

THE IMMUNOLOGICAL ACTIVITY OF LUPUS NEPHRITIS ASSOCIATES WITH THE CONCURRENT DEFICIENCY OF MANNANOSE-BINDING LECTIN AND C1Q

Zofia I. Niemir¹, Karol Woźniczka¹, Anna Świerzko², Katarzyna Smykał-Jankowiak¹, Magdalena Polcyn-Adamczak¹, Anna Sokołowska², Agnieszka Szala², Maciej Cedzyński²

¹Department of Nephrology, Transplantology and Internal Medicine, Poznań, Poland and ²Institute of Medical Biology Polish Academy of Sciences, Łódź, Poland

INTRODUCTION

Systemic lupus erythematosus (SLE) is an autoimmune disease of unclear etiology that involves almost all organs [1]. Mannan-binding lectin (MBL) and C1q are important molecules in the immunity [2]. Serum MBL levels correlate with the presence of low (O/O and XA/O), intermediate (XA/XA and YA/O) or high producing (YA/YA) *MBL2* genotypes [3]. A more severe SLE course in patients deficient in MBL and C1q is implied [4, 5].

AIM

The aim of our study was to compare the immunological activity of lupus nephritis (LN) in patients with different *MBL2* genotypes in relation to C1q serum levels.

MATERIAL AND METHODS

The study involved 57 patients with LN and 65 healthy controls (C). *MBL2* genotyping on blood DNA was performed by the PCR-RFLP analysis. Serum MBL, C1q and antibodies to C1q (anti-C1q) and double-stranded DNA (anti-dsDNA) were determined by the enzyme-linked immunosorbent assays. The activity of SLE was measured using the SLE Disease Activity Index (SLEDAI-2K). Thirty-nine patients constituted the group with active LN (aLN), whereas 18 patients were in inactive phase of the disease (inLN). Demographic and clinical data of the patients are presented in Table 1.

Table 1. Demographic and clinical data of patients arranged according to the *MBL2* genotypes and clinical activity of LN.

	LN – YA/YA			LN – YA/XA			LN – YA/O + XA/XA			LN – O/O + XA/O
	aLN	inLN	p	aLN	inLN	p	aLN	inLN	p	aLN
No. of cases	15	7		9	8		9	3		6
Sex F/M	14/1	7/0	Ns	8/1	8/0	Ns	8/1	3/0	Ns	6/0
Age (years)										
Mean ± SD	32 ± 9	29 ± 10	Ns	35 ± 12	35 ± 8.5	Ns	32.4 ± 8.4	33.3 ± 9.0	Ns	39.3 ± 14.3
Disease duration (months)										
Mean	36.3	91.9	0.0172	53.4	72.5	Ns	35.7	64	Ns	49.3
Median	12	60		36	77		12	60		30
(range)	(6-30)	(24-132)		(17.5-72)	(45-96)		(6-72)	(24-108)		(4.5-87)
SLEDAI-2K score										
Mean ± SD	20.2 ± 7.4	3.8 ± 2.2	<0.0001	18 ± 6	4.3 ± 1.6	<0.0001	15.1 ± 4.7	4 ± 2	0.0031	19.8 ± 7.5
Proteinuria (g/day)										
Mean	2.5	0.4	0.0006	3.4	0.9	0.0274	2.1	0.2	Ns	5.5
Median	2.0	0.3		1.9	0.6		1.5	0.2		5.0
(range)	(1.4-3.6)	(0.13-0.32)		(0.9-6.4)	(0.1-1.31)		(0.1-3.9)	(0.1-0.4)		(0.3-10.2)
Nephrotic										
No. (%)	5 (33.3)	0 (0)	Ns	4 (44.4)	0 (0)	Ns	3 (33.3)	0 (0)	Ns	4 (66.7)
Erythrocyturia (No. per HPF)										
Mean	22	2	0.001	25	1	0.0019	11	2	0.0159	14
Median	10	2		9	1		10	1		10
(range)	(6-27)	(1-2)		(4-45)	(1-2)		(6-15)	(1-3)		(2-26)
eGFR (ml/min/1.73m ²)										
Mean ± SD	72.5 ± 40.5	91.7 ± 37.5	Ns	75.4 ± 34.3	79.6 ± 30	Ns	87.56 ± 25	106.7 ± 6.4	Ns	56.2 ± 44.9
Hypertension										
No. (%)	7 (46.7)	5 (71.4)	Ns	6 (66.7)	3 (37.5)	Ns	4 (44.4)	2 (66.7)	Ns	5 (83.3)

