

High prevalence of autoantibodies against phosphoglycerate mutase 1 in patients with autoimmune central nervous system diseases

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ABSTRACT

We identified the autoantibody against phosphoglycerate mutase 1 (PGAM1), which is a glycolytic enzyme, in sera from multiple sclerosis (MS) patients by proteomics-based analysis. We further searched this autoantibody in sera from patients with other neurological diseases. The prevalence of the anti-PGAM1 antibody is much higher in patients with MS and neuromyelitis optica (NMO) than in those with other neurological diseases and in healthy controls. It was reported that the anti-PGAM1 antibody is frequently detected in patients with autoimmune hepatitis (AIH). Results of our study suggest that the anti-PGAM1 antibody is not only a marker of AIH but also a nonspecific marker of central nervous system autoimmune diseases.

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1. Introduction

Over the past few years, compelling data on the roles of B cells as sensors, coordinators and regulators of the immune response have strengthened the view that B cells and autoantibodies are fundamental factors for activating T cells and/or mediating tissue injury in several autoimmune-mediated diseases of the central nervous system (CNS) (Dalakas, 2008; Hasler and Zouali, 2006). In this study, we identified the autoantibody against phosphoglycerate mutase 1 (PGAM1) in sera from multiple sclerosis (MS) patients by proteomics-based analysis. Phosphoglycerate mutase is a glycolytic enzyme that catalyzes the interconversion of 3- and 2-phosphoglycerate with 2, 3-bisphosphoglycerate as the primer of the reaction (Fothergill-Gilmore and Watson, 1989). In mammalian tissues, there are two types of phosphoglycerate mutase: type M (also known as PGAM2) in muscles and type B (also known as PGAM1) in other tissues (Omenn and Chung, 1974; Zhang et al., 2001). However, there are few reports on the anti-PGAM1 antibody (Lu et al., 2008; Zephir et al., 2006) and the specificity of this autoantibody is not clearly understood. To evaluate the specificity of this autoantibody, we assessed the pre-

valence of this autoantibody in sera from patients with various neurological diseases and healthy controls.

2. Patients and methods

2.1. Patients

Serum samples were obtained from patients with MS [$n=21$; male:female = 9:12; age range, 31–75; mean age, 49], neuromyelitis optica (NMO) [$n=13$; male:female = 2:11; age range, 26–79; mean age, 49], multiple cerebral infarctions (MCI) [$n=20$; male:female = 9:11; age range, 53–83; mean age, 71], infectious meningoencephalitis (IME) [$n=19$; male:female = 14:5; age range, 15–71; mean age, 45], and Parkinson's disease (PD) [$n=21$; male:female = 11:10; age range, 50–85; mean age, 68], and from healthy controls [$n=17$; male:female = 7:10; age range, 25–74; mean age, 44]. All the MS patients were diagnosed with clinically definite MS according to the criteria of Poser et al. (1983). All the NMO patients satisfied the 2006 revision to the Wingerchuk diagnostic criteria (Wingerchuk et al., 2006).

2.2. Preparation of tissue proteins

Under ether anesthesia, adult Wistar rats were sacrificed. Their cerebrums were immediately removed and frozen in dry-ice powder. The frozen brain tissue was homogenized in lysis buffer (7 M urea, 2 M thiourea, 0.4% CHAPS, 0.1% DTT, 0.5% Triton X-100, and 0.2% SDS) and centrifuged at $100,000\times g$ for 40 min. The obtained supernatant was used in all experiments.

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2.3. Screening for autoantibodies against protein sample in sera from MS patients

We examined autoantibodies against a prepared protein sample in sera from five MS patients and five healthy controls by one-dimensional electrophoresis (1DE) and immunoblotting. The extracted proteins were applied at 20 µg/well to 4–20% polyacrylamide gel for western blotting. The proteins were separated by SDS-PAGE and separated proteins were blotted onto polyvinylidene difluoride (PVDF) membranes at 0.8 mA/cm² for 1 h using a semidry blotting apparatus (Trans-Blot SD semidry transfer cell, Bio-Rad Laboratories). Subsequently, the membranes were incubated in blocking solution overnight in a cold room, and then reacted with the sera from MS patients and healthy controls (diluted at 1:1500) for 1 h at room temperature, followed by washing. Then the membranes were incubated with HRP-conjugated anti-human Ig (A + G + M) antibodies (Zymed) (diluted at 1:2000) for 1 h at room temperature and reacted with the ECL-Plus Western blotting detection system (GE Healthcare).

2.4. Two-dimensional electrophoresis (2DE) and immunoblotting

A sample was loaded onto an immobilized and rehydrated dry strip (pH 3–10, nonlinear 18 cm long, GE Healthcare). Up to 100 µg of extracted proteins was applied to the dry strip for western blotting. Isoelectric focusing was carried out at 20 °C for 85,000 Vh at a maximum of 8000 V using a horizontal electrophoresis system (Coolphorostar IPG-IEF Type-PX, Anatech). This IPG strip was transferred to 12.5% polyacrylamide gel. The second-dimension run was carried out vertically using an electrophoresis apparatus (Coolphorostar SDS-PAGE Dual-200 K, Anatech) at 30 mA/gel. After the electrophoresis, the SDS-PAGE gels were stained with SyproRuby (Bio-Rad Laboratories) or used for protein transfer onto PVDF membranes (Toda and Kimura, 1997). Separated proteins were electrophoretically transferred to a PVDF membrane at a constant voltage of 32 V for 3 h using a buffer transfer tank with cool equipment (Toda et al., 2000).

