



Nephrolithiasis and Arthritis: Are There Other Reasons To Have Uric Acid?



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13

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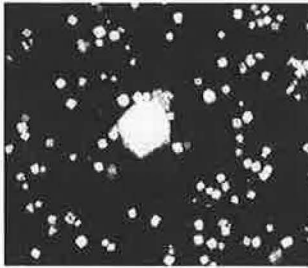
Research: Renal physiology and metabolism.

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INTRODUCTION

Clinicians know of uric acid as the culprit behind gouty arthritis and uric acid stones. Less commonly, one encounters acute uric acid nephropathy usually after tumor lysis syndrome and more recently, uric acid as an independent cardiovascular risk factor was resurrected. Thus far, we have not heard anything good about this compound. It seems to bring nothing but trouble. I will submit the question- "Why do we need this?" How come evolution has not eliminated this awful compound?

In 1965, Dr. Alex Guttman hypothesized on an intrinsic defect in ammoniogenesis leads to spill-over of nitrogen to the uric acid synthetic pathway in an attempt to unify the findings of low urinary ammonium and high uric production. In the audience were many illustrious experts in physiology and metabolism. Dr. Robert Berliner commented "Teleological argument is always dangerous and distasteful. There is not much sense in making uric acid in the first place, and if it is made, there is no sense in holding onto it, as man appears to do so." This is an irony as stated eloquently by Dr. Berliner. We will try to analyze this paradox. In particular, we will focus on the statement "*there is not much sense in making uric acid in the first place.*"



Outline for Grand Rounds

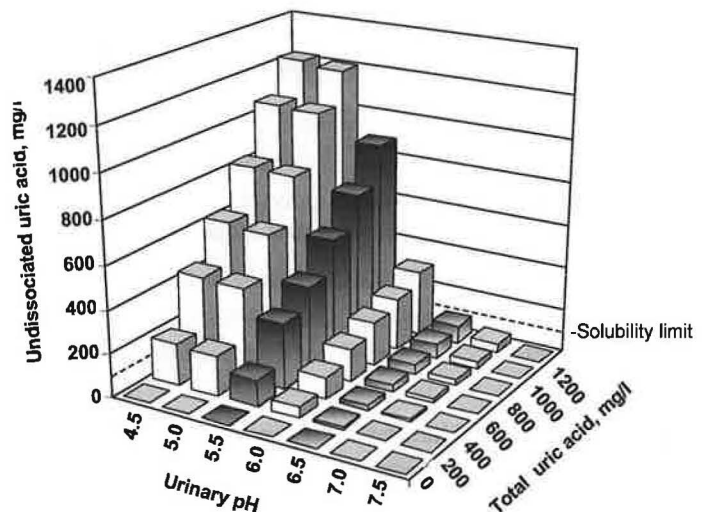
- Uric acid nephrolithiasis
- Nitrogen metabolism
- Evolution of uricolyism
- As an antioxidant
- Effects on central nervous system
- Immune signaling molecule
- Cardiovascular effects

Reference

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URIC ACID NEPHROLITHIASIS

Formation and growth of stones in the urinary space is influenced by both urinary biochemical and epithelial factors. Pathogenesis of uric acid stones is attributed principally to disturbance of urinary chemical composition due to paucity of evidence for predisposition by epithelial factors. The singular most important urinary factor is high activity of free H^+ which titrates urate to the highly insoluble uric acid. Unduly acidic urine is by far much more important than hyperuricosuria in causing uric acid precipitation. A quantitative analysis reveals that with a urinary pH of 6.5, it takes a massive

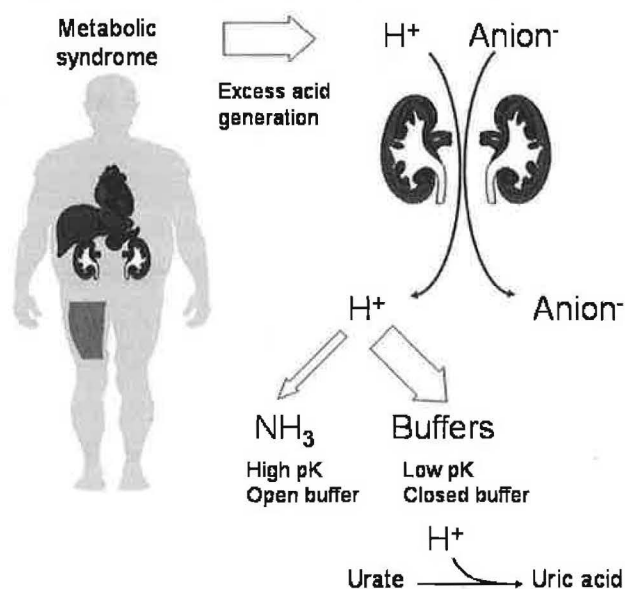


Amount of total uric acid allowed in urine based on pH.
Taken from Maalouf et al 2004

amount of total uric acid to exceed its saturation, while a fall of urinary pH to 5.5 or below will readily crystallize what is considered a physiologic concentration of uric acid in urine. Stated simply, uric acid nephrolithiasis is a disease of urinary pH. A significant amount of effort has been invested in all fronts and some modest progress has been achieved recently in understanding the pathogenesis of excessively low urine pH in uric acid stone formers.