RESULTS

In the LN group, the YA/YA, YA/XA, YA/O or XA/XA, and O/O or O/XA genotypes were carried by 38.6%, 29.8%, 21.1%, and 10.5% of patients. The matching values in the C group were 33.8%, 33.8%, 23.2%, and 9.2%. In both groups, the respective genotypes had a significant effect on serum levels of MBL (Fig. 1A and 1B). The highest levels of anti-dsDNA and anti-C1q antibodies were observed in aLN patients presenting O/O or O/XA genotypes that concurrently had the lowest concentrations of C1q and MBL in their sera (Table 2).

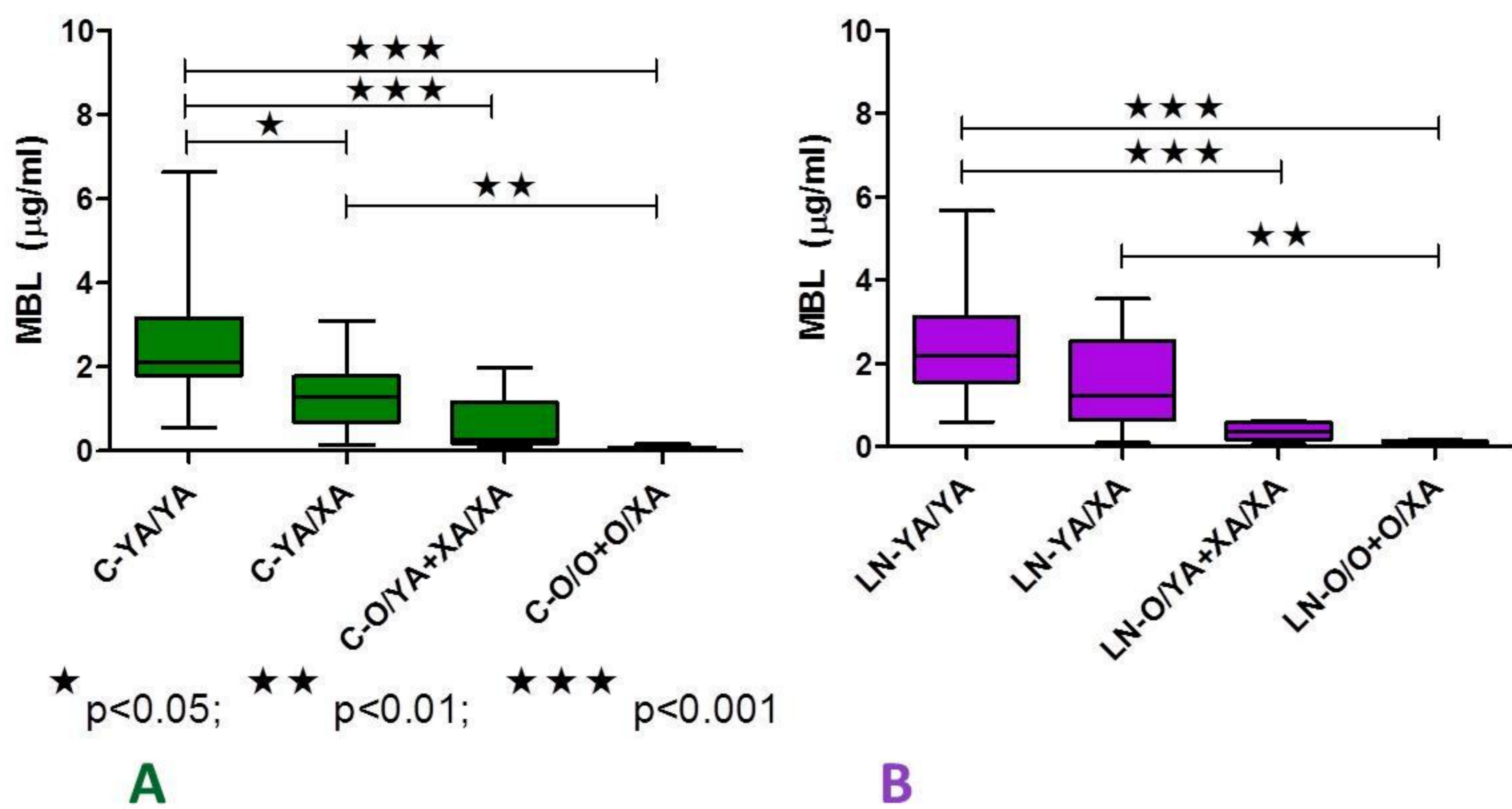


Fig. 1. The comparison of serum MBL concentrations in controls (A) and LN patients (B) arranged according to *MBL2* genotypes.

CORRESPONDENCE TO:
zniemir@ump.edu.pl

Table 2. Levels of MBL, C1q, anti-dsDNA, and anti-C1q antibodies in LN patients with different *MBL2* genotypes.

	LN – A/A			LN – A/XA			LN – A/O + XA/XA			LN – O/O + XA/O
	aLN	inLN	p	aLN	inLN	p	aLN	inLN	p	aLN
MBL (µg/ml)										
Mean ± SD	3.01 ± 1.38	1.52 ± 0.68	0.0142	1.38 ± 1.12	1.66 ± 1.12	Ns	0.35 ± 0.22	0.39 ± 0.25	Ns	0.07 ± 0.06
C1q (ng/ml)										
