

An Abnormal Human Hemoglobin (Hb Rampa) Found in Nagasaki

Bunji WATANABE,¹ Tomoyuki MAEKAWA,¹ Naoko FUJIWARA²
and Genji MATSUDA³

Abstract An abnormal human hemoglobin (Hb Rampa) was found in a Japanese adult male living in Nagasaki. The hybridization test of this hemoglobin showed that the abnormality existed in its α chain, but the difference between the fingerprints of soluble tryptic peptides of this hemoglobin and normal human hemoglobin could not be observed. The purification of the abnormal α chain was performed by CM-cellulose column chromatography after S-carboxymethylation of this chain. The tryptic peptides from the S-carboxymethylated abnormal α chain were purified by high performance liquid chromatography. From the amino acid analysis of the tryptic peptides, it was concluded that the amino acid substitution of this abnormal hemoglobin was α 95 (Pro \rightarrow Ser) and this hemoglobin was identified as Hb Rampa.

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Key words : Human abnormal hemoglobin, amino acid sequence, HPLC

Introduction

Since Pauling *et al.* described hemoglobin S (Hb S)¹, a number of abnormal hemoglobin have been reported in the world with respect to the function of hemoglobin and the genetic investigation.² The Hb Rampa, found in 1970, is a relatively stable hemoglobin variant in which the proline residue at position 95 of the α chain is replaced by a serine residue³. Three other hemoglobin which have substitutions at α 95 have been described. They are Hb G Georgia⁴ α 95 Pro \rightarrow Leu, Hb Denmark Hill⁵ α 95 Pro \rightarrow Ala and Hb St.

1 Department of General Education, The School of Allied Medical Sciences, Nagasaki University

2 The Japanese Red Cross Nagasaki Atomic Bomb Hospital

3 Department of Biochemistry, Nagasaki University, School of Medicine

Lukes⁶ $\alpha 95$ Pro \rightarrow Arg.

In Nagasaki, three abnormal hemoglobins, Hb Nagasaki⁷ $\beta 17$ Glu \rightarrow Lys, Hb Atago⁸ $\alpha 85$ Asp \rightarrow Tyr and Hb E⁹ $\beta 26$ Glu \rightarrow Lys have been reported. In this paper, the authors describe the fourth abnormal hemoglobin, Hb Rampa, found in Nagasaki.

Materials and Methods

Materials

Hemoglobin solution was prepared from a Japanese adult male who showed no significant clinical symptoms by the method of Drabkin¹⁰.

Starch gel electrophoresis

Thin-layer starch gel electrophoresis of hemoglobin was carried out according to a modification of the method of Smithies^{7,11}. Hemoglobin was stained with amido black or O-dianisidine.

Column chromatography of hemoglobin

The CM-cellulose (Whatman Biochemical Co.) column chromatography for the separation of normal and abnormal hemoglobin was performed according to the method previously described⁷.

Hybridization test

Hybridization of the separated abnormal hemoglobin (Hb A ϕ) and normal human hemoglobin (Hb A α) with canine hemoglobin was performed by the method of Gammack *et al.*¹².

Fingerprint of hemoglobin

Fingerprints of the separated abnormal hemoglobin and the normal hemoglobin were carried out by the method of Ingram¹³.

Separation of the α and β chains of globin

The heme was removed from the globin by the method of Anson and Mirsky¹⁴. The globin was separated into α and β chains by CM-52 column chromatography by the method reported previously¹⁵.

S-carboxymethylation

S-carboxymethylation of the α chain was carried out by the method of Crestfield *et al.*¹⁶.

Cellogel electrophoresis of S-carboxymethylated α chain

The purity and the mobility of the CM α chain were analyzed by Cellogel (Chemetron Co., Italy) electrophoresis with 30 mM phosphate buffer (pH 8.6) or 20 mM phosphate buffer (pH 6.8) containing 8 M urea and 20 mM 2-mercaptoethanol.

Purification of the abnormal CM α chain

The CM α chain was purified on a column of CM-52 as described

previously¹⁷.

Fragmentation of the CM α chain

The purified S-carboxymethylated abnormal α chain was digested with TPCK-trypsin (Worthington Biochemical Co.) at pH 8.6 and 37°C for 6 h.

Isolation of the tryptic peptides

The tryptic peptides were isolated by high performance liquid chromatography on a reversed phase column (0.4×15 cm, μ Bondasphere, Waters Co.). Peptides were eluted with a linear gradient of acetonitrile in 0.1% trifluoroacetic acid.

