Synthesis and metabolism of leukotrienes in γ-glutamyl transpeptidase deficiency

Ertan Mayatepek,*,1 Jürgen G. Okun,† Thomas Meissner,† Birgit Assmann,*, Judith Hammond,§ Johannes Zschocke,,** and Wolf-Dieter Lehmann††

Department of General Pediatrics,* University Children’s Hospital, Düsseldorf, Germany; Department of General Pediatrics,† University Children’s Hospital, Division of Metabolic and Endocrine Diseases, Heidelberg, Germany; NSW Biochemical Genetics Service,§ Royal Alexandra Hospital for Children, Sydney, Australia; Institute of Human Genetics,** University of Heidelberg, Heidelberg, Germany; and Central Spectroscopy Unit,†† German Cancer Research Institute, Heidelberg, Germany

Abstract  Leukotrienes (LTs) are active lipid mediators derived in the 5-lipoxygenase pathway. LTC₄, the primary cysteinyl LT, is cleaved by γ-glutamyl transpeptidase (GGT), resulting in LTD₄. We studied the synthesis and metabolism of LTs in three patients with GGT deficiency. LTs were analyzed in urine, plasma, and monocytes after HPLC separation by enzyme immunoassays, radioactivity detection, and electrospray tandem mass spectrometry. Analysis of LTs in urine revealed increased concentrations of LTC₄ (12.8–17.9 nmol/mmol creatinine; controls, <0.005 nmol/mmol creatinine), whereas LTE₄ was below the detection limit (<0.005 nmol/mmol creatinine; controls, 32.2 ± 8.6 nmol/mmol creatinine). In plasma of one patient, LTC₄ was found to be increased (17.3 ng/ml; controls, 9.6 ± 0.4 ng/ml), whereas LTD₄ and LTE₄ were below the detection limit (<0.005 ng/ml). LTD₄ was found within normal ranges. In contrast to controls, the synthesis of LTD₄ and LTE₄ in stimulated monocytes was below the detection limit (<0.1 ng/10⁶ cells; controls, 37.1 ± 4.8 cells and 39.4 ± 5.6 ng/10⁶ cells, respectively). The formation of [³H]LTD₄ from [³H]LTC₄ in monocytes was completely deficient (<0.1%; controls, 85 ± 7%). Our data demonstrate a complete deficiency of LTD₄ biosynthesis in patients with a genetic deficiency of GGT. GGT deficiency represents a new inborn error of cysteinyl LT synthesis and provides a unique model in which to study the pathobiological coherence of LT and glutathione metabolism.—Mayatepek, E., J. G. Okun, T. Meissner, B. Assmann, J. Hammond, J. Zschocke, and W-D. Lehmann. Synthesis and metabolism of leukotrienes in γ-glutamyl transpeptidase deficiency. J. Lipid Res. 2004. 45: 900–904.

Supplementary key words  cysteinyl leukotriene • glutathione • 5-lipoxygenase pathway

Leukotrienes (LTs) constitute a group of biologically highly active lipid mediators derived from 20-carbon polyunsaturated fatty acids, predominantly arachidonic acid via the 5-lipoxygenase pathway (1–3). They include the cysteinyl LTs LTC₄, LTD₄, and LTE₄, representing biologically active constituents of the long-known “slow-reacting substance of anaphylaxis” and the dihydroxyeicosatetraenoate LTB₄.

The biosynthesis of LTs is limited to a few types of human cells, including mast cells, eosinophils, basophils, and macrophages. The synthesis of LTs is initiated by cell activation with the release of arachidonic acid from membrane phospholipid by the action of cytosolic phospholipase A₂. Arachidonic acid then binds to the 5-lipoxygenase-activating protein and is presented to 5-lipoxygenase (4). Calcium-dependent activation of 5-lipoxygenase converts arachidonate via 5-hydroperoxyeicosatetraenoate to 5,6-epoxide LTA₄, which is unstable and is catalyzed to LTB₄ (5, 6). Alternatively, the conjugation of LTA₄ with glutathione at carbon 6 is mediated by LTB₄ synthase, resulting in the formation of LTC₄, the primary cysteinyl LT (7). LTC₄ is known to be cleaved by γ-glutamyl transpeptidase (GGT), which removes the glutamyl moiety to form LTD₄ (1). LTC₄ conversion to LTD₄ has long been thought to be mediated solely by GGT. The cleavage of glycine from LTD₄ yields LTE₄ (8).

