System \( y^+ \) Arginine Transport and NO Production in Peripheral Blood Mononuclear Cells in Pregnancy and Preeclampsia

Nicola McCord, Paul Ayuk, Melanie McMahon, Richard C.A. Boyd, Ian Sargent, Christopher Redman

Abstract—Systemic inflammation and oxidative stress are features of normal pregnancy and, in excess, contribute to the pathogenesis of preeclampsia. Inflammatory cell activation stimulates uptake of arginine (the precursor for nitric oxide) by transport system \( y^+ \), expression of one of its genes (CAT-2) together with inducible nitric oxide synthase, leading to nitric oxide production. We investigated whether these changes occur in peripheral blood mononuclear cells in normal pregnancy and are exaggerated in preeclampsia. Samples from matched trios of nonpregnant, normal pregnant, and preeclamptic women were studied. Arginine transport was characterized, and the expression of inducible nitric oxide synthase and cell-specific nitric oxide production were measured. Arginine uptake by system \( y^+ \) was significantly increased \((P<0.001)\) in peripheral blood mononuclear cells in normal pregnancy but not in preeclampsia. CAT-2 mRNA was not detected in cells from nonpregnant women but was detected in 3 of 10 normal pregnant and 8 of 10 of preeclamptic women \((P<0.001)\). Inducible nitric oxide synthase protein expression was significantly increased in normal pregnant women \((P<0.05)\) but not preeclamptic women. No significant differences in cell-specific nitric oxide production were observed. These changes confirm the predictions for normal pregnancy but not for preeclampsia in which, despite increases in CAT-2 expression, arginine uptake is not additionally increased. This may create a relative deficiency of arginine in PBMCs favoring superoxide and peroxynitrite production and contribute to oxidative and nitrosative stress in preeclampsia. (Hypertension. 2006;47:109-115.)

Key Words: arginine • nitric oxide • preeclampsia • pregnancy

Normal human pregnancy is associated with a maternal systemic inflammatory response.\(^1,2\) The response is exaggerated in preeclampsia,\(^2\) a potentially serious complication of pregnancy characterized by hypertension and proteinuria, which affects \( \approx 3\% \) to \( 4\% \) of pregnant women. Activated inflammatory leukocytes produce free radicals including nitric oxide (NO) and superoxide \((O_2^-)\).\(^3,4\) To what extent these can contribute to the systemic oxidative stress of both normal pregnancy or preeclampsia\(^5\) or the associated nitrosative stress (aberrant production of reactive nitrogen species that compromise the function of biomolecules via the nitration of critical amine and thiol residues) that is evident in preeclampsia\(^6\) is not known.

\( l^- \)Arginine is the sole substrate for NO synthase (NOS), such that its availability governs the cellular production of NO.\(^9\) Although NOS enzymes are, in theory, saturated with intracellular \( l^- \)-arginine, in practice, intracellular stores of \( l^- \)-arginine cannot be used for synthesis of NO, which requires de novo import of extracellular \( l^- \)-arginine. This phenomenon is called the “arginine paradox.”\(^9,10\) Although there are 4 possible cationic amino acid systems \((y^+, y^+-L, b^{0+}, \text{and } B^{0+})\) that can import \( l^- \)-arginine,\(^11\) it has been shown that, in inflammatory cells but not necessarily other cells, arginine uptake via system \( y^+ \) is an absolute requirement for sustained NO production.\(^12\) Three genes (CAT-1, CAT-2, and CAT-3) encode for system \( y^+ \), of which CAT-1 and CAT-2 are well characterized in humans. CAT-1 is constitutively expressed, whereas CAT-2 is inducible and limited to activated inflammatory cells and the liver.\(^10,11\) Inflammatory stimulation induces both CAT-2 and inducible NOS (iNOS) in macrophages\(^13\) and endothelial cells,\(^14\) as well as other cell types\(^15\) in a coordinated response. In peripheral blood mononuclear cells (PBMCs) in nonpregnant subjects, transport systems \( y^+ \) and \( y^-L \) have been identified, contributing 13.7% and 86.3%, respectively, to total cationic amino acid transport.\(^16\) In sepsis, cationic amino acid (\( l^- \)lysine) uptake has been dem-
onstrated to be significantly increased in association with increased NO production. This has been demonstrated to be almost entirely because of increase in the activity of the y⁺ transporter (contribution to total uptake increased from 13.7% to 49.5%) with a corresponding induction of CAT-2 mRNA expression and no significant change in uptake by system y’ L.¹⁶ In patients with chronic renal failure and uraemia (a condition associated with increased circulation of proinflammatory cytokines), alterations in the L-arginine–NO pathway in PBMCs are characterized by a significant increase in system y’ activity with no change in system y’ L activity.¹⁶ Although a role for system y’ L in the regulation of the L-arginine–NO pathway in inflammatory cells in general, and PBMC in particular, has not been excluded, the available evidence is that inflammatory activation is associated with significant upregulation of system y’ activity with little or no change in system y’ L activity.

