Serum protein levels in primary biliary cirrhosis

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Synopsis

Serum levels of albumin, transferrin, $\alpha_2$-macroglobulin, $\beta_1C/\beta_1A$, IgA, IgG, and IgM have been determined in 73 patients with primary biliary cirrhosis and in age- and sex-matched controls. A highly significant fall in albumin was demonstrated, and there were highly significant increases in $\alpha_2$-macroglobulin and all three immunoglobulin levels. Transferrin and $\beta_1C/\beta_1A$ levels were unchanged. No significant correlations were found between the titre of antimitochondrial antibody, the duration of symptoms, and any of the serum proteins estimated. A highly significant positive correlation was present between serum albumin and transferrin levels in both patient and control groups.

The presence of non-organ-specific antimitochondrial antibodies has been demonstrated in the serum of the majority of patients with primary biliary cirrhosis (Walker, Doniach, Roitt, and Sherlock, 1965; Doniach, Roitt, Walker, and Sherlock 1966; Goudie, MacSween, and Goldberg, 1966b; Paronetto, Schaffner, and Popper, 1967). Raised immunoglobulin levels, in particular of IgM, are found in these patients (Paronetto, Schaffner, and Popper, 1964; McKelvey and Fahey, 1965; Hobbs, 1967; Feizi, 1968), but no correlation has been demonstrated between the immunoglobulin levels and the presence of antimitochondrial antibodies, nor do either of these immunological parameters correlate with duration of symptoms, degree of jaundice, serum alkaline phosphatase level, or extent of the histological changes typically seen in liver biopsy material (Doniach et al., 1966; Feizi, 1968; Hadzijannis, Scheuer, Feizi, Naccarato, Doniach, and Sherlock, 1970). However, there do not appear to be any studies in which an attempt has been made to correlate antimitochondrial antibody titre and duration of symptoms with the levels of those serum proteins known to be produced in the liver.

In the present study the serum levels of albumin, transferrin, $\alpha_2$-macroglobulin, $\beta_1C/\beta_1A$, and the immunoglobulins A, G, and M have been measured in a group of 73 patients with primary biliary cirrhosis, and in age- and sex-matched controls. Correlations between the serum protein levels, antimitochondrial antibody titre, and duration of symptoms have been sought.

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Materials and Methods

Patients and Controls

Specimens of serum sent to the regional diagnostic immunopathology laboratory over the period 1967-70 inclusive were available from 67 female and six male patients with a diagnosis of primary biliary cirrhosis. In all patients the clinical, biochemical, and serological studies were consistent with this diagnosis (Goudie et al., 1966; Scheuer, 1967; Sherlock, 1971) and confirmatory histological evidence from liver biopsy material was available from 27 of these cases. The mean age was $57.8 \pm 10.4$ years, with a range of 41 to 79.

Serum from age- and sex-matched control patients had been similarly referred to the diagnostic laboratory, and in matching a test and a control serum care was taken to ensure that the pair had been stored at $-20^\circ C$ for a similar period $\pm$ two months. The clinical diagnoses in the control group are detailed in Table I. In none of the control sera had any autoantibodies been demonstrated, and diseases with a recognized immunological disturbance were specifically excluded.

SEROLOGY

Protein estimations

These were carried out using a radial immunodiffusion technique (Mancini, Carbonara, and Heremans, 1965; Fahey and McKelvey, 1966). Specific antisera to transferrin, $\alpha_2$-macroglobulin, IgA, and IgM were prepared by the method of Goudie, Horne, and Wilkinson (1966a). Rabbit
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Diagnosis

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-specific joint disease—osteoarthritis, psoriatic</td>
<td>31</td>
</tr>
<tr>
<td>arthropathy</td>
<td></td>
</tr>
<tr>
<td>Non-toxic goitre</td>
<td>21</td>
</tr>
<tr>
<td>Miscellaneous skin diseases</td>
<td>5</td>
</tr>
<tr>
<td>Neurological and/or muscular disorders</td>
<td>5</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>4</td>
</tr>
<tr>
<td>Miscellaneous group</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>73</td>
</tr>
</tbody>
</table>

Table I  Clinical diagnosis in age- and sex-matched controls

antisera to albumin and IgG were prepared using purified human serum albumin (Behringwerke), and IgG eluted from diethylaminoethyl cellulose columns with 0·01 M sodium phosphate buffer pH 8·0. Antiserum to $\beta_1C/\beta_1A$ was raised in rabbits using zymosan-complement complexes as described by Mardiney and Müller-Eberhard (1965).

The effects of interplate variation (Thompson, Horne, Steele, and Goudie, 1969) were minimized by testing in duplicate each test serum and its control on the same assay plate. The 'absolute values' of the serum proteins were determined from calibration curve unit solutions of a freeze-dried reconstituted pooled human serum containing 3, 6, 12, and 18 g protein per 100 ml, and standardized with reference to a serum (Behringwerke) containing a specified amount of the particular protein.

Antimitochondrial antibody
Antimitochondrial antibodies were demonstrated as described by Goudie et al (1966a) using commercially available fluorescein-conjugated rabbit antihuman immunoglobulin (Fraburg Ltd).

Student's $t$ test was used for statistical analysis.