Some years ago, a human gene was cloned that appeared to direct the cleavage of LTC₄. This enzyme was termed γ-glutamyl transpeptidase-related (GGT-rel) (9). GGT-rel shares an overall 40% amino acid sequence identity with human GGT and is capable of cleaving the γ-glutamyl linkage of LTC₄, but it is unable to hydrolyze synthetic substrates that are commonly used to assay GGT. GGT-rel is not expressed in the mouse (9).

Recently, mice deficient in GGT were developed and used in LT metabolism studies (10–12). These studies un...
expectedly revealed that GGT-deficient mice are competent to metabolize LTC₄ as a result of the presence of an additional LTC₄/LTD₄-converting enzyme, named γ-glutamyl leukotrienease (GGL) (10).

At present, there have been five patients reported with GGT deficiency (13–16). These patients have increased glutathione concentrations in plasma and urine, but their cellular levels are normal. In addition to glutathionuria, these patients have increased levels of γ-glutamylcysteine and cysteine. Decreased activity of GGT can be demonstrated in leukocytes or cultured skin fibroblasts, but not in erythrocytes, which also lack this enzyme under normal conditions. The clinical relevance of the condition is not known; patients with variable central nervous system (CNS) symptoms as well as asymptomatic patients have been recognized (17). GGT deficiency appears to be transmitted as an autosomal recessive trait, and the gene family for GGT has been mapped to chromosome 22q11.2-q11.1.

In this paper, we report the results of our studies on LT synthesis and metabolism in patients with GGT deficiency, in whom we demonstrate a defect in the conversion of the parent compound LTC₄ to LTD₄.

MATERIALS AND METHODS

Patients

Three different patients (14, 16) with GGT deficiency were investigated. Detailed clinical and biochemical findings of these patients are shown in Table 1. All patients exhibited glutathionuria and significantly decreased activity of GGT in cultured skin fibroblasts.

Analysis of LTs in plasma and urine

Urine was obtained from all patients by spontaneous micturition, screened for the presence of pathobiological constituents, and mixed with two volumes of 90% (v/v) aqueous methanol, pH 8.5, containing 0.5 mmol/l edetic acid, 1 mmol 4-hydroxy-2,2,6,6-tetramethylpiperidine-N(1)-oxyl (Sigma Chemical Co., St. Louis, MO), and 20 mmol/l KHCO₃. [3H]LTC₄, [3H]LTD₄, and [3H]LBT₄ were added to cell supernatants as internal standards. LT content was assessed by enzyme immunoassays after extraction on Sep-Pak cartridges and reversed-phase high-pressure liquid chromatography purification as described in detail (20).

Measurement of [3H]LTD₄ formation from [3H]LTC₄ in monocytes

[3H]LTC₄ (Du Pont-New England Nuclear) was added to isolated monocytes, and incubations were carried out as described (21). After centrifugation and evaporation to dryness, the residue was taken up in isopropanol, acidified to pH 3 with 5 mol/l formic acid, and extracted with diethyl ether. After separation and addition of 10 mmol/l NH₄OH, the sample was dried and the residue was adjusted to pH 9 by NH₄OH. The mixture was extracted on Sep-Pak cartridges, and analysis was done by reversed-phase high-performance liquid chromatography analysis in a Beckman multipurpose scintillation counter (LS 6500; Beckman Instruments, Fullerton, CA). Results are expressed as percentage capacity to form [3H]LTD₄ from [3H]LTC₄.

