

Wiadomości Lekarskie Medical Advances



VOLUME LXXVII, ISSUE 01, JANUARY 2024

Official journal of Polish Medical Association has been published since 1928

ISSN 0043-5147
E-ISSN 2719-342X



INDEXED IN PUBMED/MEDLINE, SCOPUS, EMBASE, EBSCO, INDEX COPERNICUS,
POLISH MINISTRY OF EDUCATION AND SCIENCE, POLISH MEDICAL BIBLIOGRAPHY

Wiadomości Lekarskie Medical Advances



VOLUME LXXVII, ISSUE 01, JANUARY 2024

Official journal of Polish Medical Association has been published since 1928

ISSN 0043-5147

E-ISSN 2719-342X



Memory of
dr Władysław
Biegański

Wiadomości Lekarskie is abstracted and indexed in: PUBMED/MEDLINE, SCOPUS, EMBASE, INDEX COPERNICUS,
MINISTRY OF SCIENCE AND HIGHER EDUCATION, POLISH MEDICAL BIBLIOGRAPHY

Copyright: © ALUNA Publishing.

Articles published on-line and available in open access are published under Creative Commons Attribution-Non Commercial-No Derivatives 4.0 International (CC BY-NC-ND 4.0) allowing to download articles and share them with others as long as they credit the authors and the publisher, but without permission to change them in any way or use them commercially.

Distribution and Subscriptions:

Bartosz Guterman prenumerata@wydawnictwo-aluna.pl

Graphic design / production:

Grzegorz Sztank

fajne.work

Publisher:

ALUNA Publishing
ul. Przesmyckiego 29,
05-510 Konstancin – Jeziorna
www.wydawnictwo-aluna.pl
www.wiadomoscilekarskie.pl
www.wiadlek.pl



Wiadomości Lekarskie Medical Advances

Editor in-Chief:

Prof. Władysław Pierzchała

Deputy Editor in-Chief:

Prof. Aleksander Sieroń

Statistical Editor:

Dr Lesia Rudenko

Managing Editor:

Agnieszka Rosa – amarosa@wp.pl

International Editorial Office:

Nina Radchenko (editor) – n.radchenko@wydawnictwo-aluna.pl

Polish Medical Association (Polskie Towarzystwo Lekarskie):

Prof. Waldemar Kostewicz – President PTL

Prof. Jerzy Woy-Wojciechowski – Honorary President PTL

International Editorial Board – in-Chief:

Marek Rudnicki

Chicago, USA

International Editorial Board – Members:

Kris Bankiewicz	San Francisco, USA	George Krol	New York, USA
Christopher Bara	Hannover, Germany	Krzysztof Łabuzek	Katowice, Poland
Krzysztof Bielecki	Warsaw, Poland	Jerzy Robert Ładny	Białystok, Poland
Zana Bumbuliene	Vilnius, Lithuania	Henryk Majchrzak	Katowice, Poland
Ryszarda Chazan	Warsaw, Poland	Ewa Małecka-Tendera	Katowice, Poland
Stanislav Czudek	Ostrava, Czech Republic	Stella Nowicki	Memphis, USA
Jacek Dubiel	Cracow, Poland	Alfred Patyk	Gottingen, Germany
Zbigniew Gasior	Katowice, Poland	Palmira Petrova	Yakutsk, Russia
Mowafaq Muhammad Ghareeb	Baghdad, Iraq	Krystyna Pierzchała	Katowice, Poland
Andrzej Gładysz	Wrocław, Poland	Waldemar Priebe	Houston, USA
Nataliya Gutorova	Kharkiv, Ukraine	Maria Siemionow	Chicago, USA
Marek Hartleb	Katowice, Poland	Vladyslav Smiiianov	Sumy, Ukraine
Roman Jaeschke	Hamilton, Canada	Tomasz Szczepański	Katowice, Poland
Andrzej Jakubowiak	Chicago, USA	Andrzej Witek	Katowice, Poland
Peter Konturek	Saalfeld, Germany	Zbigniew Wszolek	Jacksonville, USA
Jerzy Korewicki	Warsaw, Poland	Vyacheslav Zhdan	Poltava, Ukraine
Jan Kotarski	Lublin, Poland	Jan Zejda	Katowice, Poland

CONTENTS

ORIGINAL ARTICLES

Vladyslav V. Smiianov, Tetiana V. Fartushok, Yuri M. Fedevych, Nadiia V. Fartushok

New view on the compatibility of hemoglobin function in the erythrocytes

9 

Aidyn G. Salmanov, Dmytro V. Shcheglov, Maryna Mamonova, Ihor M. Bortnik, Nadiia B. Chabanovych, Yaroslav E. Kudelskyi, Daria Chekhunova

Healthcare-associated infections after neurosurgical procedures in Ukraine: a multicentre study (2020-2022)

17 

Alla V. Boychuk, Natalia V. Kotsabyn, Julia B. Yakymchuk, Iryna M. Nikitina

Pregravid preparation of women with chronic endometritis in IVF cycles

25 

Inna Borysova, Alexander Fesenko, Halina Fesenko, Tatiana Potapova, Alla Kirichenko, Daria Chub

International classification of functioning, disability and health with long-term consequences of cranio-brain injury

29 

Olga Bilyayeva, Vadim Kryzhevsky, Ivan Karol, Serhii Ziablitzev

The association of TLR4 gene polymorphisms with the severity of peritonitis in acute inflammatory diseases of the abdominal cavity organs

35 

Oksana Slaba, Zoryana Sadova-Chuba, Dzvenislava Hrushkovska, Oksana Hurka

Comparative analysis of the quality of life of women who left the territory of Ukraine during the ongoing Russia – Ukraine war and women who stayed at their homes

42 

Olena Venger, Volodymyr Bilous, Olena Striepetova, Oleksii Kulivets, Oleksandr Oliynyk

Prodromal period of psychosis: diagnostic criteria

47 

Andrii Rusanov, Volodymyr Vitomskyi, Iryna Roi, Natalia Borzykh, Anton Kudrin

Dynamics of disability and pain indicators under the influence of physical therapy for adhesives capsulitis and myofascial pain syndrome

55 

Lilia Buria, Nataliia Moisieieva, Anna Kapustianska, Andrii Vakhnenko, Iryna Zviagolska, Olena Vlasova, Mariia Rumiantseva

