

Adenosine Deaminase (ADA) in Rheumatoid Arthritis in patients (RA)

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Summary:

Background: Rheumatoid Arthritis (RA) is heterogenous syndrome. Because the diversity of disease processes and formation of complex lymphoid microstructures that indicate the multiple T cell activation pathways are involved .affected patients have major abnormalities in the T cell pool with clonally expanded CD₄⁺ T cell that lose expression of the CD28^{null} molecule and lack the ability for proliferation. Adenosine deaminase (ADA) is an indicator of the proliferation and differentiation of lymphocyte, in particularly the T cell subcells.

Patients and Methods: Total ADA levels were measured in the sera of RA patients and healthy group according to Giusti (1981).

Results: The mean value of ADA was lower in patients with RA than control group with no significant differences.

Conclusion: the lower value of ADA (which involved in the proliferation of lymphocyte) in RA patients may results from the predominance of CD₄⁺ T cells in the peripheral blood

Key words: RA, ADA, IR.

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Introduction:

Rheumatoid Arthritis (RA) is a sever chronic inflammatory auto-immune disorder of mysterious etiology, characterized by inflammation of synovial membrane, principally affecting peripheral joints in asymmetric fashion , extra-articular manifestations also occur, so RA is a disease of an aberrant immunresponse (IR) in a genetically predisposed host, Both humoral and cellular IR are important in this disease(1,2).In RA patients have abnormalities in T cell function that are not restricted to the T cell participating in the synovial infiltrates . One aberration is the expansion of selected CD₄ T cell to large colonel population. In patients with sever RA, the CD₄⁺CD28^{null} T cells were initially identified(3,4) .Adenosine deaminase (ADA) (Adenosine aminohydrolase, EC (3.5.4.4)) is the enzyme that irreversibly catalyzes the deamination of adenosine and deoxyadenosine to inosine and deoxyinosine respectively and ammonia(5) . ADA is involved in the proliferation and differentiation of lymphocyte, particularly the Tcell subtype, which was found to play a crucial role in the metabolism of the immune system cells and it is essential for the proper development of both T and B lymphocyte in mammals(6).

The aim of this study is to investigate the ADA level among RA patients as indicator of IR.

Patients and Methods:

The study included two groups:

a. Rheumatoid Arthritis (RA) patients: Blood samples were collected from thirty patients, their ages ranged from (30-60) years who were attending to AL – Kadhmia teaching hospital from march to august in 2005 and diagnosed by doctors to be infected with RA(before any treatment),all patients have symptoms for two to six months.

b .Healthy control group: fifteen individuals from blood bank donors, who have no history of clinical evidence of RA or other clinical disease.

Sera were separated and stored at -20 °C until use. Total ADA levels were measured in the serum of each patient by the method described by Giusti (1981) (7). The method is based on measuring the rate of ammonia consumption at 620 nm following the reaction.

Results:

As shown in table 1 results indicated that their were no significant differences between RA patients (14.63±2.4 U/L) and control group (18.9± 2.15 U/L).

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Table-1: Mean± SD of serum adenosine deaminase (ADA) level in U/L among RA patients and control group.

Group	Mean ±SD
RA patients	14.63±2.4/L
Control group	18.9±2.15U/L

t=3.09, P<0.05, SD=Standard deviation

Discussion:

RA is the most common inflammatory arthritis, affecting about 1% of the general population world wide (8) . Pathogenesis of RA is till not fully understood , There is evidence that CD₄⁺T cells play a central role in initiating , perpetuating and precipitating chronic inflammation in synovial tissue(1,9). Another role of activated CD₄⁺T cells is stimulation of B cells to differentiate into plasma cells producing RF (Rheumatoid Factor) and other autoantibodies(2,10). ADA enzyme is one of the most essential immune enzymes. Its function gives a clear picture of the immune status of the body. It was found to play a critical role in proper development of the T- and B-lymphocytes in mammals(10,11). In this study, no significant difference was found regarding the mean value of serum ADA among RA patients when compared with the control group and this may be because those in RA patients had marked difficulties in repopulating the T cell compartment. In RA patients, Peripheral CD₄⁺T cells counts remained depressed to lymphopenic levels for an extended period also T cell have a limited proliferative life span and chronic immune activation could lead to accumulation of clonally expanded senescent cell (CD₄⁺CD₂₈^{null}) which generally characterized by a limited or complete lack of proliferation that agreement with our results as that ADA a marker for cell proliferation. It will be of interest to measure ADA level in synovial tissue before and after

treatment and compare it with ADA level in serum to get more information about association between the immune response and ADA level as parameter to response to treatment .

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