Electrospray tandem mass spectrometry

Electrospray mass spectra were recorded in the negative ion mode using a triple quadrupole instrument type TSQ 7000 (Finnigan, San Jose, CA) equipped with a nanoelectrospray ionization source (EMBL, Heidelberg, Germany). Spray capillaries were made in house using a micropipette puller type 87 B (Sutter Instruments). Conductivity of the capillaries was achieved by sputtering a thin film of gold onto the surface. The spray was started by applying a voltage of approximately −500 V. Tandem mass

| TABLE 1. Clinical and biochemical findings in patients with γ-glutamyl transpeptidase deficiency |
|----------------------------------|-----------------|-----------------|-----------------|
| Findings                         | Patient 1       | Patient 2       | Patient 3       |
| Age (years)                      | 39              | 20              | 21              |
| Clinical symptoms                | Mental retardation, severe behavior problems, psychiatric symptoms | Prader-Willi syndrome, strabismus, easy bruising, poor coordination, dysmorphic features | Seizures, abnormal electroencephalogram, asthma, easy bruising |
| Glutathionuria                   | Present         | Present         | Present         |
| Intracellular glutathione        | Normal          | Normal          | Normal          |
| γ-Glutamyl transpeptidase activity in cultured fibroblasts (mU/mg protein)* | <0.05 | <0.05 | <0.05 |

* Controls, 1.54 (0.53–7.78) mU/mg protein (median and range; n = 6).

Mayatepek et al. Leukotrienes in GGT deficiency
spectrometry was performed using argon as a collision gas at a nominal pressure of 2.5 mTorr in the collision cell. Scan time was 3 s per scan. Single-stage spectra represent as average of 10 scans, and tandem mass spectra represent the average of 50 scans. The HPLC fractions were reduced to approximately one-third of their original volume under a stream of nitrogen and then lyophilized completely. The residue was redissolved in 40 μl of methanol, and 5 μl thereof was transferred into a spray capillary.

RESULTS

Analysis of LTs in urine of all three patients with GGT deficiency revealed increased concentrations of LTC4, which is usually not detectable in human urine, in all three patients (Table 2). Conversely, LTE4, which is the major urinary leukotriene metabolite in humans, was below the detection limit in all three patients.

Identification of LTC4 in the urine of the patients with GGT deficiency was confirmed by tandem mass spectrometry. The single-stage mass spectra of the HPLC fractions isolated from the urine samples of all patients contained a signal at m/z 624, the m/z value for the [M-H] ion of LTC4. To confirm the identification of this signal as LTC4, a precursor ion scan for m/z 272 was performed, and the resulting spectra showed the ion at m/z 624 as the most abundant signal. The precursor ion scan for m/z 272 was selected because this fragment has been reported as an abundant fragment ion of LTC4 generated by fission of the sulfur bridge, with retention of the sulfur atom at the fatty acid part and charge retention at the glutathionyl part, using fast atom bombardment (22) or electrospray ionization (23), as indicated in Fig. 1.

Complete product ion spectra were recorded for the signals at m/z 624, as observed in the HPLC fractions from the patient urine samples, and compared with the corresponding spectrum of synthetic LTC4. These product ion spectra are presented in Fig. 2. The product ion spectrum of LTC4 (Fig. 2A) is characterized mainly by fragment ions originating from the glutathione part of the molecule (22). All major fragment ions observed in this product ion spectrum at m/z 128, 143, 179, 210, 254, and 272 are also found with similar relative abundance in the corresponding spectra obtained from the samples of the patients (Fig. 2B, C). These spectra contain a few additional ion signals compared with the reference spectrum shown in Fig. 2A, indicating the additional presence of some minor isobaric contamination at m/z 624 in the spectra of the HPLC fractions prepared from urine.

