

Carbonic Anhydrase Activity in Amniotic Fluid of Various Gestational Ages

DEĞİŞİK GEBELİK HAFTALARINDA AMNIOTİK SIVI KARBONİK ANHİDRAZ AKTİVİTESİ

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ABSTRACT

Carbonic anhydrase enzyme activities of gravidas at various gestational ages have been measured. The increase between late first group (20-28 weeks of gestational age) and the second group (28-36 weeks of gestational age) was significant followed by a significant decrease towards term. Carbonic anhydrase activity can be used as an indicator of a number of antenatal complications including respiratory distress syndrome because of its close relation with secretion and the cells responsible for secretion especially surfactant producing type II pneumocytes.

Key Words: Carbonic anhydrase, Amniotic fluid

Anatolian J Gynecol Obst 1991, 1: 101-104

Up to date, various investigations have been made on several components of amniotic fluid in order to follow the intrauterine growth of the fetus (1,2,3). Besides, a number of biochemical tests in amniotic fluid are still being used for determination of antenatal complications (4,5). First in 1952 Berfenslam showed that carbonic anhydrase is an enzyme playing an important role in balancing the acid-base status (9,7). Recent studies have revealed that carbonic anhydrase is also a component of epithels of fetal lung functioning in secretory

Çeliş Tarihi: 19.8.1991

Kabul Tarihi: 6.9.1991

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ÖZET

Karbonik anhidraz aktivitesi değişik gebelik haftalarında ölçüldü. Birinci (20-28 gebelik haftası) ve ikinci grup (28-36 gebelik haftası) arasındaki artışı hemen doğru anlamlı Mşüş izlemektedir. Karbonik anhidraz aktivitesi sekresyon ve sekresyondan sorumlu özellikle surfaktan üreten tip II pnmosiller yakın ilişkisinden dolayı, respiratuvar distres sendromu dalii bir çok antenat komplikasyonun tanısında kllantlanılır.

Anahtar Kelimeler: Karbonik anhidraz, Amman mayii

TKlinJmekolObst IV91. i:101-HB

process (8). Determination of the esterase activity of carbonic anhydrase is a simple and rapid test, in order to bring attention to the fact that carbonic anhydrase activity could also be used as a predictor of respiratory distress syndrome together with parameters like L/S (lechitin/sphingomyelin ratio), O.D. (optical density) and PCi (phosphalidiyl glycerol). Because of its role in lung secretory process we aimed to investigate the activity of carbonic anhydrase in amniotic fluid of different ages of pregnancy to present a preliminary report related to carbonic anhydrase activity in amniotic fluid.

MATERIAL AND METHODS

The first group consisted of 10 amniotic fluid samples obtained by transabdominal amniocentesis

al 20-28 weeks of gestational age. The second group consisted of 14 samples obtained either by amniocentesis or vaginally from premature labour cases. Twenty-one term pregnancies formed the third group from which amniotic fluid samples were obtained vaginally avoiding contamination of blood or meconium. Such samples were excluded.

Carbonic anhydrase determinations were performed by the esterase method proposed by Kopler and Armstrong (9,10). P-nitrophenyl acetate was prepared freshly at the time of assay (5.43 nig p-nitrophenyl acetate dissolved in 0.3 ml acetone and the volume completed to 10 ml by distilled water). One milliliter of p-nitrophenyl acetate was added to 1.8 ml of sodium phosphate buffer. With 0.02 ml of amniotic fluid sample, the readings were done at 348 Nm against blank (1.8 ml sodium phosphate buffer, 1 ml p-nitrophenyl acetate and 0.2 ml distilled water). For each sample, and the results were calculated in accordance with the amount of product formation by the enzyme in one minute (a = e.l. c). The results were given as units per gram protein. Protein determinations were done by Lowry method (11). Statistics were done with student's test.

RESULT

We observed a significant increase in carbonic anhydrase activity between our first and the second groups ($p < 0.05$) while there was a significant decrease between the second and the third groups ($p < 0.05$) (Table 1 and 2).

