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Neutrophil extracellular traps predict disease condition in complement-mediated thrombotic microangiopathy patients

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Objectives : We explored the level of neutrophil extracellular traps and its relationship with TMA condition in CM-TMA patients.

Methods : The study enrolled 107 CM-TMA patients, explored the plasma and renal level of NETs, compared the plasma level of NETs (cfDNA, CitH3-DNA, MPO-DNA, S100A8/A9) and renal NETs formation (NE-DNA area/tissue area ratio) in CM-TMA patients with normal control (NC), analyzed the relationship between NETs and the clinicopathological index in CM-TMA patients.

Results : The plasma NETs were increased in CM-TMA patients, including cfDNA ($P < 0.001$, Figure 2A), MPO-DNA complex ($P < 0.001$, Figure 2B), CitH3-DNA complex ($P < 0.001$, Figure 2C), S100A8/A9 ($P < 0.001$, Figure 2D). The formation of NETs also significantly increased in the glomeruli (Figure 2E and 2G) and interstitial (Figure 2F and 2G) of CM-TMA patients. Plasma cfDNA levels was significantly negatively correlated with PLT in CM-TMA patients ($P = 0.013$), Hb ($P = 0.032$) and eGFR ($P = 0.031$) (Figure 2H), was significantly positively correlated with LDH levels ($P = 0.041$), PT ($P = 0.027$). Glomerular NE-DNA area/tissue area ratio was significantly positively associated with glomerular thrombi ($P = 0.012$), and endothelial hyperplasia and sclerosis ($P = 0.034$) (Figure 2I). The levels of plasma NETs marker cfDNA ($P = 0.004$, Figure 3A), CitH3-DNA ($P = 0.007$, Figure 3B), MPO-DNA ($P = 0.009$, Figure 3C), and S100A8/A9 ($P < 0.001$, Figure 3D) in TMA acute phase were all significantly higher than those in the TMA remission phase of 17 CM-TMA patients. Renal NETs deposition showed significant positive associations with MAC deposition in glomeruli ($r = 0.637$, $P < 0.001$, Figures 3E and 3F) and tubulointerstitium ($r = 0.394$, $P < 0.001$, Figures 3G and 3H).

Conclusions : NETs are associated with clinicopathological changes, disease activity, organ damage, and complement activation, which can be used as a biological marker of disease activity in CM-TMA patients.