Subsequently, this membrane was incubated in a blocking solution (5% skim milk in 1× TBST and 1× TBS containing 0.1% Tween 20) overnight in a cold room, and then reacted with serum from a patient diluted (1:1500) with 1% skim milk in 1× TBST for 1 h at room temperature. The PVDF membrane was washed five times with 1× TBST and reacted with peroxidase-conjugated goat anti-human Ig (A + G + M) antibodies (Zymed) diluted (1:2000) with 1% skim milk in 1× TBST for 1 h at room temperature. After six washes, the membrane was incubated with the WB detection reagent (ECL-Plus, GE Healthcare) for 5 min and then scanned using a variable-mode imager (Typhoon 9400, GE Healthcare). The antibody-reactive protein spots were matched with the protein spots stained with SyproRuby (Bio-Rad Laboratories) using image analysis software (Adobe Photoshop 6.0).

2.5. In-gel digestion and mass spectrometry

Proteins were detected by staining with SyproRuby (Bio-Rad Laboratories). For mass spectrometric identification, the target protein spot on the SyproRuby-stained 2D electrophoresis gel was excised using FluoroPhoreStar 3000 (Anatech). In-gel digestion was performed in according with a standard protocol (Toda and Kimura, 1997) with minor modifications. Briefly, gel pieces were dehydrated and the dried gel pieces were rehydrated in 5 µl of 100 mM ammonium bicarbonate containing 10 µg/ml trypsin (Promega) for 3 h at 37 °C. After digestion, tryptic peptides were extracted twice with 50 µl of 66% acetonitrile in 0.1% trifluoroacetic acid (TFA) in a sonicator. The extracted peptides were dried, redissolved in 0.1% TFA, and injected onto a MonoCap 0.1 mm × 250 mm monolithic C18 column (Kyoto Monotech) with Prominence Nano (Shimadzu). The column eluent was spotted every 15 s onto a µfocus MALDI plate (Shimadzu GLC) with α-cyano-4-hydroxycinnamic acid (Sigma Aldrich) as a matrix using AccuSpot (Shimadzu). Buffer A consisted of 5% acetonitrile and 0.1% (v/v) TFA and buffer B consisted of 90% acetonitrile and 0.1% (v/v) TFA. The separation gradient was 5–60% buffer B over 30 min at a flow rate of 1 µl/min. The digests were

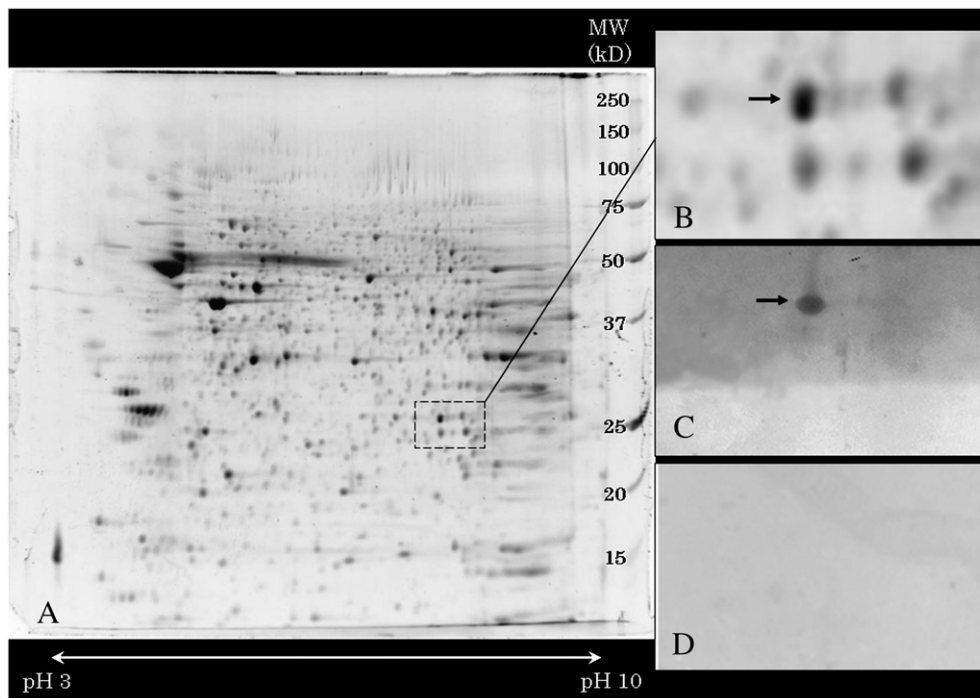


Fig. 1. Autoantibodies visualized by two-dimensional electrophoresis (2DE) and immunoblotting in sera from patients with multiple sclerosis (MS) and from healthy controls. (A, B) Total protein extracts of homogenized rat brain tissue were separated by 2DE, followed by SyproRuby staining. Arrow indicates the protein spot matching the immunoreactive spot detected by western blotting of MS patients' sera. Subsequently, this spot was identified as phosphoglycerate mutase 1 (PGAM1) by MALDI TOF-MS; (C) 1:1500-diluted MS patient's sera; arrow indicates the protein spot (PGAM1) recognized in sera from MS patients; and (D) 1:1500-diluted sera from healthy controls.

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