

Roles of Plasma Platelet-Activating Factor Acetylhydrolase in Allergic, Inflammatory, and Atherosclerotic Diseases

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Platelet-activating factor (PAF) mediates a variety of physiologic and pathologic events by activating platelets, neutrophils, monocytes, macrophages, and smooth muscle cells. A strongly oxidizing environment induces fragmentation of the polyunsaturated fatty acids of membrane phospholipids, and the resulting oxidized phospholipids are structurally similar to PAF and mimic its biologic actions. The effects of PAF and oxidized phospholipids are abolished by hydrolysis of the *sn*-2 residue, a reaction catalyzed by PAF acetylhydrolase. Plasma and intracellular forms of PAF acetylhydrolase have been purified and characterized. The plasma form binds with high affinity to lipoproteins in plasma. Furthermore, changes in the activity of this enzyme are associated with various human diseases and animal models of human pathology, suggesting that it may play important roles in their pathogenesis. Studies that have defined the properties of this enzyme and its roles in physiologic and pathologic processes are reviewed. Such studies have provided insight into the functions of PAF and oxidized phospholipids as well as into the etiology of allergic, inflammatory, and atherosclerotic diseases. (*Jpn Circ J* 1998; 62: 328–335)

Key Words: Platelet-activating factor acetylhydrolase; Oxidized phospholipids; Allergy; Inflammation; Atherosclerosis

Platelet-activating factor (1-*O*-alkyl-2-acetyl-*sn*-glycero-3-phosphocholine, PAF) is a phospholipid autacoid that exerts diverse biological actions^{1–6} PAF acts by binding to a specific receptor, which has recently been characterized in detail as a result of the cloning of its cDNA and its expression in heterologous cells^{7–15} The synthesis of PAF can occur through either of 2 described synthetic pathways^{16,17} and is tightly regulated^{18–22} PAF is degraded by PAF acetylhydrolase, which catalyzes the hydrolysis of the esterified acetate at the *sn*-2 position^{23–31} In this paper, we will review the biochemical properties of human PAF acetylhydrolase, which has a major role in limiting the actions of PAF and structurally related oxidized phospholipids. In addition, we will examine the evidence that implicates this enzyme in the pathophysiology of allergic, inflammatory, and atherosclerotic diseases.

PAF

PAF activates platelets, neutrophils, monocytes, macrophages, and vascular smooth muscle cells at concentrations as low as 10^{-12} to 10^{-9} mol/L^{1–6} Honda et al⁷ and other investigators^{8–10} isolated cDNAs encoding the PAF receptor from various tissues and species. The receptor is a member of the family of G protein-coupled

receptors^{7–10,12,14} and has been linked to inositol phospholipid turnover, changes in intracellular calcium, activation of protein kinase C and tyrosine kinases, and synthesis of eicosanoids¹² The human PAF receptor is encoded by a single gene that is located on chromosome 11¹¹ Two distinct promoters regulate the synthesis of 2 different forms of receptor mRNA in different tissues and cells^{13,15}

PAF is implicated as a pathologic mediator in bronchial asthma and other allergic responses, vascular damage including ischemia-reperfusion injury, various forms of shock (especially endotoxin shock), acute respiratory distress syndrome, and inflammatory bowel disease^{1,4,6,32} Intravenous infusions of PAF in animals markedly increase the vascular permeability and the adhesion of leukocytes to the endothelium, and reduce the cardiac output, which results in hypotension and shock^{4,6,32,33} Selective administration in vivo or to isolated tissues can result in contraction of uterine muscle, bronchoconstriction, and gastrointestinal ulcers^{4,6} PAF may also facilitate hemostasis and contributes to events associated with reproduction^{6,32} Evidence supporting a role for PAF in pathologic processes includes the observation that several PAF receptor antagonists attenuate specific disorders in which PAF is suspected to act as a mediator^{4,6,34} Thus, one mechanism for PAF-induced pathology would be the inappropriate activation of PAF synthesis in PAF-producing cells. Conversely, given that PAF is rapidly degraded by the action of PAF acetylhydrolase, reduced activity of this enzyme might also allow the accumulation of PAF and thereby provoke a pathologic response.