Evaluation of the treatment strategy for complicated allergic rhinitis

62 

Andrii A. Boiko, Vladislav A. Malanchuk, Mykhailo S. Myroshnychenko

Reparative osteogenesis in mandible in cases of filling a bone defect with hydroxyapatite-containing osteotropic material and injecting the surrounding soft tissues with thymalin: experimental and morphological study

68 

Inna V. Bielikova, Maksim V. Khorosh, Nataliia A. Lyakhova, Oleh H. Krasnov, Tetiana V. Sharbenko, Dmytro V. Palamarchuk

Tendencies in disability of the population as a result of malignant neoplasms in Ukraine (on the example of the Poltava region)

77 

REVIEW ARTICLES

Nadiya O. Fedchyshyn, Anna L. Shkrobot, Nataliia I. Hantimurova, Ivanna I. Vorona, Halyna Ya. Kitura, Larysa Ya. Fedoniuk

Improving the quality of medical education through the introduction of moodle system for the formation of terminological competence of medical students

85 

Anatolii M. Hrynzyovskiy, Serhii V. Bielai, Ihor M. Volkov, Andrii Y. Bakai, Artem V. Shevchenko, Ihor V. Yevtushenko

Public management of public healthcare under the COVID-19 outbreak: experience of Ukraine

94 

Sergiy M. Pyvovar, Iurii Rudyk, Tetiana D Scherban

The associations of cytokines and gens polymorphisms of β -adrenoceptors in patients with heart failure and some thyroid pathology (literature review and own observations)

105 

Olena V. Lobova, Iryna V. Avramenko, Iryna I. Shpak

COVID-19 associated anosmia in pediatric patients: subject publications review

114 

Inha Samborska, Oleksandr Maievskiy, Larysa Podzihun, Victoriia Lavrynenko

Features of immune reactivity of the spleen and mechanisms of organ damage under the influence of animal venom toxins including scorpions (review)

120 

Vira V. Navrotska, Oksana P. Horpyniuk, Halyna D. Boreiko

Abuse of right during application of coercive medical measures in criminal proceedings

126 

Nataliia M. Brechka, Volodymyr O. Bondarenko, Olena V. Shcherbak, Yeugenia M. Korenieva

D-hormone and its significance for function of prostate gland (literature review and personal observations)

135 

Inna M. Isaieva, Arsen M. Isaiev, Nataliia V. Korobtsova, Viktoriia V. Nadon, Iryna I. Puchkovska

Aggressive parenting: social, medical and legal aspects

144 

Nataliia Stepaniuk, Alla Stepaniuk, Nataliia Hudz, Iryna Havryliuk

The impact of mitochondrial dysfunction on the pathogenesis of atherosclerosis

153 

Oleksii Petiunin, Rostislav Shevchenko, Ostap Brek, Oleksii Kolomenskyi

Clinical classification of liver cirrhosis - a way to plan individual definitive treatment

160 

CASE STUDIES

Olga Yepanchintseva, Vasyl Babenko, Vitalina Yarosh, Olga Golubovska

The course of COVID-19 in a multiple sclerosis: a case report

166 

Daryna B. Pylypiv, Boris M. Sharga, Olexandr A. Rishko, Vitalii Leshak, Elena Karbovanets

Relation of *Streptococcus Pyogenes* tonsillitis isolate to antimicrobial agents and its infection treatment

171 

New view on the compatibility of hemoglobin function in the erythrocytes

Vladyslav V. Smiianov¹, Tetiana V. Fartushok², Yuri M. Fedevych², Nadiia V. Fartushok³

¹SUMY STATE UNIVERSITY, SUMY, UKRAINE

²DANYLO HALYTSKY LVIV NATIONAL MEDICAL UNIVERSITY, LVIV UKRAINE

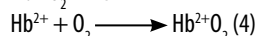
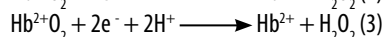
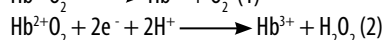
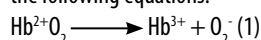
³LVIV MEDICAL INSTITUTE, LVIV UKRAINE

ABSTRACT

Aim: To study the process of hemoglobin oxidation and the enzymatic reactions associated with it.

Materials and Methods: Heparinized human blood (15 IU/ml) was obtained from the clinical department. The concentration of oxy- and methemoglobin, auto-oxidation of hemoglobin was determined spectrophotometrically. Autooxidation of hemoglobin was recorded spectrophotometrically, and protein concentration was determined by the Lowry method. Monooxygenase activity of hemoglobin was also measured by the method described by Lowry spectrophotometrically. The concentration of O₂ and H₂O₂ in the reaction media was determined on a biomicroanalyzer OR 210/3 (Redelkis).

Results: The obtained experimental data allow us to propose a mechanism of "spontaneous autooxidation" of oxyhemoglobin, which can be described by the following equations:



Spectral characteristics of the process of "spontaneous auto-oxidation" indicate the formation of a metform of hemoglobin, the depletion of oxygen by the system was established, at pH 5.6, an increase in the monooxygenase activity of hemoglobin is observed 3–4 times compared to the physiological level.

Conclusions: In addition to the main, previously known functions of hemoglobin (gas transport, peroxidase, monooxygenase), it catalyzes a two-electron oxidase reaction in which O₂ is reduced to H₂O₂. This is confirmed by experimental data on the formation of one of the products of "spontaneous autooxidation" of oxyhemoglobin _ deoxyform at pH 5.6 _ 8.9.

KEY WORDS: oxyhemoglobin, methemoglobin, autooxidation, monooxygenase activity, oxidase reaction, ligands

Wiad Lek. 2024;77(1):9-16. doi: 10.36740/WLek202401101 DOI

INTRODUCTION

The hemoglobin molecule in erythrocytes can undergo oxidation (autooxidation) or be oxidized by other factors, losing the ability to carry oxygen. The concentration of methemoglobin (metHb) in a healthy person usually does not exceed 1% of the total amount of hemoglobin. This level of methemoglobin is the result of a balance between methemoglobin formation and its recovery. In patients with diaphorase I (methemoglobin reductase) deficiency, about 3% of total hemoglobin is oxidized every day [1-3].

