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# STUDY ON RELATIONSHIP BETWEEN CYSTATHIONINE BETA SYNTHASE AND GLUCAGON LIKE PEPTIDE -1 IN IRAQI PATIENTS WITH HYPERTHYROIDISM

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ABSTRACT: The expression of Cystathionine beta-synthase (CBS) is associated with the formation of tumors and the development of a variety of tumors. A serum of forty patients anguish from hyperthyroidism as first group (G1) and group two (G2) consist of (40) healthy Iraqi control. The results indicated a high significant decreased in CBS concentration and a high significant decrease in Glucagon like peptide-1 (GLP-1) in G1 compared with healthy control (G2), while there was a high significant reducing in  $T_3$  and  $T_4$  concentrations and a high significant reducing in TSH in G1. When comparing with (G2) and there was a high significant (-ve) negative correlation between GLP-1 with  $T_3$  in G1.

*Key words*: Hyperthyroidism, cystathionen beta synthase (CBS), glucagon like peptide-1 (GLP-1), T<sub>2</sub>, T<sub>4</sub> and TSH.

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#### INTRODUCTION

Cystathionine-â-synthase (CBS) is a unique hemecontaining enzymes. Moreover is the first rate limiting enzyme that catalysis homocysteine to give hydrogen sulfide (H<sub>2</sub>S) and cystathionine in the sulfur conversion pathway. The aberrant expression of CBS was discovered to be strongly contributory in many of physiological and pathological developments for different swellings (Wang et al, 2020). Cystathionine betasynthase play a vital role to formation (H<sub>2</sub>S) in brain for human whereas CBS is uncured in uterus, portal vein and other tissues. So that imbalance of H<sub>2</sub>S homeostasis due to pathogenesis of B-cell dysfunction led to type1DM and type2DM, after that disorder of H<sub>2</sub>S endothelial in jury was happened and high of glucose levels in DM as well as inhibited on insulin release and control B-cell survival. Therefore overproduction from (H<sub>2</sub>S) has been occur to be a risk factor in etiology death of B-cell in diabetic patients (Dasgupta et al, 2018). Glucagon-like peptide 1 (GLP-1) is an incretin hormone secreted by endocrine L cells in response to food intake, whose biological activities are stimulation of glucose dependent

insulin secretion, insulin biosynthesis, inhibition of glucagon secretion, gastric emptying and food intake (Cases *et al*, 2014). Hyperthyroidism can be diagnosed by measuring of serum thyroid stimulating hormone (TSH), which has the highest sensitivity and specificity for assessing suspected thyrotoxicosis among all laboratory tests. Serum-free T<sub>4</sub> and T<sub>3</sub> have been widely used to improve diagnostic accuracy in addition to TSH (Ross *et al*, 2016; Asban *et al*, 2018).

### MATERIALS AND METHODS

Cystathionen beta synthase, Glucagon like peptide -1, T<sub>3</sub>, T<sub>4</sub> and TSH levels were measured in sera of 40 Iraqi patients suffering from Hyperthyroidism newly diagnosis without treatment as group one (G1) and 40 healthy controls as group two (G2). Hyperthyroidism diagnosis was according to the Thyroid stimulating hormone human ELISA (Biovender). Cystathionen beta synthase and GLP-1 in sera of patients and control were determined by Enzyme-linked immunosorbent assay (ELISA kit) (Biocompare).

**Statistical analysis:** The factual examination of this

planned investigation was performed with the Graph Pad Prism® 7 and Microsoft Excel 2013 with significant difference is equal or bellow to 0.05 (Elliott and Woodward, 2007).

## **RESULTS AND DISCUSSION**

Table 1 shows the levels of CBS, GLP-1,  $T_3$ ,  $T_4$  and TSH respectively concentration in serum of patients with Hyperthyroidism and healthy control.

In this table, we found high significant (P value  $\leq$ 

0.001) decreasing of CBS  $(3.74\pm1.042)$  in Hyperthyroidism patients group (G1) compared with healthy control (G2)  $(5.03\pm1.299)$ .

CBS protein expression levels are elevated in several different human malignancies, with elevated protein expression correlating with parameters such as anaplasia, tumor stage, metastases and chemotherapy resistance (Turbat-Herrera *et al*, 2018).

In study of recent a high significant is found

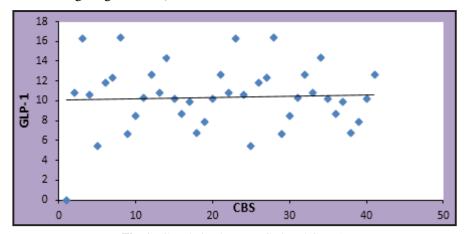


Fig. 1: Correlation between CBS and GLP-1.