PAF produced by monocytes and polymorphonuclear leukocytes is secreted^{35–37} However, PAF synthesized by vascular endothelial cells activated by various physiologic agonists, including thrombin, bradykinin, histamine,

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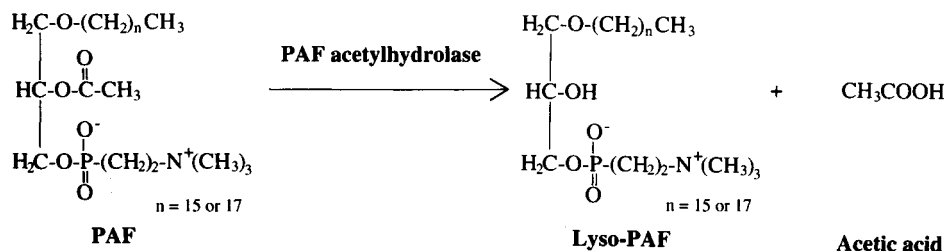


Fig 1 Degradation of PAF. PAF is degraded to lyso-PAF and acetic acid by hydrolysis of the acetyl residue at the *sn*-2 position in a reaction catalyzed by PAF acetylhydrolase.

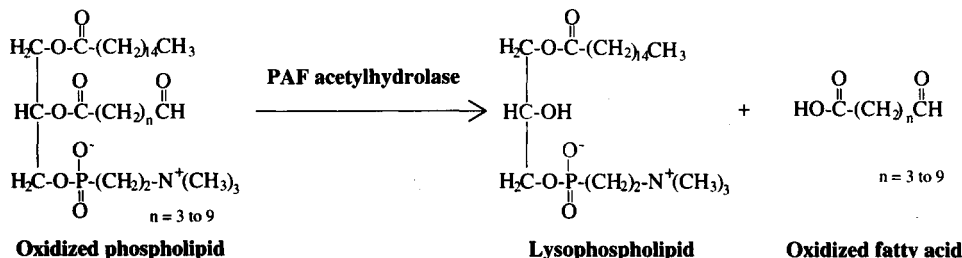


Fig 2 Degradation of oxidized phospholipids. Phospholipids with oxidatively fragmented fatty acids at the *sn*-2 position are hydrolyzed to lysophospholipids and oxidized fatty acids by PAF acetylhydrolase.

hydrogen peroxide, and leukotrienes C₄ and D₄, is expressed on the cell surface and is not released^{38–45}. Instead, it serves as a component of the signal that triggers the binding of neutrophils to endothelial cells^{41,42,44,45} which probably serves a homeostatic function because leukocyte adhesion to the endothelium is the first step in the physiologic inflammatory response⁴. However, inappropriate or excessive expression of the adhesion signal and the subsequent attraction and activation of large numbers of leukocytes might result in further vascular damage caused by the secretion of proteases and oxygen radicals by these cells⁴.

Oxidized Phospholipids

Oxidized phospholipids are thought to play a key role in the mechanism of vascular inflammation and atherosclerosis⁴⁶. A strongly oxidizing environment induces fragmentation of the polyunsaturated fatty acids of membrane phospholipids^{46,47} and such oxidized phospholipids have been associated with pathologic conditions including postischemic reperfusion, acute respiratory distress syndrome, and chronic inflammation^{4,6}. The oxidized phospholipids are structurally similar to PAF and mimic its biological actions by activating cells through the PAF receptor^{48,49}. These compounds are also produced during oxidative modification of low-density lipoprotein (LDL), which is a crucial step in atherosclerosis^{50–56}. Because oxidized phospholipids are produced by a free radical reaction, rather than by regulated enzymatic synthesis, they can potentially be generated in much larger amounts than PAF and at inappropriate times and places. The biological actions of oxidized phospholipids are abolished by hydrolysis of the *sn*-2 residue, a reaction catalyzed by PAF acetylhydrolase^{57–60}.