Amino acid analysis

The amino acid compositions of the purified peptides were determined using a JEOL JLC 300 amino acid analyzer.

Results

On the starch gel electrophoresis of the hemoglobin solution from the propositus the major abnormal hemoglobin (Hb A₀') migrated more slowly than Hb A₀ and a minor abnormal hemoglobin (Hb A₂') migrated relatively slower than Hb A₂ and similar to non hemoglobin protein zone (NHP) were observed (Fig. 1).

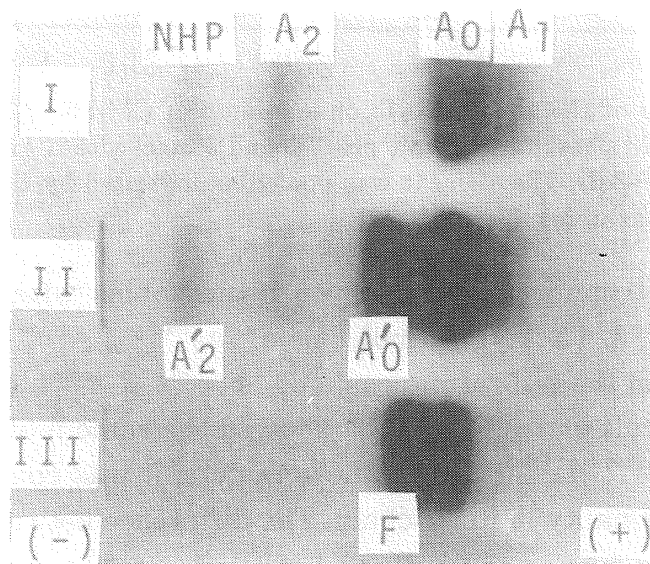


Fig. 1. Thin-layer starch gel electrophoresis of hemoglobins in tris-EDTA-borate buffer, pH 8.6.

- I : Normal human hemolysate
- II : Hemolysate of the propositus
- III : Hemolysate of an infant
- NHP : non hemoglobin protein

The existence of Hb A₂' component suggested that the abnormality of this abnormal hemoglobin existed in its α chain. The elution pattern on CM-52 column of the hemoglobin from the propositus is shown in Fig. 2. The abnormal hemoglobin (Hb A₀') was eluted between the normal Hb A₀ and Hb A₂ under the conditions described in Fig. 2.