Given the evidence for inflammatory activation in normal pregnancy and preeclampsia, we hypothesized that normal pregnancy would be associated with activation of system y’ L arginine transport, increased CAT-2 mRNA expression, increased iNOS expression, and NO production in maternal inflammatory cells, with an exaggeration of these responses in preeclampsia.

To test this hypothesis, we identified and characterized the system y’ transporter in PBMCs (inflammatory cells with the potential to produce free radicals including NO) in nonpregnant and normal pregnant women using kinetic and substrate inhibition studies. We then examined the activity of the y’ transporter, the expression of CAT-1 and CAT-2 mRNA and iNOS in PBMCs from nonpregnant women, normal pregnant women, and women with preeclampsia. Our data show evidence for inflammatory activation in normal third-trimester pregnancy. In preeclampsia, however, we report a disjunction between the activity of the system y’ transporter and the expression of CAT-1 and CAT-2 mRNA.

Methods

Patients
This study was approved by the Central Oxfordshire Research Ethics Committee, and all of the patients gave informed consent. Preeclampsia was defined according to the criteria of the International Society for the Study of Hypertension in Pregnancy. Hypertension was defined as new hypertension in the second half of pregnancy, composed of a diastolic blood pressure of 110 mm Hg on any 1 occasion or 90 mm Hg on 2 consecutive occasions 4 hours apart. Proteinuria was diagnosed if the 24-hour urinary protein excretion was >300 mg in a previously nonproteinuric woman. Patients and controls were matched for age, parity, and gestation age (pregnant women). The characteristics of patients used in transport studies are shown in Table 1. All of the procedures were in accordance with institutional guidelines.

Preparation of PBMCs
PBMCs are a mixed population of leukocytes comprising lymphocytes, monocytes and a few dendritic cells. They were isolated from 20 mL of heparinized blood using density gradient centrifugation.¹⁶ Cells were resuspended in Hanks’ balanced salt solution without Ca²⁺/Mg²⁺/phenol red at 15×10⁶ cells/mL. All of the reagents used were endotoxin-free.

### Table 1. Clinical Features of Volunteers Included in the Study of Arginine Transporter Activity

<table>
<thead>
<tr>
<th>Variable</th>
<th>Nonpregnant (n=10)</th>
<th>Pregnant (n=10)</th>
<th>PE (n=10)</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal age (years)</td>
<td>31±1.78</td>
<td>30±1.30</td>
<td>30±1.91</td>
<td>NS</td>
</tr>
<tr>
<td>First pregnancy</td>
<td>8/10</td>
<td>8/10</td>
<td>8/10</td>
<td>NS</td>
</tr>
<tr>
<td>Second pregnancy</td>
<td>2/10</td>
<td>2/10</td>
<td>2/10</td>
<td></td>
</tr>
<tr>
<td>Booking BP (mm Hg)</td>
<td>...</td>
<td>112/64</td>
<td>119/69</td>
<td>NS</td>
</tr>
<tr>
<td></td>
<td>±4.2/1.6</td>
<td>±3.6/2.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BP at diagnosis (mm Hg)</td>
<td>...</td>
<td>111/65</td>
<td>154/104</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td></td>
<td>±3.2/2.9</td>
<td>±4.7/2.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urinalysis (mg/24 h)</td>
<td>...</td>
<td>Not measured</td>
<td>3050</td>
<td></td>
</tr>
<tr>
<td>Gestation at sampling (days)</td>
<td>242±5</td>
<td>240±6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gestation at delivery (days)</td>
<td>280±2</td>
<td>247±4</td>
<td>&lt;0.001</td>
<td></td>
</tr>
<tr>
<td>Birth weight (g)</td>
<td>3544±131</td>
<td>2076±156</td>
<td>&lt;0.001</td>
<td></td>
</tr>
<tr>
<td>Placental weight (g)</td>
<td>692±54.8</td>
<td>483±39.8</td>
<td>&lt;0.05</td>
<td></td>
</tr>
</tbody>
</table>

PE indicates preeclampsia; BP, blood pressure; NS, no significant difference.