Biological Characteristics of PAF Acetylhydrolase

PAF acetylhydrolase (1-alkyl-2-acetyl-glycerophospho-

choline esterase, 1-alkyl-2-acetyl-*sn*-glycero-3-phosphocholine acetylhydrolase, EC 3.1.1.47) is a member of the phospholipase A₂ family of enzymes with specificity for short acyl chains. PAF acetylhydrolase catalyzes the conversion of PAF to lyso-PAF by hydrolyzing esterified acetate at the *sn*-2 position^{23–31} (Fig 1). As mentioned above, PAF acetylhydrolase also hydrolyzes phospholipids containing oxidatively fragmented residues at the *sn*-2 position^{57–60} (Fig 2). Two forms of PAF acetylhydrolase have been identified: a secreted form present in plasma^{24,25,27–29} and an intracellular form present in various blood cells and tissues^{26,61–63}. The activity of PAF acetylhydrolase is specific for short acyl groups (C_n < 6) at the *sn*-2 position of the substrate phospholipid and does not require calcium^{25,28,62,63}. This highly restricted substrate specificity is essential to prevent the continuous hydrolysis of the phospholipids of lipoproteins and cell membranes³⁰. The plasma enzyme is resistant to proteolysis, and is unaffected either by reagents that target sulfhydryl or histidyl residues or by sodium fluoride^{28,62,64}. In contrast, the intracellular enzyme from human erythrocytes is inhibited by histidine and cysteine modification, and is sensitive to proteolysis and sodium fluoride^{62,63,65}. The activities of both types of the enzyme are markedly inhibited by the serine esterase inhibitor diisopropyl fluorophosphate^{28,64,65}.

Plasma PAF acetylhydrolase interacts with high affinity with lipoproteins in blood: two-thirds of total enzyme activity is associated with LDL and the remaining one-third with high-density lipoprotein (HDL)²⁹. Furthermore, the activity shuttles between lipoproteins in a pH-dependent manner: at pH 6, the activity transfers to HDL, and at pH 8.5 it moves to LDL²⁹. Recently, plasma PAF acetylhydrolase has been shown to associate preferentially with small, dense LDL particles (LDL₅) and with very high-density lipoprotein-1⁶⁶. In addition, the plasma enzyme is also associated with lipoprotein(a), with a 7-fold higher activity based on equal particle concentrations than LDL isolated from the same individuals⁶⁷. Although the physiologic role of the association of the

plasma enzyme with lipoproteins is not clear, the plasma enzyme is thought to protect LDL from oxidative modification and therefore to exert an antiatherosclerotic action^{60,68}. However, the activity of plasma PAF acetylhydrolase associated with LDL is progressively lost during oxidative modification of LDL⁶⁹. Furthermore, oxygen radicals rapidly and irreversibly inactivate PAF acetylhydrolase, a potential mechanism by which oxygen radicals may potentiate and prolong the proinflammatory effects of PAF and oxidized phospholipids⁷⁰.

Cultured human macrophages^{71,72}, human HL-60 promyelocytic leukemia cells^{73,74} and human hepatoma Hep G2 cells^{75,76} synthesize and secrete the plasma form of PAF acetylhydrolase. Thus, the *in vivo* sources of plasma PAF acetylhydrolase are thought to include macrophages and liver cells. Macrophages may contribute to the local regulation of PAF concentration because the precursor monocytes do not produce PAF acetylhydrolase,^{71,72,77} the release of the plasma enzyme also increases during differentiation of HL-60 cells into cells with monocyte-macrophage characteristics^{73,74}. Secretion of the enzyme appears to occur independently of the secretion of lipoprotein particles, and the acetylhydrolase then associates either with nascent lipoproteins secreted by the cells in the absence of serum or with mature lipoproteins if serum is included in the culture medium.³⁰ Injection of *Xenopus laevis* oocytes with polyadenylated RNA purified from human macrophages or Hep G2 cells resulted in the release of a PAF-degrading activity identical to human plasma PAF acetylhydrolase into the culture medium⁷⁸. Hep G2 cells, but not macrophages, produce apolipoprotein B100, a major constituent of LDL. These data indicate that, although plasma PAF acetylhydrolase binds tightly to lipoproteins in blood, this enzyme is not a component of lipoproteins themselves and that plasma PAF acetylhydrolase and lipoproteins are encoded by distinct genes.⁷⁸ The plasma PAF acetylhydrolase activity in individuals with Tangier disease, a deficiency of HDL, is higher than that in normal subjects⁷⁹. In contrast, the plasma PAF acetylhydrolase activity in individuals with abetalipoproteinemia is similar to or slightly lower than that in normal subjects^{78,80}. These clinical observations indicate that the lipoprotein environment of plasma PAF acetylhydrolase influences its catalytic behavior.⁸⁰