![Table 2. Endogenous urinary leukotrienes](image)

<table>
<thead>
<tr>
<th>Leukotriene</th>
<th>Patient 1</th>
<th>Patient 2</th>
<th>Patient 3</th>
<th>Controls*</th>
</tr>
</thead>
<tbody>
<tr>
<td>LTC4</td>
<td>12.8</td>
<td>15.7</td>
<td>17.9</td>
<td>&lt;0.005</td>
</tr>
<tr>
<td>LTE4</td>
<td>&lt;0.005</td>
<td>&lt;0.005</td>
<td>&lt;0.005</td>
<td>32.2 ± 8.6</td>
</tr>
</tbody>
</table>

*For controls, n = 30 (mean ± SD).

![Fig. 1. Structure of the cysteinyl leukotriene LTC4 and the main points of cleavage. Formation of the two most intense fragment ions at m/z 143 and m/z 272 from the [M-H]⁻ ion of LTC4 at m/z 624.](image)

![Fig. 2. Negative ion nanoelectrospray ionization product spectra of m/z 624 from different samples. A: LTC4 standard. B: LTC4 fraction isolated from urine of patient 1. C: LTC4 fraction isolated from urine of patient 2.](image)
In plasma of the patients with GGT deficiency, LTC₄ was increased compared with control values, whereas LTD₄ and LTE₄ were below the detection limit (Table 3). LTD₄ was found within normal ranges. The formation of [³H]LTD₄ from [³H]LTC₄ in stimulated monocytes was below the detection limit, whereas the formation of LTC₄ was subsequently increased (Table 4). The synthesis of LTD₄ in stimulated monocytes was within normal ranges. The formation of [³H]LTD₄ from [³H]LTC₄ in monocytes was completely deficient (Table 4).

The synthesis of LTD₄ was compared with LTD₄ in stimulated monocytes (n = 10; LTD₄; 50.6 ± 4.8 ng/10⁶ monocytes; LTD₄; 33.9 ± 3.9 ng/10⁶ monocytes) was not reduced when incubated with plasma of a patient with GGT deficiency (LTD₄; 49.2 ± 4.4 ng/10⁶ monocytes; LTD₄; 34.3 ± 3.7 ng/10⁶ monocytes). These results indicate that there was no inhibitory activity of LTD₄ synthesis in the plasma of patients with GGT deficiency.

<table>
<thead>
<tr>
<th>Leukotriene</th>
<th>Patient 1</th>
<th>Controlsa</th>
</tr>
</thead>
<tbody>
<tr>
<td>LTB₄</td>
<td>10.8</td>
<td>10.4 ± 0.6</td>
</tr>
<tr>
<td>LTC₄</td>
<td>17.3</td>
<td>9.6 ± 0.4</td>
</tr>
<tr>
<td>LTD₄</td>
<td>&lt;0.005</td>
<td>12.8 ± 0.8</td>
</tr>
<tr>
<td>LTE₄</td>
<td>&lt;0.005</td>
<td>13.2 ± 0.8</td>
</tr>
</tbody>
</table>

* For controls, n = 30 (mean ± SD).

In plasma of the patients with GGT deficiency, LTC₄ was increased compared with control values, whereas LTD₄ and LTE₄ were below the detection limit (Table 3). LTD₄ was found within normal ranges. In contrast to the control samples, the synthesis of LTD₄ as well as LTE₄ in stimulated monocytes was below the detection limit, whereas the formation of LTC₄ was subsequently increased (Table 4). The synthesis of LTD₄ in stimulated monocytes was within normal ranges. The formation of [³H]LTD₄ from [³H]LTC₄ in monocytes was completely deficient (Table 4).

The synthesis of LTD₄ was compared with LTD₄ in stimulated monocytes (n = 10; LTD₄; 50.6 ± 4.8 ng/10⁶ monocytes; LTD₄; 33.9 ± 3.9 ng/10⁶ monocytes) was not reduced when incubated with plasma of a patient with GGT deficiency (LTD₄; 49.2 ± 4.4 ng/10⁶ monocytes; LTD₄; 34.3 ± 3.7 ng/10⁶ monocytes). These results indicate that there was no inhibitory activity of LTD₄ synthesis in the plasma of patients with GGT deficiency.