Transport Assays
³H-arginine (final concentration 0.2 μmol/L, 53.4 Ci/mmol, NEN) uptake by PBMCs was measured by the method of rapid filtration.¹⁸ At time t=0, 100 μL of ³H-arginine in Hanks’ balanced salt solution without Ca²⁺/Mg²⁺/phenol red at 37°C was added to 20-μL cell suspension. The mixture was incubated at 37°C for the desired time period after which uptake was terminated by the addition of 2 mL of ice-cold PBS. Cells were harvested by filtration through a 0.45-μm filter (Millipore) under vacuum and washed with 20 mL of ice-cold PBS. The filters were dissolved, and the number of disintegrations per minute counted over 5 minutes using a liquid scintillation counter (LS 5000CE, Beckman).

Kinetic Analysis
Kinetic studies were undertaken to identify the number of arginine transport systems that were functional and to characterize these systems based on their Michaelis constant (Kₘ) as described previously.¹⁸ The uptake of ³H-arginine (0.2 μmol/L) was determined at 5 minutes (initial rate conditions), and the concentration of unlabeled L-glutamine that caused maximal inhibition of the glutamine-sensitive component was determined. The concentration of unlabeled L-glutamine (Kᵣ) was 0.1 μmol/L to 1 mmol/L. Kinetic constants ([Kᵣ] and maximum velocity (Vₘₐₓ)) and uptake by passive diffusion (Cᵢₒₒ) were then determined.

Identification of System y⁺
System y⁺ was identified from the Kᵣ above and the presence of an L-glutamine-insensitive arginine transport system.¹⁸ ³H-arginine (0.2 μmol/L) uptake was determined at 5 minutes in the presence of increasing concentrations of L-glutamine (0.1 μmol/L to 20 mmol/L). Data were analyzed using nonlinear regression with a 1-transport system model to detect a component of ³H-arginine uptake that could not be inhibited by L-glutamine (Cᵢₒₒ). This component was compared with ³H-arginine uptake by passive diffusion (Cᵢₒₒ) determined above. The concentration of L-glutamine that caused maximal inhibition of the glutamine-sensitive component was determined.

System y⁺ ³H-Arginine Uptake in Pregnancy and Preeclampsia
PBMCs were isolated from nonpregnant women, normal pregnant women in the second (13 to 24 weeks) and third (24 weeks to term) trimester, and from women with preeclampsia and matched controls.
Expression of System y

Having provisionally identified the transport systems based on the $K_m$, we used substrate inhibition studies to confirm their identity. System $y^+$ is not sensitive to glutamine inhibition, whereas systems B0 and $b^+$ are inhibited. In nonpregnant women, glutamine-insensitive $L$-arginine uptake ($C_{\text{arg}} = 0.079 \pm 0.023$ pmol/10^7 cells per 5 minutes; Figure 1) was not significantly different from uptake by passive diffusion ($C_{\text{arg}} = 0.064 \pm 0.029$ pmol/10^7 cells per 5 minutes) indicating that system $y^+$ was not a major contributor to arginine uptake. In third-trimester normal pregnant women, $C_{\text{arg}}$ was significantly greater than $C_{\text{arg}}$ (0.54 \pm 0.026 pmol/10^7 mL⁻¹), suggesting a role for system $y^+$ in the regulation of arginine transport in this population.
cells per 5 minutes and 0.01±0.015 pmol/10⁷ cells per 5 minutes, respectively; *P<0.001), demonstrating that ≥2 transport systems were active, one of which was glutamine insensitive (system y⁺). PBMCs of third-trimester pregnant women, therefore, differed from those of nonpregnant women by the presence of a transporter with characteristics of system y⁺. The time course of the acquisition of system y⁺ was investigated by examining normal pregnant women in the second trimester. Unlike the activity of system y⁺ in third-trimester samples, second-trimester samples had similar activity to samples from nonpregnant women (Figure 2A).