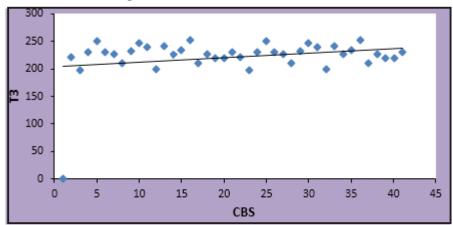
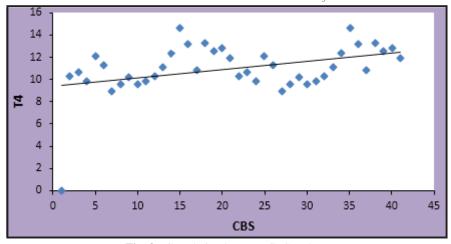


Fig. 2: Correlation between CBS and T<sub>3</sub>.



**Fig. 3 :** Correlation between CBS and T<sub>4</sub>.

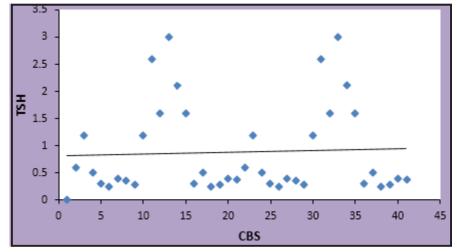
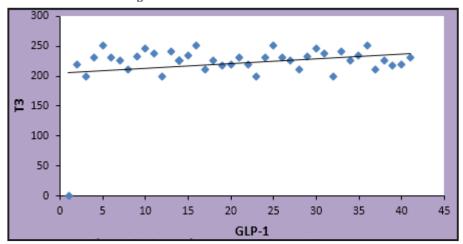


Fig. 4: Correlation between CBS and TSH.



**Fig. 5**: Correlation between GLP-1 and  $T_3$ .

**Table 1 :** CBS, GLP-1, T<sub>3</sub>, T<sub>4</sub> and TSH in the sera of patients groups with Hyperthyroidism and healthy control.

	The group of patients (No. 40)	Control group (No. 40)	P value
Parameters	G1	G2	G1 vs. G2
CBS (ng/ml)	3.74±1.042	5.03 ±1.299	0.001
GLP-1 (ng/ml)	10.65±2.917	20.50±4.806	0.001
T <sub>3</sub> (ng/dL)	227.14±14.836	140.63±43.143	0.001
T <sub>4</sub> (ìg/dl)	11.26±1.508	8.39±1.879	0.001
TSH(ml IU/L)	0.91±0.838	2.71±0.633	0.001

decreasing (P value  $\leq$  0.001) in GLP-1(10.65  $\pm$ 2.917) in patient group one (G1) compared with healthy control (G2) (20.50  $\pm$  4.806).

GLP-1 receptor agonists increase satiety, reduce appetite, induce weight loss, reduce intestinal motility, slow gastric emptying, and decrease postprandial glucose levels (Sfairopoulos *et al*, 2018). Glucose intolerance and hyperglycemia may develop in patients with hyperthyroidism due to the effect of incretin hormones (glucagon-like peptide-1 [GLP-1] and gastric inhibitory

**Table 2 :** The correlations between CBS and some bio-chemical parameters.

Parameters		CBS
GLP-1	R	- 0.240
	P	0.135
T <sub>3</sub>	R	0.219
	P	0.175
T <sub>4</sub>	R	-0.183
	P	0.258
TSH	R	- 0.078
	P	0.630

polypeptide [GIP]) (Cira et al, 2017).

The levels of  $T_3$  and  $T_4$  in Hyperthyroidism patients were a high significant (P value  $\leq 0.001$ ) increasing (227.14  $\pm$  14.836) and (11.26  $\pm$  1.508) compared with healthy control (140.63  $\pm$  43.143) and (8.39  $\pm$  1.879), while there was a high significant decreasing (0.91  $\pm$  0.838) in TSH in G1 as compared with healthy control (2.71  $\pm$  0.633).

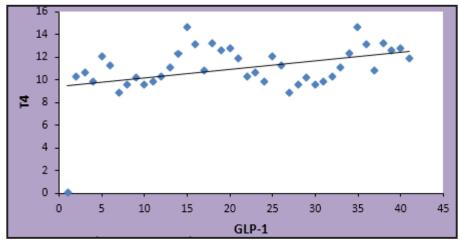


Fig. 6: Correlation between GLP-1 and  $T_{a}$ .

