

## PERIPHERAL AND OVARIAN VEIN PLASMA LEVELS OF 20 $\alpha$ -DIHYDROPROGESTERONE IN WOMEN WITH NORMAL MENSTRUAL CYCLES

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### SUMMARY

In seven fertile women, with normal menstrual cycles, the daily vein plasma concentrations of 20 $\alpha$ -dihydroprogesterone, progesterone, 17-hydroxyprogesterone, oestradiol-17 $\beta$  and LH were measured. The patterns of progesterone and 20 $\alpha$ -dihydroprogesterone are similar. In a second group of 4 fertile women on the 7th, 10th, 19th and 20th day of the cycle respectively, vein plasma levels of progesterone and 20 $\alpha$ -dihydroprogesterone were measured at short intervals: the concentrations of these compounds do not seem to show rapid and relevant fluctuations. In a third group of five fertile patients, in the early follicular phase or in the luteal phase of the cycle, 20 $\alpha$ -dihydroprogesterone and progesterone levels were measured in ovarian venous plasma. From the results obtained it appears that only the ovaries containing the corpora lutea produce and secrete important quantities of progesterone and 20 $\alpha$ -dihydroprogesterone, whereas the concentrations of the two steroids in blood from the contralateral ovaries and in peripheral blood are similar. Finally in the three groups of patients considered a difference seems to exist in the ratio between progesterone and 20 $\alpha$ -dihydroprogesterone, lower in the follicular phase than in luteal phase. This ratio appears to be very much higher in blood coming from the ovaries containing the corpora lutea than in peripheral blood.

### INTRODUCTION

20 $\alpha$ -dihydroprogesterone has been isolated by Zander *et al.*[1, 2] from human ripe follicles and corpora lutea. The biological activity of this compound has been shown to be one quarter to one half that of progesterone in the Clauberg and Hooker-Forbes tests[3].

Wiest[4] and Huang and Pearlman[5] demonstrated that ovarian tissue of the pseudopregnant rat was able to convert *in vitro* progesterone into 20 $\alpha$ -dihydroprogesterone. Forleo *et al.*[6, 7] showed that 20 $\alpha$ -hydroxysteroid-dehydrogenase activity was present also in the human ovary, through *in vitro* incubations of isolated follicular tissue and corpora lutea, and demonstrated that this reaction was reversible.

The plasma concentration of 20 $\alpha$ -dihydroprogesterone in the follicular and in the luteal phase of the menstrual cycle has been reported by Runnebaum *et al.*[8], Mikhail[9], Saxena *et al.*[10], Van der Molen and Groen[11], Florensa and Sommerville[12], Aedo *et al.*[13]; moreover Billiar *et al.*[14] calculated its metabolic clearance rate and production rate. In several species, such as the rat, the rabbit and the guinea pig, plasma levels of 20 $\alpha$ -dihydroprogesterone are appreciably higher than those of progesterone.

It has been suggested that in these animals a pre-ovulatory rise of 20 $\alpha$ -dihydroprogesterone may be of significance as a positive feedback agent, that could

prolong and enhance LH secretion[15]; moreover Swerdloff *et al.*[16] demonstrated that 20 $\alpha$ -dihydroprogesterone stimulate LH and FSH secretion in estrogen treated castrated rats. In contrast with these results are the experiments performed recently on the rabbit by YoungLai[17], who could not maintain LH secretion in animals treated with 20 $\alpha$ -dihydroprogesterone after injections of LH-releasing hormone.

Wiest *et al.*[18] suggest that the reduction of progesterone to the biologically less active 20 $\alpha$ -dihydroprogesterone may serve to reduce the progestational activity during the luteal phase of the cycle in the rat.

As yet, the role of 20 $\alpha$ -dihydroprogesterone in the menstrual cycle of the human female remains to be ascertained. The purpose of the present investigation was to measure the daily plasma concentrations of 20 $\alpha$ -dihydroprogesterone in relation to progesterone, 17 $\alpha$ -hydroxyprogesterone and oestradiol-17 $\beta$  during normal menstrual cycles and to determine in follicular and luteal phase the concentration of 20 $\alpha$ -dihydroprogesterone and progesterone in ovarian vein plasma.