Mean	480	456	Ns	269	515	Ns	211	276	Ns	150
Median	343	342		177	497		206	240		74
(range)	(178-645)	(99-402)		(138-419)	(194-795)		(166-273)	(182-404)		(57-280)
C3 (g/l)										
Mean ± SD	0.55 ± 0.23	1.09 ± 0.38	0.0017	0.58 ± 0.27	1.11 ± 0.29	0.0016	0.77 ± 0.41	0.97 ± 0.10	Ns	0.52 ± 0.19
C4 (g/l)										
Mean ± SD	0.09 ± 0.06	0.23 ± 0.13	0.024	0.10 ± 0.04	0.19 ± 0.09	0.0160	0.11 ± 0.08	0.19 ± 0.03	Ns	0.11 ± 0.10
Anti-dsDNA (IU/ml)										
Mean	517	107	0.0015	376	141	0.0745	452	200	Ns	848
Median	642	54		392	75		363	129		964
(range)	(215-794)	(24-120)		(89-488)	(25-288)		(182-739)	(17-455)		(538-1120)
Anti-C1q (IU/ml)										
Mean ± SD	153 ± 140	58 ± 55	Ns	210 ± 149	33 ± 23	0.0016	198 ± 178	17 ± 7	0.0364	298 ± 230

Of interest, in active LN patients with the YA/O or XA/XA, and O/O or O/XA *MBL2* genotypes median serum C1q concentration was lower compared to those carrying the high alleles (Fig. 2). In the C group, an opposite trend was observed and subjects presenting the above genotypes had a significantly higher median level of C1q than the patients with corresponding genotypes did (Fig. 3).