Fig 2_画板 1.png

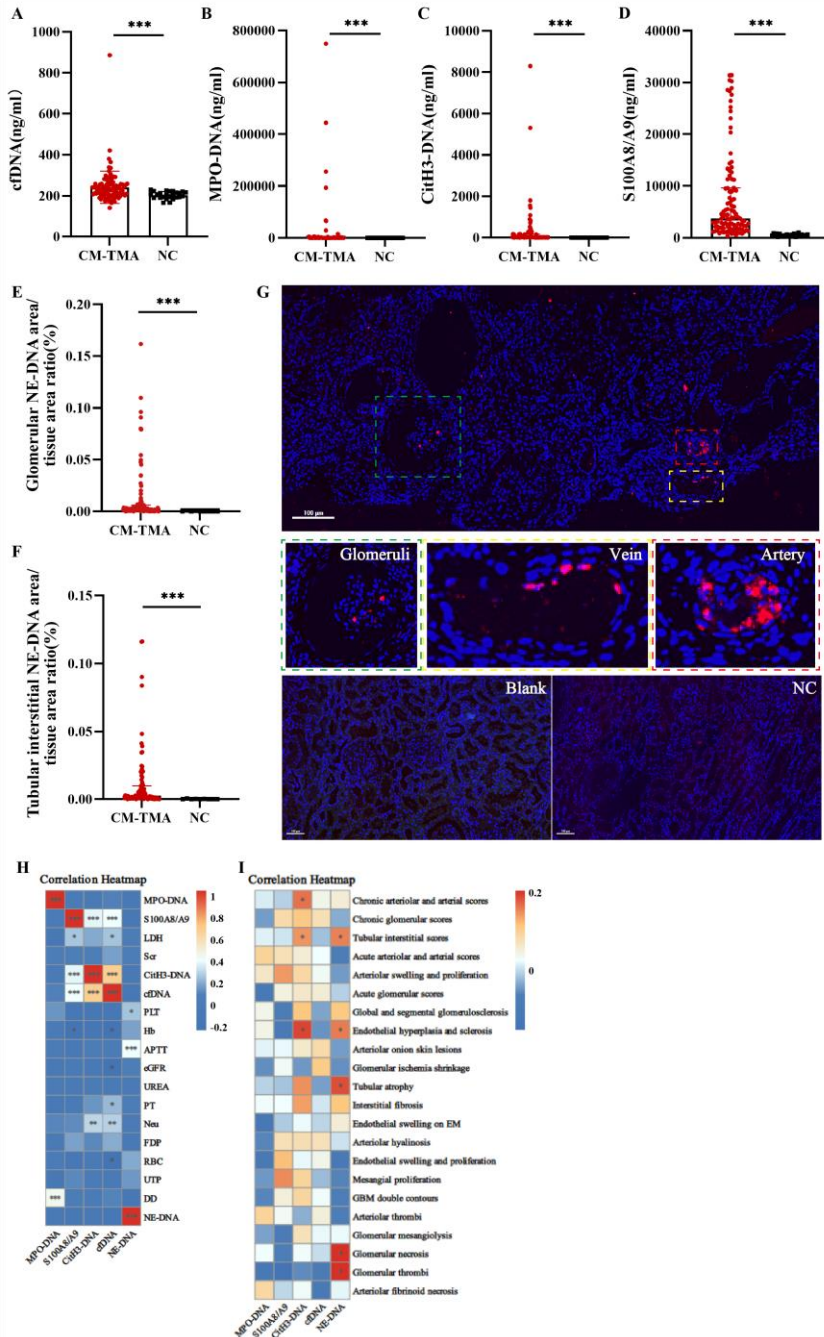


Figure 2

Fig 2_画板 1.png

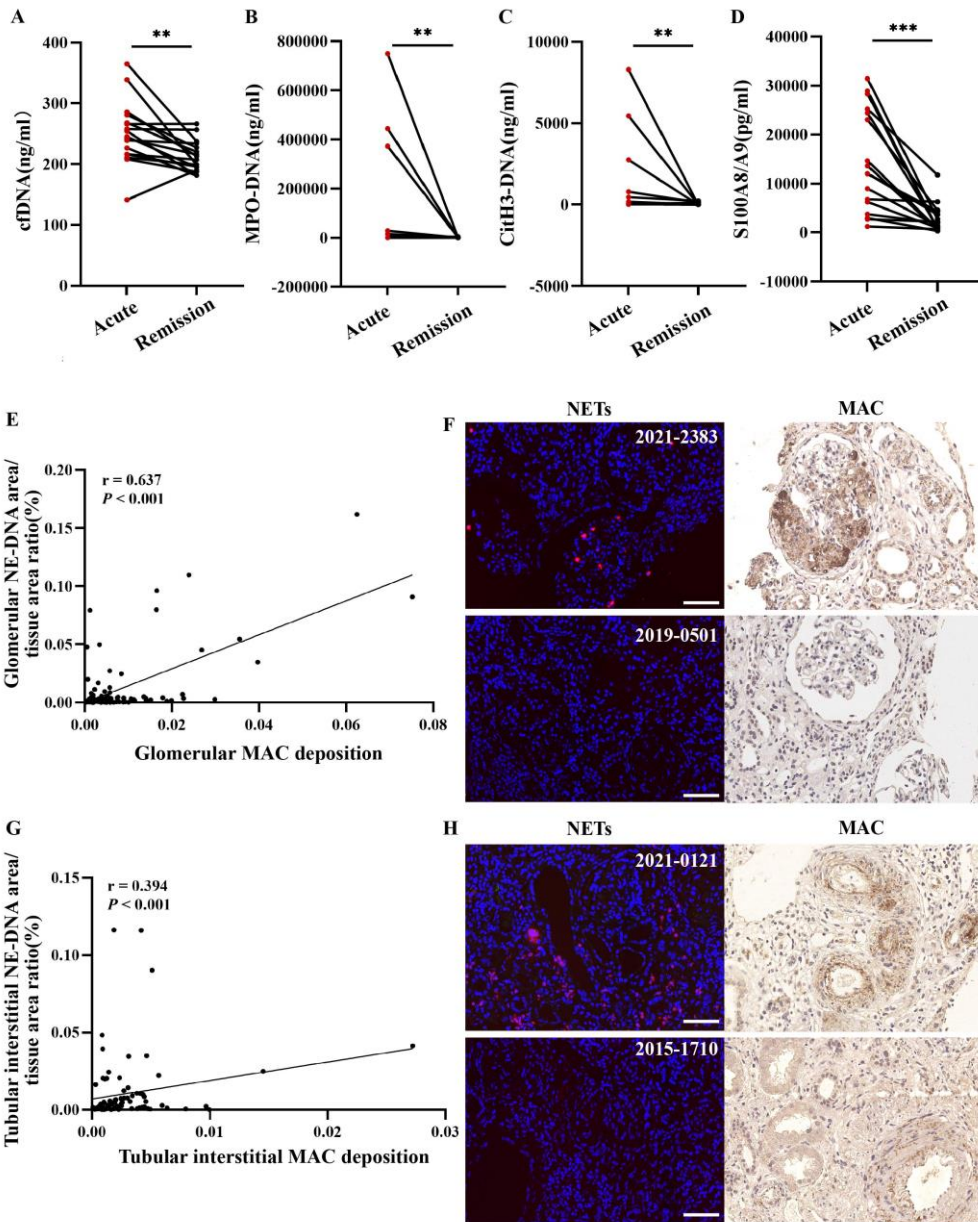


Figure 3