Highly acidic urine maybe genetically and energetically costly to maintain (direct coupling to H^+ -pumping to hydrolysis of high energy bonds and tight epithelia), but acidic urine *per se* does not necessarily confer negative effects on the urine or uroepithelium. The “problem” emerges when one harbors a substance such as urate ($pK= 5.6$) into the urine where its protonated form (uric acid) comes out of solution. This low solubility of uric acid is exploited in many avian and some reptilian species to conserve water and hence represents physiologic uric acid crystalluria. Humans do not belong under this canopy. When uric acid precipitates in human

urine, it is considered a “disease”. The current model is far from complete. In brief, the collective data suggests a multisystemic defect of excessive generation of acid equivalents coupled with a mild impairment in provision of high pK open urinary buffer, namely ammonia. The employment of low pK closed buffers (titratable acidity) to excrete this acid load mandates low urinary pH and uric acid precipitates as an innocent (or not so innocent) bystander. There are other possible contributing factors such as promoters and inhibitors of stone formation, as well as epithelial factors that are being studied. Urinary pH has received the due attention it deserves because of its critical role in the human syndrome of uric acid nephrolithiasis and the physician’s ability to effectively manipulate this risk factor.



Working model: Pathogenesis of uric acid nephrolithiasis

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


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NITROGEN METABOLISM

Uric acid is a carrier of excess unassimilated nitrogen atoms fed in from the dual source of amino acids and purines. Amino acids cannot be stored and has to be used for building proteins or metabolized. Simple denitrifying microbes can simply blow the molecular dinitrogen into the atmosphere which will be the most convenient and cleanest way of disposing nitrogen. This process does not exist in higher eukaryotes. While the carbon skeleton of amino acids can be salvaged (e.g. gluconeogenesis), the nitrogen has to be excreted. The use of ammonia, urea, or uric acid as the predominant species of nitrogen excretion is termed ammonotelism, ureotelism, or uricotelism respectively.

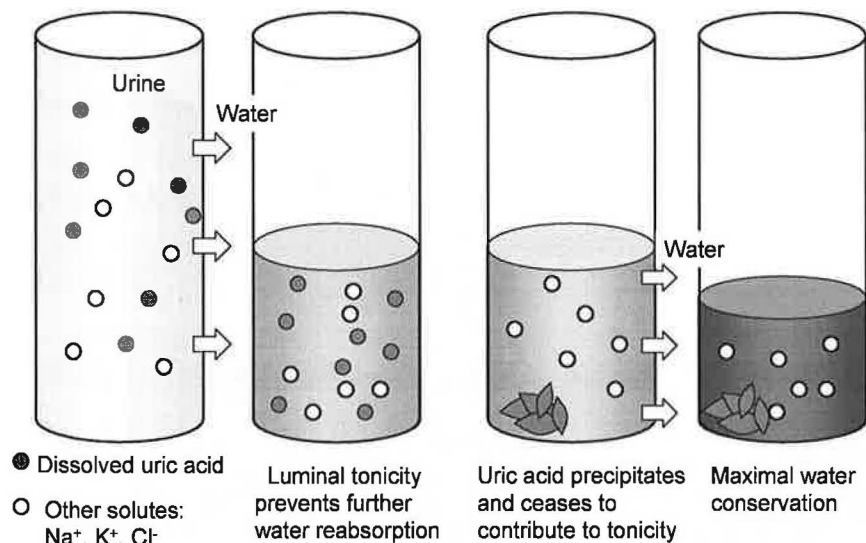
	 Elasmobranch	 Teleost	 Amphibian	 Reptile	 Bird	 Mammal
Ammonia 	N Excretion					
Urea 			N Excretion			
Uric acid 			N Excretion			

This figure summarizes how a broad range of animal species uses ammonia, urea and uric acid to excrete nitrogen from amino acids and purines. Note that this refers to the predominant but not necessarily the exclusive compound being used. There are also numerous exceptions to this rule.

Ammonotelism, ureotelism, and uricotelism in vertebrates

three pathways for nitrogen excretion because protein delivers acid and purine in addition to nitrogen load. The switch from ureotelism to and from uricotelism based on the aridity of the ambient habitat is well shown in numerous species. For example, the tree frog *Chiromantis xerampelina* alters its enzymes of urea and uric acid synthesis to operate on either ureotelism or uricotelism depending on whether the environment is damp or dry respectively. Whether *H. sapiens* can toggle from one form of nitrogen excretion to another at the beckoned call of physiology is not known but is rather unlikely. Regardless of whether we possess this metabolic plasticity, there is no doubt that humans are not strictly obligatory ureotelics.

Before one embarks on the discussion and speculation on the panoply of biologic functions of uric acid, it appears that one prime purpose of using uric acid to excrete nitrogen is to allow the organism to excrete nitrogen in a solid state. Uric acid is a metabolic cul-de-sac in uricotelic organisms as its sole fate is excretion. As previously stated, the very purpose of having uric acid in urine is so that it will precipitate.



