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# Plasma Proteins

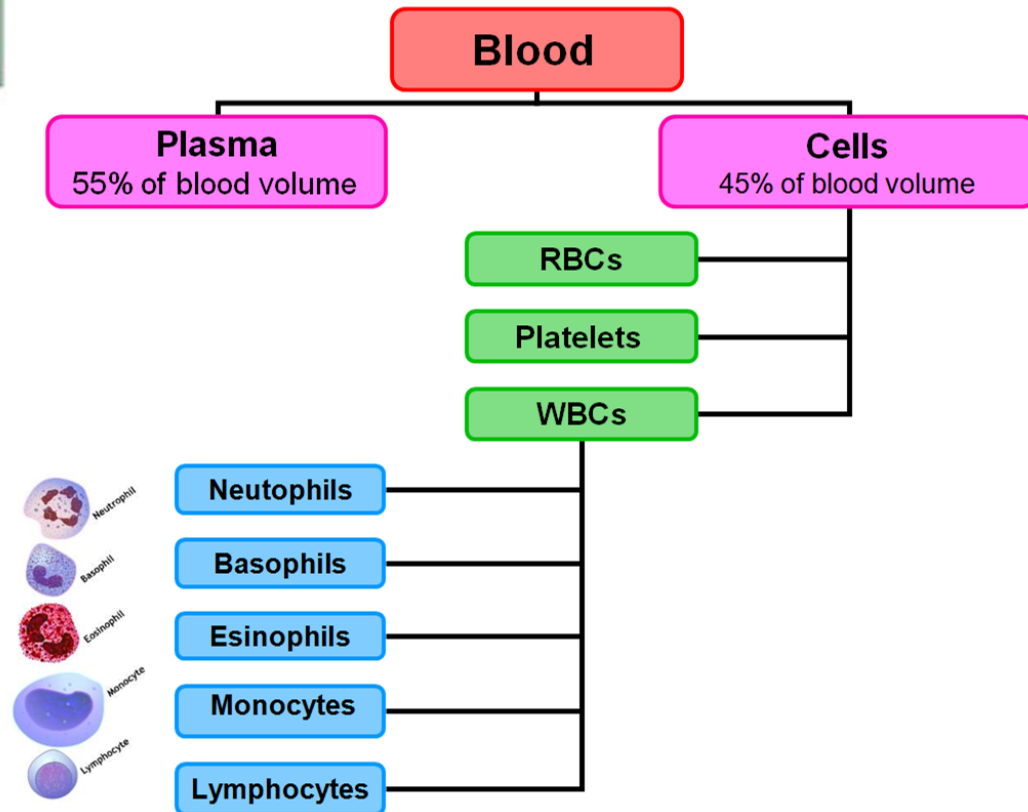
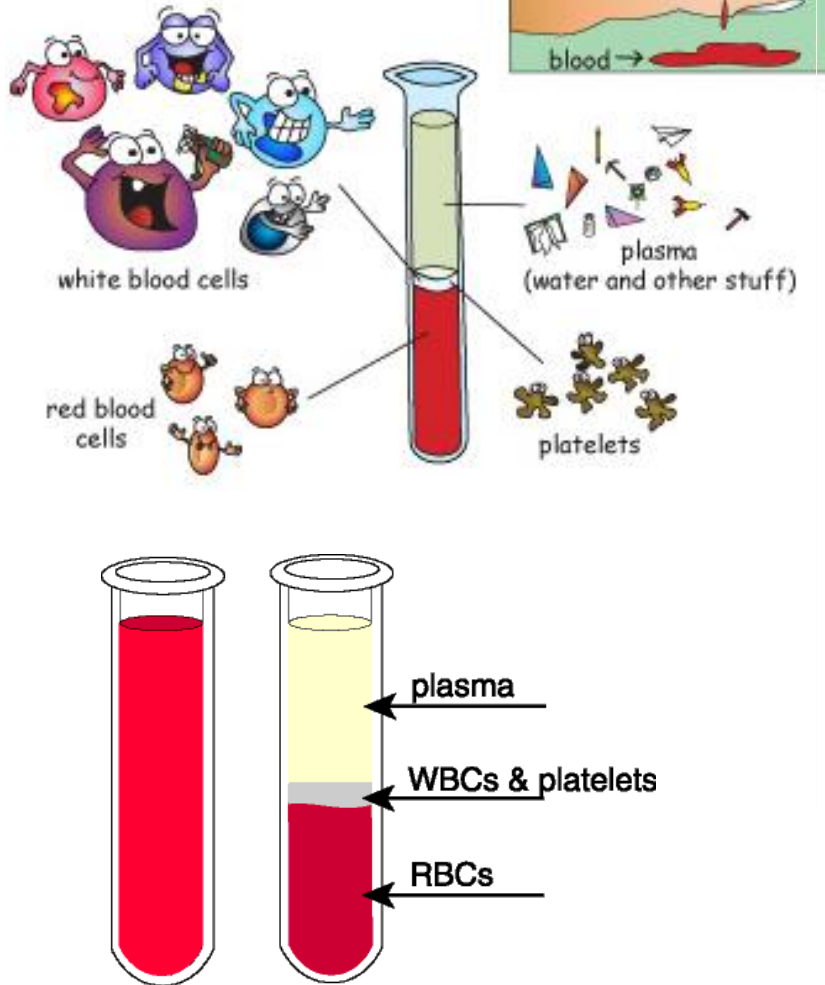
# What should we know?