### EXPERIMENTAL

From seven fertile women, with normal ovulatory cycles (basal body temperature was checked daily), 7 ml of peripheral venous blood were obtained in heparinized syringes every day during the cycle at 9 a.m.

Table 1. Specificity of the antisera to progesterone-11 -hemisuccinate-bovine serum albumin (progesterone-11 $\alpha$  -hem-BSA), 17-hydroxy-progesterone-3-carboxymethyl-oxime-bovine serum albumin (17-OH-progesterone-3-CMO-BSA), 20 $\alpha$ -dihydro-progesterone-3-carboxymethyl-oxime-bovine serum albumin (20 $\alpha$ -OH-3-CMO-BSA) and 17 $\beta$ -estradiol-6-carboxymethyl-oxime-bovine serum albumin (17 $\beta$ -estradiol-6-CMO-BSA)

Steroids	Progesterone 11 $\alpha$ -hem-BSA	17-OH-progesterone 3-CMO-BSA	20 $\alpha$ -OH-progesterone 3-CMO-BSA	17 $\beta$ -estradiol 6-CMO-BSA
	(Cross-reaction %)			
Progesterone	100.0	6.0	0.8	—
17-Hydroxyprogesterone	1.3	100.0	<0.1	—
20 $\alpha$ -Dihydroprogesterone	0.6	<0.2	100.0	—
20 $\beta$ -Dihydroprogesterone	—	—	<0.1	—
Pregnenolone	<0.2	—	<0.1	—
17-Hydroxypregnenolone	<0.2	12.5	—	—
11 $\beta$ -hydroxyprogesterone	17.9	—	<0.1	—
6 $\beta$ -Hydroxyprogesterone	<0.2	—	—	—
Pregnanediol	—	<0.2	—	—
Cortisone	<0.2	<0.2	<0.1	—
Corticosterone	<0.2	—	—	—
Cholesterol	<0.2	<0.2	<0.1	—
Estriol	<0.2	<0.2	<0.1	<0.1
Estradiol-17 $\beta$	<0.2	<0.2	<0.1	100.0
Estradiol-17 $\alpha$	<0.2	—	—	0.3
Estrone	<0.2	<0.2	<0.1	0.8
Testosterone	<0.2	<0.2	<0.1	—
Androstendione	—	—	<0.1	—
Epitestosterone	<0.2	—	—	—
Dehydroepiandrosterone	<0.2	—	—	—
11 $\alpha$ -hydroxyandrosterone	<0.2	—	—	—
Androsterone	—	<0.2	—	—
Androstenediol-17 $\beta$	<0.2	—	—	—

In a second group of four fertile patients with normal ovulatory cycles (28–30 days) on the 7th, 10th, 19th and 20th days of the cycle respectively (calculated from the last menses) 7 ml of peripheral venous blood were obtained every 10 min for 1 h and then every h for 6 h.

In a third group of five fertile patients with normal ovulatory cycles (28–30 days), undergoing laparotomy for minor uterine surgery, in the follicular or luteal phase of the cycle an ovarian venous blood sample from both ovaries was obtained by insertion of a small needle connected to a heparinized catheter into one of the ovarian veins, isolated in the infundibulopelvic ligament. At the same time a peripheral venous blood sample was obtained. The specimens were refrigerated and, after centrifugation and separation, the plasma was stored at  $-20^{\circ}\text{C}$  until processed.

All the solvents were Analar grade and redistilled before use. Cold steroids were obtained from Steroids Inc., NY, U.S.A. [1,2- $^3\text{H}$ ]-20 $\alpha$ -dihydroprogesterone (Batch No. 695-095, S.A. 45 Ci/mmol), [1,2- $^3\text{H}$ ]-17-hydroxyprogesterone (Batch No. 531-74, S.A. 49 Ci/mmol) and [2, 4, 6, 7- $^3\text{H}$ ]oestradiol 17 $\beta$  (Batch No. 747-037, S.A. 100 Ci/mmol) were supplied by the New England Nuclear Corporation, Boston, MA, U.S.A.; [1, 2, 6, 7- $^3\text{H}$ ]-progesterone (Batch 8, S.A. 84 Ci/mmol) was supplied by the Radiochemical Centre, Amersham, England. The purity of the radioactive steroids was controlled by crystallization of an aliquot to constant S.A. The preparation of antigens and antisera and the radioimmunoassays of plasma steroids were carried out, with slight modification,

according to the methods of Florensa and Somerville[12] for 20 $\alpha$ -dihydroprogesterone, of Youssefnejadian *et al.*[19] for progesterone, of Youssefnejadian *et al.*[20] for 17-hydroxyprogesterone and of Emmett *et al.*[21] for oestradiol-17 $\beta$ .