Uric acid precipitation allows maximal water conservation

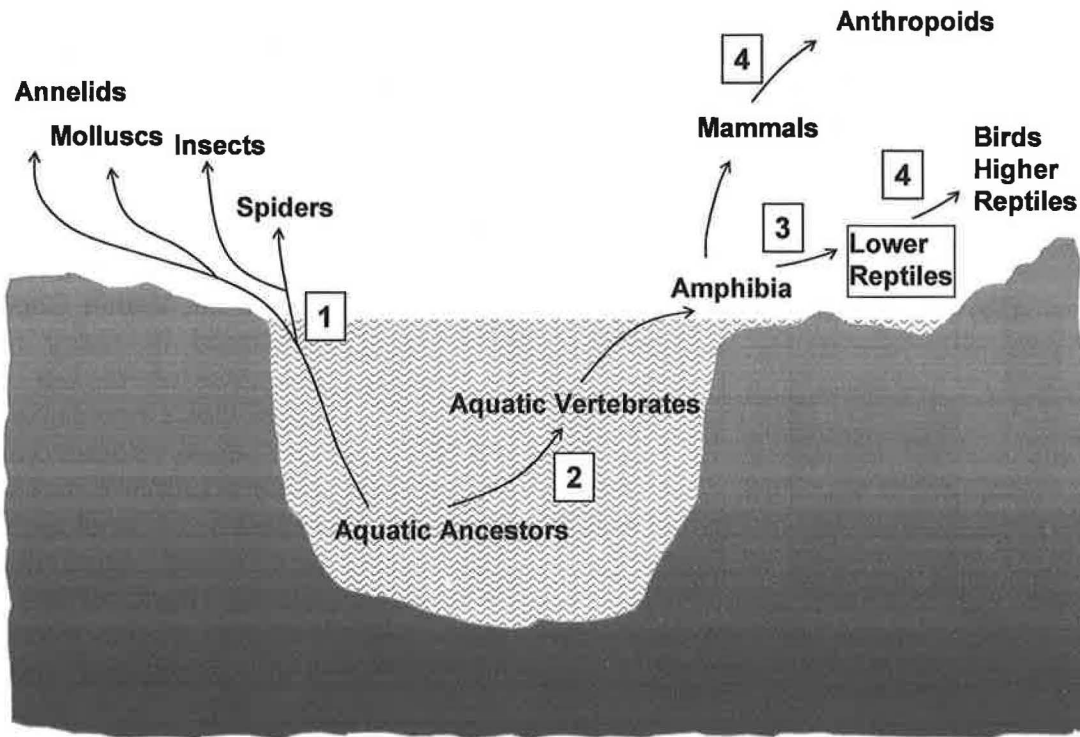
In the kingdom *Animalia*, uricotelism for the purpose of water conservation is prevalent in the phyla *Arthropoda* and *Chordata*. Within *Chordata*, it is observed in many species in the class of *Reptilia*, *Aves*, and *Amphibia*. Crystalluria and frank uric acid concretions do not pose a problem due to multiple reasons including the specialized anatomy of the urinary tract where urine is excreted directly into the cloaca and discharged with feces, deposition onto exoskeletons, and others.

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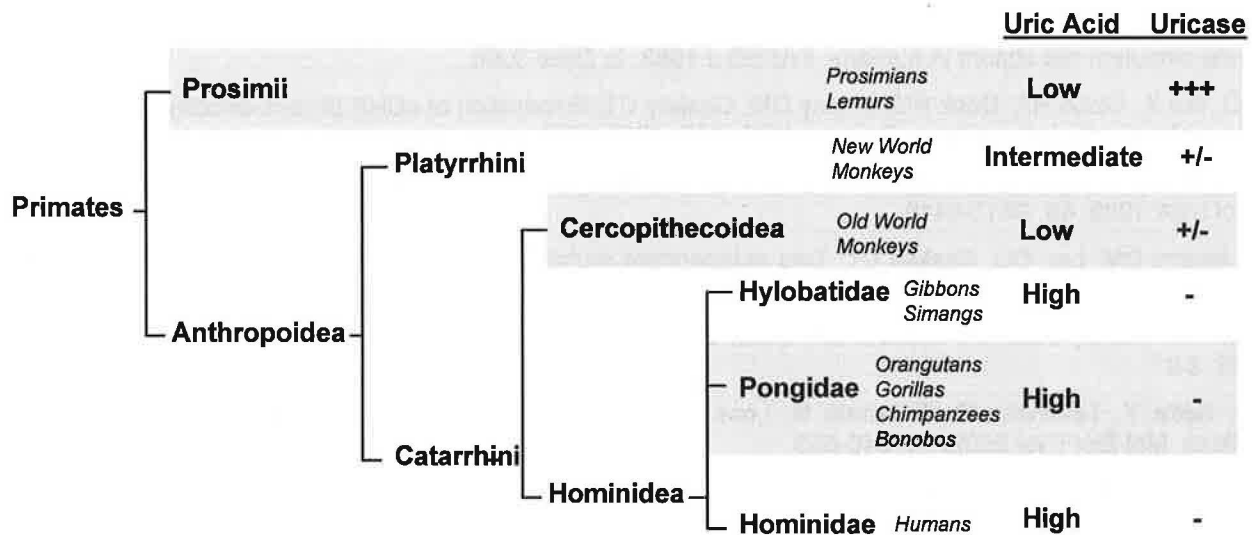
EVOLUTION OF URICOTELISM

The switching on or off of uricotelism is achieved in short term biochemically by altering enzymes that control the traffic of nitrogen between the ammonia, urea, and uric acid pathways. This is particularly true for enzymes of uric acid production and degradation. Over a short period of time such as the migration of a given organism between wet and dry land either as seasonal or developmental (e.g. larvae to adult) transition, changes in metabolism can be achieved by regulating the activity of existing enzymes. On an evolutionary time scale, genes coding for these enzymes are activated or inactivated. The figure summarizes some of these genetic changes in a broad sense. Gene inactivation is a prevalent theme in uricotelism.



