

Plasma proteins

For investigation kidney biometer = keratinin , urea

For investigation liver biometer = Alt, ast (not specific for liver), alkaline phosphatase
(for cholestasis)

Synthetic function of liver = albumin concentration

Conjugated function of liver & excretion = biliroben

- Plasma contains >300 different proteins, their levels are affected by many pathological conditions.
- Mostly synthesized in the liver
- Some are produced in other sites
- A normal adult has 6-8g/dl of plasma proteins
- The proteins of the plasma are a complex mixture that includes not only simple proteins but also conjugated proteins such as glycoproteins and various types of lipoproteins.

Functions

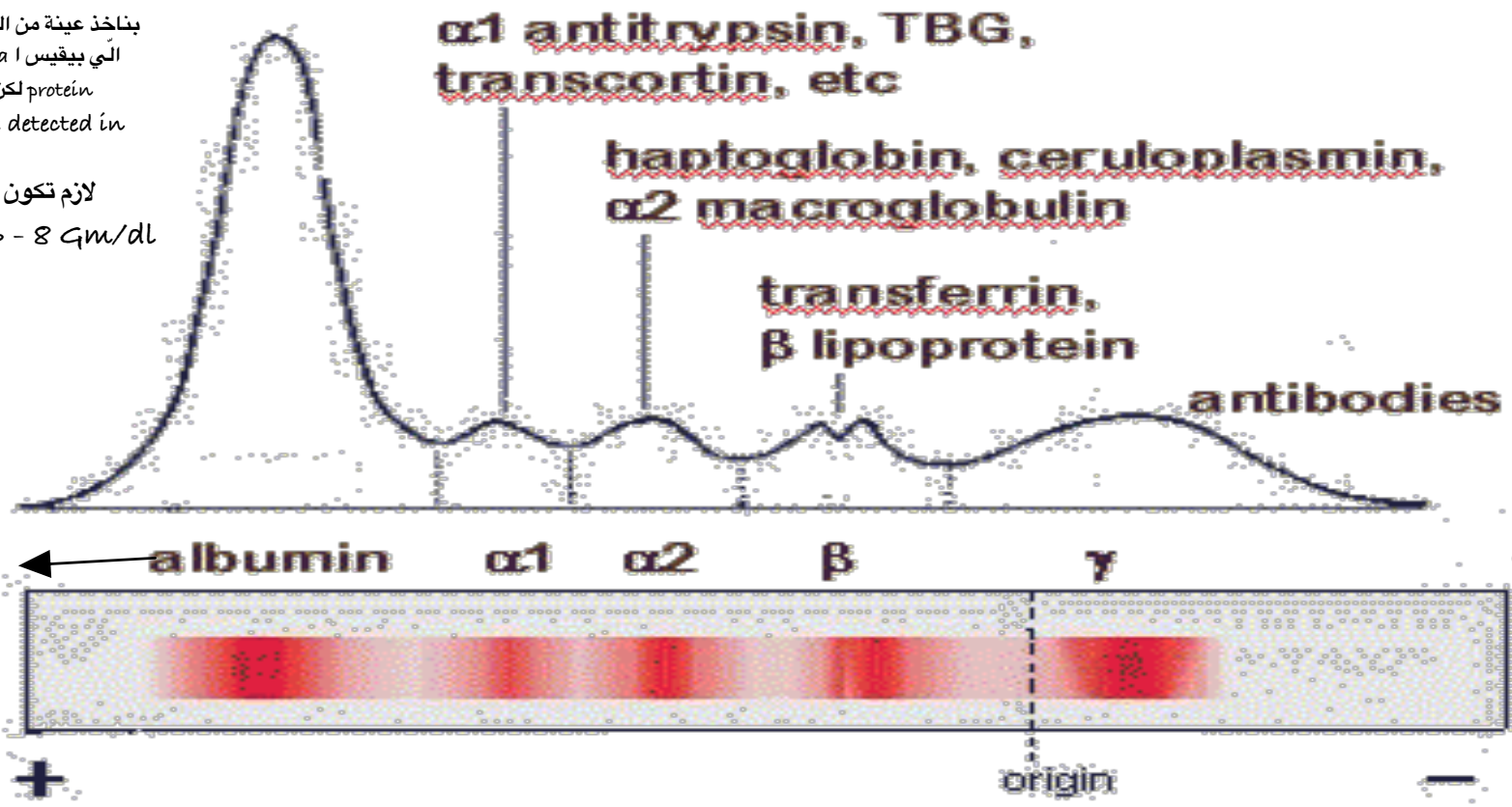
- Transport (Albumin, prealbumin, globulins)
- Maintain plasma oncotic pressure (Albumin)
- Defense (Immunoglobulins and complement)
- Clotting and fibrinolysis (Thrombin and plasmin)
- Buffering pH
- Catalytic functions (enzymes as LPL)
- Signal proteins