The specificity of the antisera obtained was investigated with different C-21, C-19 and C-18 steroids and cholesterol, testing their ability to compete with radioactive steroids for binding sites of the antibodies. Calculation of the percentage of cross-reaction was as described by Abraham and Odell[22]. Corresponding values are listed in Table 1. Since 20 $\alpha$ -dihydroprogesterone and 17-hydroxyprogesterone display a small cross-reaction to progesterone antiserum, progesterone was separated from 17-hydroxyprogesterone and 20 $\alpha$ -dihydroprogesterone through a small column of Sephadex LH 20, according to the method of Florensa and Somerville[12]. 20 $\alpha$ -dihydroprogesterone antiserum was used at 1:25,000 dilution, progesterone antiserum at 1:8000, 17-hydroxyprogesterone at 1:15,000 and oestradiol-17 $\beta$  at 1:20,000.

For all the antisera used the bond was fairly good, about 50%. To measure the radioactivity an automated two channel liquid scintillation spectrometer (Packard-Tri Carb 2425) was used. The samples were placed in disposable glass vials containing 10 ml of the scintillation medium, as described by Bray[23]. All samples were stabilised for a minimum of 90 min at  $2^{\circ}\text{C}$  in the dark, and were then counted for 10 min.

For accuracy, precision, sensitivity and specificity of the methods, our results were similar to those described by other authors[12, 19–21].

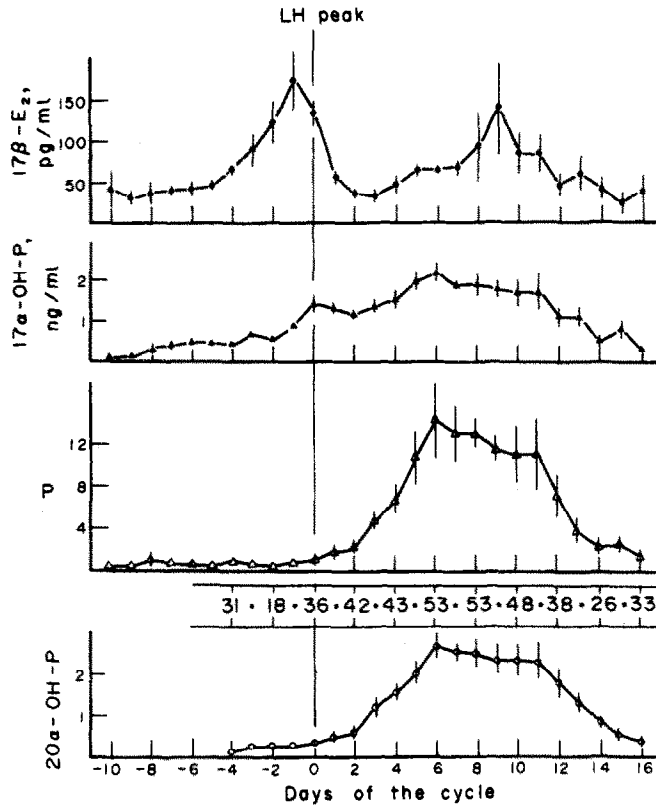


Fig. 1. Mean values of 17 $\beta$ -oestradiol (17 $\beta$ -E<sub>2</sub>), 17-hydroxyprogesterone (17-OHP), progesterone (P) and 20 $\alpha$ -dihydroprogesterone (20 $\alpha$ -OHP) in the same aliquots of daily plasma samples obtained from 7 women during ovulatory cycles. The day of the LH maximum value is the reference day. P/20 $\alpha$ -OHP ratios are illustrated between the two steroids. Vertical bars represent one standard error of the mean.