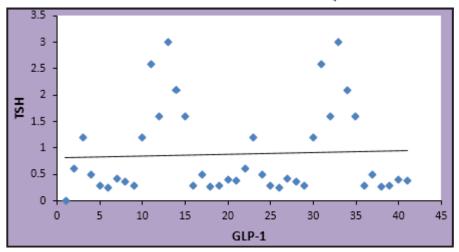


Fig. 7: Correlation between GLP-1 and TSH.

**Table 3 :** The correlations between GLP-1 and some bio-chemical parameters.

Parameters		GLP-1
T <sub>3</sub>	R	- 0.601
	P	0.001
T <sub>4</sub>	R	- 0.319
	P	0.045
TSH	R	0.252
	P	0.116

There was a non-significant (P value > 0.05) negative (-ve) correlation between CBS with GLP-1,  $T_3$ ,  $T_4$  and TSH, as Table in 2, Figs. 1, 2 and 3 for G1.

Also in Table 3 shows high significant (P value  $\leq$  0.001) negative (-ve) correlation between GLP-1 with  $T_3$ , while non significant (P value > 0.05) negative (-ve) correlation was found between GLP-1 and  $T_4$  and positive (+ve) correlation was found between GLP-1 and TSH as Table in 3, Figs. 5, 6 and 7 for G1.

### **CONCLUSION**

This study aimed to determination cystathionin beta synthase (CBS), glucagon like peptide-1, TSH,  $T_3$  and  $T_4$ , in Iraqi patients with hyperthyroidism to find the relationship for this parameters with CBS that due to predictor for those patients may be led to complicated from hyperthyroidism to diabetic.

#### REFERENCES

Asban A *et al* (2018) Hyperthyroidism is Underdiagnosed and Undertreated in 3336 Patients: An Opportunity for Improvement and Intervention. *Anna. Surg.* **268**(3), 506–512. doi: 10.1097/SLA.0000000000002922.

Cases A I et al (2014) Expression of glucagon-like peptide 1 receptor and its effects on biologic behavior in pancreatic neuroendocrine tumors. Pancreas 43(1), 1–6. doi: 10.1097/MPA. 0b013 e3182 a71537.

Cira D K *et al* (2017) GLP-1 and GIP Levels in Patients With Hyperthyroidism: The Effect of Antithyroid Treatment. *Ann. Pharmacother.* **51**(8), 663–668. doi: 10.1177/10600280 17707221.

Dasgupta S, Mondal I and Biswas U K (2018) A study of CBS gene polymorphism, plasma H2S levels and their association in type-

- 2 diabetes mellitus. *Asian J. Medical Sci.* **10**(1), 47–52. doi: 10.3126/ajms.v10i1.21295.
- Elliott A C and Woodward W A (2007) Statistical analysis quick reference guidebook: With SPSS examples. SAGE Publ.
- Ross D S, Henry B. Burch, David S. Cooper, M. Carol Greenlee, Peter Laurberg, Ana Luiza Maia, Scott A. Rivkees, Mary Samuels, Julie Ann Sosa, Marius N. Stan, and Martin A. Walter (2016) American Thyroid Association Guidelines for Diagnosis and Management of Hyperthyroidism and Other Causes of Thyrotoxicosis. *Thyroid* 26(10), 1343–1421. doi: 10.1089/thy. 2016.0229.
- Sfairopoulos D, Stavros Liatis, Stelios Tigas and Evangelos Liberopoulos(2018) Clinical pharmacology of glucagon-like peptide-1 receptor agonists. *Hormones* **17**(3), 333–350. doi:

- 10.1007/s42000-018-0038-0.
- Turbat-Herrera E A., Matthew J Kilpatrick, Jie Chen, Andrew T Meram, James Cotelingam, Ghali Ghalichristopher G Kevil, Domenica Coppola and Rodney E Shackelford (2018) Cystathione β-Synthase is increased in thyroid malignancies. *Anticancer Res.* **38**(11), 6085–6090. doi: 10.21873/anticanres.12958.
- Wang L, Zhulin Yang, Zhengchun Wu, Jun He, Shu Xu, Daiqiang Li, Qiong Zou, and Yuan Jianxun Ding (2020) Increased expression of cystathionine beta-synthase and chemokine ligand 21 is closely associated with poor prognosis in extrahepatic cholangiocarcinoma. *Medicine* **99**(38), e22255. doi: 10.1097/MD.0000000000022255.