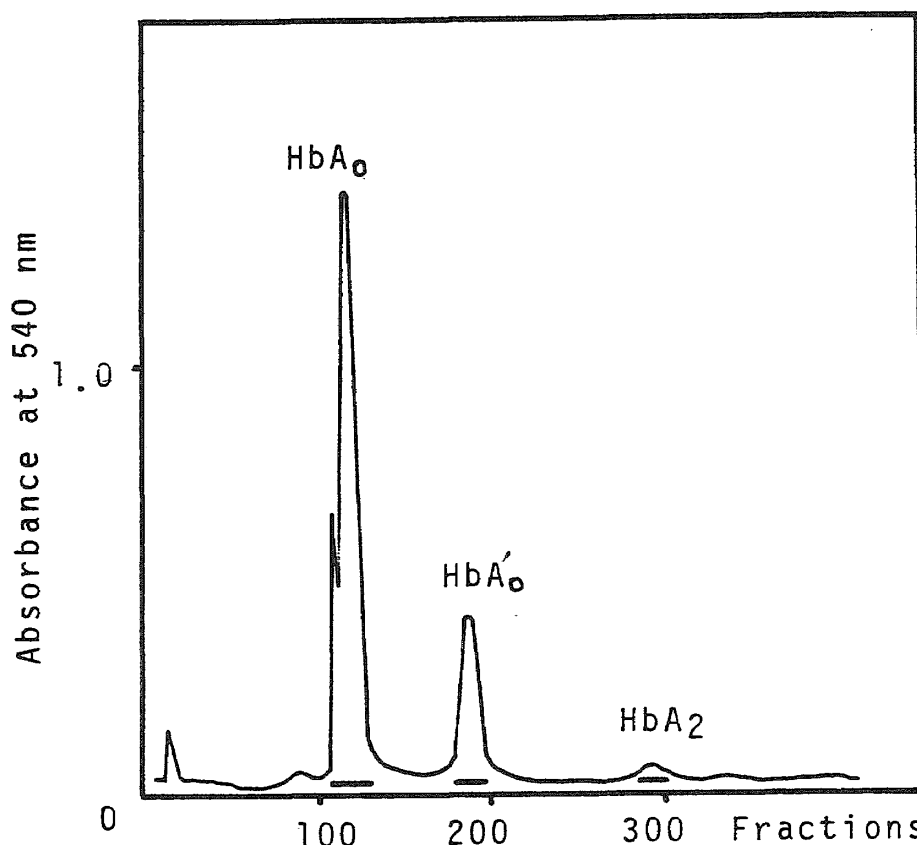


Fig. 2. Separation of the abnormal Hb on a column of CM-52 (2.5×50cm) equilibrated with 0.01 M phosphate buffer, pH 6.8, and eluted with a exponential gradient of pH (pH 6.8-8.5). The effluent was pooled as indicated by the bars (pools 1-2). 8 ml fractions were collected.

The electrophoretic pattern of hemoglobins after hybridization is presented in Fig. 3. The hybrid molecule of $\alpha_2^{\text{HbA}_0'} \beta_2^{\text{canine}}$ showed the different mobility from the hybrid molecule of $\alpha_2^{\text{HbA}_0} \beta_2^{\text{canine}}$. On the other hand, the hybrid molecule of $\alpha_2^{\text{canine}} \beta_2^{\text{HbA}_0'}$ showed the same mobility as the hybrid molecule of $\alpha_2^{\text{canine}} \beta_2^{\text{HbA}_0}$. From above results, it was concluded that the Hb A₀' had its abnormality in its α chain. The difference between the fingerprints of soluble tryptic digests of Hb A₀' and of Hb A₀ could not be observed.

Chromatographic separation of the globin from whole hemolysate of the propositus on CM-52 or DE-52 in 8 M urea could not be obtained in the expected separation of the normal and abnormal α chains. Therefore, the abnormal hemoglobin was separated by CM-52 column chromatography under the condition described in *Materials and Methods*. After the removal

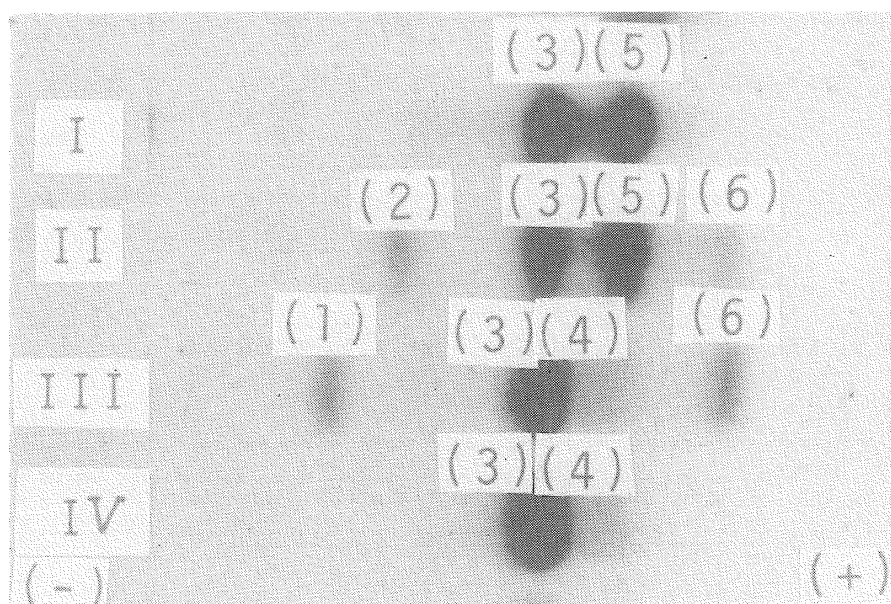


Fig. 3. Hybridization test of hemoglobins.

