

ANALYSIS OF SERUM ACTIVITY OF ADAMTS13 OF SHIGA-TOXIN PRODUCING ESCHERICHIA COLI (STEC) HEMOLYTIC UREMIC SYNDROME (HUS) IN CHILDREN

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RESULTS

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INTRODUCTION

- Shiga-toxin associated hemolytic uremic syndrome (STEC-HUS), related to thrombotic microangiopathy, is the most common cause of pediatric acute kidney injury (ARI)
- Shiga toxin produced by Escherichia coli damages the endothelium and activates complement system and platelets, resulting in thrombosis of the microvasculature
- •ADAMTS 13 (a disintegrin and metalloprotease, with thrombospondin-1–like domain) - breaks down the multimers of von Willebrand factor (vWF) into smaller units
- •ADAMTS13 is a natural regulator of thrombus formation in the microvasculature, it prevents the contact of platelets with endothelium surface
- •The activity of ADAMTS13 reduces not only in thrombotic thrombocytopenic purpura, but also in other microangiopathic syndromes such as glomerular disease, sepsis, disseminated intravascular coagulation, cardiovascular and cerebrovascular diseases

OBJECTIVE

 To determine the extent of reducing the activity of ADAMTS13 in children with STEC-HUS depending on the severity of the disease

MATERIALS AND METHODS

- The study included 31 patients (mean age 2.5±1.7 years) with STEC-HUS: 15 were male (48.3%), 16 female (51.7%).
- The activity of ADAMTS13 was estimate by FRET (fluorescence resonance energy transfer) using fluorogenic substrate FRETS-VWF73 (PeptaNova GmbH, Germany), express as percentage (%). The interval of activity of ADAMTS13 in healthy person is 80–122 %.