The reversibility of the binding of the ligands of the prosthetic group of hemoglobin is due to a protein component that forms a specific environment for heme, which in turn prevents its oxidation. However, subtle exchange of ligands (O₂, 2,3-DFH, NO) would be impossible in the presence of rigid protection of the

prostaglandin group. Ligands reach the active center of hemoglobin as a result of coordinated small-scale fluctuations of certain side groups of amino acid residues of the globule (β-93), which ensure the reduction of the internal molecular barrier and the formation of the trajectory of the ligand in the direction of heme [4]. It should be noted that in conditions of cessation of oxygen access from the external environment, oxyhemoglobin is capable of autooxidation due to oxygen, which is bound to heme iron [5].

The analysis of literature data allows us to conclude that the exact mechanism of spontaneous oxidation is unknown, and the explanations that exist today are quite contradictory [5]. None of the known works present data on the formation of reduced hemoglobin, which under certain conditions is a transitional form in the process of spontaneous autooxidation of its

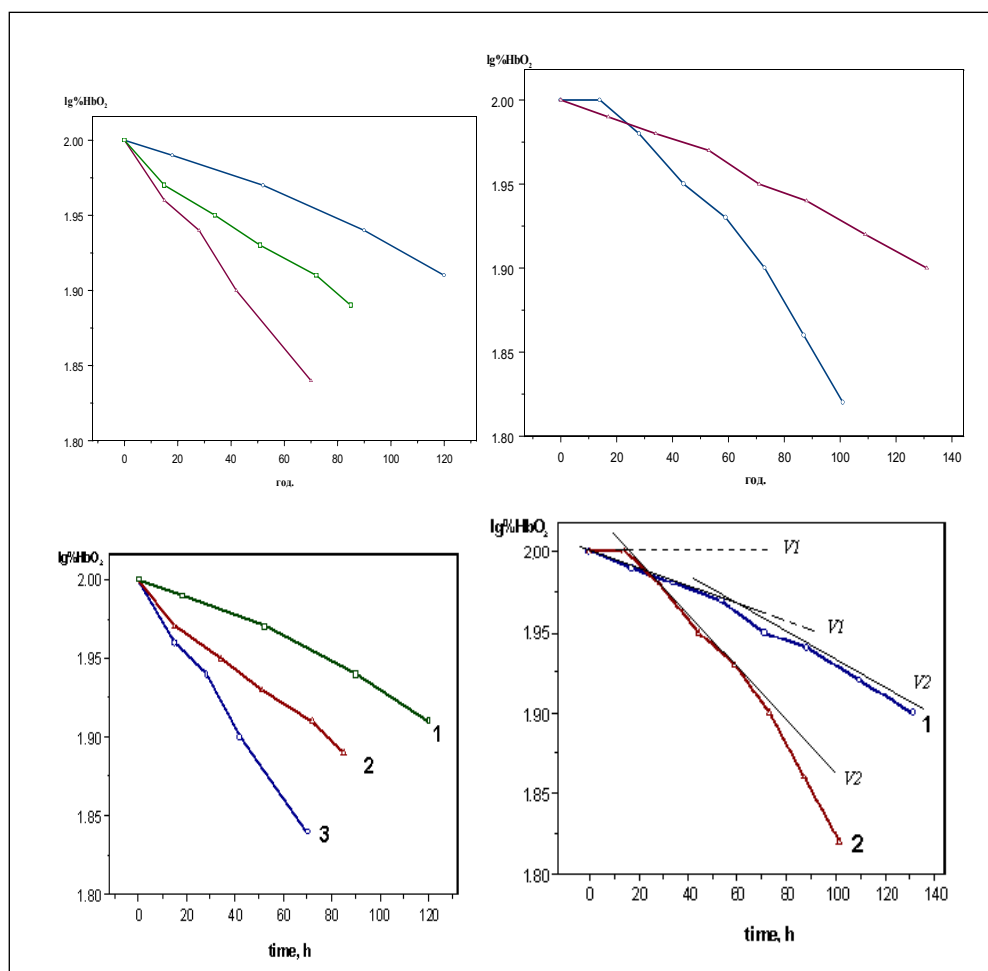


Fig. 1A. Kinetics of the spontaneous autooxidation of the human hemoglobin.

Reaction medium (3,0 ml 0,1 M acetate buffer pH 5,6) contained 0,001M EDTA and 50–60 $\mu\text{mol/l}$ oxyhemoglobin. 1. – oxyhemoglobin not purified from low-molecular ligands; 2 – oxyhemoglobin purified from low-molecular ligands; 3 – oxyhemoglobin purified from low-molecular ligands and 2,3-DPG. Temperature of reaction medium - 37°C. $n = 5$, $p < 0,05$;

B. Kinetics of the spontaneous autooxidation of the human hemoglobin. Reaction medium (3,0 ml 0,05 M tris-HCl buffer pH 7,2) contained 0,001M EDTA and 50–60 $\mu\text{mol/l}$ oxyhemoglobin. 1. – oxyhemoglobin not purified from low-molecular ligands; 2 – oxyhemoglobin purified from low-molecular ligands. Temperature of reaction medium - 37°C. $n = 5$, $p < 0,05$.

prosthetic group. In connection with the above, the study of the process of hemoglobin oxidation and the enzymatic reactions associated with it is relevant today.

AIM

The purpose of our research is to study the process of hemoglobin oxidation and the enzymatic reactions associated with it.

MATERIALS AND METHODS

Experiments were conducted with human hemoglobin, which was isolated from peripheral blood and purified [6, 7]. Heparinized human blood (15 IU/ml) was obtained from the clinical department of Danylo Halytskyi Lviv National Medical University. The concentration of oxy- and methemoglobin was determined spectrophotometrically [8]. Autooxidation of hemoglobin was recorded spectrophotometrically [2], and protein concentration was determined by the Lowry method. Monooxygenase activity of hemoglobin was also measured by the method described by Lowry spectrophotometrically [7]. The concentration of O_2

and H_2O_2 in the reaction media was determined on a biomicroanalyzer OR 210/3 (Redelkis).