Uricotelism in the phyla *Arthropoda*, *Mollusca*, *Annelida*, *Chordata* (Sub-Phylum *vertebrata*) is achieved by inactivation of genes coding for enzymes of uric acid metabolism. Loss of: 1. All enzymes of uric acid catabolism. 2. Urease. 3. Allantoinase and allantoinase. 4. Uricase.

Most species in the class *Mammalia* are ureotelics. One highly intriguing phenomenon has been what appears to be the "re-emergence" of uricotelism in higher primates. The loss of uricase was achieved by silencing of the uricase gene via accumulation of promoter base changes as well as several splice, missense, and frame-shift mutations. Since other authors have recently expounded on the silencing of uricase, this manuscript will merely provide a précis of the phenomenon and offer an analysis of the potential gain. While uric acid levels are still relatively low in the Old World Monkeys, uricase deficiency is no doubt evident. In higher primates with full loss of uricase expression, part of the compensation to prevent a uric acid flood is reduced expression of xanthine oxidase (uric acid synthase).



Loss of uricase and elevation of plasma uric acid levels in higher primates.

Over some 30 million years, multiple mutations on the uricase gene clearly cumulated in complete lack of its expression. While accumulation of base changes is slow, once polymorphism is established, changes in allelic frequency can proceed at a fast pace in response to environmental selection pressure. The best-known group of genes is the ones evoked by the "malaria hypothesis". Frequency of certain alleles of globin and erythrocyte glycolytic enzyme and transporter were enriched due to their conference of infection resilience to the red cell and survival advantage to the host when *H. sapiens* co-existed with *Plasmodium*. The observation of high frequencies of sickle cell trait and thalassemia in areas endemic for malaria was made back in the 1940's. In addition to the globin chains, several other genes such as glucose-6-phosphate dehydrogenase, the anion exchanger-1, and the Duffy antigen have also been implicated in the malaria hypothesis.

What can be the basis for the positive selection of uricase inactivation in primate evolution? Clearly, primates are thriving well as ureotylics. The uric acid synthetic pathway is probably necessary for purine breakdown but what is the advantage in the truncation at the uricase step and not allowing the reaction to proceed to equally inert but soluble allantoin and allantoic acid? Logic would oblige one to conclude that uric acid serves functions other than merely an insoluble form of nitrogenous waste that can be excreted without an aqueous carrier.

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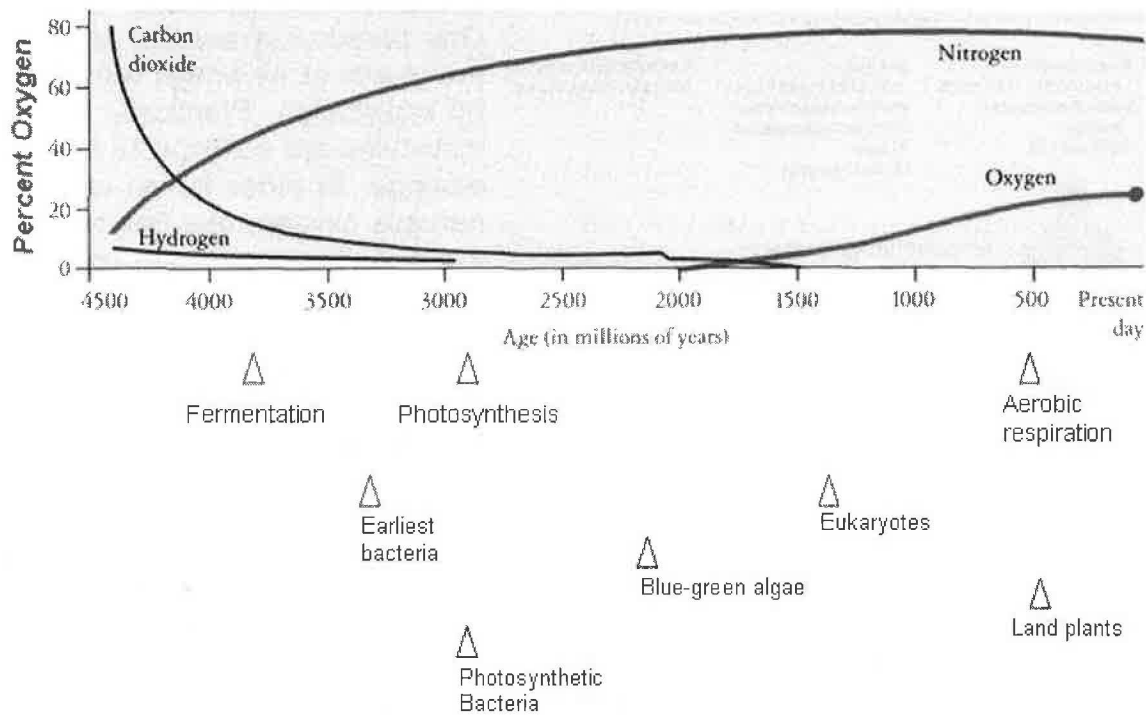
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URIC ACID AS AN ANTIOXIDANT

The Earth started 4.6×10^9 years ago as a waterless mass of rock with a primordial primary atmosphere of hydrogen and helium which was stripped by the solar wind. The existing atmosphere is entirely secondary formed by importation, outgassing, and then lastly by biological processes. The early secondary atmosphere consisted of water vapour, carbon dioxide, carbon monoxide, nitrogen, hydrogen chloride and hydrogen. Oxygen freed from water by photodissociation was sequestered surface compounds, and converted to ozone (O_3). Free O_2 did not exist in any substantial quantity.