1. What is plasma, and how can we get it?
2. What are the different components of plasma?
3. Plasma proteins (general functions, basis of classification, associated processes and molecules)
4. Different types:
  - Albumin & prealbumin
  - $\alpha$ 1-antitrypsin
  - Haptoglobin (Hp)
  - $\alpha$ 1-fetoprotein (AFP)
  - $\alpha$ 2-Macroglobulin
  - Ceruloplasmin
  - C-Reactive Protein

(structure, synthesis, function & diseases associated)

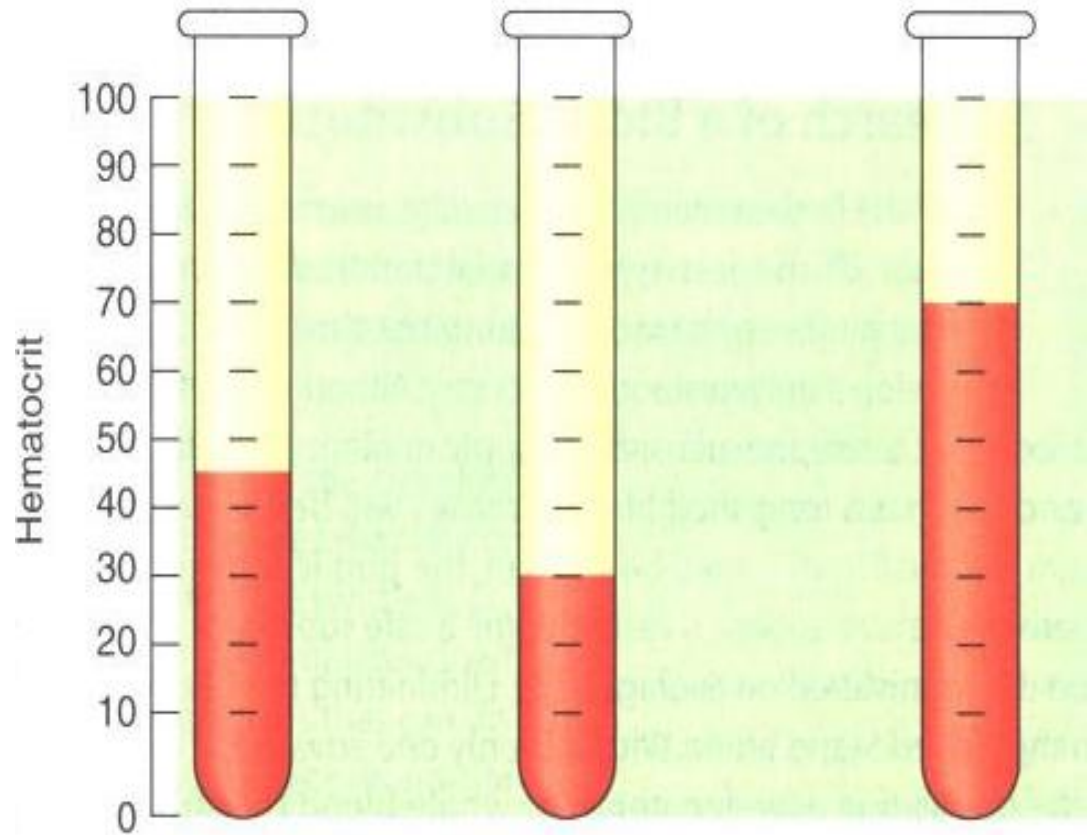
# Blood

## Blood parts

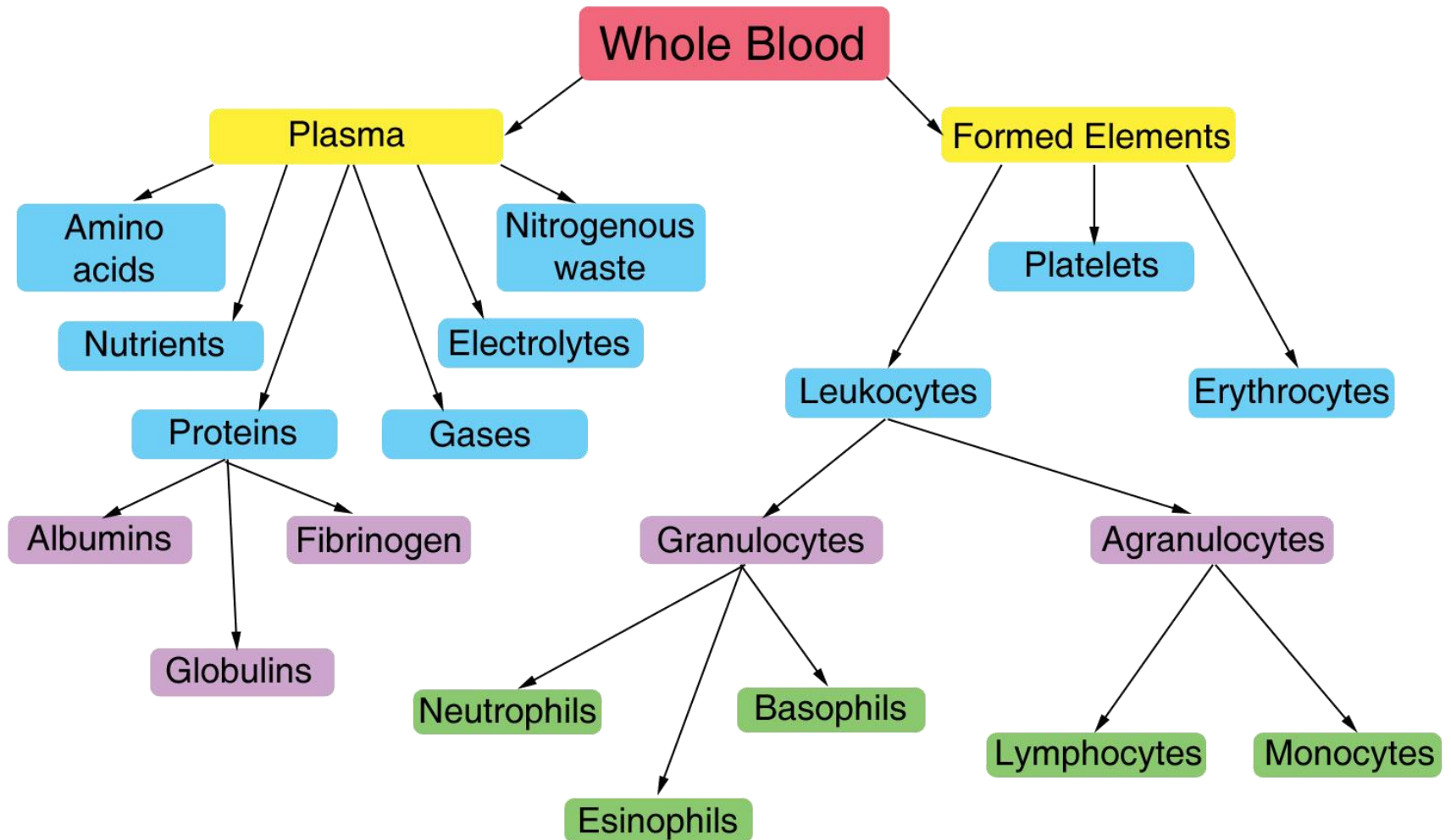


# Blood: plasma vs. hematocrit

- Hematocrit or packed cell volume (Adult male: 47 %, Adult females: 42 %)



