Serum protein levels in primary biliary cirrhosis

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SYNOPSIS Serum levels of albumin, transferrin, α₂-macroglobulin, β₁C/β₁A, 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 α₂-macroglobulin and all three immunoglobulin levels. Transferrin and β₁/Cβ₁A 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; Hadziyannis, 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, α₂-macroglobulin, β₁C/β₁A, 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 ± 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°C for a similar period ± 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, α₂-macroglobulin, IgA, and IgM were prepared by the method of Goudie, Horne, and Wilkinson (1966a). Rabbit
Diagnosis

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-specific joint disease—osteoarthritis</td>
<td>31</td>
</tr>
<tr>
<td>psoriatic 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 β,C/β,A was raised in rabbits using zymosan-complement complexes as described by Mardiney and Muller-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 and 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  a1-macroglobulin</td>
<td>252 ± 99</td>
<td>264 ± 97</td>
<td>NS</td>
</tr>
<tr>
<td>β,C/β,A</td>
<td>225 ± 74</td>
<td>194 ± 70</td>
<td>&lt; 0.0025</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

*Mean ± SD in mg/100 ml

Fig.  Serum albumin, a1-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. macroglobulin (16%), IgA (174%), IgG (58%), and IgA (32%) were found in primary biliary cirrhosis, and in addition there was a significant fall (28%) in mean serum albumin.

A serum protein level more than 1 standard deviation (SD) above the mean for the control population was found in 32% of the patients and 18% of the controls for α₂-macroglobulin, in 82% and 5% for IgM, 56 and 7% for IgG, and 36 and 9% for IgA. In 59% the level of serum albumin was less than 1 SD below the mean for the controls, the corresponding figure for the controls being 16%. The distribution of the individual protein levels for the patients is shown in the Figure.

No significant correlations were found between the duration of clinical symptoms and the level of any of the serum proteins estimated. Antimitochondrial antibodies were present in all patients, the mean titre being 1/512, with a range of 1/32 to 1/2048. The antibody titre showed no significant correlation either with the level of any of the serum proteins estimated or with the duration of clinical disease.

Discussion

Four proteins known to be synthesized in the liver, namely, albumin, transferrin, α₂-macroglobulin, and the third component of complement (β₁C/β₂A), have been measured in a series of 73 patients with primary biliary cirrhosis. The serum levels of these proteins showed no statistically significant correlation with the duration of clinical disease or with the titre of antimitochondrial antibody.

Albumin showed a significant fall in these patients as compared with controls, a finding which is not surprising in that it is well known that hypoalbuminaemia is a feature of most acute and chronic liver diseases. The transferrin levels were unremarkable. However, as we have previously reported (Horne and MacSweeney, 1971), a highly significant correlation was observed between the albumin and transferrin levels, both in the patient and in the control group.

The serum α₂-macroglobulin showed a significant elevation in the primary biliary cirrhosis group. A significant increase in this protein has previously been reported in patients with haemochromatosis (Amin, Clarke, 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 α₂-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 β₁C/β₂A levels in their patients with haemochromatosis. More recently, Fox, Dudley, and Sherlock (1971) found normal concentrations of β₁C/β₂A 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, 1966; 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


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