium acetate (pH 5.7); solvent B, 0.01 M ammonium acetate (pH 5.7) mixed 50/50 with acetonitrile (Baker, v/v). The gradient was linear from 0 to 60% in 50 min and from 60 to 100% in 10 min. Amino acid composition was determined on a Biotronik 6000 IE (Biotronik, Munich) after 40 h hydrochloric acid hydrolysis of separated peptides. The abnormal peptide (T<sub>1</sub>) was in parallel subjected to the microsequencing procedure according to [16].

# 3. RESULTS

# 3.1. Case report

The propositus and one of her nieces were found to carry the  $\beta$  globin variant trait. Hematological data for both were in the normal range. The following data concern only the propositus. The abnormal Hb component constituted 44% of the total  $\beta$  chains as evaluated by densitometry of an polyacrylamide acid-urea-Triton trophoresis (fig.2, lane 2). Hb A<sub>2</sub> was 2.6% (N =  $2 \longrightarrow 3.1$ ) and Hb F 0.45% (N < 1). No Heinz bodies were seen after 3 h incubation with Brilliant Cresyl blue. The isopropanol test was negative. The  $P_{50}$  of whole fresh blood was 27 mmHg (N = 25  $\longrightarrow$  29). 2,3-DPG was 14.55  $\mu$ M/g Hb (N = 13  $\longrightarrow$  15). The level of ferrihemoglobin in the fresh hemolysate was below 1%. Electrophoretic mobilities according to [3] were, respectively: cellulose acetate electrophoresis (pH 8.7), 0.0; citrate agar (pH 6.2), -4.4; globin chain electrophoresis (pH 9.0 and 6.0), 20.0 and 21.7.

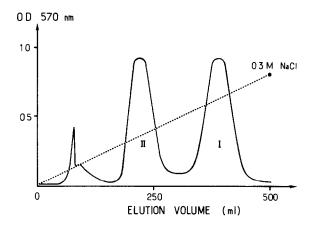


Fig.1. Biorex 70 chromatographic pattern of the propositus hemolysate. Peak I, Hb A<sub>0</sub>; peak II, Hb Marseille; peak III, NHP (non-heme proteins), and minor fast hemoglobin derivatives. 300 mg hemolysates; column, φ 2.5 × 20 cm; Biorex 70 (200-400 mesh), pH 6.75; phosphate (NaH<sub>2</sub>PO<sub>4</sub>) buffer, 0.048 M; NaCl, linear gradient, 0 → 0.3 M.

Mobility in acid-urea-Triton polyacrylamide gel electrophoresis was 23.1; isoelectric focusing, no separation.

# 3.2. Structural studies

Fig.1 shows the elution profile of the abnormal hemoglobin after Biorex 70 chromatography and fig.2 the acid—urea—Triton polyacrylamide electrophoretic pattern of the successive peaks I and II. The data obtained indicated that peak II was composed of the abnormal Hb fraction and was

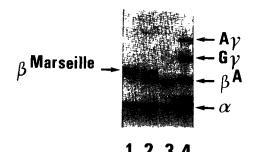


Fig. 2. Acid-urea-Triton polyacrylamide gel electrophoretic analysis of the hemoglobin composition in the peaks (I and II) obtained by Biorex 70 chromatography compared to a control and to the whole hemolysate. Lanes: (1) peak II; (2) whole hemolysate; (3) Hb A<sub>0</sub>; (4) cord blood sample (with a Hb α variant).

slightly (less than 10%) contaminated by the glycosylated form of tHb  $A_0$  as shown in fig.2 ( $\beta$   $A_{1c}$  has the same mobility as  $\beta$   $A_0$  in this electrophoretic system). Peak III was mainly composed of non-heme proteins (NHP) and some minor fast Hb derivatives. Peak I was Hb  $A_0$ .

Structural studies were conducted using the abnormal hemoglobin component present in peak II. Tryptic peptides of the  $\beta$  abnormal chain were first studied by fingerprinting. The  $T_1$  is absent and a new spot of higher chromatographic mobility and more anodic was seen. Specific stainings revealed besides an otherwise normal pattern for the other spots, a negative histidine and a positive methionine coloration for the atypical spot.