# Blood: plasma vs. cells



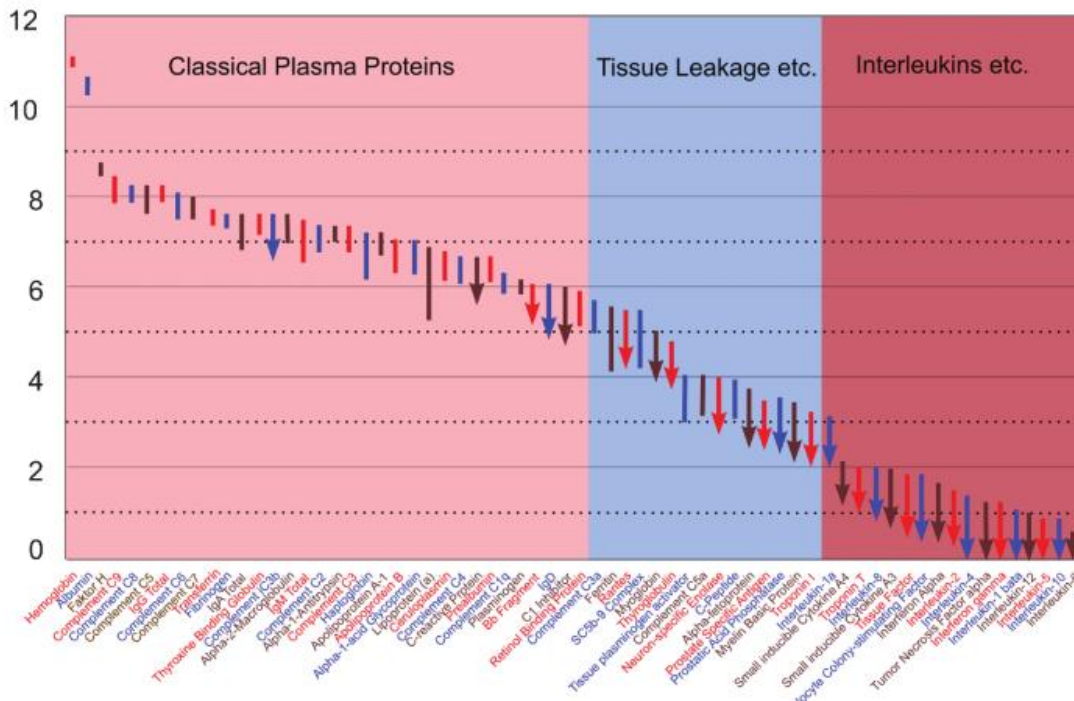
# Plasma

- Is the liquid medium in which blood cells are suspended
- Composition:
  - Water (92%)
  - Solids (8%)
- Organic:
  - Plasma proteins: Albumin, Globulins & Fibrinogen
  - Non-protein nitrogenous compounds: urea, free amino acids, uric acid, creatinine, creatine &  $\text{NH}_3$
  - Lipids: Cholesterol, TG, phospholipids, free fatty acids
  - Carbohydrates: Glucose, fructose, pentoses
  - Other substances as: Ketone bodies, bile pigments, vitamins, enzymes & hormones
- Inorganic:  $\text{Na}^+$ ,  $\text{K}^+$ ,  $\text{Ca}^{2+}$ ,  $\text{Mg}^{2+}$ ,  $\text{Cl}^-$ ,  $\text{HCO}_3^-$ ,  $\text{HPO}_4^{2-}$ ,  $\text{SO}_4^{2-}$

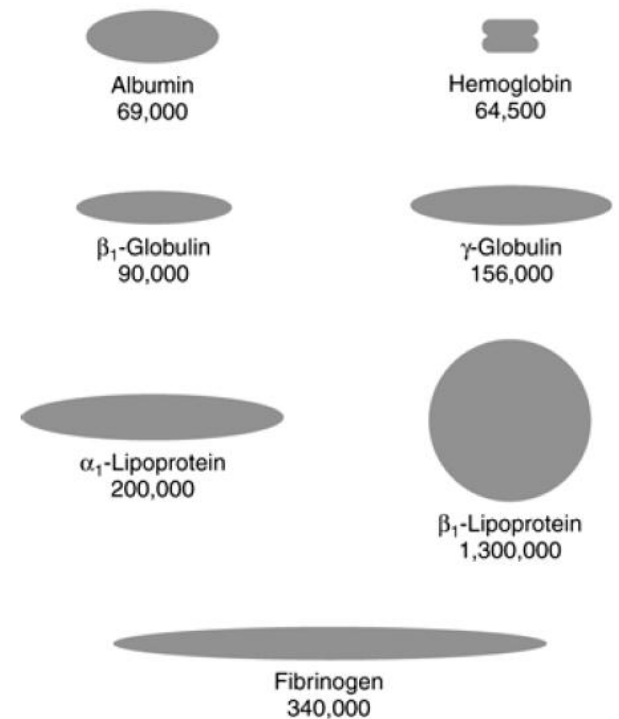
# Plasma proteins are a mixture

- More than 500 plasma proteins have been identified
- Normal range 6-8 g/dl (the major of the solids)
- Simple & conjugated proteins (glycoproteins & lipoproteins)

Log<sub>10</sub> Concentration in pg/mL



10 nm Na<sup>+</sup> Cl<sup>-</sup> Glucose

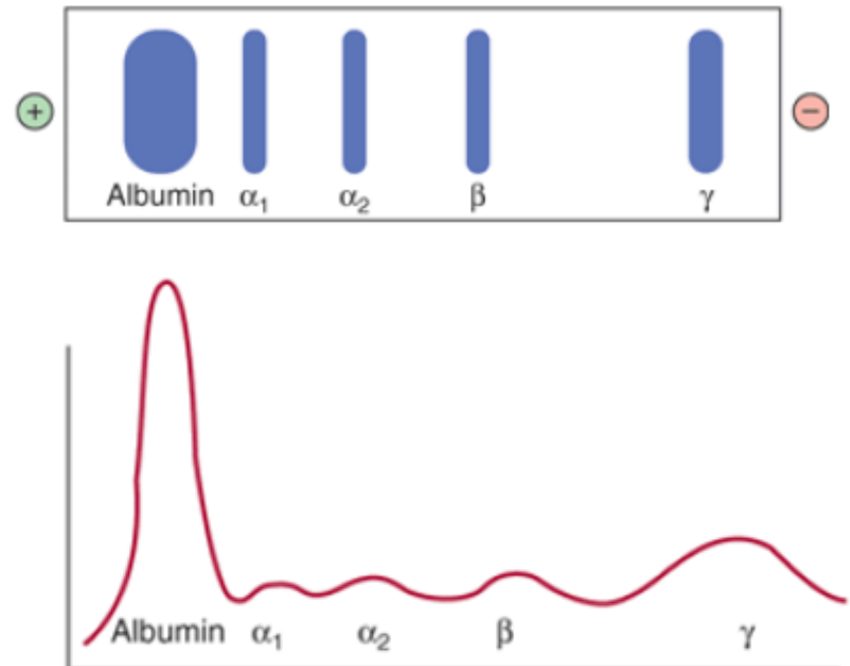


# The separation of plasma proteins

- Salting-out (ammonium sulfate): fibrinogen, albumin, and globulins
- Electrophoresis (most common): serum (defibrinated plasma), five bands (albumin,  $\alpha_1$ ,  $\alpha_2$ ,  $\beta$ , and  $\gamma$ )

