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發行人：楊勉力 會訊主編：張舜智

秘書長：劉瑞德

會址：台北市常德街1號 電話：(02)23816198 傳真：(02)23814234

## CURRENT PERSPECTIVES OF PREECLAMPSIA (II )

Tzu-Hao Wang, M.D., Ph.D.

Department of Obstetrics and Gynecology, Chang-Gung Memorial Hospital,  
Lin-Kou Medical Center, Tao-Yuan, TAIWAN

### Signal transduction pathways in preeclamptic placentae

Appropriate cross-talk between endometrium and placenta is critical for normal pregnancy. For instance, cytotrophoblasts expressing  $\alpha_4$  integrins bind immobilized VCAM-1 *in vitro*, suggesting that this receptor-pair could mediate cytotrophoblast-endothelium or cytotrophoblast-cytotrophoblast interactions *in vivo*, during endovascular invasion. On the other hand in preeclampsia, in which endovascular invasion remains superficial, cytotrophoblasts fail to express most of these endothelial markers (31), suggesting that this adhesion phenotype switch is required for successful endovascular invasion and normal placentation (32). Placental TGF- $\beta_3$  expression is high in early pregnancy but falls at around 9 weeks' gestation. A failure to downregulate expression of TGF- $\beta_3$  at around 9 weeks' gestation results in shallow trophoblast invasion and predisposes the pregnancy to preeclampsia (12).

Placenta growth factor (PlGF), a member of the VEGF family of angiogenic factors, is prominently expressed by trophoblast. Decreased levels PlGF during preeclampsia could influence endothelial cell and trophoblast function, thereby contributing to the pathogenesis of the disease (5). Recombinant human vascular endothelial growth factor (VEGF) has been demonstrated to activate c-Jun N-terminal kinase (JNK) in the normal trophoblast through flt-1 receptors. JNK has been shown to be associated with apoptosis and other functions (33-35). Trophoblast-derived VEGF/PlGF could act in a paracrine fashion to promote uterine angiogenesis and vascular permeability within the placental bed. In addition, presence of functional receptors for VEGF/PlGF on normal trophoblast suggests that VEGF/PlGF functions in an autocrine manner to perform an as yet undefined role in trophoblast invasion, differentiation, and/or metabolic activity during placentation (11).

Flt-1 is the receptor for PlGF. Presence of Flt-1 on trophoblast suggests that PlGF also have an autocrine role(s) in regulating trophoblast function in addition to its role as a paracrine angiogenic factor within the placenta and endometrium. Exogenous PlGF induced specific activation of the stress-activated protein kinase (SAPK) pathways, JNK and p38 kinase, in primary term trophoblast with little to no induction of the extracellular signal regulated kinase (ERK-1 and -2) pathways, providing a direct evidence of a biochemical and functional role for PlGF/Flt-1 in normal trophoblast. Collectively, aberrant PlGF expression during pregnancy may impact upon trophoblast function as well as vascularity within the placental bed (13), accounting for the pathogenesis of preeclampsia (5).

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