The coefficients of variation on replicate analyses ranged from 5.3% to 11.6% for 20 $\alpha$ -dihydroprogesterone, from 7% to 9.2% for progesterone, from 7% to 10.2% for 17-hydroxyprogesterone and from 3.2% to 6.9% for oestradiol-17 $\beta$ .

Plasma LH was measured by specific radioimmunoassays, using the double antibody technique, according to Serra *et al.*[24]. All samples for steroids and LH determinations were assayed in duplicate or triplicate.

## RESULTS

The mean values of daily oestradiol-17 $\beta$ , 17-hydroxyprogesterone, progesterone and 20 $\alpha$ -dihydroprogesterone plasma levels in 7 normal cycles, in which the day of the LH peak is the reference day, are illustrated in Fig. 1. Between progesterone and 20 $\alpha$ -hydroxyprogesterone mean values, the daily ratio of these two compounds is reported.

The mean oestradiol-17 $\beta$  levels began to rise 4 to 5 days before the LH peak, but the mean 17-hydroxyprogesterone levels rose only one day before. The mean peak of oestradiol-17 $\beta$  concentration occurred one day prior to the mean LH peak, whereas the mean mid-cycle 17-hydroxyprogesterone maximum

occurred on the day of the LH peak. The oestradiol-17 $\beta$  dropped to early follicular phase levels 2 days after the LH peak, whereas the 17 $\alpha$ -hydroxyprogesterone concentration remained relatively constant.

The levels of both 17-hydroxyprogesterone and oestradiol-17 $\beta$  began to rise 3 to 4 days after the LH peak.

The mean progesterone and 20 $\alpha$ -hydroxyprogesterone levels began to rise immediately after the LH peak and the patterns of both compounds were very similar until the next menses. Also considering the low levels of these compounds during the follicular phase, it seems that the mean ratio between progesterone and 20 $\alpha$ -dihydroprogesterone is higher in the luteal phase than in the follicular phase.

The levels of progesterone and 20 $\alpha$ -dihydroprogesterone in five representative individual cycles are illustrated in Fig. 2. It is possible to observe that the patterns of the compounds through the cycle are rather different from one patient to another.

In all the cases of the second group the results obtained for both progesterone and 20 $\alpha$ -dihydroprogesterone were quite homogeneous: the fluctuations during the time considered, calculated as percentage deviation from the mean, never exceeded 20%. Also in this group of patients a difference seems to exist

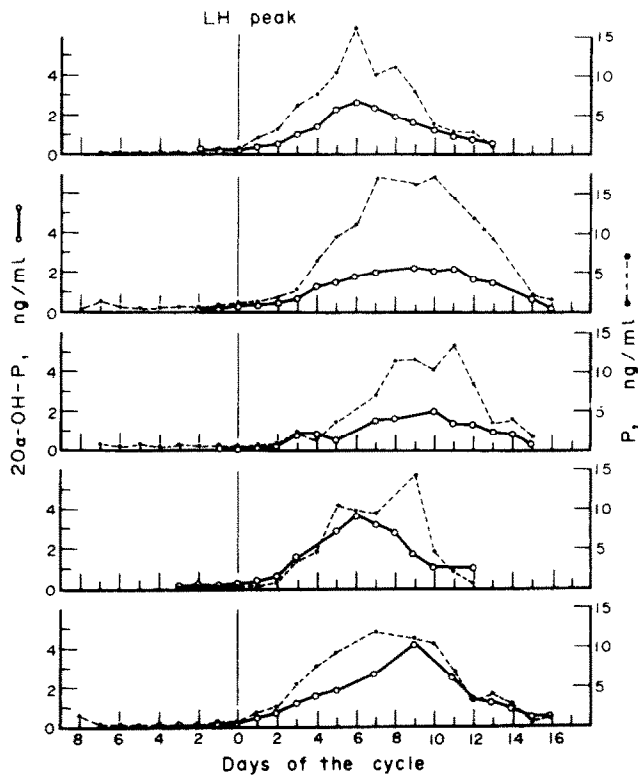


Fig. 2. Daily plasma concentrations of 20 $\alpha$ -dihydroprogesterone (20 $\alpha$ -OHP) and progesterone (P) in 5 individual subjects through an ovulatory cycle.

in the mean ratio between progesterone and 20 $\alpha$ -dihydroprogesterone in the early follicular phase (1.2) and in the luteal phase (5.2).