RESULTS

The detected products of the “spontaneous autooxidation” reaction indicate the previously not fully understood and unknown properties of hemoglobin. Thus, oxyhemoglobin is able to “spontaneously autoxidize” into metform through a reaction, the speed of which depends on the degree of its purification from low molecular weight compounds (Fig. 1A). With an increase in pH, that is, at physiological values, the kinetics of the rate of “spontaneous autooxidation” of oxyhemoglobin has a complex nature and is characterized by rates V_1 and V_2 (Fig. 1B). For the first time, it was shown spectrophotometrically that at physiological pH values, when “spontaneous autooxidation” occurs, in addition to metform, the deoxyform of hemoglobin is also formed. This is evidenced by the absorption spectra of hemoglobin after depressurization of the cuvettes (Fig. 2A, B).

As can be seen, low-molecular compounds on the one hand activate “spontaneous auto-oxidation”, and on the other - protect oxyhemoglobin from oxidation to met-

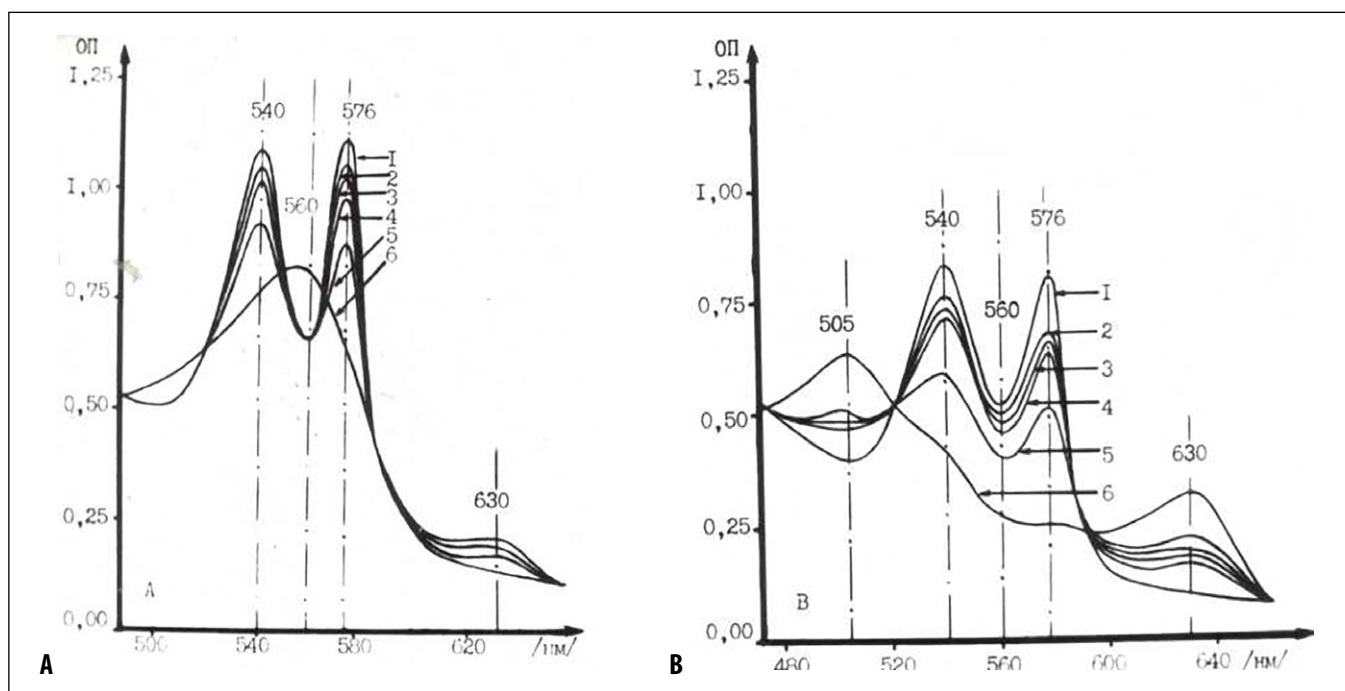
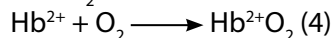
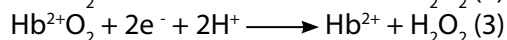
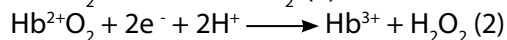
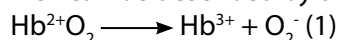


Fig. 2. A. Specters of absorbtion of hemoglobin with low-molecular ligands. Spectra were obtained after 1 _ 24 hours, 2 _ 48 hours, 3 _ 72 hours; 4 _ 96 hours, 5 _ 120 hours, 6 _ 144 hours;
B. Specters of absorbtion of hemoglobin purified from low-molecular ligands. Spectra were obtained after 1 _ 24 hours, 2 _ 48 hours, 3 _ 72 hours; 4 _ 96 hours, 5 _ 120 hours, 6 _ 144 hours

form. Therefore, low-molecular-weight compounds at physiological pH values take a direct part in stabilizing the conformational state of the hemoglobin molecule, that is, stimulating its "spontaneous auto-oxidation", while not changing the oxidation-reduction state of iron in the heme structure. This is not observed when pH decreases, in particular at pH 5.6.

In addition to the already known, such a protective system is the ingredient low-molecular composition of the erythrocyte. Thus, at physiological pH, complete oxidation of oxyhemoglobin to metform does not occur, and after depressurization of the cuvettes, oxygenation of deoxyhemoglobin is observed. Hemoglobin, which contains low-molecular-weight compounds, is oxygenated faster compared to purified hemoglobin (Fig. 2A).

The obtained experimental data, as well as information from the literature [8], allow us to propose a mechanism of "spontaneous autooxidation" of oxyhemoglobin, which can be described by the following equations:



During hemolysis of erythrocytes (extracellular) hemoglobin can enter the bloodstream, where the concentration of antioxidant enzymes is low, and act as a source of iron ions, which is not active in oxyhemoglobin. Hydrogen peroxide, hypochlorous acid, organic

lipid hydroperoxides can modify oxyhemoglobin with the formation of more reactive compounds _ feryl and perferylhemooglobin [23]. Hemoglobin modification products by oxidants are able to cause peroxidation of lipids, blood lipoproteins, lipids of biomembranes [24] and other important biomolecules of the body [25], thus being the cause of the occurrence and development of various diseases.

Mechanisms of cellular and extracellular hemoglobin oxidation, as well as the influence of factors on cellular and extracellular "spontaneous autooxidation" of hemoglobin are presented in Fig 3 and Fig 4.