Measurement of Plasma Proteins

A- Quantitative measurement of a specific protein by chemical or immunological reactions

B- Semiquantitative measurement by electrophoresis: proteins are separated by their electrical charge in electrophoresis (five separate bands of proteins are observed, these bands change in disease). To detect the type of protein

بنأخذ عينة من الدم وبنعمل ال Lowry test
 concentration of plasma التي بيقيس ا
 type of the protein لكن ما بحدد ال
 protein which can be detected in
 this sample
 لازم تكون من ال total protein
 concentration 6 - 8 gm/dl



هجو الاويد التي
 نوعي واحد.

Types of Plasma Proteins

- Prealbumin
- Albumin
- α 1-Globulins: as α 1-Antitrypsin, α -fetoprotein
- α 2-Globulins: as Ceruloplasmin, haptoglobin
- β Globulins: as CRP, transferrin, β 2-microglobulin
- γ Globulins

Prealbumin (Transthyretin) So we don't see it

- A transport protein for: thyroid hormones and retinol
- Migrates faster than albumin in electrophoresis
- Separated by immunoelectrophoresis
- Lower levels found in: liver disease, nephrotic syndrome, acute phase inflammatory response, malnutrition
Lead to decrease all type of plasma protein
- Short half-life (2 days)

Albumin

مشاكله غالباً لأنه *nonspecific carrier*

- Most abundant plasma protein (3.5-5.5 g/l) in normal adult
- Synthesized in the liver as **preproalbumin** and secreted as albumin
inactive form
- Half-life in plasma: 20 days
- Decreases rapidly in injury, infection and surgery
- **40% of albumin found in plasma, 60% in the extracellular space**

Functions

- Maintains **oncotic pressure**:
 - The osmotic pressure exerted by plasma proteins that pulls water into the circulatory system
 - Maintains fluid distribution in and outside cells and plasma volume (80% of plasma oncotic pressure is maintained by albumin)
- A non-specific carrier of hormones, calcium, free fatty acids, drugs, etc.
- It is by pinocytosis in the cells where it is hydrolyzed to amino acids
- Nutritive function
- Buffering function
- Useful in treatment of liver diseases, hemorrhage, shock and burns

Synthesis of albumin

- The liver produces albumin, it represents about 25% of total hepatic protein synthesis.
- Albumin is initially synthesized as a preproprotein
- Its signal peptide is removed as it passes into rough endoplasmic reticulum, and a hexapeptide at the resulting amino terminal is subsequently cleaved off farther along the secretory pathway.
- Mature human albumin consists of one polypeptide chain of 585 amino acids and contains 17 disulfide bonds
- It has an ellipsoidal shape, which means that it does not increase the viscosity of the plasma as much as an elongated molecule such as fibrinogen does.
- Has a relatively low molecular mass about 69 kDa

Clinical significance of albumin

Blood brain barrier

- Albumin- free fatty acid complex can not cross the blood brain barrier, hence fatty acids can not be utilized by the brain.
- Loosely bound bilirubin to albumin can be easily replaced by drugs like aspirin
- In new born if such drugs are given, the released bilirubin gets deposited in brain causing Kernicterus.