Secondly, in the HPLC separation of the non-aminoethylated tryptic peptides, as shown in fig.3,  $\beta T_1$  was absent and a peak with a longer retention time was present. Three successive HPLC steps permitted the accumulation of a sufficient amount of this peptide to perform amino acid analysis and a manual microsequence analysis. The amino acid molar ratios (table 1) showed a  $\beta$   $T_1$  with a histidine to proline substitution and an extra methionine, besides an otherwise normal amino acid composition. Five steps of microsequencing procedure performed on this abnormal peptide

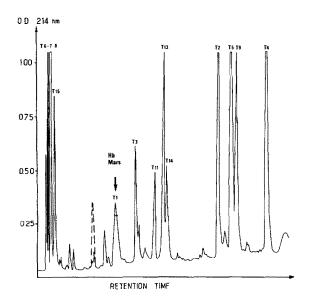


Fig. 3. HPLC elution pattern of the non-aminoethylated tryptic peptides of the Hb Marseille  $\beta$  chain. Arrow, abnormal  $\beta T_1$ ; dotted line, elution position of normal  $\beta T_1$ .

Table 1

Amino acid composition of  $\beta T_1$  of Hb Marseille compared to normal  $\beta T_1$ 

	βT <sub>1</sub> expected AA molar ratio	β Marseille T <sub>1</sub> observed AA molar ratio
Thr	1	0.90
Glu (Gln)	2	1.90
Pro	1	1.80_
Val	1	1.00
Met	0	0.80_
Leu	1	1.00
His	1	0.00
Lys	1	0.90

revealed the following sequence: Met  $\longrightarrow$  Val  $\longrightarrow$  Pro  $\longrightarrow$  Leu  $\longrightarrow$  Thr.

# 4. DISCUSSION

Hb Marseille has some unusual biochemical features. One of the structural abnormalities involves the substitution of the histidine  $NA_2$  by a proline. This modification is homologous to that described in Hb Deer Lodge  $\beta$  ( $NA_2$ ) His  $\longrightarrow$  Arg [17] and Okayama  $\beta$  ( $NA_2$ ) His  $\longrightarrow$  Gln [18].

The electrophoretic behaviour of Hb Marseille deserves some comment. Citrate agar electrophoresis is known to explore, in part, the differences in the electropositivity of the central cavity of Hb variants [19,20]. In this system, like Hb  $A_{1c}$  and Hb Raleigh  $\beta$  (NA<sub>1</sub>) Val  $\longrightarrow$  Ac Ala [21], Hb Marseille, in which the histidine NA<sub>2</sub> is substituted by a neutral residue, has a higher mobility. The separation of Hb Marseille, like Hb Okayama [18] in Biorex 70 chromatography, is sustained by a similar mechanism [10].

The substitution of His (NA<sub>2</sub>) by Pro probably affects negatively the interaction between Hb and 2,3-DPG. In Hb Marseille the whole blood  $P_{50}$  was expected to be lowered as in Hb Deer Lodge [17] and Hb Okayama [18]. The finding of a normal  $P_{50}$  may indicate a low oxygen affinity of the Hb Marseille tetramers in the absence of allosteric effectors. Detailed Hb function studies are currently underway to provide a full description of the functional properties of Hb Marseille.

The finding of a methionine residue at the NH<sub>2</sub>

terminus of the Hb Marseille  $\beta$  chain was firmly demonstrated by amino acid analysis, by stainings of the fingerprint, and by microsequencing data. Furthermore the achievement of the sequence analysis procedure showed that the NH<sub>2</sub> of the methionine was not blocked in, at least, a large fraction of Hb Marseille.

In the absence of data on the patient's DNA, and since we were unable to propose, starting from the DNA sequence of the Hb $\beta$  chain [22], a unique DNA rearrangement that could produce such a modified  $\beta$  chain, we propose that the NH<sub>2</sub> terminal methionine present in Hb Marseille is the initiating methionine. In this hypothesis the occurrence of a proline in position NA<sub>2</sub> would constitute a steric impairment for the NH<sub>2</sub> methionyl peptidase normally eliminating rapidly the initiating methionine [23]. A very similar hypothesis has been stated for naturally occurring proteins with a met--X NH<sub>2</sub>-terminal sequence, in which X is either a charged amino acid [24,25] or a proline [26,27].

Thus the NH<sub>2</sub> terminus of Hb Marseille  $\beta$  chain seems to be an inadequate substrate for both N-methionyl peptidase and NH<sub>2</sub> terminal acetyl transferase in contrast to Hb F  $\gamma$  chains [28] and Hb Raleigh  $\beta$  chains [21]. Finally, the amino acid analysis showed that NH<sub>2</sub> terminal methionine was not in its oxidized form, a result expected after the observed neutral electrophoretic behaviour in globin chain pH 9.0 electrophoresis.

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