**System y⁺ 3H-Arginine Uptake in Pregnancy and Preeclampsia**

We investigated the hypothesis that system y⁺ activity was additionally increased in preeclampsia. In third-trimester pregnancies complicated by preeclampsia, system y⁺ arginine uptake was lower than in normal pregnancy and not significantly increased when compared with nonpregnant controls (Figure 2B).

**Expression of CAT-1 and CAT-2 mRNA**

From our hypothesis, we expected CAT-2 mRNA expression to be increased in third-trimester pregnancy and more so in preeclampsia. CAT-1 mRNA was detected in all of the samples studied. The ratio of CAT-1 mRNA to 18S mRNA to 18S mRNA was, however, small (0.0004±6×10⁻⁵) in preeclamptic women in comparison to CAT-1 mRNA.

**Expression of iNOS, eNOS, and NO Production**

We tested whether iNOS mRNA and protein expression and NO production were increased in PBMCs in preeclampsia. There were no significant differences in iNOS or eNOS mRNA expression in PBMCs in normal pregnancy and preeclampsia (Figure 3A and 3B). iNOS protein expression was significantly increased in PBMCs in normal pregnancy (P<0.05) but not in preeclampsia (Figure 3C). There was, however, no significant difference in NO production (data supplement, available online).

**Discussion**

In inflammatory cells, synthesis of NO via the L-arginine–iNOS pathway depends entirely on de novo L-arginine uptake by system y⁺10,12,16,17 and is not dependent on transport by any of the other cationic amino acid transport systems, such as y¹ or b⁰⁰⁵. Therefore, in this study, we focused on the activity and expression of the glutamine-insensitive system y⁺ transporter.

The transport system identified in PBMCs from nonpregnant women had a lower Km (2.8 μmol/L) than that reported for system y⁺ and was glutamine sensitive. This is, therefore, not system y⁺. However, in normal third-trimester pregnancy, we detected 2 transport systems, 1 with a Km similar to that in nonpregnant women and a second with the Km consistent with system y⁺ (46 μmol/L). Part of this activity was glutamine insensitive, characteristic of system y⁺, whereas the component that was glutamine sensitive is likely to be y¹L. We...
have occurred. The increase in arginine availability in PB-

When inflammatory cells are activated and CAT 2 mRNA

cell membrane. The changes in system y⁺ activity that were

defaults in the translation of CAT mRNA, in translo-

arginine uptake has, however, been reported to be increased

in erythrocytes in preeclampsia.31 Platelets have system y⁺,

MCs in normal pregnancy may increase NO bioavailability

during O₂ production rather than increasing NO produc-

Our data indicate an apparent dysregulation in the l-arginine–NO system of circulating leukocytes of pre-

eclamptic women. Whereas CAT-2 is induced, the activity of

This effect is not reversible after a return to normoxia for 24

hours.24 There is evidence that the placental bed in pre-
eclampsia is hypoxic,25 where inflammatory leukocytes in the

hypoxic intervillous space may be exposed to damage of

membrane CAT proteins that impairs function. Such leuko-
cytes would also be exposed to oxidative stress, which could

impairs arginine uptake in the

without suitable CAT antibodies, correlation of protein expression

and localization with the real-time PCR data are not currently

possible.

Normal third-trimester pregnancy, but not preeclampsia,

was associated with increased iNOS protein expression in

PBMCs as expected with inflammatory activation. However,

NO production was unaffected. The experimental conditions

used (100 μmol/L L-arginine, 1000 IU/mL SOD) allowed

maximal NO production to be measured. SOD was included

in the assay to scavenge O₂⁻ that would interfere with
detection of NO so that any possible increase in O₂⁻ produc-
tion in preeclampsia (eg, as a result of relative arginine
deficiency caused by lower system y⁺ activity) would not
have occurred. The increase in arginine availability in PB-

We speculate that these alterations in arginine transport

would predispose to relative l-arginine deficiency and favor
the production of O₂⁻ and peroxynitrite (ONOO⁻) by NOS,
which are 2 potentially harmful free radicals.21,22 In endo-

thelial cells, similar changes have been observed. Hypoxia

inhibits l-arginine transport with no significant effect on
CAT-1 mRNA expression or membrane protein levels.23,24

