

Bölüm

9

Hipertansiyonda Kompleman Sistem ve Uç Organ Hasarı

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GİRİŞ

Yapılan çalışmalar hipertansiyon ve hipertansif uç organ hasarında sadece hemodinamik faktörlerin değil aynı zamanda inflamasyonun da önemli bir rol oynadığını göstermektedir. Kompleman sistemi, mikroorganizmalara karşı savunmada ve antikor aracılı doku hasarında rol oynayan, çözünür ve hücre zarında yer alan bir grup proteinden oluşur. Doğuştan gelen bağışıklık sisteminin önemli bir bileşeni ve antikor aracılı yanıtların bir tamamlayıcısıdır. Son deneysel veriler, arteriyel hipertansiyonun tüm aşamalarında kompleman sistemin rolünü kuvvetle desteklemektedir. Bu nedenle kompleman aktivasyonu, hipertansiyon patolojisini, damar sistemi üzerindeki doğrudan etkilerinin yanı sıra, doğuştan ve adaptif immün yanıtlar üzerindeki etkileriyle de yönlendirebilir. Bu bölümde temel olarak, hipertansiyon ve uç organ hasarında kompleman sistemin rolünü gözden geçireceğiz.

KOMPLEMAN SİSTEM VE HİPERTANSİYON

Çözünür ve zara bağlı proteinlerden oluşan kompleman sistem, esas olarak doğuştan gelen bağışıklık fonksiyonlarına hizmet eden karmaşık bir ağ olmakla birlikte, kompleman işlevlerinin doğuştan gelen bağışıklığın ötesine geçtiğini gösteren çok sayıda kanıt bulunmaktadır⁽¹⁾. Kompleman sistemin kontrolsüz aktivasyonu, otoimmüniteye, doku inflamasyonuna ve yaralanmalara neden olabilir. Kompleman sistem pıhtılaşma sistemleri, doğuştan ve adaptif bağışıklık ile birlikte hasardan sonra mikrobiyal invazyona karşı korur ve bariyer işlevlerini sürdürmeye yardımcı olur. Kompleman aktivasyonunun renal, kardiyovasküler, nörolojik, alerjik ve enfeksiyöz bozukluklar dahil olmak üzere birçok patolojik durumda ortaya çıktığı gösterilmiştir.

Kompleman aktivasyonu için üç ana yol kabul edilmiştir: klasik, alternatif ve lektin yolları. Bu yollardan C3, üç yolun tamamının işlevi için önemlidir ve C3

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kompleman sistemin hipertansif beyin hasarı, malign nefroskleroz veya endotel disfonksiyonu gibi diğer hipertansiyonla ilişkili komplikasyonlar üzerindeki etkileri henüz tam olarak tanımlanmamıştır.

Kompleman sistem kan basıncının düşürülmesi için önemliyken, hipertansif uç organ hasarına eşlik eden lokal inflamasyonun önlenmesindeki rolü de dikkate alınmalıdır. Kompleman sistem proinflamatuvar ve antiinflamatuvar fonksiyonlara sahip olduğundan, kompleman kaskadının tam inhibisyonu, arteriyel hipertansiyonda istenmeyen etkilere neden olabilir. Bu nedenle, kompleman sistem, hipertansiyon, böbrek ve kardiyovasküler hastalıklarla mücadele için yeni terapötik yaklaşımların tasarımında kullanmak istenirse komplemanların bu hastalık patolojilerine uzaysal, zamansal ve hücrel katkılarının tam olarak aydınlatılması gerekmektedir. Farklı kompleman yollarını hedefleyen ve hali hazırda diğer endikasyonlar için faz II ve III denemelerinde değerlendirilmekte olan birkaç ilaç adayı bulunmaktadır ve bunların hipertansiyon tedavisinde de kullanım potansiyeli vardır. Bu hastalardaki genetik kompleman varyasyonları hakkında büyük veri analizlerini, hücre içi ve hücre dışı komplemanların fonksiyonel problemlerini ve diğer (doğuştan gelen) bağışıklık sensörleriyle çapraz etkileşimini entegre eden bütünsel bir yaklaşım gerektirmektedir.

