

Letters to the Editor

Evidence for association between paraoxonase-1 activity and diseases

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To the Editor,

We read with great interest the article by Karsen et al¹ about association of paraoxonase activity and atherosclerosis in patients with chronic hepatitis B.

They found lower HDL levels, serum paraoxonase-1 (PON1), arylesterase activities, plasma free sulfhydryl groups and total antioxidant capacity, and higher lipid hydroperoxide, total oxidant status, and oxidative stress index in chronic hepatitis B patients. They concluded according to these findings that reduced paraoxonase-1 and arylesterase activities could contribute to the accelerated development of atherosclerosis in patients with chronic hepatitis B.

Some experimental evidence suggests that a decrease in serum PON1 activity may occur as part of an inflammatory response. Chronic decrease in PON1 activity increase susceptibility to atherosclerosis but that more acute declines due to some intercurrent acute inflammatory condition could exacerbate LDL oxidation².

Low serum PON1 activity independent of genotype has been reported with diseases, which are known to be associated with coronary heart disease (CHD), such as diabetes mellitus, hypercholesterolemia and renal failure³. When PON1 activity is measured directly in patients with CHD, it is approximately half that of disease-free control subjects⁴. Angiographically documented coronary artery disease PON-1 and HDL-Cholesterol were significantly lower and lipid peroxides and triglycerides were higher in coronary artery disease patients than in normal coronary and control subjects⁵.

And also, lipid-lowering drugs and fibric acid derivatives have been reported to raise serum PON1 activity⁶. In conclusion; if details of patients such as history of diseases (coronary artery disease, renal failure, diabetes, hypertension), medication (lipid-lowering drugs, fibric acid derivatives), an inflammatory status and smoking habits were given, this study could have been more valuable.

References

1. Karsen H, Binici I, Sunnetcioglu M, Baran AI, Ceylan MR, Selek S, Celik H. Association of paraoxonase activity and atherosclerosis in patients with chronic hepatitis B. *Afr Health Sci.* 2012;12(2):114-8.
2. Van Lenten BJ, Hama SY, de Beer FC, Stafforini DM, McIntyre TM, Prescott SM, La Du BN, Fogelman AM, Navab M. Anti-inflammatory HDL becomes pro-inflammatory during the acute phase response. *J Clin Invest.* 1995;96:2758–2767.
3. Dautoine TF, Debord J, Charmes JP, Merle L, Marquet P, Lachatre G, Leroux-Robert C. Decrease of serum paraoxonase activity in chronic renal failure. *J Am Soc Nephrol.* 1998;9:2082–2088.
4. Ayub A, Mackness MI, Arrol S, Mackness B, Patel J, Durrington PN. Serum paraoxonase after myocardial infarction. *Arterioscler Thromb Vasc Biol.* 1999;19:330–335.
5. Jayakumari N, Thejaseebai G. High prevalence of low serum paraoxonase 1 in subjects with coronary artery disease. *J Clin Biochem Nutr.* 2009; 45(3):278-84.
6. Paragh G, Balogh Z, Seres I, Harangi M, Boda J, Kovacs P. Effect of gemfibrozil on HDL-associated serum paraoxonase activity and lipoprotein profile in patients with hyperlipidaemia. *Clin Drug Invest.* 2000;19:277–282.

Dr. Hasan Karsen replies

Dear Editor,

We have not reported but, our patients did not have any history of diseases such as coronary artery disease, renal failure, diabetes mellitus, hypertension and they had not received any drug for medication. And we have reported that patients had no infection with other hepatitis viruses, or a history of autoimmune disease.¹

Best regards,

Assoc. Prof. Hasan Karsen
Department of Infectious Diseases and Clinical Microbiology
Faculty of Medicine
Harran University
Sanliurfa, Turkey

Reference

1. Karsen H, Binici I, Sunnetcioglu M, Baran AI, Ceylan MR, Selek S, Celik H. Association of paraoxonase activity and atherosclerosis in patients with chronic hepatitis B. *Afr Health Sci*. 2012 Jun;12(2):114-8.