At a pH value of 5.6, reactions 1-4 occur, because, firstly, the spectral characteristics of the process of "spontaneous autooxidation" indicate the formation of the metform of hemoglobin (reactions 1, 2), and secondly, it is established that the system is depleted of oxygen (reactions 3, 4), thirdly, at this pH there is an increase in the monooxygenase activity of hemoglobin by 3-4 times compared to the physiological level.

DISCUSSION

Blood hemoglobin is always at risk of oxidation to met-hemoglobin, in which the molecule retains its original structure but can no longer carry oxygen.

It is believed that part of the oxygenated hemoglobin $\text{HbFe}^{2+}\text{O}_2$ is located in the form of $\text{HbFe}^{3+}\text{O}_2^-$. [4]:

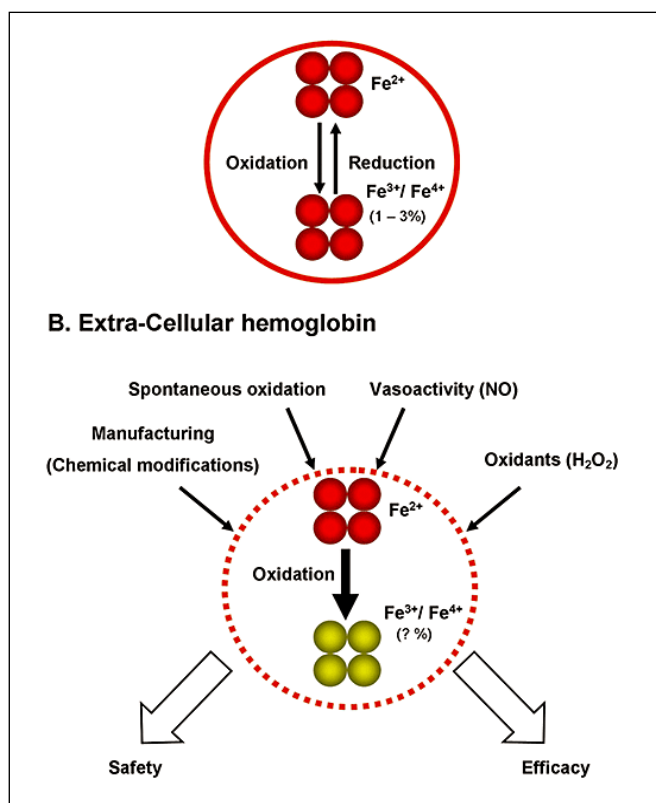
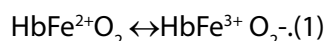
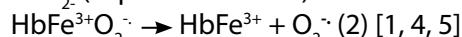


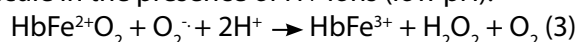
Fig. 3. Factors influencing cellular and acellular hemoglobin oxidation. The schematic represents reductive processes of (A) cellular and (B) extra-cellular hemoglobin. In (A) the oxidation followed by enzymatic and non enzymatic processes in the red blood cell lead to minimal accumulation of HbFe^{3+} and HbFe^{4+} . The physical barrier of the red cell membrane (red circle) limits NO and H_2O_2 mediated oxidative processes. In (B) when the protective mechanisms of the red blood cell are eliminated such as is the case with HBOCs or when Hb is released, the influences of enzymatic/non-enzymatic reductive processes are lost allowing for an unknown amount of oxidized hemoglobin accumulation. Moreover each arrow indicates processes, which may directly lead to the accumulation of oxidized Hb.



(the initial stage of autoxidation corresponds to the dissociation of this form into methemoglobin (HbFe^{3+}) and O_2^- (superoxide anion):



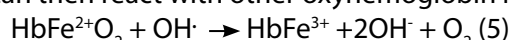
formed by O_2^- attacks the new oxyhemoglobin molecule in the presence of H^+ ions (low pH):



The resulting H_2O_2 [3] attacks the new oxyhemoglobin molecule:

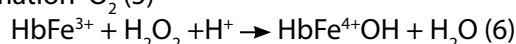


OH^\cdot the radical that is formed from oxyhemoglobin can then react with other oxyhemoglobin molecules:

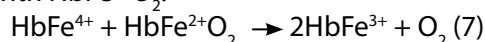


Peroxides react with oxyhemoglobin $\text{HbFe}^{2+}\text{O}_2$ or methemoglobin with formation of protein-associated oxidant type (HbFe^{4+}) and dangerous peroxide radicals [6, 7, 8-13].

$\text{HbFe}^{2+}\text{O}_2 + \text{H}_2\text{O}_2 \rightarrow \text{HbFe}^{4+}\text{OH} + \text{OH}^\cdot + \text{O}_2$ with formation O_2^\cdot (5)

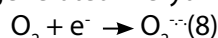


In erythrocytes, this highly toxic protein radical reacts with $\text{HbFe}^{2+}\text{O}_2$:



The formed methemoglobin is restored (reduced) by methemoglobin reductase [14-18].

In addition to self-oxidation, hemoglobin can be oxidized by the superoxide radical (O_2^\cdot), which is constantly generated in erythrocytes [1] and in all aerobic cells [16]:



This radical can affect the oxidation of oxyhemoglobin to methemoglobin [4].

Hemoglobin can be oxidized by nitric oxide, which is produced by endothelial cells and released into the

