Total and fetal circulating cell-free DNA, angiogenic, and antiangiogenic factors in preeclampsia and HELLP syndrome



Medrano-Campillo P.

Miranda M.L.

Macher H.C.

Praena-Fernández J.M.

Vallejo-Vaz A.J.

Dominguez-Simeon M.J.

Moreno-Luna R.

Stiefel P.

BACKGROUND Preeclampsia (PE) is a hypertensive disorder of pregnancy characterized by hypertension and proteinuria. The HELLP syndrome is the most severe form of PE. The aim of the present study was to determine different potential biomarkers that may help us perform an early diagnosis of the disease, assess on the severity of the disease, and/or predict maternal or fetal adverse outcomes. METHODS We measured serum levels of total and fetal circulating cell-free DNA (cfDNA), soluble endoglin, soluble form of vascular endothelial growth factor receptor, and placental growth factor in a healthy control group of pregnant women (n = 26), patients with mild (n = 37) and severe PE (n = 25), and patients with HELLP syndrome (n = 16). RESULTS We observed a gradual and strong relationship between all the biomarkers mentioned and the range of severity of PE, with the highest levels in patients with HELLP syndrome. Nevertheless, only the values of total cfDNA were able to significantly differentiate severe PE and HELLP syndrome ($20.957 \pm 2.784 \text{ vs.}$ 43 184 $\pm 8.647 \text{ GE/ml}$, P = 0.01). Receiver operating characteristic (ROC) curves were constructed (i) for the healthy group with respect to the groups with PE and (ii) for patients with PE with respect to the group with HELLP syndrome; sensitivity and specificity values at different cutoff levels were calculated in each case. The maximum ROC area under the curve value for PE and HELLP

syndrome (with respect to controls) was 0.91 (P < 0.001). CONCLUSIONS The measured biomarkers of cell damage, angiogenesis, and antiangiogenesis may reflect the severity of PE, with higher levels in patients who develop HELLP syndrome. In addition, these biomarkers may also help predict adverse fetal and maternal outcomes. © American Journal of Hypertension, Ltd 2017. angiogenic factors antiangiogenic factors blood pressure cell-free DNA **HELLP** syndrome hypertension hypertension in pregnancy maternal-fetal adverse outcomes preeclampsia. angiogenic factor aspartate aminotransferase biological marker DNA endoglin fetal circulating cell free DNA lactate dehydrogenase placental growth factor unclassified drug vasculotropin receptor vasculotropin receptor 1 angiogenic protein

cell free nucleic acid

endoglin
ENG protein, human
FLT1 protein, human
PGF protein, human
placental growth factor
vasculotropin receptor 1
adult
adverse outcome
angiogenesis
Article
aspartate aminotransferase blood level
blood pressure measurement
blood sampling
comparative study
controlled study
diastolic blood pressure
disease severity
early diagnosis
female
fetus circulation
fetus death
fetus outcome
gestational age
HELLP syndrome
human
major clinical study

male
maternal serum
newborn
prediction
preeclampsia
pregnant woman
priority journal
protein urine level
receiver operating characteristic
reference value
sensitivity and specificity
systolic blood pressure
area under the curve
blood
case control study
differential diagnosis
genetics
HELLP syndrome
predictive value
preeclampsia
pregnancy
severity of illness index
third trimester pregnancy
upregulation
Adult
Angiogenic Proteins

Area Under Curve
Case-Control Studies
Cell-Free Nucleic Acids
Diagnosis, Differential
Endoglin
Female
HELLP Syndrome
Humans
Placenta Growth Factor
Pre-Eclampsia
Predictive Value of Tests
Pregnancy
Pregnancy Trimester, Third
ROC Curve
Severity of Illness Index
Up-Regulation
Vascular Endothelial Growth Factor Receptor-1