

Abstracts of the 2009th Maruyama Memorial Lectures of the 78th Annual Meeting of the Medical Association of Nippon Medical School

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Abstracts of the 2009th Maruyama Memorial Research Fund Prize Memorial Lecture (1)

Placental Exosome-Associated MicroRNAs in Normal Pregnancy and Preeclampsia

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Preeclampsia is a condition of pregnancy characterized by hypertension and proteinuria, which occurs in 3% to 5% of pregnancies worldwide and occasionally threatens the lives of mothers, fetuses, and neonates. Although the exact cause of preeclampsia is unknown, an imbalance between maternal type I helper T (Th1) cells and type II helper T (Th2) cells might be involved. In the maternal decidua and peripheral blood, Th2 cells are more numerous than Th1 in normal pregnancy but not in preeclamptic pregnancy¹.

MicroRNAs (miRNAs), single-stranded noncoding RNAs approximately 22 nucleotides in length, are involved in posttranscriptional regulation of gene expression. Accumulating evidence indicates that miRNAs are associated with a variety of pathophysiological processes². In addition, miRNAs have been investigated clinically to develop diagnostic and prognostic tools^{3,4}. Recently, we have identified human placenta-specific miRNAs by means of small RNA library sequencing⁵. Most of these placenta-specific miRNAs are located on the miRNA cluster on chromosome 19 (C19MC). Interestingly, we have also found that some miRNAs, including the placenta-specific miRNAs, are upregulated in preeclampsia placentas (unpublished observations).

Several recent studies have suggested that miRNAs can be detected in samples of serum and plasma^{6,7}. Consistent with these studies, we have reported that placenta-specific miRNAs are abundant in the plasma of pregnant women and that the miRNAs are rapidly cleared from the plasma after delivery⁵. *In situ* hybridization has revealed that placenta-specific miRNAs are expressed in the syncytiotrophoblast in human placental chorionic villi. Furthermore, by using trophoblastic BeWo cells in culture, we have demonstrated that miRNAs are extracellularly released via exosomes. These results indicate that miRNAs secreted extracellularly from the syncytiotrophoblast via exosomes enter the maternal circulation. However, little is known about the role of placental exosome-associated miRNAs in maternal cells and tissues during pregnancy.

Exosomes are involved in cell-cell communication⁸. Thus, we have hypothesized that miRNAs secreted from the syncytiotrophoblast via exosomes are incorporated by lymphocytes and are involved in the regulation of the Th1/Th2 balance. To test this hypothesis, we isolated CD63 (a representative marker of exosomes)-expressing

exosomes from the supernatant of BeWo cells by means of immunoprecipitation. We confirmed that the exosomes contained miRNAs, including placenta-specific miRNAs (e.g., *miR-517a*). Then, human T cell lymphoblast-like Jurkat cells were exposed to the BeWo-derived exosomes. Interestingly, placenta-specific miRNAs were detected in the exosome-treated Jurkat cells, indicating that BeWo-derived miRNAs can be transferred to Jurkat cells in an exosome-mediated manner.

To our knowledge, no previous study has so far referred to placental exosome-associated miRNAs in the communication between trophoblasts and T cells. We are investigating the functional role of placenta-specific miRNAs in T cells. We believe our miRNA study will contribute to the progress of reproductive immunology and perinatology.

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