I : Mixture of normal human Hb (Hb A₀) and canine Hb

II : Hybrid molecules between normal human Hb and canine Hb

III : Hybrid molecules between abnormal Hb (Hb A'₀) and canine Hb

IV : Mixture of abnormal Hb (Hb A'₀) and canine Hb

(1) $\alpha_2^{\text{HbA}'_0} \beta_2^{\text{canine}}$ (2) $\alpha_2^{\text{HbA}_0} \beta_2^{\text{canine}}$ (3) canine Hb

(4) HbA'₀ (5) HbA₀ (6) $\alpha_2^{\text{canine}} \beta_2^{\text{HbA}_0}$

of the heme from the separated abnormal hemoglobin, the globin was applied to the CM-52 column to separate into the abnormal α chain and the β chain (Fig. 4). However the result of Cellogel electrophoresis of the α chain fraction (peak 2 in Fig. 4) after S-carboxymethylation suggested that this fraction was still contaminated with a fairly amount of normal CM α chain. Therefore the further purification of the abnormal CM α chain was performed on a column of CM-52. The abnormal CM α chain was eluted in the peak 3 in Fig. 5 and identified as pure by Cellogel electrophoresis.

The purified abnormal CM α chain was digested with TPCK trypsin. The pH of the digestion mixture was adjusted to 6.4 and the resulting precipitate was separated by centrifugation. The peptides in the supernatant were isolated by the reversed phase HPLC on a column of μ Bondasphere as shown in Fig. 6. Amino acid compositions of the purified tryptic peptides are summarized in Table 1. The peptides were designated α T1 to α T14 based on the nomenclature of the tryptic peptides from the normal human α chain. Except for α T11, all peptides show compositions which were not at variance with those of the corresponding normal α chain peptides. The composition of α T11 which occupies positions 93 to 99 is Asp (2), Ser (1), Val (2), Phe (1) and Lys (1). The abnormal α T11 apparently lacked the proline residue normally present

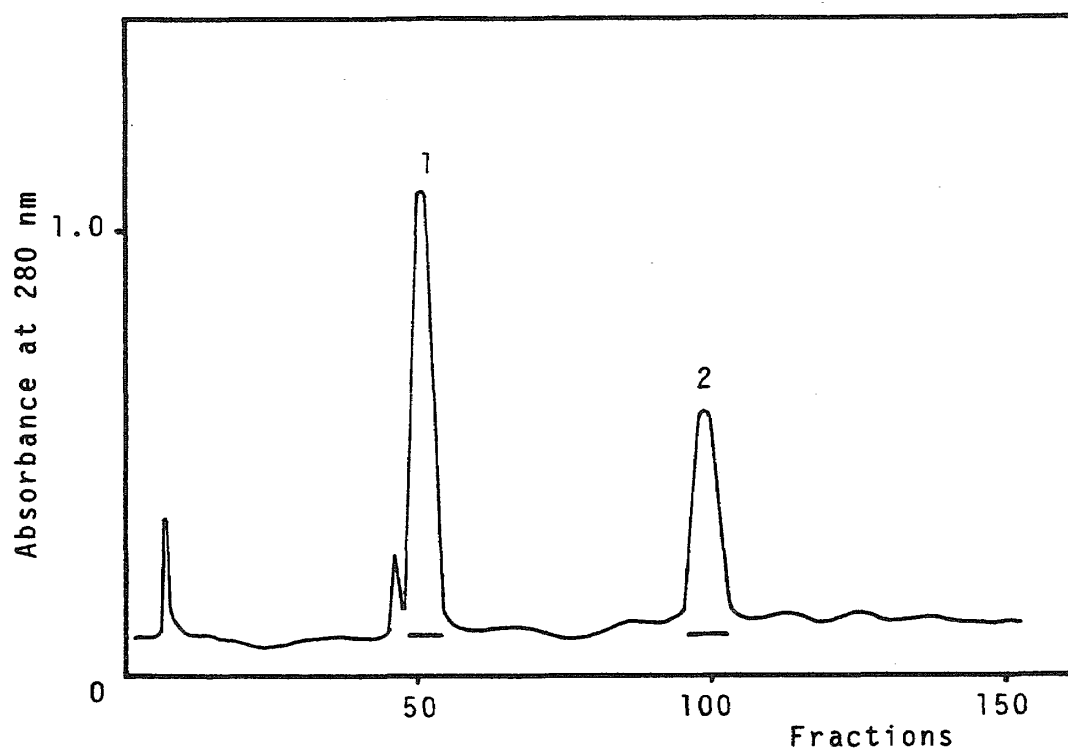


Fig. 4. Separation of the α and β chain of the abnormal hemoglobin by CM-52 column ($2 \times 15\text{cm}$) equilibrated with $0.07\text{ M Na}_2\text{HPO}_4$, pH 6.7 containing 8 M urea and 0.05 M 2-mercaptoethanol, and eluted with a gradient of Na_2HPO_4 ($0.007\text{--}0.03\text{ M}$, $500+500\text{ ml}$). 6 ml fractions were collected. The effluent was pooled as indicated by the bars (pools 1-2).