Protein bound calcium 0.9 - 0.11 gm = normal concentration

- Calcium level is lowered in conditions of hypoalbuminemia
- Serum total calcium may be decreased
- Ionic calcium remains the same
- Tetany does not occur
- Calcium is lowered by 0.8 mg/dl for a fall of 1 g/dl of albumin

What is the dangerous hypercalcaemia or hypocalcaemia ?

Hypercalcaemia more dangerous because its lead to cardiac arrest

Drug interactions

-Two drugs having same affinity for albumin when administered together, can compete for available binding sites with consequent displacement of other drug, resulting in clinically significant drug interactions. As phenytoin, dicoumarol interactions

Oedema

Hypoalbuminemia

Causes

- Decreased albumin synthesis (liver cirrhosis, malnutrition)
- Increased losses of albumin
 - Increased catabolism in infections
 - Excessive excretion by the kidneys (nephrotic syndrome).
 - Severe burns (plasma loss in the absence of skin barrier)
 - Excessive loss in bowel

Effects

- Edema due to low oncotic pressure
 - Albumin level drops in liver disease causing low oncotic pressure
 - Fluid moves into the interstitial spaces causing edema
- Reduced transport of drugs and other substances in plasma
- Reduced protein-bound calcium
 - Total plasma calcium level drops
 - Ionized calcium level may remain normal

Hyperalbuminemia

- No clinical conditions are known that cause the liver to produce large amounts of albumin
- The only cause of hyperalbuminemia is dehydration and high protein diet

α 1-antitrypsin

- Called α 1- antiprotease, **single polypeptide** [394 amino acids (52 kDa)].
- Synthesized by the liver and macrophages
- **An acute-phase protein that inhibits proteases** (trypsin, **elastase**, and other proteases) by forming complexes with them. emphysema لما يزيد عمله يعمل
- Infection leads to protease release from bacteria and leukocytes.
- Normally α 1-antitrypsin protects the lung tissues from the released active elastase from macrophages.
- In its deficiency, the active elastase destroys the lung tissue by proteolysis.

Types of α ₁-Antitrypsin

- Over **30** types are known (the most common is M type).
- Genetic deficiency of α 1-antitrypsin (synthesis of the defective α 1-antitrypsin occurs in the liver but it cannot secrete the protein) → its accumulation in hepatocytes and its deficiency in plasma

Clinical consequences of α 1-antitrypsin deficiency

- Neonatal jaundice
- Childhood liver cirrhosis
- Pulmonary emphysema in young adults

Laboratory Diagnosis

- Lack of α 1-globulin band in protein electrophoresis
- Quantitative measurement of α 1-antitrypsin by: radial immunodiffusion and isoelectric focusing.

α -Fetoprotein (AFP)

- Synthesized in the developing embryo and fetus by the parenchymal cells of the liver.
- AFP levels decrease gradually during intra-uterine life and reach adult levels at birth (normal level is 1 μ g/100 ml).
- Function is unknown but it may protect fetus from immunologic attack by the mother.
- No known physiological function in adults

- Elevated maternal AFP levels are associated with:
 - Neural tube defect, anencephaly
- Decreased maternal AFP levels are associated with:
 - Increased risk of Down's syndrome
- AFP is a tumor marker for: Hepatoma and testicular cancer

Ceruloplasmin

- Synthesized by the liver (glycoprotein with enzymatic activity).
- Carries about 90% of serum copper, albumin carries 10%.
- An oxidoreductase that inactivates ROS causing tissue damage in acute phase response, 300 mg/l
- Important for iron absorption from the intestine
- Wilson's disease:
 - Due to low plasma levels of ceruloplasmin
 - Copper is accumulated in the liver and brain
- The amount of ceruloplasmin in plasma is also decreased in liver diseases, malnutrition and nephrotic syndrome.