KAYNAKÇA

1. Wenzel, U., Turner, J. E., Krebs, C., et al. Immune Mechanisms in Arterial Hypertension. *J Am Soc Nephrol*, 2016. 27(3), 677-86. Doi: 10.1681/asn.2015050562.
2. Zipfel, Peter F and Skerka, Christine Complement regulators and inhibitory proteins. *Nature Reviews Immunology*, 2009. 9(10), 729-740.
3. Wagner, Eric and Frank, Michael M Therapeutic potential of complement modulation. *Nature reviews Drug discovery*, 2010. 9(1), 43-56.
4. Reichhardt, Mp and Meri, S. *Intracellular complement activation—An alarm raising mechanism? in Seminars in immunology*. 2018. Elsevier.
5. Montani, K. R. and Harrison, D. G. Is Hypertension a Bone Marrow Disease? *Circulation*, 2016. 134(18), 1369-1372. Doi: 10.1161/circulationaha.116.024520.
6. Guzik, T. J., Hoch, N. E., Brown, K. A., et al. Role of the T cell in the genesis of angiotensin II induced hypertension and vascular dysfunction. *J Exp Med*, 2007. 204(10), 2449-60. Doi: 10.1084/jem.20070657.
7. Norlander, A. E., Madhur, M. S. and Harrison, D. G. The immunology of hypertension. *J Exp Med*, 2018. 215(1), 21-33. Doi: 10.1084/jem.20171773.
8. Ward, P. A. Complement: an unfinished symphony. *Am J Physiol Renal Physiol*, 2016. 311(1), F66-7. Doi: 10.1152/ajprenal.00250.2016.
9. Wenzel, U. O., Bode, M., Köhl, J., et al. A pathogenic role of complement in arterial hypertension and hypertensive end organ damage. *Am J Physiol Heart Circ Physiol*, 2017. 312(3), H349-h354. Doi: 10.1152/ajpheart.00759.2016.
10. Rodríguez-Iturbe, B., Pons, H., Quiroz, Y., et al. The immunological basis of hypertension. *Am J Hypertens*, 2014. 27(11), 1327-37. Doi: 10.1093/ajh/hpu142.
11. Ruan, C. C. and Gao, P. J. Role of Complement-Related Inflammation and Vascular Dysfunction in Hypertension. *Hypertension*, 2019. 73(5), 965-971. Doi: 10.1161/hypertensionaha.118.11210.
12. Norlander, Allison E, Madhur, Meena S and Harrison, David G The immunology of hypertension. *Journal of Experimental Medicine*, 2018. 215(1), 21-33.