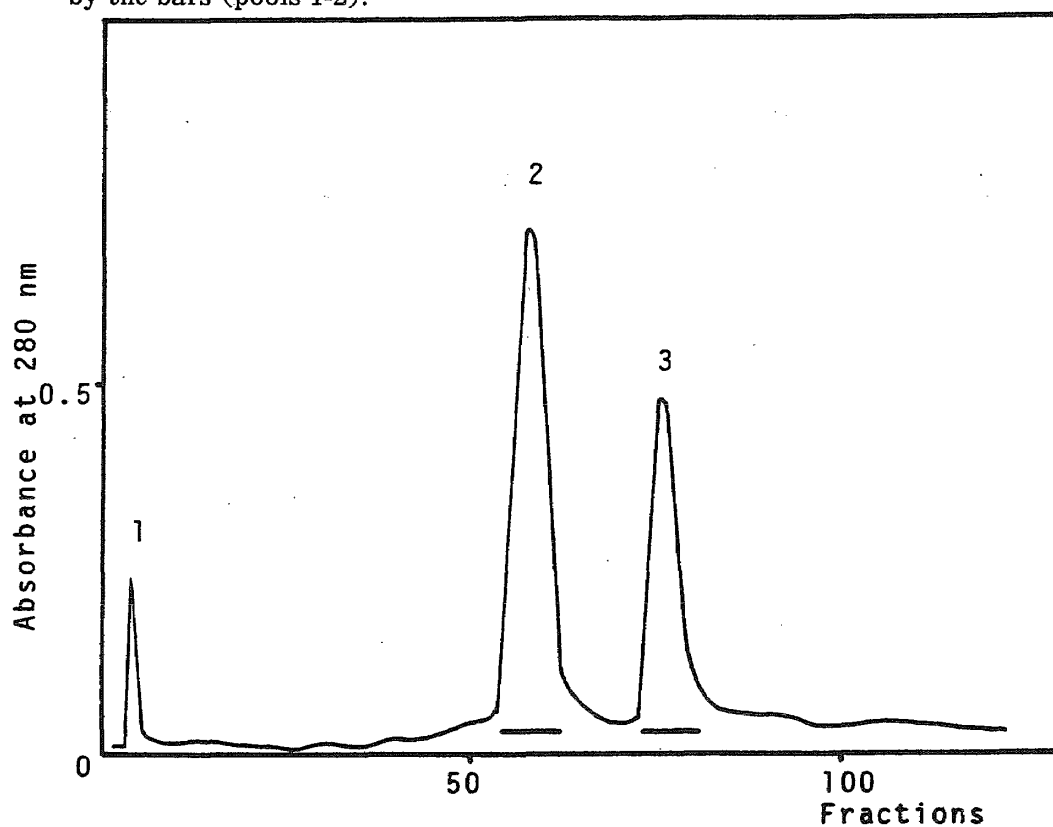


Fig. 5. Further purification of the α chain of $\text{Hb A}'_0$ on a column of CM-52 ($2 \times 15\text{cm}$).