NORMAL VALUES:

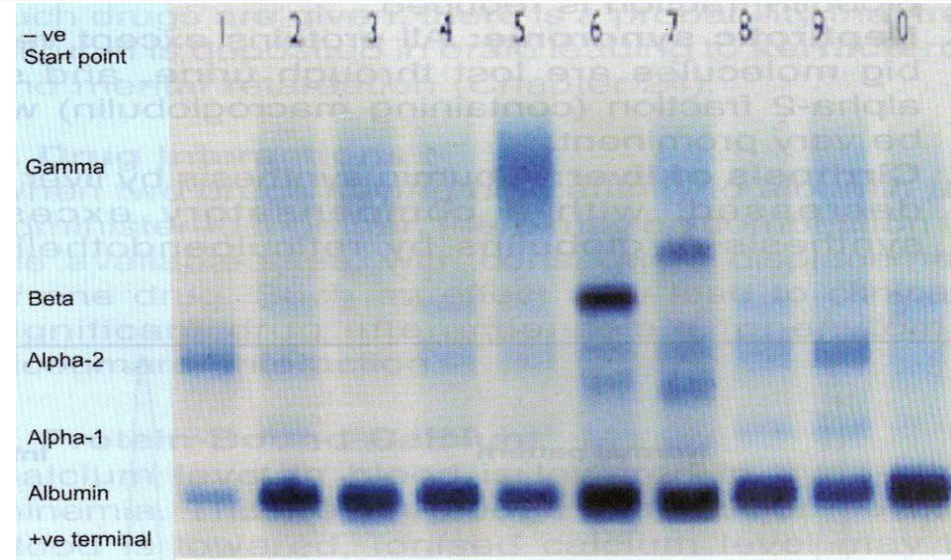
Name	Absolute values (g/l)	Relative values (%)
Albumins	35 – 55	50 – 60
$\alpha_1$ -globulins	2 – 4	4.2 – 7.2 <b>5 %</b>
$\alpha_2$ -globulins	5 – 9	6.8 – 12 <b>9 %</b>
$\beta$ -globulins	6 – 11	9.3 – 15 <b>12 %</b>
$\gamma$ -globulins	7 – 17	13 – 23 <b>18 %</b>





# Electrophoresis of plasma proteins

- Albumin is smaller than globulin, and slightly negatively charged
- Globulins (3 bands):
- $\alpha$  band:
  - ✓  $\alpha_1$  region consists mostly of  $\alpha_1$ -antitrypsin
  - ✓  $\alpha_2$  region is mostly haptoglobin,  $\alpha_2$ -macroglobulin, & ceruloplasmin
- $\beta$  band: transferrin, LDL, complement system proteins
- $\gamma$  band: the immuno-globulins

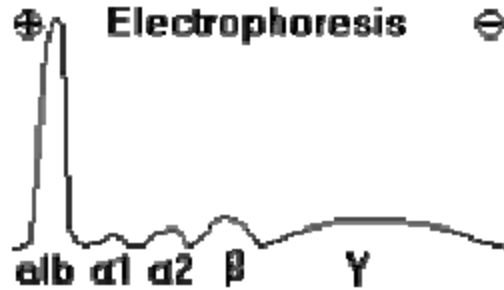


# Synthesis of plasma proteins

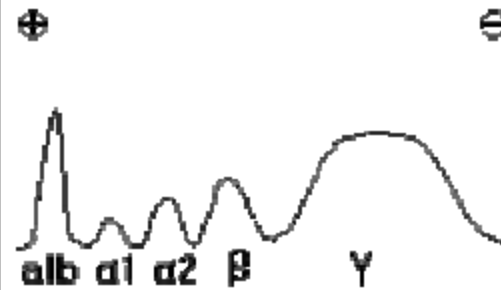
- Mostly liver (albumin, globulins),  $\gamma$ -globulins (plasma cells; lymph nodes, bone marrow, spleen)
- Most plasma proteins are synthesized as preproteins (signal peptide)
- Various posttranslational modifications (proteolysis, glycosylation, phosphorylation, etc.)
- Transit times (30 min to several hours)
- Most plasma proteins are Glycoproteins (N- or O-linked). Albumin is the major exception