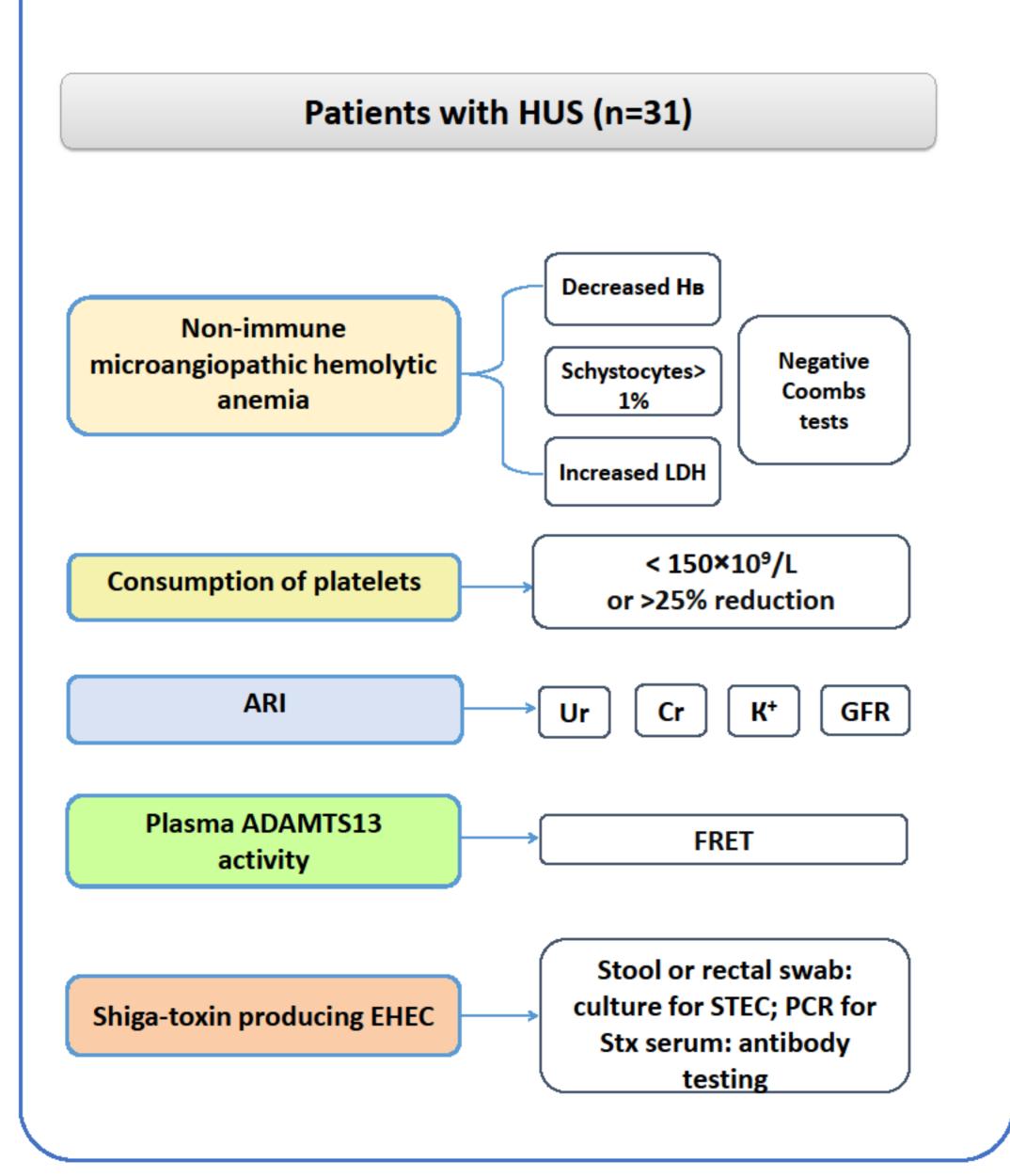


Fig.1 Etiology of acute intestinal infection 4; 13% 26; 84% EHEC Salmonella enteritidis Unrevealed The activity of ADAMTS13 in children with STEC-HUS was 63±18% (35.5-100%). In 15 (48.3%) patients it was higher than 60% but lower than 100% (only in 2 cases corresponded to the norm). Patients with HUS (n=31) Coombs-negative microangiopathic hemolytic anemia Thrombocytopenia ARI (n=31) Plasma ADAMTS13 activity (normal range 80-122%) > 60% < 60% 2nd group 1st group (n=16) (n=15)

- 1st group: The development of STEC-HUS in 11 (73.3%) children in this group was associated with mild acute intestinal infections. The duration of anuria was 12.5 ± 14 (3-56) days. CNS involvement (convulsions, coma) was observed in 3 (20%) patients, 4 (26.7%) cases were associated with dysfunction of more than two systems, in 14 (93.3%) children dialysis was conducted.
- 2nd group: 16 (51.7%) patients presented with severe acute intestinal infections: febrile fever 100%, gastroenteritis 12.5%, enterocolitis 18.8%, hemorrhagic colitis 68.8%, ileocolonic intussusception 12.5%. The duration of anuria was 13,5 ± 10.4 (5-22) days, leukocytosis (12.6-46.7 x109/l) and CRP increasing were revealed, and 5 (31.2%) cases complicated by systemic inflammatory response. CNS involvement (seizures, minimally conscious state) developed in 8 (50%) patients, 7 of them required artificial lung ventilation, in 14 (87.5%) cases dialysis was conducted.

Table 1. Comparison of laboratory characteristics of patients in two groups

Parameter	1st group (n=15)	2 nd group (n=16)
Hemoglobin (g/l)	79.7±19.2	77.3±19.6
LDH (U/l)	2589.8±795*	3716.7±452.8*
Platelets (x109/π)	58.1±27.6	75.2±40.2
Creatinin (mcmol/l)	$378,5\pm128,8$	352.7±174
Urea (mmol/l)	30.8±9.7	29.8±12
D-dimer (ng/ml)	3103.5±2036	3898±2824
SFMCs1 (mg%)	10±2.17	7.81±24
ADAMTS13 (%)	77.2±12	47.85±8.3
*- p < 0.05 1 - Plasma soluble fibrin	monomer complexes	

1st group Anuria 12,5±14 (3-56 days) Anuria 13,5±10 (5-22 days) 2nd group Mild acute intestinal infection Severe acute intestinal infection 26.7% p<0.001 **Disfunction of CNS** 20% 50% Requiring ventilatory support 13.3% p<0.05 43.7% Requiring dialysis 93.3% 87.5%

Fig.2 Clinical characteristics of patients with HUS (n=30)

- 90% of patients with typical HUS have a moderate deficiency of ADAMTS13 activity (63±18%)
- Severe acute intestinal infections in 16 patients out of 20 was associated with reducing of ADAMTS13 activity less than 60%

CONCLUSIONS

- The severity of HUS is correlated with ADAMTS13
 activity: reducing the activity of metalloprotease <60%
 associated with
 - ✓ 2 times more likely to develop multiple organ dysfunction syndrome
 - ✓ 2.5 CNS disfunction (seizures, coma)
 - ✓ 5.5 requiring of ALV
- Excessive consumption of ADAMTS13 in patients with STEC-HUS due to secretion of ultra-large multimers vWF is caused by exposure to infectious triggers in conditions of severe endothelial dysfunction

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