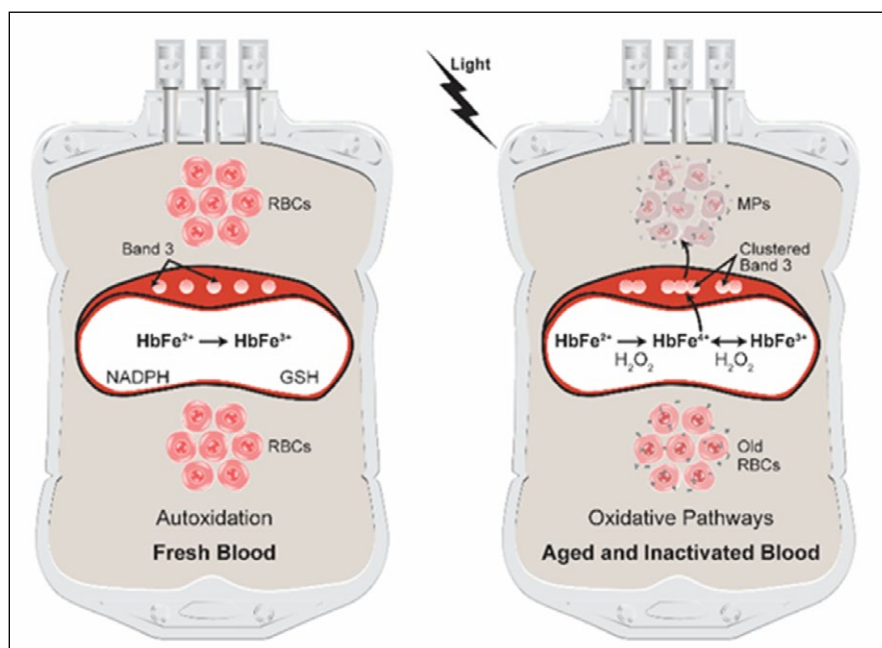


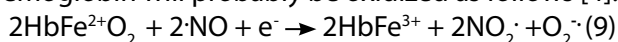
Fig. 4. Oxidative damage of erythrocytes during storage and conditions of pathogen inactivation. Freshly stored RBCs in a standard blood bag undergo very little oxidation apart from normal spontaneous (autoxidation) reactions of Hb, resulting in little metHb accumulation (left).

Reductive and antioxidant enzymes/proteins such as NADPH reductase and GSH maintain metHb to a minimum. Under prolonged storage conditions or when RBCs are exposed to UV light, Hb oxidative side reactions are increased, mainly Hb's own pseudoperoxidative pathways (right). These pathways result in the production of ferryl Hb (HbFe^{4+}) which attacks other biological targets including band 3, resulting in band 3 clustering. Ferryl Hb crosslinks the major RBC membranes band 3 into clusters and the ultimate release of Hb-laden microparticles (MPs), based on with modifications.

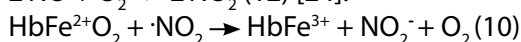
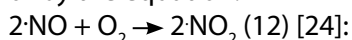
Table 1. Antioxidant enzymes and concentrations of reducing agents in human plasma and erythrocytes [17].

Concentration	Plasma	Erythrocytes
Antioxidant Enzymes	(U ml ⁻¹)	(U·10 ⁻¹⁰ cells)
Superoxide dismutase	5-20	550-800
Catalase	?	3800-5400
(GSH) peroxydase	0.4	7.8 -10.6
(GSSG) reductase	0.0	2.7-3.7
Reducing Agents	μM	μM
Glutathione (GSH)	5	2.5 10 ³ to 10 10 ³
Ascorbic acid	45 to 85	40 to 70

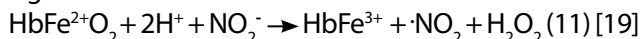
bloodstream, and can enter the erythrocyte. Thus, hemoglobin will probably be oxidized as follows [4]:



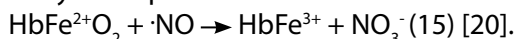
or by the equation:



As a result of the reaction, the nitrite anion NO_2^- is formed, which reacts with a new molecule of oxyhemoglobin in an acidic environment:



or by the equation:



H_2O_2 and O_2^- are formed. can react with a new molecule of oxyhemoglobin according to reactions 3-4. Hemoglobin in erythrocytes or in blood plasma would not perform the function of oxygen transfer if there was no enzymatic system to inhibit its oxidation reactions.

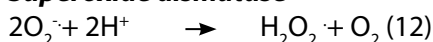
Reactions limiting hemoglobin oxidation [21].

Since superoxide anion and hydrogen peroxide are naturally formed in the body, there are enzyme systems that protect hemoglobin from oxidation: superoxide dismutase to neutralize superoxide anion (O_2^-), glutathione peroxidase and catalase to split H_2O_2 [5, 13, 22]. The activity of these enzymes is high in erythrocytes and low in blood plasma [23].

Erythrocytes contain enzymatic or non-enzymatic systems that restore the hemoglobin molecule to its active form and physiological function, keeping the level of circulating methemoglobin below 1%. Methemoglobin recovery pathways are mainly enzymatic and associated with erythrocyte glycolysis (Table 1).

Superoxide dismutase (SOD) catalyzes the reaction:

Superoxide dismutase



Low concentrations of H_2O_2 are mainly decomposed by glutathione peroxidase [18, 24]:

Glutathione peroxidase



Then, as the decomposition of high concentrations of H_2O_2 is catalyzed by catalase:

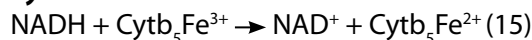
Catalase



These reactions depend mainly on hydrogen sources, such as NAD and NADPH [23, 26, 27].

An important supplier of hydrogen is the NAD-dependent metabolic pathway associated with anaerobic glycolysis. NAD is reduced to NADH, which is then used by methemoglobin reductase (diaphorase I, NADH dehydrogenase, or cytochrome b5 reductase [25, 27].

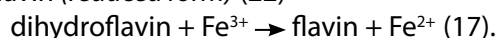
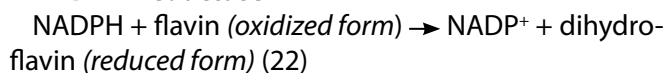
Cytochrome b5-reductase



One molecule of cytochrome b5 can bind to one subunit of methemoglobin, mainly through lysine and/or arginine residues [27], and transfer the electron needed to reduce iron to the divalent state.

Another supplier of hydrogen is NADP, the main place of its formation is the pentose phosphate pathway of glucose metabolism. NADPH is reduced to NADPH, which itself reduces methemoglobin to hemoglobin under the action of another methemoglobin reductase, NADPH-flavin reductase, diaphorase II or NADPH-dehydrogenase [28, 29]:

NADPH-reductase

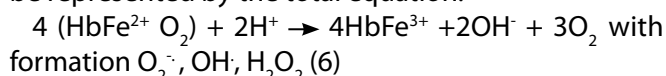


In a non-enzymatic way, methemoglobin is reduced to hemoglobin as a result of the reaction with ascorbic acid or reduced glutathione (Table 1).