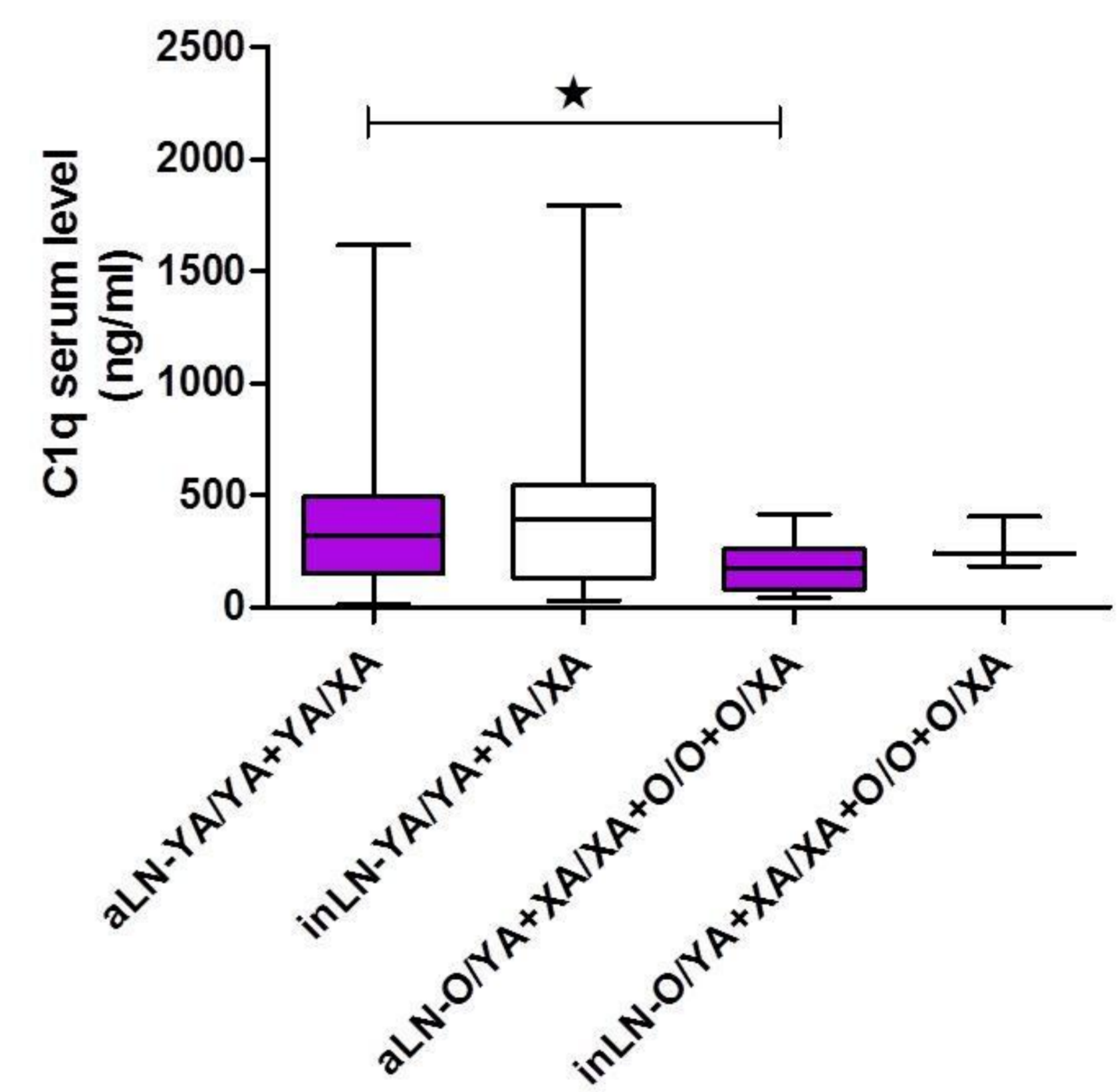


Fig. 2. The comparison of serum C1q concentrations in LN patients arranged according to *MBL2* genotypes and LN activity.