**DISCUSSION**

The results of our study demonstrate a complete deficiency of LTD₄ biosynthesis in patients with a genetic deficiency of GGT. Patients displayed an abnormal profile of LTs in urine, with the complete absence of LTE₄, the index metabolite for cysteinyl LT generation in humans (2). Highly increased concentrations of LTC₄ in the urine of GGT-deficient patients were confirmed by tandem mass spectrometry. To date, LTC₄ has not been reported to be present in human urine under physiological or pathophysiological conditions. Analysis of patient plasma revealed a corresponding abnormal profile, with increased concentrations of LTC₄ and absence of LTD₄ as well as LTE₄, whereas LTD₄ synthesis was not affected. Incubation with plasma of affected patients. Finally, functional experiments with monocytes clearly showed that the formation of LTD₄ is completely deficient in patients with GGT deficiency.

Three of the five known patients with GGT deficiency were ascertained by urinary screening for amino acid defects in mentally retarded individuals, revealing glutathionuria. These patients had variable CNS symptoms, although two siblings with complete GGT deficiency showed no signs of severe CNS dysfunction (17). Our results clearly indicate that there are serious abnormalities in cysteiny LT synthesis in each of the three investigated patients. It seems possible that the metabolic defect, either excessive LTC₄ or more likely lack of LTD₄ and LTE₄, may contribute to some or even all of the observed symptoms. In accordance, another disorder of cysteinyl LT metabolism, LTC₄ synthesis deficiency, has been found to be associated with a fatal developmental syndrome, including severe muscular hypotonia, psychomotor retardation, failure to thrive, and microcephaly (24, 25).

Some years ago, a human γ-glutamyl-cleaving enzyme related to but distinct from GGT was identified (9). In vitro studies indicated that this protein, named GGT-rel, has at least a minor capacity to convert LTC₄ to LTD₄ (9, 10), and it was suggested that GGT could no longer be considered the only enzyme capable of cleaving the γ-glutamyl linkage of LTC₄. Little is known about the tissue distribution of different enzymes with GGT function. We found a complete absence of LTD₄ biosynthesis in monocytes of patients with GGT deficiency as well as corresponding biochemical findings in blood and urine. Assuming that GGT deficiency in the investigated patients is caused by a recessive single gene defect, our results indicate that GGT is the only enzyme capable of converting LTC₄ to LTD₄ in the human tissues/body fluids studied. Alternatively, “GGT deficiency” in our patients would need to be caused by a lack of more than one enzyme, which would be difficult to reconcile with the apparent lack of clinical symptoms in some affected individuals.

Recently, mice deficient in GGT have been developed (11, 12). These mice are small and grow slowly. They fail to mature sexually, develop cataracts, and begin to die at ~12 weeks of age. At the time of these studies, it was thought that GGT was the only enzyme responsible for converting LTC₄ to LTD₄, and it was expected that GGT-deficient mice would be unable to catalyze this reaction. However, it was subsequently shown that these mice have substantial conversion of LTC₄ to LTD₄, facilitated by another enzyme named GGL (10). It was hypothesized that GGL and GGT-rel may represent the human and mouse counterparts of the same enzyme, because GGT-rel is not found in the mouse. If this were the case, different tissue distributions of GGT-rel in humans and GGL in mice would be expected. No mice have been reported that are deficient in both GGT and GGL.

In conclusion, our results show that the synthesis of LTD₄ is deficient in patients with GGT deficiency, leading...
to highly increased LTC₄ and reduced or absent LTD₄ as well as LTE₄ in urine, plasma, and blood cells. GGT deficiency thus represents the second known inborn error of cysteinyl LT synthesis. The challenge of understanding the pathways of LT and glutathione metabolism in humans, including the pathophysiology of conditions of impaired LT biosynthesis, will be substantial. GGT deficiency provides a unique model in which to study this important pathobiological coherence.

The authors are grateful to Dr. J. Stern for his help in collecting samples from patient 1 and to R. Zelezny for technical assistance. This study was supported by a grant from the Deutsche Forschungsgemeinschaft (Ma1314/2-3).

REFERENCES