# ELECTROPHORESIS ASPECTS IN SEVERAL TYPES OF DYSPROTEINEMIA

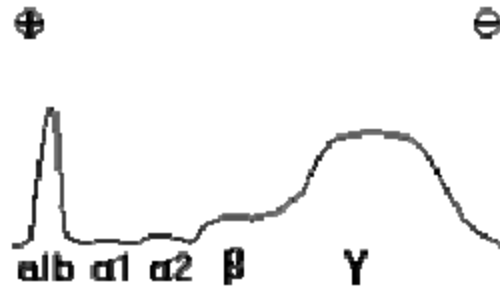
## Normal Serum Protein Electrophoresis



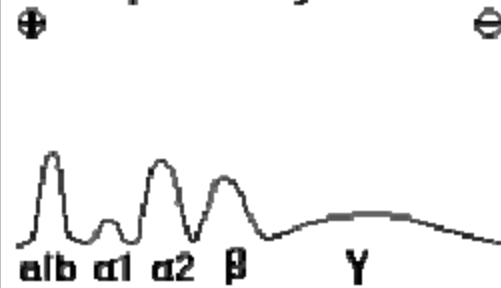
## Longstanding Inflammation



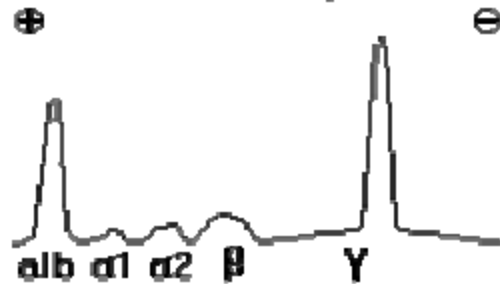
## Chronic Liver Failure



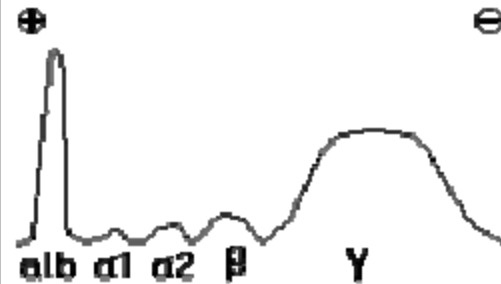
## Nephrotic Syndrome



## Plasma Cell Myeloma



## Polyclonal Gammopathy



# Plasma Proteins & Polymorphism

- A mendelian or monogenic trait
- Exists in population in at least two phenotypes, neither is rare
- The ABO blood groups are the best-known examples
- $\alpha_1$ -antitrypsin, haptoglobin, transferrin, ceruloplasmin, and immunoglobulins
- Electrophoresis or isoelectric focusing

## Plasma Proteins Half-Lives

- Determined through isotope labeling studies ( $I^{131}$ )
- Albumin & haptoglobin (20 & 5 days)
- Diseases can affect half-lives (ex. Crohn's disease), albumin may be reduced (1 day)
- Protein-losing gastroenteropathy – (2-15)% - up to 60%

# Functions of plasma proteins

## General functions

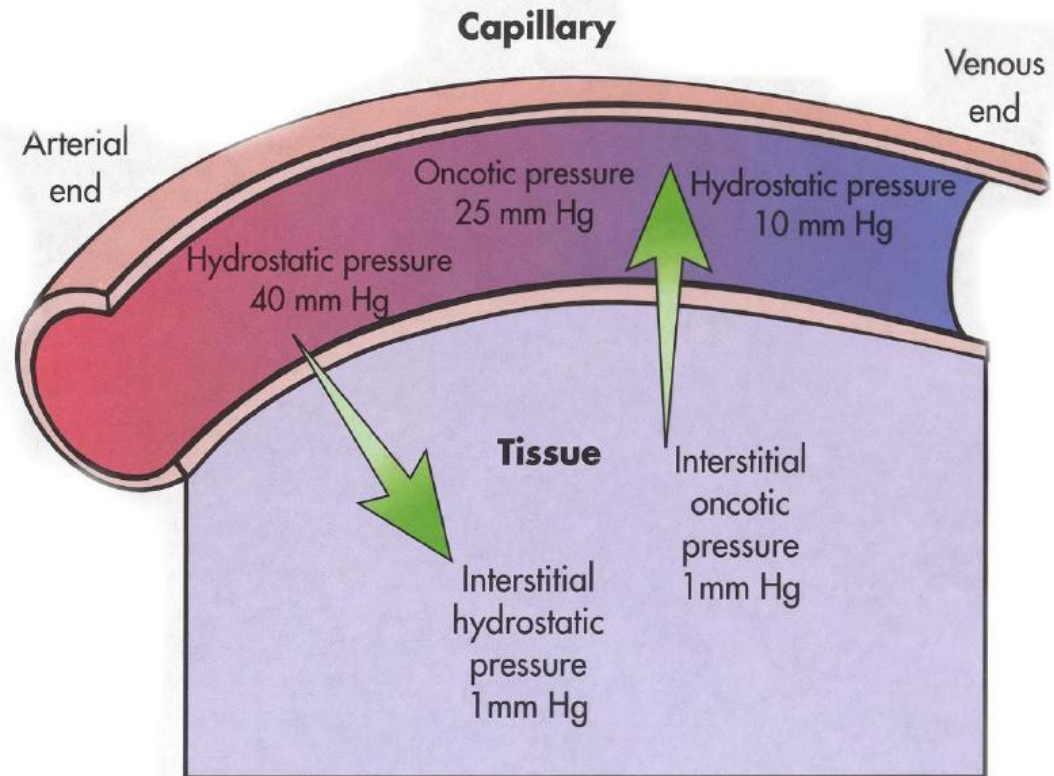
- A nutritive role
- Maintenance of blood pH (amphoteric property)
- Contributes to blood viscosity
- Maintenance of blood osmotic pressure

## Specific functions

- Enzymes (e.g. rennin, coagulation factors, lipases)
- Humoral immunity (immunoglobulins)
- Blood coagulation factors
- Hormonal (Erythropoietin)
- Transport proteins (Transferrin, Thyroxin binding globulin, Apolipoprotein)