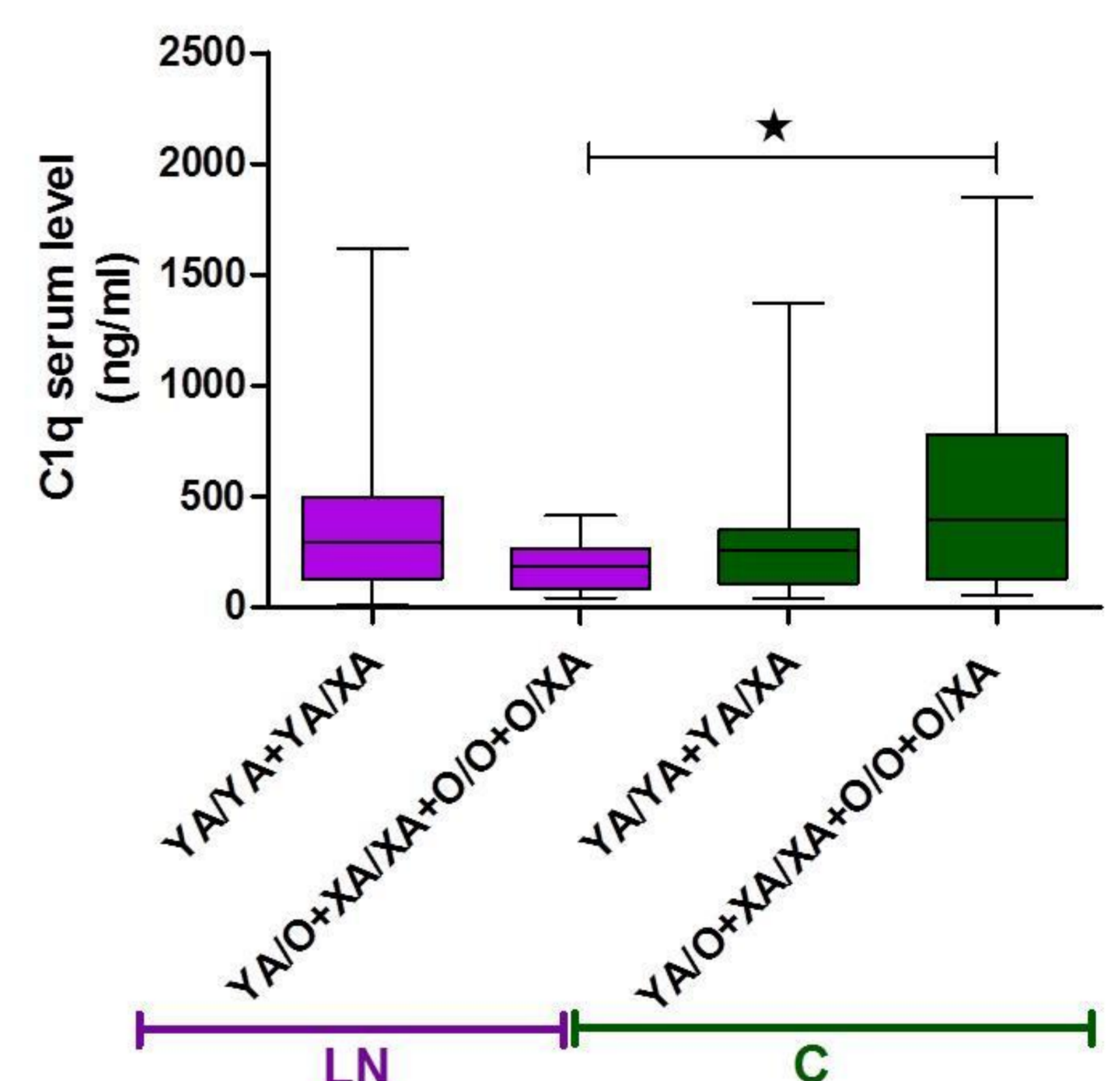


Fig. 3. The comparison of serum C1q concentrations in LN patients and controls with *MBL2*-sufficient and *MBL2*-deficient genotypes.

CONCLUSIONS

Our results show that in LN *MBL* deficiency associates with that of C1q and they both contribute to the immunological activity of the disease.

Further studies are required to confirm this idea.

BIBLIOGRAPHY

- Li Y, Fang X, Li QZ, 2013. Biomarker profiling for lupus nephritis. *Genomics Proteomics Bioinformatics*, 11:158-65.
- Thielens NM, Tacnet-Delorme P, Arlaud GJ, 2002. Interaction of C1q and mannan-binding lectin with viruses. *Immunobiol* 205: 563-574.
- Eisen DP, Osthoff M, 2014. If there is an evolutionary selection pressure for the high frequency of *MBL2* polymorphisms, what is it? *Clin Exp Immunol*, 176:165-71.
- Seelen MA et al., 2005. A role for mannan-binding lectin dysfunction in generation of autoantibodies in systemic lupus erythematosus. *Rheumatology*, 44: 111-119.
- Takahashi R., Tsutsumi A., Ohtani K., et al., 2005. Association of mannan binding lectin (*MBL*) gene polymorphism and serum *MBL* concentration with characteristics and progression of systemic lupus erythematosus. *Ann Rheum Dis*, 64: 311-314