13. Caillon, Antoine, Paradis, Pierre and Schiffrin, Ernesto L Role of immune cells in hypertension. *British journal of pharmacology*, 2019. 176(12), 1818-1828.
14. Shagdarsuren, Erdenechimeg, Wellner, Maren, Braesen, Jan-Hinrich, et al. Complement activation in angiotensin II-induced organ damage. *Circulation research*, 2005. 97(7), 716-724.
15. Zhang, Congcong, Li, Yulin, Wang, Chunxiao, et al. Complement 5a Receptor Mediates Angiotensin II-Induced Cardiac Inflammation and Remodeling. *Arteriosclerosis, thrombosis, and vascular biology*, 2014. 34(6), 1240-1248.
16. De Ciuceis, Carolina, Amiri, Farhad, Brassard, Pascal, et al. Reduced vascular remodeling, endothelial dysfunction, and oxidative stress in resistance arteries of angiotensin II-infused macrophage colony-stimulating factor-deficient mice: evidence for a role in inflammation in angiotensin-induced vascular injury. *Arteriosclerosis, thrombosis, and vascular biology*, 2005. 25(10), 2106-2113.
17. Ko, Eun A, Amiri, Farhad, Pandey, Nihar R, et al. Resistance artery remodeling in deoxycorticosterone acetate-salt hypertension is dependent on vascular inflammation: evidence from m-CSF-deficient mice. *American Journal of Physiology-Heart and Circulatory Physiology*, 2007. 292(4), H1789-H1795.
18. Ruan, Cheng-Chao, Ge, Qian, Li, Yan, et al. Complement-Mediated Macrophage Polarization in Perivascular Adipose Tissue Contributes to Vascular Injury in Deoxycorticosterone Acetate-Salt Mice. *Arteriosclerosis, thrombosis, and vascular biology*, 2015. 35(3), 598-606.
19. Ruan, Cheng-Chao, Ma, Yu, Ge, Qian, et al. Complement-mediated inhibition of adiponectin regulates perivascular inflammation and vascular injury in hypertension. *The FASEB Journal*, 2017. 31(3), 1120-1129.
20. Guzik, Tomasz J, Hoch, Nyssa E, Brown, Kathryn A, et al. Role of the T cell in the genesis of angiotensin II-induced hypertension and vascular dysfunction. *The Journal of experimental medicine*, 2007. 204(10), 2449-2460.
21. Trott, Daniel W, Thabet, Salim R, Kirabo, Annet, et al. Oligoclonal CD8+ T cells play a critical role in the development of hypertension. *Hypertension*, 2014. 64(5), 1108-1115.
22. Saleh, Mohamed A, McMaster, William G, Wu, Jing, et al. Lymphocyte adaptor protein LNK deficiency exacerbates hypertension and end-organ inflammation. *The Journal of clinical investigation*, 2015. 125(3), 1189-1202.
23. Kamat, Nikhil V, Thabet, Salim R, Xiao, Liang, et al. Renal transporter activation during angiotensin-II hypertension is blunted in interferon- γ -/- and interleukin-17A-/- mice. *Hypertension*, 2015. 65(3), 569-576.
24. Madhur, Meena S, Lob, Heinrich E, Mccann, Louise A, et al. Interleukin 17 promotes angiotensin II-induced hypertension and vascular dysfunction. *Hypertension*, 2010. 55(2), 500-507.
25. Kvakana, Heda, Kleinewietfeld, Markus, Qadri, Fatimunnisa, et al. Regulatory T cells ameliorate angiotensin II-induced cardiac damage. *Circulation*, 2009. 119(22), 2904.
26. Barhoumi, Tlili, Kasal, Daniel A, Li, Melissa W, et al. T Regulatory lymphocytes prevent angiotensin ii-induced hypertension and vascular injury. *Hypertension*, 2011. 57(3), 469-476.
27. Kasal, Daniel A, Barhoumi, Tlili, Li, Melissa W, et al. T regulatory lymphocytes prevent aldosterone-induced vascular injury. *Hypertension*, 2012. 59(2), 324-330.
28. Hashimoto, Motomu, Hirota, Keiji, Yoshitomi, Hiroyuki, et al. Complement drives Th17 cell differentiation and triggers autoimmune arthritis. *Journal of Experimental Medicine*, 2010. 207(6), 1135-1143.
29. Kwan, Wing-Hong, Van Der Touw, William, Paz-Artal, Estela, et al. Signaling through C5a receptor and C3a receptor diminishes function of murine natural regulatory T cells. *Journal of Experimental Medicine*, 2013. 210(2), 257-268.
30. Van Der Touw, William, Cravedi, Paolo, Kwan, Wing-Hong, et al. Cutting edge: receptors for C3a and C5a modulate stability of alloantigen-reactive induced regulatory T cells. *The Journal of Immunology*, 2013. 190(12), 5921-5925.
31. Strainic, Michael G, Shevach, Ethan M, An, Fengqi, et al. Absence of signaling into CD4+ cells via C3aR and C5aR enables autoinductive TGF- β 1 signaling and induction of Foxp3+ regulatory T cells. *Nature immunology*, 2013. 14(2), 162-171.