This effect is not reversible after a return to normoxia for 24

hours.24 There is evidence that the placental bed in pre-
eclampsia is hypoxic,25 where inflammatory leukocytes in the

hypoxic intervillous space may be exposed to damage of

membrane CAT proteins that impairs function. Such leuko-
cytes would also be exposed to oxidative stress, which could

alter membrane transport proteins, by the NO derivative

ONOO⁻ (which reacts strongly with thiol and tyrosine
residues). Thiol and tyrosine reagents impair the function of

amino acid transporters26,27 as has been observed in pulmo-

nary artery endothelial cells.27 In previous work, we have

demonstrated that ONOO⁻ impairs arginine uptake in the

human placenta.28 Increased ONOO⁻ production in the mat-

ternal compartment in preeclampsia2 is, therefore, a possible

explanation for the changes in system y⁺ activity in PBMCs in

preeclampsia. There is evidence for a defect in arginine

metabolism in maternal platelets in preeclampsia, which is

not corrected by extracellular l-arginine,29,30 suggesting al-
terations in l-arginine transport or metabolism by NOS. Total
l-arginine uptake has, however, been reported to be increased
in erythrocytes in preeclampsia.31 Platelets have system y⁺,

whereas erythrocytes do not, so the latter finding is probably
less relevant than the former, which is more in line with our
own observations.
Our data also show an increase in glutamine-inhibitable arginine uptake in normal third-trimester pregnancy compared with nonpregnant controls, most likely because of system y’L. Although this is of potential interest, it was not the focus of this study, because such transport does not deliver arginine to iNOS in inflammatory cells. It is of interest that such an increase was not observed in human sepsis, indicating differences that are apparently pregnancy specific. The substrate specificity for y’L includes cationic amino acids and neutral amino acids in the presence of sodium. Dual-label efflux experiments have shown that this transporter mediates an exchange of neutral and cationic amino acids. It is also sodium sensitive, and transport of other amino acids will compete with arginine so that its net effect on arginine uptake is hard to predict. In these experiments, only arginine with or without glutamine was included in the uptake medium. The presence of other amino acids in vivo would change the effects of y’L but not so much of y’.

A role for system y’L activity in the regulation of the l-arginine–NO pathway in PBMCs will have to be established before its impact on disease processes is investigated. We also cannot comment to what extent other potential sources of NO in the vascular compartment (maternal endothelium and placenta) contribute to total NO production or, indeed, to the oxidative stress discussed above. It should be noted that, in human sepsis, there is evidence that endothelium is a minor source, and it has been speculated that marginated leukocytes may be more important.

**Perspectives**

The balance between NO, and O2 and ONOO− production by NOS is determined by arginine availability and is shifted toward O2 and ONOO− production when there is arginine deficiency. We report that normal third-trimester pregnancy is associated with an increase in system y’ arginine uptake and iNOS protein expression in PBMCs, which is characteristic of inflammatory activation. In preeclampsia, however, although the changes in CAT-2 mRNA expression are consistent with enhanced inflammatory activation, system y’ arginine uptake and iNOS protein expression are not increased as they are in normal pregnancy. We hypothesize that the changes in system y’ activity in preeclampsia are secondary to damage to membrane protein by placental-bed hypoxia. The resultant relative deficiency of arginine would favor formation of O2 and ONOO−. These data are consistent with the hypothesis that the features of preeclampsia can be explained by the consequences of relative deficiency of available NO (secondary to oxidative degradation) and an excess of peroxynitrite.

**Acknowledgments**

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**References**

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I. Kinetic characteristics of $^3$H arginine uptake by PBMC from non-pregnant and normal third trimester pregnant women. In non-pregnant women, the best fit regression line was consistent with one transport system. In third trimester normal pregnancy, however, there was statistical evidence for two transport systems (the two transport system model fitted the data significantly better than the one system model, $p = 0.0003$).
II. NO production by PBMC in normal pregnancy and pre-eclampsia. There was no significant difference in NO production by PBMC from non-pregnant (n = 10), normal pregnant (n = 8) or pre-eclamptic (n = 8) pregnancies as assessed by the % of positively labelled cells or the mean channel brightness of the positively labelled cells (data not shown).