Haptoglobin

- Synthesized by the liver (glycoprotein).
- Binds to free hemoglobin to form complexes that are metabolized in the RES, when bound to hemoglobin, it is cleared from the plasma about 80 times faster than normally.
- Limits iron losses by preventing Hb loss from kidneys
- Plasma level decreases during hemolysis and increases in inflammation.

Transferrin

- A major iron-transport protein in plasma, 76 kDa
 - 30% saturated with iron
- Plasma level drops in:
 - Malnutrition, liver disease, inflammation, malignancy
- Iron deficiency results in increased hepatic synthesis
- A negative acute phase protein

β2–Microglobulin

- A component of human leukocyte antigen (HLA)
- Present on the surface of lymphocytes and most nucleated cells
- Filtered by the renal glomeruli due to its small size but most (>99%) is reabsorbed
- Elevated serum levels are found in
 - Impaired kidney function
- May be a tumor marker for:
 - Leukemia, lymphomas, multiple myeloma

C-reactive protein (CRP)

- An acute-phase protein synthesized by the liver (so named because it reacts with the polysaccharide of the capsule of pneumococci, important for phagocytosis)
- High plasma levels are found in many inflammatory conditions such as rheumatoid arthritis
- A marker for ischemic heart disease

α 2– Macroglobulin

- Major component of α 2 proteins
- Comprises 8–10% of the total plasma protein in humans.
- Tetrameric protein with molecular weight of 725 kDa.
- Synthesized by hepatocytes and macrophages
- Inactivates all proteases and thus is an important in vivo anticoagulant.
- Carrier of many growth factors
- Normal serum level-130-300 mg/dl
- Concentration is markedly increased in nephrotic syndrome, since other proteins are lost through urine in this condition.

Hypergammaglobulinemia

- May result from stimulation of
 - B cells (Polyclonal hypergammaglobulinemia)
 - Monoclonal proliferation (Paraproteinemia)

Polyclonal hypergammaglobulinemia:

- Stimulation of many clones of B cells produce a wide range of antibodies
- γ -globulin band appears large in electrophoresis
- Clinical conditions: acute and chronic infections, autoimmune diseases, chronic liver diseases

Monoclonal Hypergammaglobulinemia:

- Proliferation of a single B-cell clone produces a single type of Ig
- Appears as a separate dense band (paraprotein or M band) in electrophoresis
- Paraproteins are characteristic of malignant B-cell proliferation
- Clinical condition: multiple myeloma

Positive acute phase proteins (acute phase reactants)

- Plasma protein levels increase in:
Infection, inflammation, malignancy, trauma, surgery
- Synthesized due to body's response to injury as α_1 -antitrypsin, haptoglobin, ceruloplasmin, fibrinogen and C-reactive protein
- Mediators cause these proteins to increase after injury as cytokines (IL-1, IL-6), tumor necrosis factors α and β , interferons, platelet activating factor

Functions: 1. Bind to polysaccharides in bacterial walls

2. Activate complement system 3. Stimulate phagocytosis.

Negative acute phase proteins

- These proteins decrease in inflammation
Albumin, prealbumin and transferrin
- Mediated by inflammatory response via cytokines and hormones
- Synthesis of these proteins decrease to save amino acids for positive acute phase proteins

Abnormal proteins

1- Bence Jone's proteins

- Abnormal proteins (monoclonal light chains).
- Present in the urine of a patient suffering from multiple myeloma (50% of patients)
- Molecular weight 45 kDa
- Identified by heat coagulation test
- Best detected by zone electrophoresis and immunoelectrophoresis

2- Cryoglobulins

- These proteins coagulate when serum is cooled to very low temperature
- Commonly monoclonal IgG or IgM or both
- Increased in rheumatoid arthritis, multiple myeloma, lymphocytic leukemia, lymphosarcoma and systemic lupus erythematosus