Life on Earth began around 3.5×10^9 years ago. Prokaryotic fermenters fixed carbon in the form of organic compounds and the hydrolytic cyanobacteria (the blue-greens) used water as a source of the electron donor and released O_2 as a waste product. Life started to have a major impact on the environment once photosynthetic organisms evolved. These organisms fed off atmospheric carbon dioxide and converted much of it into marine sediments consisting of the innumerable shells and decomposed remnants of sea creatures. While photosynthetic life reduced the carbon dioxide content of the atmosphere, it also started to produce oxygen. The initial generation of oxygen released was quenched by earth's massive oxygen sinks, forming deposits of banded iron (iron oxides). By 2.0×10^9 years ago, oxygen sinks were gradually approaching saturation but the biologic O_2 production showed no signs of deceleration and atmospheric O_2 levels began to rise. Oxygen levels approached the present atmospheric level around 1.6×10^9 years ago.

Oxygen Holocaust

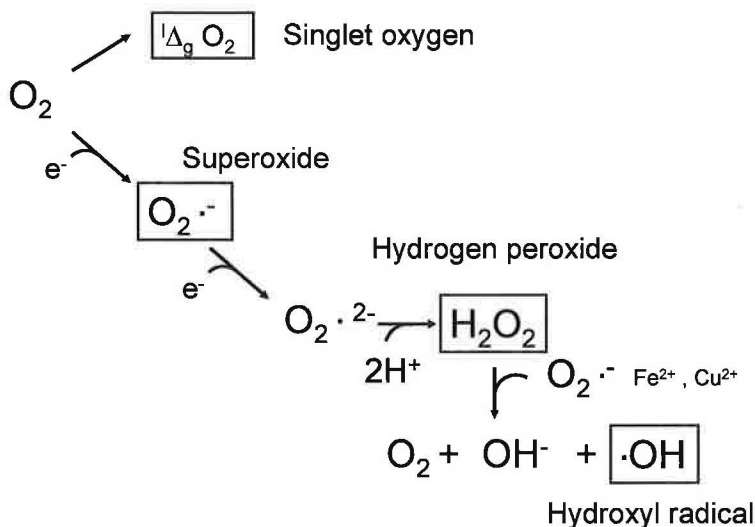


Evolution of the earth's atmosphere and relationship to major biologic events

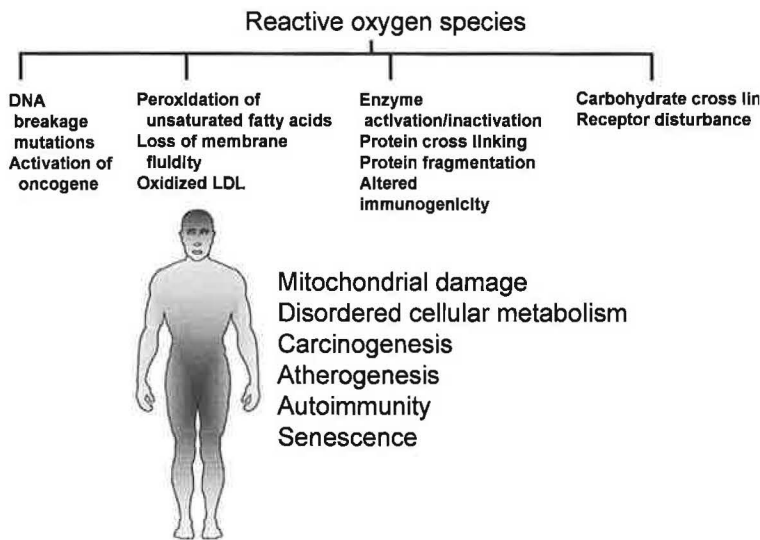
While biologic life forms drastically changed the earth's atmosphere, evolving atmosphere impacted equally dramatic changes on life. With this new found superior electron acceptor also is extremely toxic. Infusion of toxin of this magnitude is expected to cause drastic changes in life forms. Those that cannot cope will be extinct. Oxygen practically extinguished the majority of life forms. This was the first environmental disaster on the planet and has been termed "Oxygen holocaust". Those that can tolerate will survive and those that can take advantage of

the new atmosphere will flourish. The ability to utilize oxygen is not enough to survive. Contemporaneously, the organisms must evolve a way to deal with toxicity.

Reactive oxygen species (ROS)



Harmful by products of oxygen: ROS are boxed



The notion of uric acid being an antioxidant is well known for decades. One paradox of aerobic being is that the vitality of air brings with it lethality by intoxication. Practically all biologic molecules are susceptible to oxidative damage. In order for an organism to harness oxygen, one has to deal with the oxidative damage to protein, lipid, carbohydrate and nucleic acids. The success of aerobic life was never possible without antioxidant defense in terms of containment of generation of reactive oxygen species as well as countermeasures against the damaging effects of these highly toxic compounds. An excellent account on

Damage by reactive oxygen species this general topic has been presented by Benzie. Of the different modes of antioxidation, uric acid along with ascorbic acid, α -tocopherol, and glutathione, function as expendable scavengers of the highly toxic reactive oxygen species. The *in vitro* scavenger action by uric acid of singlet oxygen, hydroxyl free radical, and to some degree peroxide is corroborated by protection from peroxidation of cell membranes and DNA damage by uric acid.