32. Chan, C. T., Sobey, C. G., Lieu, M., et al. Obligatory Role for B Cells in the Development of Angiotensin II-Dependent Hypertension. *Hypertension*, 2015. 66(5), 1023-33. Doi: 10.1161/hypertensionaha.115.05779.
33. Sumida, Tomokazu, Naito, Atsuhiko T, Nomura, Seitaro, et al. Complement C1q-induced activation of β -catenin signalling causes hypertensive arterial remodelling. *Nature communications*, 2015. 6(1), 1-12.
34. Ricklin, D., Mastellos, D. C., Reis, E. S., et al. The renaissance of complement therapeutics. *Nat Rev Nephrol*, 2018. 14(1), 26-47. Doi: 10.1038/nrneph.2017.156.
35. Krishnan, S. M., Sobey, C. G., Latz, E., et al. IL-1 β and IL-18: inflammatory markers or mediators of hypertension? *Br J Pharmacol*, 2014. 171(24), 5589-602. Doi: 10.1111/bph.12876.
36. Zhang, C., Li, Y., Wang, C., et al. Complement 5a receptor mediates angiotensin II-induced cardiac inflammation and remodeling. *Arterioscler Thromb Vasc Biol*, 2014. 34(6), 1240-8. Doi: 10.1161/atvbaha.113.303120.
37. Iyer, A., Woodruff, T. M., Wu, M. C., et al. Inhibition of inflammation and fibrosis by a complement C5a receptor antagonist in DOCA-salt hypertensive rats. *J Cardiovasc Pharmacol*, 2011. 58(5), 479-86. Doi: 10.1097/FJC.0b013e31822a7a09.
38. Weiss, S., Rosendahl, A., Czesla, D., et al. The complement receptor C5aR1 contributes to renal damage but protects the heart in angiotensin II-induced hypertension. *Am J Physiol Renal Physiol*, 2016. 310(11), F1356-65. Doi: 10.1152/ajprenal.00040.2016.
39. Zhang, C., Li, Y., Wang, C., et al. Antagonist of C5aR prevents cardiac remodeling in angiotensin II-induced hypertension. *Am J Hypertens*, 2014. 27(6), 857-64. Doi: 10.1093/ajh/hpt274.
40. West, E. E., Kunz, N. and Kemper, C. Complement and human T cell metabolism: Location, location, location. *Immunol Rev*, 2020. 295(1), 68-81. Doi: 10.1111/imr.12852.
41. Kwan, W. H., Van Der Touw, W., Paz-Artal, E., et al. Signaling through C5a receptor and C3a receptor diminishes function of murine natural regulatory T cells. *J Exp Med*, 2013. 210(2), 257-68. Doi: 10.1084/jem.20121525.
42. Strainic, M. G., Shevach, E. M., An, F., et al. Absence of signaling into CD4⁺ cells via C3aR and C5aR enables autoinductive TGF- β 1 signaling and induction of Foxp3⁺ regulatory T cells. *Nat Immunol*, 2013. 14(2), 162-71. Doi: 10.1038/ni.2499.
43. Chen, X. H., Ruan, C. C., Ge, Q., et al. Deficiency of Complement C3a and C5a Receptors Prevents Angiotensin II-Induced Hypertension via Regulatory T Cells. *Circ Res*, 2018. 122(7), 970-983. Doi: 10.1161/circresaha.117.312153.
44. Chen, L., Fukuda, N., Matsumoto, T., et al. Role of complement 3 in the pathogenesis of hypertension. *Hypertens Res*, 2020. 43(4), 255-262. Doi: 10.1038/s41440-019-0371-y.
45. Bao, X., Meng, G., Zhang, Q., et al. Elevated serum complement C3 levels are associated with prehypertension in an adult population. *Clin Exp Hypertens*, 2017. 39(1), 42-49. Doi: 10.1080/10641963.2016.1210622.
46. Sen, S., Tarazi, R. C., Khairallah, P. A., et al. Cardiac hypertrophy in spontaneously hypertensive rats. *Circ Res*, 1974. 35(5), 775-81. Doi: 10.1161/01.res.35.5.775.
47. Walter, S. V. and Hamet, P. Enhanced DNA synthesis in heart and kidney of newborn spontaneously hypertensive rats. *Hypertension*, 1986. 8(6), 520-5. Doi: 10.1161/01.hyp.8.6.520.
48. Ikeda, K., Fukuda, N., Ueno, T., et al. Role of complement 3a in the growth of mesangial cells from stroke-prone spontaneously hypertensive rats. *Clin Exp Hypertens*, 2014. 36(1), 58-63. Doi: 10.3109/10641963.2013.789042.
49. Negishi, E., Fukuda, N., Otsuki, T., et al. Involvement of complement 3 in the salt-sensitive hypertension by activation of renal renin-angiotensin system in spontaneously hypertensive rats. *Am J Physiol Renal Physiol*, 2018. 315(6), F1747-f1758. Doi: 10.1152/ajprenal.00370.2018.
50. Coles, B., Lewis, R., Anning, P. B., et al. CD59 or C3 are not required for angiotensin II-dependent hypertension or hypertrophy in mice. *Immunology*, 2007. 121(4), 518-25. Doi: 10.1111/j.1365-2567.2007.02598.x.
51. Ruan, C. C., Ge, Q., Li, Y., et al. Complement-mediated macrophage polarization in perivascular adipose tissue contributes to vascular injury in deoxycorticosterone acetate-salt mice. *Arterioscler Thromb Vasc Biol*, 2015. 35(3), 598-606. Doi: 10.1161/atvbaha.114.304927.