Results

The mean serum protein levels in the primary biliary cirrhosis patients were compared with those in age- and sex-matched controls.

Table II  Serum protein levels in 73 patients with primary biliary cirrhosis and in age- and sex-matched controls

<table>
<thead>
<tr>
<th>Protein</th>
<th>Test</th>
<th>Control</th>
<th>$P$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albumin</td>
<td>3043 ± 936</td>
<td>4240 ± 1086</td>
<td>&lt;0·0005</td>
</tr>
<tr>
<td>Transferrin</td>
<td>252 ± 99</td>
<td>264 ± 97</td>
<td>NS</td>
</tr>
<tr>
<td>$\alpha_2$-macroglobulin</td>
<td>225 ± 74</td>
<td>194 ± 70</td>
<td>&lt;0·0025</td>
</tr>
<tr>
<td>$\beta_1C/\beta_1A$</td>
<td>101 ± 38</td>
<td>100 ± 33</td>
<td>NS</td>
</tr>
<tr>
<td>IgM</td>
<td>258 ± 98</td>
<td>94 ± 75</td>
<td>&lt;0·0005</td>
</tr>
<tr>
<td>IgG</td>
<td>2106 ± 671</td>
<td>1337 ± 564</td>
<td>&lt;0·0005</td>
</tr>
<tr>
<td>IgA</td>
<td>294 ± 143</td>
<td>223 ± 127</td>
<td>&lt;0·0005</td>
</tr>
</tbody>
</table>

Table II  Serum protein levels in 73 patients with primary biliary cirrhosis and in age- and sex-matched controls

Fig. Serum albumin, $\alpha_2$-macroglobulin, IgA, IgG, and IgM in primary biliary cirrhosis patients: shaded area shows control series (mean ± 1 SD).
Serum protein levels in primary biliary cirrhosis

Serum protein II. IgA population was deviation and distribution and the antibodies the patients proteins estimated Discussion disease. Either the four third been measured cirrhosis. Antibody showed 1/2048. The however, is and diseases. Correlation was surprising in that in control group. Williams, significant increase in this reported levels, in 1971), Feizi, Freeman, Murray-Lyon, Smith, and Williams, 1970), and in the discussion of their results these authors predicted that in other diseases with primary liver damage similar high concentrations would be found. The present study supports their surmise, but does not indicate whether the elevated serum levels reflect increased synthesis or decreased catabolism. The physiological role of $\alpha_2$-macroglobulin has not been defined and so the significance of the observed increase in serum levels in primary liver disease is obscure.

Amin et al (1970) found a significant increase in $\beta_1C/\beta_2A$ levels in their patients with haemochromatosis. More recently Fox, Dudley, and Sherlock (1971) found normal concentrations of $\beta_1C/\beta_2A$ in the majority of 150 patients with chronic liver disease, and in particular, normal levels were found in 30 patients with primary biliary cirrhosis, an observation consistent with our present results. On the basis of the high incidence of autoantibodies in primary biliary cirrhosis (Walker et al, 1965; Goudie et al, 1966b; Doniach et al, 1966), it has been suggested that disturbed immunity is of aetiological significance in this disease. As distinct from the findings of other workers (Wright, McCollum, and Klatskin, 1969; Fox, Niazi, and Sherlock, 1969; Kaplan and Grady, 1971), Krohn, Finlayson, Jokelainen, Anderson, and Prince (1970) found evidence of Australia (Au) antigen and antibody in 11 of their 12 patients with primary biliary cirrhosis, and it would seem possible that Au antigen/antibody complex formation within the liver might result in hepatic damage. Antibody to Au antigen can fix complement (Shulman and Barker, 1969), and if such complexes were of significance in the pathogenesis of primary biliary cirrhosis then evidence of hypocomplementaemia might be expected.

All three immunoglobulins measured showed significant elevation in primary biliary cirrhosis. The 174% mean elevation in IgM level is particularly striking and is in keeping with the previous reports of Hobbs (1967), Feizi (1968), and of Hadziyannis et al (1970). In the present series an elevated IgM level was present in 60 patients (82%) which compares with an incidence in Feizi’s series of 12 of 16 (75%) and in Hadziyannis’ series of 14 of 20 (70%). Increased levels of IgA and IgG were also observed by Feizi (1968) and by Hadziyannis et al (1970). No significant correlations were established between individual immunoglobulin levels, duration of disease, and titre of antimitochondrial antibody, and this is in agreement with previous reports (Doniach et al, 1966; Feizi, 1968; Hadziyannis et al, 1970). Examination of those patients with the highest levels of IgM, IgG, and IgA, ie, more than 2 standard deviations above the mean for the control group, did not show any difference in their titre of antimitochondrial antibody as compared with the whole series. Hadziyannis et al (1970) observed that their three patients with raised IgA had high antimitochondrial antibody titres.
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References


McKelvey, E. M., and Fahey, J. L. (1965). Immunoglobulin changes in disease: quantitation on the basis of heavy polypeptide chains, IgG (\( \gamma G \)), IgA (\( \gamma A \)) and IgM (\( \gamma M \)) and of light polypeptide chains, type K (I) and type L (II). J. clin. Invert., 44, 1778-1887.