# Starling forces

- ✓ Arterioles, venules vs. tissue hydrostatic pressure (37 & 17 vs. 1 mm Hg)
- ✓ Plasma proteins oncotic pressure is 25 mm Hg
- ✓ Edema can be a result of protein deficiency

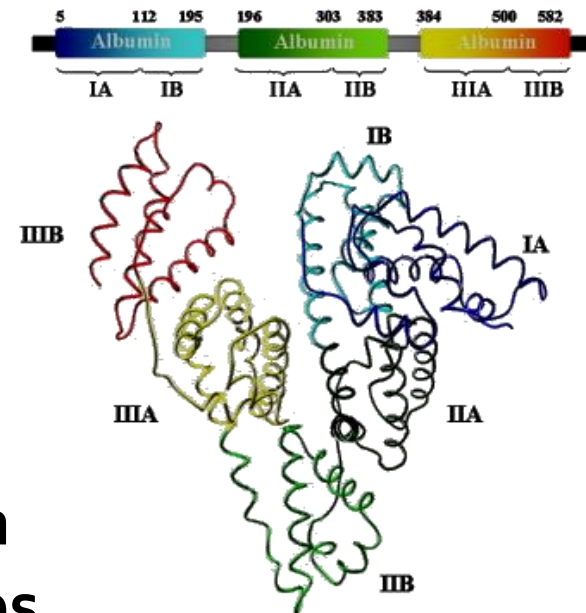
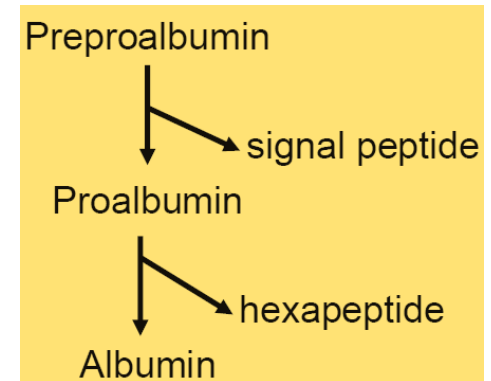


# Acute-phase proteins

- Levels increase (up to 1000 folds), acute inflammation, tissue damage, chronic inflammation & cancer. C-reactive protein (CRP),  $\alpha_1$ -antitrypsin, haptoglobin, & fibrinogen
- Interleukin-1 (IL-1), main stimulator (gene transcription)
- Nuclear factor kappa-B (NFkB): Exist in an inactive form in cytosol, activated and translocated to nucleus (interleukin-1)
- Negative acute phase proteins: prealbumin, albumin, transferrin

# Albumin

- The Major Protein in Human Plasma, 69 kDa, half-life (20 days)
- The main contributor to the osmotic pressure (75-80%)
- Liver: 12 g/day (25% of total protein synthesis) (liver function test)
- Synthesized as a preproprotein
- One polypeptide chain, 585 amino acids, 17 disulfide bonds
- Proteases subdivide albumin into 3 domains
- Ellipsoidal shape (viscosity) vs. fibrinogen
- Anionic at pH 7.4 with 20 negative charges