Table 1 Types of antioxidant action

	Action	Example
Prevention	Protein binding/ inactivation of metal ions	transferrin, ferritin, caeruloplasmin, albumin
Enzymatic diversion/ neutralisation	Specific channelling of ROS ¹ into harmless products	superoxide dismutase, catalase glutathione peroxidase
Scavenging	Sacrificial interaction with ROS by expendable (replaceable or recyclable) substrates	ascorbic acid, alpha tocopherol, uric acid, bilirubin, glutathione
Quenching	Absorption of electrons and/or energy	alpha tocopherol, beta carotene

Taken from Benzie

Additions	Exp. 1	
	A	%
t-Butylhydroperoxide at 1 mM	0.262	100
+ Urate at 30 μ M	0.115	44
50 μ M		
60 μ M	0.060	23
100 μ M		
120 μ M	0.024	9
+ Ascorbate at 30 μ M	0.092	35
50 μ M		
60 μ M	0.044	17
100 μ M		
120 μ M	0.018	7
+ Glutathione at 30 μ M	0.182	69
120 μ M	0.122	47

Taken from Ames et al. Uric acid and ascorbate both protect RBC ghost from lipid peroxidation

Of interest is the fact that L-gulonolactone oxidase (GLO) which catalyzes biosynthesis of ascorbate is present in prosimians but is inactivated by mutations in higher primates. The lack of endogenous production of this most critical antioxidant was compensated by adequate dietary intake of ascorbate in the early hominid diet, a reproducibly observed inverse relationship between GLO and superoxide dismutase, and finally the loss of uricase giving rise to high plasma uric acid levels. Cutler studied 22 species of primates and made the empirical

observation that serum and brain urate levels correlates positively with maximum lifespan with *H. sapiens* basking in the pinnacle with the longest maximal lifespan and highest serum levels of 200-450 μM . Ironically, no intra-species correlations have yet been described between uric acid levels and longevity. While the antioxidant function of uric acid seems solid, there is no proof that this confers sufficient survival and/or reproductive advantage to extinguish the expression of uricase.

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CENTRAL NERVOUS SYSTEM EFFECTS

Orowan, who was an engineer from MIT first came up with the provocative hypothesis in an article in *Nature* in 1955 that uric acid enhances intelligence. This was based on the pattern of evolution in higher primates and the fact that uric acid shares some biochemical properties with caffeine and theobromine as cerebral stimulants. The associative and conjectural nature of this argument was countered almost immediately by Haldane. Asaka and coworkers used modeling to analyze selected families with twin children and found a significant correlation between plasma uric acid level and intelligence quotient suggests a contribution of partly common gene loci to the two quantitative traits. This remains an associative finding that was visible only after extensive mathematical manipulation. The "intelligence theory" remains unproven. However, the neuroprotective effect is likely related to the antioxidant properties of uric acid.

From Church and Ward.

Dopamine oxidation rate constant in substantia nigra in human brain homogenate

Subjects	Added	k ($\times 10^2 \text{ min}^{-1}$)
Normal	None	2.82 ± 0.87
	Uricase	8.82 ± 7.10
Parkinson	None	4.57 ± 0.78
	Uric acid	0.323 ± 0.123

Church and coworkers examined postmortem tissue samples from human Parkinsonian patients and showed lower uric acid and dopamine levels compared to age-matched controls in the substantia nigra while ascorbic acid levels were not significantly different from the controls in either brain region. Tissue homogenate from Parkinsonian patients oxidized dopamine faster and addition of uric acid decreased the rate of dopamine oxidation, while addition of uricase increased the rate of dopamine oxidation. The authors hypothesized that uric acid may be a critical chemical to preserve dopamine concentrations. This neuroprotective effect could well

be related to the antioxidant action of uric acid as described above.

Nitric oxide can play a dual role in physiology. By interacting with the iron-containing prosthetic group of guanylate cyclase, it has a regulatory function as endothelial-derived relaxing factor. It can also be converted to other nitrogen oxides and thus become a toxic or inflammatory agent. Superoxide converts nitric oxide to the powerful oxidant peroxynitrite (or peroxynitrous acid):



Interesting is the ability of uric acid to scavenge not just reactive oxygen species but peroxynitrite (generated by the reaction of nitric oxide and superoxide), an action that is not accomplished by ascorbate. This biochemical property of uric acid was demonstrated by its superior ability to protect animals against experimental allergic encephalitis compared to ascorbate. This notion is compatible in the epidemiologic finding in humans where there is an inverse correlation between the occurrence of multiple sclerosis and serum uric acid levels.