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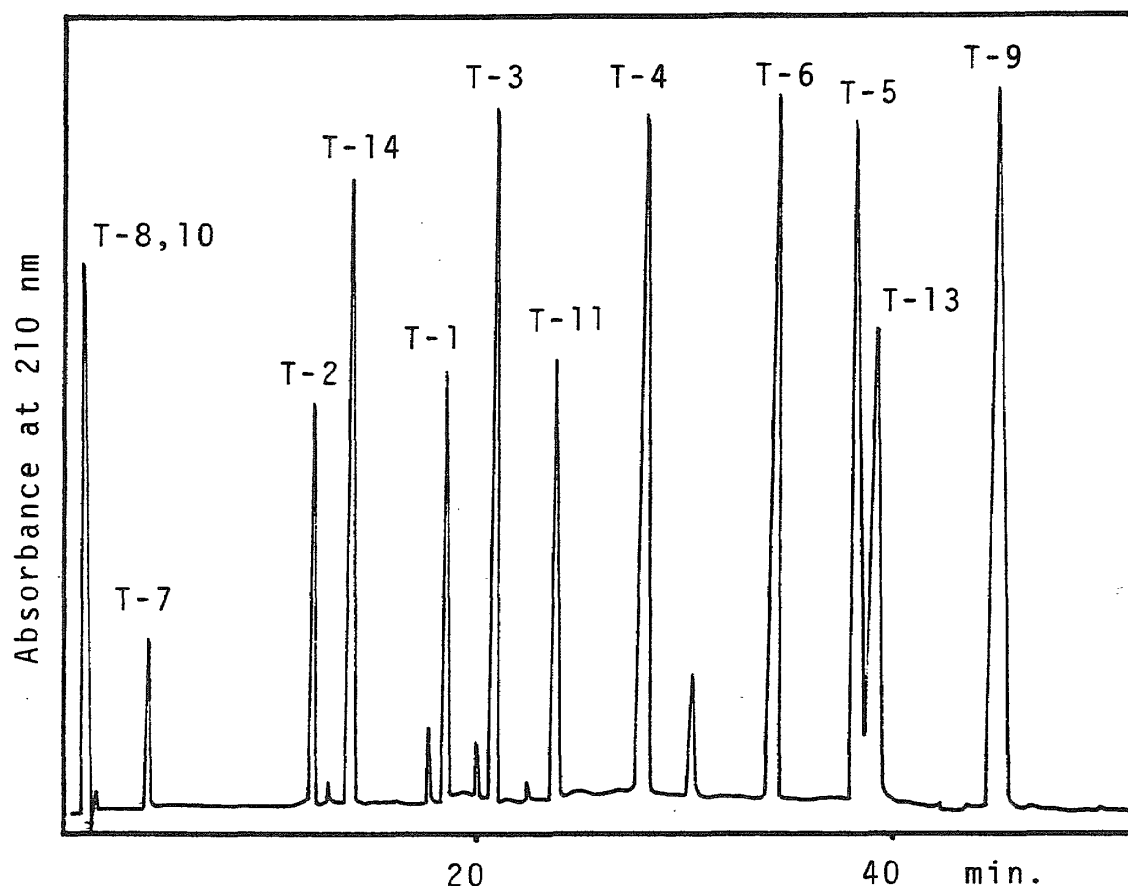


Fig. 6. Separation of tryptic peptides of the abnormal CM α chain by reversed phase HPLC on a column of μ Bondasphere C₁₈ (0.4 \times 15cm). The elution was performed with a linear gradient of acetonitrile in 0.1% trifluoro acetic acid from 0 to 45% in 60 min at a flow rate of 0.7 ml/min.

Table 1A. Amino acid compositions of the tryptic peptides of the abnormal CM α chain

	T1	T2	T3	T4	T5	T6	T7
Asp	0.97(1)	0.98(1)	1.04(1)			1.04(1)	
Thr		0.97(1)			1.80(2)	1.05(1)	
Ser	0.92(1)				1.00(1)	1.79(2)	
Glu				2.95(3)		1.05(1)	
Pro	1.11(1)				1.22(1)	1.14(1)	
Gly				2.88(3)		1.04(1)	1.97(2)
Ala	1.10(1)		2.09(2)	4.03(4)		1.01(1)	
Val	0.93(1)	1.12(1)		1.08(1)		0.92(1)	
Met					0.89(1)		
Leu	1.02(1)			1.10(1)	1.13(1)	1.12(1)	
Tyr				1.01(1)		0.92(1)	
Phe					1.94(2)	2.08(2)	
His				0.90(1)		1.84(2)	0.97(1)
Lys	0.96(1)	1.05(1)	1.10(1)		0.98(1)	0.98(1)	1.06(1)
Trp			0.77(1)				
Arg				1.03(1)			
Total Res.	7	4	5	15	9	16	4

α T12 was not analysed. Amino acids of α T8 and α T10 were analysed after purification by paper chromatography.

Table 1B.

