

## DISTRIBUTION OF PHOSPHOLIPID MEMBRANES AND ACTIVITY OF APOPTOTIC ENZYMES IN TYPE 2 DM

**Negmatova Gulzoda Shukhratovna**

Scientific adviser: PhD.

Head of the Department of Endocrinology, Samarkand State Medical University

**Mansurova Gulsum Zaydinovna**

Assistant of the Department of Endocrinology, Samarkand State Medical University

**Rustamova Malika Sirojiddin qizi, Abdiyev Lazizbek Sobir o'g'li**

Clinical Resident of the Department of Endocrinology,

Samarkand State Medical University

### ABSTRACT

Chronic hyperglycemia changes the composition of erythrocyte membranes, but the mechanisms of damage and activation of apoptosis are not well understood. A common feature of membranes in all eukaryotic cells is the non-random distribution of lipids across the bilayer. Lipid asymmetry in membranes is a consequence of multiple factors, including the biophysical properties of lipids that dictate their ability to spontaneously “flip” their polar headgroups through the hydrophobic membrane interior, and the presence of transporters (enzymes) that assist in active lipid translocation across the bilayer.

**Keywords:** hyperglycemia, apoptosis, phospholipid, inflammation.

### INTRODUCTION

Chronic hyperglycemia changes the composition of erythrocyte membranes, but the mechanisms of damage and activation of apoptosis are not well understood. A common feature of membranes in all eukaryotic cells is the non-random distribution of lipids across the bilayer. Lipid asymmetry in membranes is a consequence of multiple factors, including the biophysical properties of lipids that dictate their ability to spontaneously “flip” their polar headgroups through the hydrophobic membrane interior, and the presence of transporters (enzymes) that assist in active lipid translocation across the bilayer. Moreover, this asymmetrical distribution of lipids has important functional consequences. For instance, the anionic phospholipid, phosphatidylserine (PS), is exclusively located at the cytoplasmic side of the plasma membrane in quiescent cells and is an essential co-factor for a number of membrane-

bound enzymes, such as protein kinase C and Na<sup>+</sup>/K<sup>+</sup>-ATPase. However, when exposed on the cell surface, PS acts as a conserved recognition signal for phagocytes and promotes the blood coagulation cascade. The present review aims to discuss the origin and maintenance of phospholipid asymmetry as well as the mechanism and functional significance of its disruption in health and disease.

**Objective:** to study the phospholipid composition of erythrocyte membranes and the activity of apoptotic enzymes in patients with type 2 diabetes.

### **MATERIALS AND METHODS**

The study included patients with type 2 diabetes with a disease duration of 3-5 years without clinical manifestations of vascular complications. The first group consisted of 3 patients with low fasting hyperglycemia  $6.67 \pm 0.26$  mmol/l (HbA1c  $7.2 \pm 0.3\%$ ), the second group consisted of 3 patients with fasting hyperglycemia  $9.81 \pm 0.19$  mmol/l (HbA1c  $11.1 \pm 0.2\%$ ). The control group included 10 healthy donors without impaired carbohydrate metabolism. Erythrocytes obtained from venous blood were studied. Membrane phospholipids were analyzed by one-dimensional chromatography (Evans WS, 1990).  $\mu$ -calpain activity was determined by the method (Sorimachi H. 1977, Elce JS, 2000). The active concentration of the caspase 3 enzyme was recorded by ELISA using Biosciences (USA) kits.

### **RESULTS**

With low glycemia in group 1, there was an increase in the concentration of phosphatidylethanolamine in group 1  $68.01 \pm 0.74$  mmol/l, diacylglycerol to  $77.35 \pm 1.24$  mmol/l compared to the control  $65.32 \pm 0.14$  ( $p < 0.05$ ) and  $70.43 \pm 0.55$  mmol/l ( $p < 0.05$ ), respectively. An increase in glycemia leads to more significant changes in the concentration of phosphatidylethanolols by  $68.62 \pm 0.84$  mmol/l, diacylglycerol  $84.18 \pm 2.06$  mmol/l. There is also a significant increase in FFA to  $100.51 \pm 0.48$  mmol/l compared to group 1  $94.66 \pm 1.94$  mmol/l and control  $94.33 \pm 0.21$  mmol/l ( $p < 0.05$ ). Concentration of phosphatidylcholine in group 2 to  $217.92 \pm 2.24$  mmol/l compared to the control  $225.34 \pm 0.51$  mmol/l ( $p < 0.05$ ). High hyperglycemia increases the activity of  $\mu$ -calpain in group 2 to  $36.35 \pm 3.84$   $\mu$ g/min, which was significantly different from group 1  $8.89 \pm 1.36$   $\mu$ g/min and in the control  $11.71 \pm 2.03$   $\mu$ g/min ( $p < 0.01$ ). The activity of caspase 3 was maximum in group 1,  $0.949 \pm 0.135$  ng/ml ( $p < 0.05$ ), with a further increase in glycemia it decreased and did not differ significantly from the control ( $0.621 \pm 0.051$  ng/ml)

### **CONCLUSIONS**

The scientific results indicate destructive processes in the membrane with activation of phospholipases and an increase in the proportion of damaged cells. High hyperglycemia leads to an increase in the activity of  $\mu$ -calpain in erythrocytes, which indicates an increase in the pool of damaged cells that are not ready for apoptotic death

(caspase 3 activity is low); such cells are destroyed in the bloodstream by the mechanism of necrosis and increase inflammation. In patients with low hyperglycemia, the number of red blood cells ready for apoptotic death increases, which is a more favorable scenario, since it does not lead to activation of inflammation.

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