52. Raij, L., Dalmaso, A. P., Staley, N. A., et al. Renal injury in DOCA-salt hypertensive C5-sufficient and C5-deficient mice. *Kidney Int*, 1989. 36(4), 582-92. Doi: 10.1038/ki.1989.234.
53. Bossi, Fleur, Tripodo, Claudio, Rizzi, Lucia, et al. C1q as a unique player in angiogenesis with therapeutic implication in wound healing. *Proceedings of the National Academy of Sciences*, 2014. 111(11), 4209-4214.
54. Wu, Fengjiao, Zou, Qiang, Ding, Xiaodan, et al. Complement component C3a plays a critical role in endothelial activation and leukocyte recruitment into the brain. *Journal of neuroinflammation*, 2016. 13(1), 1-14.
55. Skeie, Jessica M, Fingert, John H, Russell, Stephen R, et al. Complement component C5a activates ICAM-1 expression on human choroidal endothelial cells. *Investigative ophthalmology & visual science*, 2010. 51(10), 5336-5342.
56. Li, Shu-Hong, Szmitko, Paul E, Weisel, Richard D, et al. C-reactive protein upregulates complement-inhibitory factors in endothelial cells. *Circulation*, 2004. 109(7), 833-836.
57. Cui, Xiaodong, Zhang, Xiaoyun, Bu, Hongnan, et al. Shear stress-mediated changes in the expression of complement regulatory protein CD59 on human endothelial progenitor cells by ECM-integrin α V β 3-F-actin pathway in vitro. *Biochemical and biophysical research communications*, 2017. 494(1-2), 416-421.
58. Wu, Gongxiong, Hu, Weiguo, Shahsafaei, Aliakbar, et al. Complement regulator CD59 protects against atherosclerosis by restricting the formation of complement membrane attack complex. *Circulation research*, 2009. 104(4), 550-558.
59. Sakuma, Masashi, Morooka, Toshifumi, Wang, Yunmei, et al. The intrinsic complement regulator decay-accelerating factor modulates the biological response to vascular injury. *Arteriosclerosis, thrombosis, and vascular biology*, 2010. 30(6), 1196-1202.
60. Curci, Claudia, Castellano, Giuseppe, Stasi, Alessandra, et al. Endothelial-to-mesenchymal transition and renal fibrosis in ischaemia/reperfusion injury are mediated by complement anaphylatoxins and Akt pathway. *Nephrology Dialysis Transplantation*, 2014. 29(4), 799-808.
61. Li, Ling, Chen, Lijia, Zang, Jing, et al. C3a and C5a receptor antagonists ameliorate endothelial-myofibroblast transition via the Wnt/ β -catenin signaling pathway in diabetic kidney disease. *Metabolism*, 2015. 64(5), 597-610.
62. Regal, Jean F, Laule, Connor F, Mccutcheon, Luke, et al. The complement system in hypertension and renal damage in the Dahl SS rat. *Physiological reports*, 2018. 6(6), e13655.
63. Zhou, Xueli, Fukuda, Noboru, Matsuda, Hiroyuki, et al. Complement 3 activates the renal renin-angiotensin system by induction of epithelial-to-mesenchymal transition of the nephrotubulus in mice. *American Journal of Physiology-Renal Physiology*, 2013. 305(7), F957-F967.
64. Raij, Leopoldo, Dalmaso, Agustin P, Staley, Nancy A, et al. Renal injury in DOCA-salt hypertensive C5-sufficient and C5-deficient mice. *Kidney international*, 1989. 36(4), 582-592.
65. Weiss, Sebastian, Rosendahl, Alva, Czesla, Daniel, et al. The complement receptor C5aR1 contributes to renal damage but protects the heart in angiotensin II-induced hypertension. *American Journal of Physiology-Renal Physiology*, 2016. 310(11), F1356-F1365.
66. Coles, Barbara, Lewis, Ruth, Anning, Peter B, et al. CD59 or C3 are not required for angiotensin II-dependent hypertension or hypertrophy in mice. *Immunology*, 2007. 121(4), 518-528.
67. Zhang, Congcong, Li, Yulin, Wang, Chunxiao, et al. Antagonist of C5aR Prevents Cardiac Remodeling in Angiotensin II-Induced Hypertension. *American journal of hypertension*, 2014. 27(6), 857-864.