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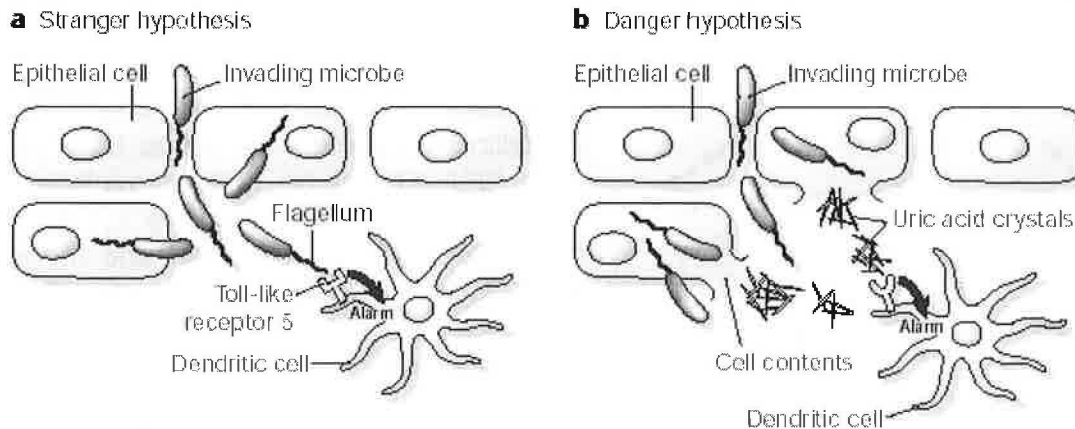
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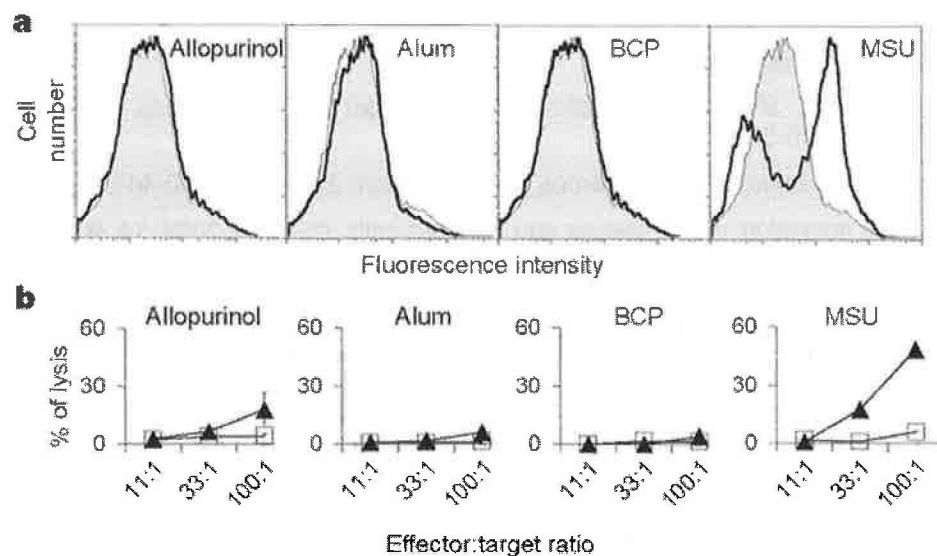
IMMUNE SIGNALING MOLECULE

Rather than a simplistic self vs. non-self model of immune recognition, Matzinger has suggested that the immune system is capable of sensing any form of danger regardless of whether it is a result of a foreign microbe invasion; the so called “danger hypothesis”.



Model of uric acid as “Danger signal” taken from Heath and Carbone

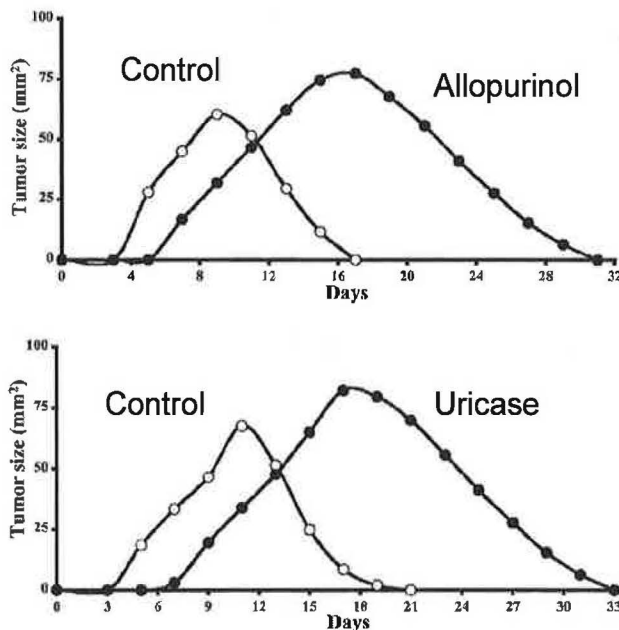
Hence antigen presenting cells can and should sense any form of cellular stress or tissue damage rather than the microbe *per se*. This will then result in the alarm of the troops for battle stations.



Taken from Shi et al. (A) BALB/c bone-marrow-derived dendritic cells were incubated for 6 h with of crystals of allopurinol, alum, BCP, or monosodium urate (MSU), or, CD86 expression is shown in FACS. (B) BALB/c mice were immunized with the indicated crystals and assayed for lysis of targets by CTLs.

The novel and provocative nature of the seminal paper by Shi, Evans and Rock triggered numerous editorial commentaries about this finding. Candidates such as heat shock proteins and nucleotides were proposed but the definitive evidence came from Shi and coworkers. They identified uric acid in a cytoplasmic fraction from dead cells that greatly enhances

cytotoxic T cell responses to be the long sort “danger signal”. Identical results can be reproduced by highly purified uric acid. Addition of allopurinol and uricase reduced the active cytoplasmic fraction.



Further support of uric acid serving as the internal danger signal can be seen experimentally where immune related tumor rejection is blunted by allopurinol and accelerated by uric acid administration. Only crystalline uric acid was active but not soluble urate [51]. Therefore, quite reminiscent of the excretory system, the immune system exploits the low solubility of uric acid and monosodium urate. This has to the case or else the danger signal will be constantly alarming due to the high serum uric acid.