Ascorbic acid can penetrate the erythrocyte membrane and reduce the level of methemoglobin by transferring one electron

At the same time, ascorbic acid is oxidized to dehydroascorbic acid, which is then reduced by glutathione or directly by dehydroascorbate reductase [30, 31]:

So, the process of auto-oxidation of hemoglobin can be represented by the total equation:



Thus, hemoglobin (Hb) within red blood cells (RBC) is protected from oxidative processes by efficient enzymatic machineries such as cytochrome *b5*, or flavin, coupled with NADH-dependant or NADPH-dependent methemoglobin reductases, reduced glutathione (GSH) and small molecule reductants which include ascorbic acid and uric acid. Thus when small amounts of Hb are oxidized to ferric (HbFe^{3+}) and ferryl (HbFe^{4+}) forms, reduction to the oxygen carrying ferrous ($\text{HbFe}^{2+}\text{O}_2$) form occurs rapidly to restore oxygen carrying capability and prevent cellular injury which may be triggered by these oxidation intermediates (Fig. 3). Moreover, the RBC provides a functional protective barrier to excessive nitrosative agents such as endothelial-derived nitric oxide (NO) and peroxidative agents such as hydrogen peroxide (H_2O_2).

According to literature data, the physiological oxidation of hemoglobin is characterized by a certain sequence of autooxidation and oxidation reactions, as well as the presence of factors in erythrocytes and blood plasma that can reduce the level of methemoglobin or prevent its formation.


















CONCLUSIONS

Thus, based on the above data, it can be concluded that in addition to the main, previously known functions of hemoglobin (gas transport, peroxidase, monooxygenase), it catalyzes a two-electron oxidase reaction in which O_2 is reduced to H_2O_2 . The validity of this position is confirmed by experimental data on the formation of one of the products of "spontaneous autooxidation" of oxyhemoglobin - deoxyform - THIS is not oxidation of hemoglobin, iron remains +2 as well as the kinetic characteristics of this process in the range of pH 5.6–8.9. It has been shown that the formation of hemoglobin complexes with low-molecular-weight compounds that are formed in the erythrocyte contributes to the preservation of its functional activity. This property acquires a special physiological significance in conditions of low pO_2 values, when the probability of loss of the gas transport function of hemoglobin increases sharply, as a result of possible oxidation of the iron porphyrin structure.

The obtained results can be used for the objective assessment of oxygen binding properties of hemoglobin in patients with distress, destructive processes and intoxication.

REFERENCES

1. Borysyuk MV. Systemnyy analiz mekhanizmov regulatsiji srodstva krovi k kislorodu. II. Osobennosti regulatsiji kislorodsvyazyvajushchih svoystv krovi v protsesse jejo tsyrkulyatsiji. [Systemic analysis of the mechanisms regulating blood means for oxygen. II. Features of regulation of oxygen-binding properties of blood during its circulation]. *Uspehi fisiol. Nauk.* 1983;14:85–101. (in Russian)
2. Korobov VM. Rol' oksydu azotu v regulatsiji transportu gaziv [The role of nitric oxide in the regulation of gas transport]. *Ukrainskij biohimichnyj zhurnal.* 2001;73(4):13 – 18. (in Ukrainian)
3. Kriklyvyj IA, Rekun HM, Starodub NF. Metody izuchenija funktsional'nyh svoystv hemoglobina. Metody molekulyarnoj biologiji. [Methods for studying the functional properties of hemoglobin. Methods of molecular biology.]. Kiyev: Nauk. Dumka. 1979, pp.191 – 201. (in Russian)
4. Marinov BS, Ruzijeva RH. Protivopozhno napravlenaja donorami i akseptorami regulatsija srodstva kisloroda k hemoglobinu. [Oppositely directed regulation of oxygen affinity for hemoglobin by donors and acceptors]. *Biohimija.* 1990;55 (9):1616 – 1623. (in Russian)
5. Reutov VP, Sorokina YeH, Gozhenko AI et al. Tsikl oksida azota kak mekhanizm stabilizatsii soderzhaniya no i produktov yego prevrashcheniya v organizme mlekovitayushchikh. [Cycle of nitrogen oxide as the stabilization mechanism of no and its transformation products maintenance in the mammal organisms]. *Aktual'ni problemy transportnoyi medycyny.* 2008;1(11):22 – 28. (in Russian)
6. Storozhuk P.G. Fermenty pryamoj i kosvennoj antiradikalnoj zaschity eritrotsitov i ih rol' v initsiatsii protsessov oksigenatsiji hemoglobina, antibakterialnoj zaschite i delenii kletok [Enzymes of direct and indirect antiradical protection of erythrocytes and their role in the initiation of hemoglobin oxygenation processes, antibacterial protection and division cells]. *Vestnik intensivnoj terapii.* 2003;3:8 –13. (in Russian)
7. Terwilliger NB. Functional adaptations of oxygen – transport proteins. *J. Exp. Biology.* 1998;201(8):1085–98. doi: 10.1242/jeb.201.8.1085.
8. Zavodnik IB, Lapshyna YeA. Protsesty okislyeniya hemoglobina cheloveka. [Oxidation processes of human hemoglobin]. *Biohimiya.* 1996;61(1):42 – 48. (in Russian)
9. Faivre B, Menu P, Labrude P, Vigneron C. Hemoglobin autooxidation/oxidation mechanisms and methemoglobin prevention or reduction processes in the bloodstream. Literature review and outline of autooxidation reaction. *Artif Cells Blood Substit Immobil Biotechnol.* 1998;26(1):17–26. doi: 10.3109/10731199809118943. DOI
10. Wallaces WJ, Houtchensg RA, Maxwell JC, Caughey WS. Mechanism of Autooxidation for Hemoglobins and Myoglobins. Promotion of superoxide production by protons and anions. *J. Biological Chemistry.* 1982;257(9):4966–4977.
11. Alayash AI. Oxygen therapeutics: can we tame haemoglobin? *Nat Rev Drug Discov.* 2004;3(2):152–9. doi: 10.1038/nrd1307. DOI
12. Novientri G, Sadikin M, Jusman SW. Isolated Diaphorase From Bovine Erythrocyte Cannot Reduce Oxidized Cytoglobin (Metcygb). *Rep. Biochem. Mol. Biol.* 2022;11(2):289–298. doi: 10.52547/rbmb.11.2.289. DOI