Table 2 illustrates the progesterone and 20 $\alpha$ -dihydroprogesterone concentrations in peripheral blood

and in blood coming from both ovaries during early follicular phase and the luteal phase.

In the last column the progesterone/20 $\alpha$ -dihydroprogesterone ratios are tabulated. It is evident that the ovaries containing the corpora lutea produce and

Table 2. Progesterone and 20 $\alpha$ -dihydroprogesterone concentrations in peripheral venous plasma and in ovarian venous plasma at different days of the cycle (calculated from the last menses) in 5 patients with normal ovulatory cycles. In the last column the progesterone (P)/20 $\alpha$ -dihydroprogesterone (20 $\alpha$ -OHP) ratios are tabulated

Day of the cycle	Plasma sample	Progesterone (ng/ml)	20 $\alpha$ -Dehydroprogesterone (ng/ml)	P/20 $\alpha$ -OHP Ratio
3 <sup>rd</sup>	peripheral	0.57	0.26	2.1
	right ovarian	0.79	0.48	1.6
	left ovarian	1.23	0.66	1.8
7 <sup>th</sup>	peripheral	0.61	0.32	1.9
	right ovarian	2.62	1.05	2.4
	left ovarian	0.60	0.33	1.8
19 <sup>th</sup>	peripheral	10.16	2.15	4.7
	right ovarian (corpus luteum)	518.00	6.30	82.2
	left ovarian	10.50	2.21	4.7
22 <sup>nd</sup>	peripheral	17.90	3.78	4.7
	right ovarian	12.80	4.00	3.2
	left ovarian (corpus luteum)	1501.00	73.20	20.5
23 <sup>rd</sup>	peripheral	4.19	1.24	3.3
	right ovarian	5.09	1.17	4.3
	left ovarian (corpus luteum)	1207.00	37.30	32.3

secrete an important quantity of progesterone and 20 $\alpha$ -dihydroprogesterone, whereas the concentrations of these compounds in blood from the contralateral ovaries and in peripheral blood are similar. Also in this group of patients the progesterone/20 $\alpha$ -dihydroprogesterone ratio seems to be higher in the luteal phase than in the early follicular phase both in peripheral and in ovarian blood and definitely very high in blood coming from the ovaries containing the corpora lutea.

#### DISCUSSION

The values of daily plasma concentration of 20 $\alpha$ -dihydroprogesterone in the cycles studied agree with those obtained by Mikhail[9] Saxena *et al.*[10], Van der Molen and Groen[11], Florensa and Sommerville[12] and Aedo *et al.*[13]. The patterns of progesterone and 20 $\alpha$ -dihydroprogesterone are similar, but also considering the low levels of these compounds in the follicular phase there seem to be a difference in the mean ratio in the follicular phase and in the luteal phase.

The values of progesterone and 20 $\alpha$ -dihydroprogesterone found in ovarian venous blood agree with those obtained by Mikhail[9]. The ratios of these compounds in the luteal phase are, in our three cases, very much higher in the blood coming from the ovaries containing the corpora lutea than in peripheral blood. It is to be pointed out that the differences in the ratios are not in agreement with the similar values for metabolic clearance rate of the two compounds[14]. In the four patients, in which progesterone and 20 $\alpha$ -dihydroprogesterone were measured in peripheral blood at short intervals, the concentrations of these compounds do not seem to show rapid and relevant fluctuations.

It has been suggested that in animals the preovulatory rise of 20 $\alpha$ -dihydroprogesterone may be a positive feed-back agent, that could prolong and enhance LH secretion; moreover 20 $\alpha$ -dihydroprogesterone seems to induce a release of LH following a priming with estrogens in castrated rats[16].

In humans, during the preovulatory phase of the cycle, 20 $\alpha$ -dihydroprogesterone together with progesterone show a significant increase, induced by the first LH surge[25]. As yet there is no evidence that the increase of 20 $\alpha$ -dihydroprogesterone prior to ovulation is of significance as a positive feed-back in humans.

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