Taken from Hu et al. *In vivo* tumor rejection was delayed but not abrogated by allopurinol or uricase

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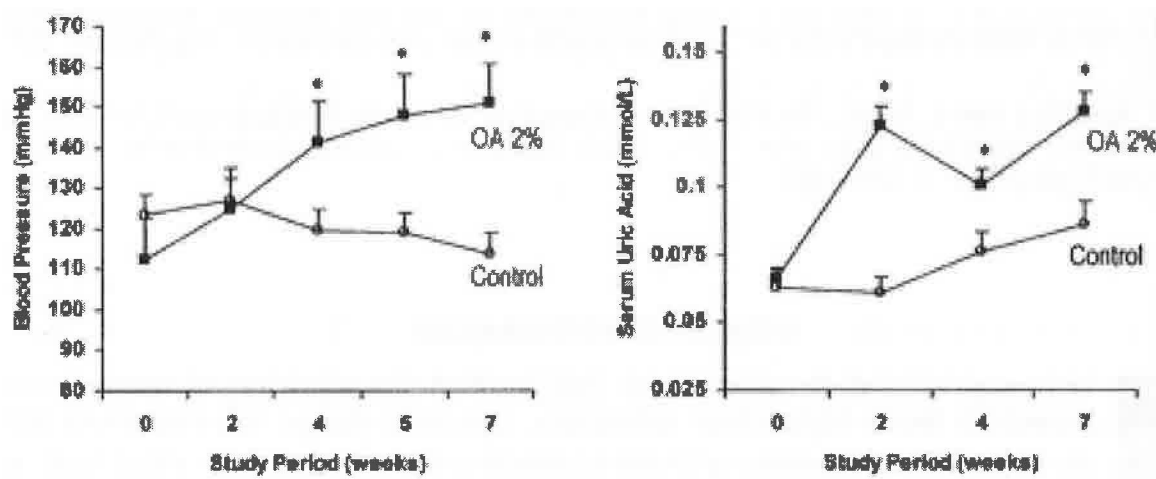
CARDIOVASCULAR EFFECTS

A most interesting and provocative theory has been submitted about uric acid and cardiovascular physiology. Based on a combination of epidemiologic associations, animal studies whether uric acid levels were manipulated and surrogate cell culture models of vascular biology, Johnson and colleagues proposed that high serum uric acid protected hominoids by maintaining a normal blood pressure while subsisting on very low salt diet through renal and vascular mechanisms. This is akin to the classical theory that organisms

with highly developed antinatriuretic mechanisms though millions of years of evolution are assaulted with high dietary salt for less than 10 thousand years resulting in a mismatch between the evolved physiology and the new lifestyle so “overcorrection” of the parameter manifests as hypertension.

The provocative nature of uric acid as a “cardiovascular defender” as a “left-over” from the Miocene epoch is paralleled by the proposal that uric acid in modern humans is an independent causative agent for cardiovascular and renal disease.

Epidemiologic data have shown a correlation between serum uric acid levels and blood pressure.



Taken from Mazzali. Experimentally-induced hyperuricemia elevated blood pressure in rats

Rodents are true ureolytics with very little uric acid their system. When rats were placed on low salt diet, blood remained constant initially but gradually decreased with time. In rats with experimentally induced hyperuricemia, blood pressure and uric acid levels began to rise after about 4 weeks of induced hyperuricemia. This elevation of blood pressure is associated with renal urate deposition and a renal arteriolopathy. Although the findings are clear, it is quite uncertain at the present moment whether the hypertensive response is adaptive for survival on a low salt diet, or maladaptive as predicted when hyperuricemia is induced in a ureotelic organism. The studies of Johnson and colleagues suggest a renal mechanism by which uric acid elevated blood pressure. Cell culture experiments of vascular smooth muscle have also provided plausible models to provide a vascular mechanism for uric acid to increase blood pressure.

The current model assumes that the underlying trait, in our case, high serum uric acid, is still adaptive and favorable, but the superimposition of a high salt diet is rendering the system maladaptive. However, it is important to note conceptually that the uric acid hypothesis extends beyond this paradigm. In addition to salt intake that is considerably higher than 20-30 million years ago, the panel of enzymes of purine metabolism that we possess was never subjected to the same purine load as in the modern human.

At the present time, we have a lot of clinical data showing associations and some rodent data showing that elevation of uric acid in a species that is not accustomed to having uric acid around causes significant morbidity. However, the current body of data does not permit one to

drawn the conclusion of whether: 1. Uric acid is a physiologic defender of blood pressure. 2. Uric acid is causative for cardiovascular or renal disease.

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CONCLUDING REMARKS



Uric acid with all its advantages that justified the silencing of uricase, may be present in levels higher than necessary. This then places uric acid along with salt as accomplices in elevating blood pressure in modern humans. While solid phase monosodium urate maybe critical for danger signals in immune actions, these same crystal in the synovial fluid will beget gouty arthritis. Uricosuria will compromise ureotelic if the system is not meant to handle “physiologic uric acid crystalluria”. There is no doubt that uric acid serves more function than just an insoluble end product of nitrogen and purine metabolism that permits solid phase nitrogen excretion. The high levels of uric acid in body fluids and tissue were selected by many years of evolution and this small purine serves numerous functions in the body. As with most biologic substances, more of a good thing may not always be better. Too much of a good thing in the wrong place and wrong time may be quite deleterious. Even Iris Benzie, the great expert and protagonist of antioxidants (including uric acid) warned against the possible ill effects of having too much uric acid in our system [59]. Gouty arthritis, renal stones, and the more controversial cardiovascular ill effects maybe the price the organism has to pay as a trade-off to possess this simple purine.