Plasma Endothelin Levels in Hypertension and Chronic Renal Failure

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Endothelin-1 is a novel endothelium-derived vasoconstrictive peptide. Using a highly specific and sensitive radioimmunoassay for endothelin-1, plasma levels of immunoreactive endothelin-1 were measured in 32 research subjects with normal renal function (21 normal subjects and 11 patients with essential hypertension), 24 patients with nondialyzed chronic renal failure, and 51 patients undergoing maintenance hemodialysis. Although there was no significant difference in plasma immunoreactive endothelin-1 levels among the three groups, patients with essential hypertension had significantly higher plasma endothelin-1 levels than normal subjects (2.29±1.09 vs. 1.41±0.50 pg/ml, p<0.025). When nondialyzed and hemodialyzed patients were divided into hypertensive and normotensive groups, the nondialyzed hypertensive group (n=17) had higher plasma endothelin-1 levels than the comparable normotensive group (n=7) (3.08±3.43 vs. 0.73±0.34 pg/ml, p<0.05), and the hemodialyzed hypertensive group (n=18) had higher plasma endothelin-1 levels than the comparable normotensive group (n=33) (2.66±1.92 vs. 1.35±0.73 pg/ml, p<0.005). Plasma atrial natriuretic factor, arginine vasopressin, renin activity, and aldosterone concentration did not show significant differences between hypertensive and normotensive individuals or a correlation with plasma endothelin-1 levels. These data suggest that circulating endothelin-1 may be partly involved in the development or maintenance of hypertension in humans. (Hypertension 1990;15:493–496)
Measurements of Immunoreactive Endothelin and Other Hormones

Blood samples (7 ml) from normal subjects, patients with essential hypertension, and those with nondialyzed renal failure were withdrawn, while the subject or patient was in a sitting position, from the antecubital vein into K2-EDTA tubes placed on ice. For hemodialysis patients, blood sampling was done at the start of hemodialysis. Plasma was immediately separated and stored at −40°C until assayed. Plasma ET-LI levels in the 21 normal subjects were determined by their specific RIAs. When both nondialyzed and hemodialyzed renal failure groups were further divided into hypertensive and normotensive subgroups, the hypertensive groups showed significantly higher plasma ET-LI levels than the normal subjects (p<0.025). When both nondialyzed and hemodialyzed renal failure groups were further divided into hypertensive and normotensive subgroups, the hypertensive groups showed significantly higher plasma ET-LI levels than the comparable normotensive groups (nondialyzed 2.46±3.12 pg/ml, and 51 patients undergoing chronic hemodialysis (1.81±1.41 pg/ml). Plasma ET-LI levels in the 21 normal subjects were 1.41±0.50 pg/ml. Eleven patients with essential hypertension showed higher plasma ET-LI levels (2.29±1.09 pg/ml) than the normal subjects (p<0.025).

**Statistical Analysis**

Results were expressed as mean±SD. Analyses were performed using Wilcoxon's test for nonpaired data. Statistical significance was accepted for p<0.05.

**Results**

Clinical characteristics of each group are shown in Table 1. There was no statistical difference in plasma ET-LI levels among the following three groups: 32 subjects with normal renal function (21 normal subjects plus 11 patients with essential hypertension, 1.72±0.84 pg/ml), 24 patients with nondialyzed renal failure (2.46±3.12 pg/ml), and 51 patients undergoing chronic hemodialysis (1.81±1.41 pg/ml). Plasma ET-LI levels in the 21 normal subjects were 1.41±0.50 pg/ml. Eleven patients with essential hypertension showed higher plasma ET-LI levels (2.29±1.09 pg/ml) than the normal subjects (p<0.025).

**Discussion**

By using a sensitive RIA for ET-1 with a detectable plasma level as low as 0.5 pg/ml, we could measure
circulating ET-LI levels in peripheral venous plasma in all normal subjects and patients with hypertension or chronic renal failure that were studied. The mean concentrations of plasma ET-LI in normal subjects in our present and previous studies are comparable with those by sandwich enzyme immunoassay and RIA recently reported. Because of a marked reduction in renal blood flow induced by ET-1 (4 x 10^{-11}, 2 x 10^{-10} M) in the isolated perfused rat kidney, the possible role of ET-1 in the development of acute renal failure has been suggested. However, plasma ET-LI levels in patients with chronic renal failure (1.2 x 10^{-13} to 2.4 x 10^{-12} M) are far lower than those required to induce pharmacological actions thus far reported, including renal blood flow reduction in experimental animals. The present study clearly shows that plasma ET-LI levels were significantly higher in all three hypertensive groups than those in comparable normotensive subjects; whereas other vasoactive hormones were not associated with hypertension. These data suggest that circulating ET-1 may be partly involved in the development or maintenance of hypertension. Although it remains uncertain whether such very low plasma ET-LI concentrations in patients with hypertension may play any pathophysiological roles in vivo, the local concentrations of ET-1 at the site of blood vessels should be high enough to increase peripheral vascular resistance. Furthermore, accumulating lines of evidence suggest that ET-1 may also be involved in the regulation of blood pressure and body fluid homeostasis through its paracrine actions on release of other hormones, such as aldosterone, catecholamines, and arginine vasopressin. Therefore, increased circulating levels of ET-1 may be causally related to the development or maintenance of hypertension.

Recent preliminary studies have reported that plasma ET-LI levels were elevated in most of the hemodialyzed patients but undetectable in all normal subjects. Indeed, significantly elevated plasma ET-1 levels were observed in certain patients with chronic renal failure in the present study. However, plasma ET-1 levels do not correlate with residual renal function, which suggests that decreased glomerular filtration rate does not play an important role in the clearance of ET-1. Likewise, the difference in age of our normal group does not appear to contribute to the difference in plasma ET-1 levels, as neither age nor sex affects plasma ET-1 levels. The apparent discrepancy between our results and those by other investigators may be accounted for by the heterogeneous populations of hypertensive or normotensive hemodialyzed patients studied or the different antibodies used in RIA. Full characterization of our antibody revealed that the principal antigenic determinant is directed toward C-terminal Trp, which is the residue essential for the biological activity of ET-1 and is shared by all three isopeptides (ET-1, ET-2, and ET-3) as recently elucidated by cDNA cloning of human genome.

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