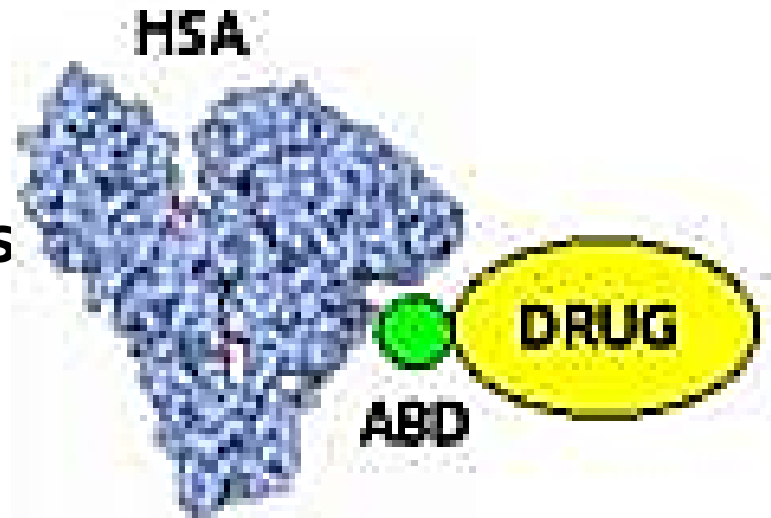




# Albumin binding capacity

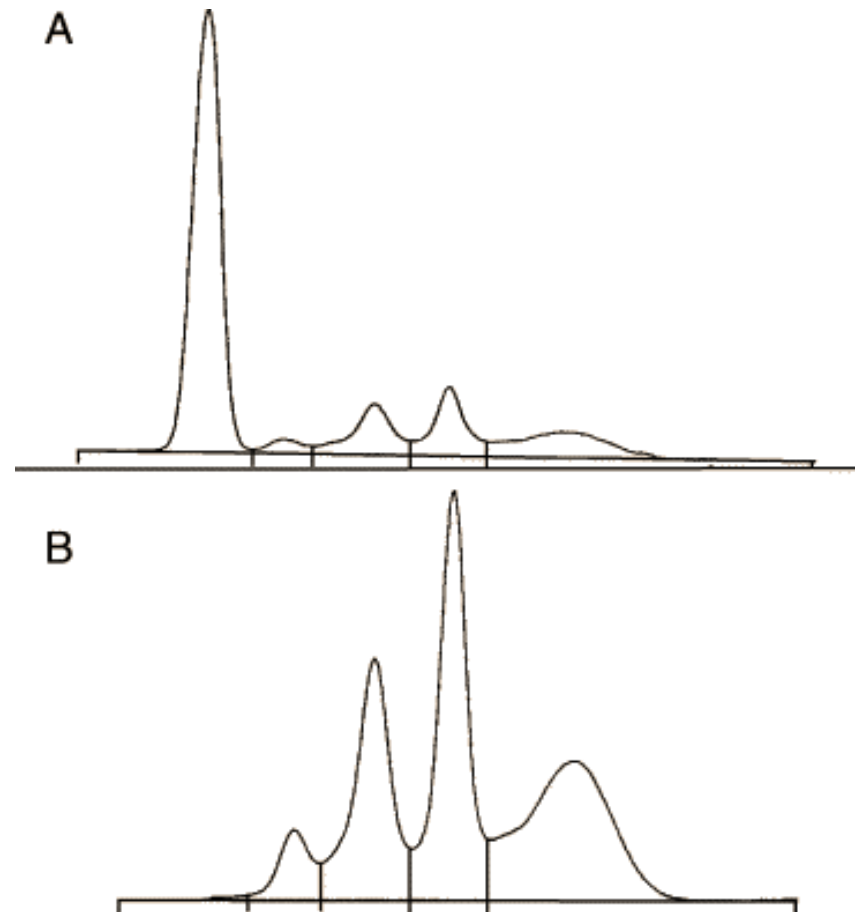
## ➤ binds various ligands:

- ✓ Free fatty acids (FFA)
- ✓ Certain steroid hormones
- ✓ Bilirubin
- ✓ Plasma tryptophan
- ✓ Metals: Calcium, copper and heavy metals
- ✓ Drugs: sulfonamides, penicillin G, dicumarol, aspirin (drug-drug interaction)



# Analbuminemia

- There are human cases of analbuminemia (rare)
- Autosomal recessive inheritance
- One of the causes: a mutation that affects splicing
- Patients show moderate edema!!!



# Other clinical disorders

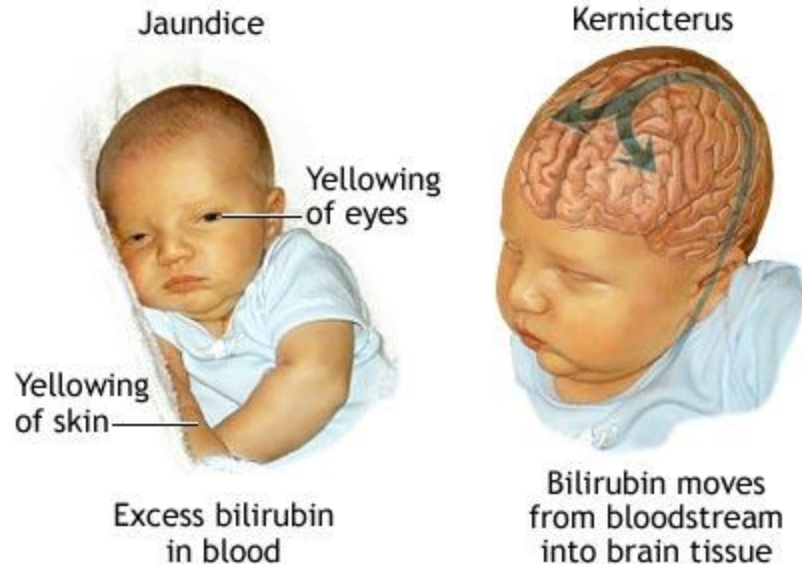
- **Hypoalbuminemia: edema seen in conditions where albumin level in blood is less than 2 g/dl**
  - ✓ Malnutrition (generalised edema)
  - ✓ Nephrotic syndrome
  - ✓ Cirrhosis (mainly ascites)
  - ✓ Gastrointestinal loss
- **Hyperalbuminemia: dehydration (relative increase)**



# Other clinical disorders

## ➤ Drug-drug interaction:

- ✓ Bilirubin toxicity (aspirin is a competitive ligand): kernicterus and mental retardation
- ✓ Phenytoin-dicoumarol interaction



# Prealbumin (transthyretin)

- Migrates ahead of albumin, 62 kDa
- It is a small glycoprotein (rich in tryptophan, 0.5% carbohydrates)
- Blood level is low (0.25 g/L)
- It has short half-life ( $\approx 2$  days):  
sensitive indicator of disease or poor protein nutrition
- Main function:
  - ✓ T<sub>4</sub> (Thyroxine) and T<sub>3</sub> carrier