13. Johnson RM, Goyette GJr, Ravindranath Y, Ho Ye-Shih. Hemoglobin autooxidation and regulation of endogenous H₂O₂ levels in erythrocytes. *Radical Biology & Medicine*. 2005;39(11):1407-17. doi: 10.1016/j.freeradbiomed.2005.07.002. DOI 
14. Rocha S, Gomes D, Lima M et al. Peroxiredoxin 2, glutathione peroxidase, and catalase in the cytosol and membrane of erythrocytes under H₂O₂-induced oxidative stress. *Free Radical Research*. 2015;49(8):990-1003. doi: 10.3109/10715762.2015.1028402. DOI 
15. Patel RP. Biochemical aspects of the reaction of hemoglobin and NO: implications for Hb-based blood substitutes. *Free Radic Biol Med*. 2000;28(10):1518-25. doi: 10.1016/S0891-5849(00)00259-8. DOI 
16. Novientri G, Sadikin M, Jusman SW. Isolated Diaphorase From Bovine Erythrocyte Cannot Reduce Oxidized Cytochrome (Metcygb). *Rep Biochem Mol Biol*. 2022;11(2):289-298. doi: 10.52547/rbmb.11.2.289. DOI 
17. Rifkind JM, Mohanty JG, Nagababu E. The pathophysiology of extracellular hemoglobin associated with enhanced oxidative reactions. *Front Physiol*. 2015; 5(500): 1-7. doi: 10.3389/fphys.2014.00500. DOI 
18. Fortes GB, Alves LS, de Oliveira R et al. Heme induces programmed necrosis on macrophages through autocrine TNF and ROS production. *Blood*. 2012;119(10):2368-75. doi: 10.1182/blood-2011-08-375303. DOI 
19. Gonzales R, Auclair C, Voisin E et al. Superoxide dismutase, catalase, and glutathione peroxidase in red blood cells from patients with malignant diseases. *Cancer Res*. 1984;44(9):4137-9.
20. Gueye PM, Bertrand F, Dupontail G, Lessinger J-M. Extracellular haemoglobin, oxidative stress and quality of red blood cells relative to perioperative blood salvage. *Clinical Chemistry and Laboratory Medicine*. 2010. doi:10.1515/CCLM.2010.106. DOI 
21. Hebbel RP. Auto-oxidation and a membrane-associated 'Fenton reagent': a possible explanation for development of membrane lesions in sickle erythrocytes. *Clin Haematol*. 1985;14(1):129-40.
22. Lin S, Liang Y, Zhang J. Microglial TIR-domain-containing adapter-inducing interferon- β (TRIF) deficiency promotes retinal ganglion cell survival and axon regeneration via nuclear factor- κ B. *J. Neuroinflammation* 2012; 9(39). doi:10.1186/1742-2094-9-39. DOI 
23. Liu X, Spolarics Z. Methemoglobin is a potent activator of endothelial cells by stimulating IL-6 and IL-8 production and E-selectin membrane expression. *Cell Physiology*. 2003. doi:10.1152/ajpcell.00164.2003. DOI 
24. Nagababu E, Fabry ME, Nagel RL, Rifkind JM. Heme degradation and oxidative stress in murine models for hemoglobinopathies: Thalassemia, sickle cell disease and hemoglobin C disease. *Blood Cells, Molecules, and Diseases*. 2008;41(1):60-66. doi:10.1016/j.bcmd.2007.12.003. DOI 
25. Planchais C, Noe R, Gilbert M. Oxidized hemoglobin triggers polyreactivity and autoreactivity of human IgG via transfer of heme. *Commun Biol*. 2023;6:168-175. doi:10.1038/s42003-023-04535-5. DOI 
26. Vallelan F, Buehler PW, Schaer SJ. Hemolysis, free hemoglobin toxicity, and scavenger protein therapeutics. *Blood*. 2022; 140(17): 1837-1844. doi: 10.1182/blood.2022015596. DOI 
27. Carnier Y, Ferdinand S, Garnier M. Plasma microparticles of sickle patients during crisis or taking hydroxyurea modify endothelium inflammatory properties. *Blood*. 2020;136(2):247-256. doi: 10.1182/blood.2020004853. DOI 
28. Hierso R, Lemonne N, Villaescusa R. Exacerbation of oxidative stress during sickle vaso-occlusive crisis is associated with decreased anti-band 3 autoantibodies rate and increased red blood cell-derived microparticle level: a prospective study. *Br J Haematol*. 2017; 176(5): 805-813. doi: 10.1111/bjh.14476. DOI 
29. Olatunya OS, Lanaro C, Longhini AL. Red blood cells microparticles are associated with hemolysis markers and may contribute to clinical events among sickle cell disease patients. *Ann Hematol*. 2019;98(11): 2507-2521. doi:10.1007/s00277-019-03792-x. DOI 
30. Vats R, Brzoska T, Bennewitz MF. Platelet extracellular vesicles drive inflammasome-IL-1 β -dependent lung injury in sickle cell disease. *Am. J. Respir. Crit. Care Med*. 2020; 201(1): 33-46. doi: 10.1164/rccm.201807-13700C. DOI 
31. Nader E, Romana M, Connes P. The Red Blood Cell-Inflammation Vicious Circle in Sickle Cell Disease. *Front Immunol*. 2020;13:11454. doi: 10.3389/fimmu.2020.00454. DOI 

We thank PhD, Dr. Strubyskyi I.V., PhD, Dr. Korobov V. M., PhD, Dr. Fedorovych I.P. for helpful discussions and technical guidance.

CONFLICT OF INTEREST

The Authors declare no conflict of interest

CORRESPONDING AUTHOR

Tetiana V. Fartushok

Danylo Halytsky Lviv National Medical University

69 Pekarska st., 79010 Lviv, Ukraine

tel: +380973363150

e-mail: fartushok1@ukr.net

ORCID AND CONTRIBUTIONSHIP

Vladyslav V. Smiiianov: 0000-0002-4240-5968 **B** **E**

Tetiana V. Fartushok: 0000-0001-6571-0108 **D** **F**

Yuri M. Fedevych: 0000-0002-2536-8376 **C** **F**

Nadiia V. Fartushok: 0000-0003-2824-8473 **A** **D**

A – Work concept and design, **B** – Data collection and analysis, **C** – Responsibility for statistical analysis, **D** – Writing the article, **E** – Critical review, **F** – Final approval of the article

RECEIVED: 25.07.2023

ACCEPTED: 03.12.2023