Table 1. Carbonic anhydrase activities between the first and the second group (IU/gr prot)

	No of Samples	Mean	sld.dev
First group	10	7.44	0.77
Second group	14	16.67	1.64

($t = 5.09$, $p < 0.05$)

Table 2. Same values between the second and the third groups

	No of Samples	Mean	sld.dev
Second group	14	16.67	1.64
Third group	21	11.50	0.76

($t = 5.09$, $p < 0.05$)

DISCUSSION

In intrauterine life fetal lungs are full of fluid secreted by the lungs. In experimental studies it has been shown that the fluid has a high chloride and low bicarbonate content pointing out that carbonic anhydrase plays a significant role in this process (8). The existence of carbonic anhydrase enzyme in preterm fetal lungs have been shown by Berfenstram et al and later studies have revealed that this activity is in close relation with the fluid secretion and volume where it increases with the progress of pregnancy (6). This fact supports the role of carbonic anhydrase fluid secretion because in another study where carbonic anhydrase was inhibited by acetolamide fluid secretion of the lungs also decreased in a ratio of 04.5% and this was accompanied by a fall in chloride concentration (12).

It is obvious that amniotic fluid and lung fluid are in close relation with each other during pregnancy. It has been reported that type II pneumocytes responsible for secretion increase in number with proceeding pregnancy (13). As this number increases it seems possible that the activity of the enzyme also increases with the number of the cells. Thus we have found the activity of first group significantly lower than the second group.

Significant decreases were observed between the second and the third groups. This fall could be due to the reduced amount of amniotic fluid towards term and there are also reports on the reduced number of secretory cells just before and after delivery. Thus decreases in carbonic anhydrase activity of amniotic fluid could be due to the decrease in the number of secretory cells.

We concluded that amniotic fluid carbonic anhydrase measurements could be a tool for several antenatal diagnoses especially if carried out with L/S, optical density and phosphatidyl glycerol determinations, because it's rapid, reliable and cheap as an antenatal diagnostic procedure.

KAYNAKLAR

1. Eraser ID, Torcy Oll: Observations on RII isoimmunization past, present and the future. Clin Haematol 1976. 5:149-63.
2. Trolle D, Bock JF, Ciaede P: The prognostic and diagnostic value of esieriol in urine and in serum of human placental lactogen hormone in serum in the last part of pregnancy. Am.J Obslet Gynecol 1976, 126:834-14.

3. Holton JB: Diagnostic tests in amniotic fluid. *Assays Med Biochem* 1977, 83:75-107.
4. Kogan DP, Oulton M: Amniotic fluid phosphatidyl glycerol and phosphatidyl choline phosphorus and predictors of fetal lung maturity. *Am J Obstet Gynecol* 1986, 154:226-30.
5. Coombe RG, Vine JH, Vip H: Unusual fatty acids from amniotic fluid phospholipids. *Journal of chromatography*. 1985,341:146-53.
6. L'ferfenstram R: Carbonic anhydrase activity in fetal organs. *Acta Paediatr* 1952, 41:310-15."
7. Tashian ER, Hewett - Emmett D: Biology and chemistry of the carbonic anhydrases. *Annals of the New York Acad Sci* 1984,429-60.
8. Adomson JM, Waxman BD; Carbonate dehydratase (carbonic anhydrase) and the fetal lung. *Lung Liquids, CIBA Found Symp* 1976, 38:221-34.
9. Armstrong J, Myer V, Verpoorte A, Fdsall JT; Purification of properties of human erythrocyte carbonic anhydrases. *J Biol Chem* 1960. 241(21):5137-50.
10. Kaplan BS, Fells M, Heethman P, Leblaiic D: Red Blood cell carbonic anhydrase in children with disial renal tubular acidosis. *PediatrRes* 1977. 11:137-41.
11. Lovvry Oil, Roseburourgh NJ, Fair A1,, Rantoll %J: Protein measurements with folin phenol reagent, *J pot Chem* 1951. 193:265-9.
12. Normand FSC, Olins RP, Reynolds FOR, Strong UBJ: Passage of macromolecules between alveolar and interstitial spaces in fetal and in new ventilated lungs, of lambs. *J Phsiol (Fond)* 1970. 210:151-64.
13. Weibel ER: Morphology of the alveoler surface. *Physiol Rev* 1973,53:419-95.