	T8	T9	T10	T11	T13	T14
Asp		6.13(6)		2.06(2)		
Thr		0.96(1)			2.00(2)	
Ser		1.83(2)		0.93(1)	2.73(3)	
Pro		1.00(1)				
Ala		7.29(7)			1.18(1)	
Val		3.06(3)		1.94(2)	1.91(2)	
Met		0.88(1)				
Leu		4.14(4)	1.02(1)		2.10(2)	
Tyr						0.75(1)
Phe				1.05(1)	1.06(1)	
His		2.68(3)				
Lys	1.00(1)	1.04(1)		1.02(1)	1.01(1)	
Arg			0.98(1)			1.25(1)
Total Res.	1	29	2	7	12	2

in position 95 of the α chain, and contained instead a serine residue. From the above results, it is concluded that in this abnormal hemoglobin, $\alpha 95$ pro in the normal hemoglobin was substituted into Ser. And thus this abnormal hemoglobin was determined to be Hb Rampa.

Discussion

Hemoglobin Rampa was found in a Japanese adult male who lived in Nagasaki and was clinically and hematologically normal. This paper describes the first confirmed evidence of the Hb Rampa discovered in Japan. Hb Rampa was found first in India and described by W. W. W. DE Jong *et al.*³. All carriers of Hb Rampa are clinically and hematologically normal³. This hemoglobin variant migrates more slowly towards the anode than Hb A₀ on electrophoresis at pH 8.6 despite having a neutral mutation, $\alpha 95$ pro \rightarrow Ser. Hb Denmark Hill and Hb Georgia having the same neutral mutations at $\alpha 95$, and also show slow electrophoretic mobilities^{4,5}. The conformational changes caused by the substitution at $\alpha 95$ may alter surface charge of the abnormal hemoglobin molecule. And proline residue in position $\alpha 95$ is involved in the $\alpha_1\beta_2$ contact which is of great importance for the physiological properties of the hemoglobin molecule.¹⁸ Actually, all abnormal hemoglobins which have substitutions at $\alpha 95$ show altered oxygen affinities, having decreased heme-heme interaction, increased oxygen affinities and reduced Bohr effect^{3,4,5}.

In the course of evolution, the hemoglobin molecule has undergone extensive amino acid substitutions. Recently, Nagai *et al.*¹⁹ and Perutz *et al.*²⁰) described the method to distinguish functionally important substitut-

ions from those which might be neutral in evolution²¹ by using authentic β -globins produced in *Escherichia coli*. The studies of the human mutant hemoglobins also contribute greatly to developing our understanding of the molecular basis of the function and the evolution of human hemoglobin.

In this study, the separation of CM globin on CM-52 was a fairly useful method for the abnormal hemoglobin. For the isolation of tryptic peptides of hemoglobin, various approaches, such as ion exchange chromatography, gel filtration and paper chromatography have been employed. We have had great success with RP HPLC for the isolation of peptides. With the HPLC methodology it is now possible to rapidly perform the process of peptide isolation of abnormal hemoglobin, and handle microquantities of material. Such a miniaturization may lead to new strategies both in the isolation and in the analysis of the abnormal hemoglobin component.

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長崎で発見されたヒト異常ヘモグロビン・ヘモグロビン・ランパ (Hb Rampa) の一次構造

渡辺 文治¹ 前川 知之¹ 藤原 直子² 松田 源治³

1 長崎大学医療技術短期大学部一般教育

2 日本赤十字社長崎原爆病院皮膚科

3 長崎大学医学部生化学教室

要 旨 この報告はヒト異常ヘモグロビン Hb Rampa についての我国最初の詳細な記載である。Pauling が HbS を報告して以来、Hb 分子の機能や遺伝の面から多くの種類のヒト異常ヘモグロビンが報告されている。我々は長崎在住の男性の Hb α 鎖の異常を電気泳動で見出し、部分精製した α 鎖のトリプシン消化物をフィンガープリント法で検索したが、異常を発見できなかった。このため Hb を化学修飾後に CM-セルロース・カラムクロマトを行なう方法で正常と異常 α 鎖を分離し得ることを見出した。分離精製した異常 α 鎖のトリプシン分解を行ない生じたペプチド断片は高速液体クロマトグラフィー (HPLC) で精製した。精製ペプチドのアミノ酸組成分析の結果、 α 鎖の95番目のプロリンがセリンに置換されていることが明らかとなり、この Hb を Hb Rampa と確認した。中性アミノ酸の変化にもかかわらず電気泳動で発見される例は他にも報告があり、蛋白のコンフォメーションの変化に基づくものと考えられる。またこの α 95の部位のアミノ酸置換例は他にも報告があり、Hb 分子の機能との関連、進化の中立説など最近の知見も混えて考察した。HPLCを用いた異常ヘモグロビンの分離同定は今後主要な方法となり得るものと考えられた。

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