Tjoelker et al⁸¹ isolated a cDNA encoding plasma PAF acetylhydrolase from human macrophages. The predicted 441-amino acid protein is cleaved between Lys-41 and Ile-42 to generate a mature enzyme with a calculated molecular mass of 45,388 Da. The catalytic site contains the Gly-X-Ser-X-Gly consensus sequence characteristic of lipases and esterases⁸¹. The recombinant protein markedly inhibited activation of leukocytes induced by PAF *in vitro*. It also reduced PAF-induced paw edema and pleural effusion in rats⁸¹. With the use of site-directed mutagenesis, Tjoelker et al⁸² also showed that Ser-273 of the Gly-X-Ser-X-Gly motif, Asp-296, and His-351 are essential for catalytic activity. The linear orientation and spacing of these catalytic residues are consistent with the α/β hydrolase conformation of other lipases and esterases⁸².

PAF acetylhydrolase activity in plasma increases gradually with age⁸³. It is lower in premenopausal women than in men; however, the difference between men and women is less marked in individuals over 50 years of age⁸³. In women, PAF acetylhydrolase activity in plasma is nega-

tively correlated with plasma estrogen concentration⁸⁴. Administration of estrogen to rats reduces the plasma PAF acetylhydrolase activity, probably because estrogen inhibits secretion of the enzyme by hepatocytes^{27,75,84,85}. Together, these observations suggest that estrogen reduces the activity of PAF acetylhydrolase in plasma, and that the smaller difference in enzyme activity between older men and women is attributable to loss of the suppressive effect of estrogen in women.³⁰ Administration of glucocorticoids increases the activity of plasma PAF acetylhydrolase in rats and reverses the suppressive action of estrogen⁸⁴, suggesting that the anti-inflammatory action of glucocorticoids is mediated in part by an increase in this enzyme activity that catalyzes the removal of PAF and oxidized phospholipids^{30,84}. The activity of PAF acetylhydrolase in the plasma of pregnant rabbits gradually decreases during the later stages of gestation, falls rapidly at delivery, and then recovers rapidly to basal values⁸⁶. These changes are thought to allow PAF to enhance the contraction of the uterus at the initiation of labor⁸⁶.

Deficiency of Plasma PAF Acetylhydrolase Activity

The activity of plasma PAF acetylhydrolase differs among individuals and among races. In the United States, individuals with a deficiency of plasma PAF acetylhydrolase have not been detected.³⁰ In contrast, Miwa et al⁸⁷ reported that about 4% of Japanese children and adults lack PAF acetylhydrolase activity in plasma. These investigators studied 5 families, and concluded that the enzyme deficiency was inherited in an autosomal recessive manner. They also observed that the frequency of plasma PAF acetylhydrolase deficiency in children with severe bronchial asthma was 12%, 3 times that in all children with bronchial asthma or healthy children (3.8%). This association of plasma PAF acetylhydrolase deficiency with severe asthma in children suggests that the enzyme may play a role in limiting inflammatory and allergic responses.³⁰ However, some individuals with a deficiency or a low activity of plasma PAF acetylhydrolase have been identified who do not show a defined phenotype.³⁰ These observations suggest that exposure of individuals with plasma PAF acetylhydrolase deficiency to severe allergic or inflammatory stimulation is associated with an increased risk of severe pathologic consequences.

Stafforini et al⁸⁸ determined the structure of the human plasma PAF acetylhydrolase gene, and showed that it is located at chromosomal region 6p12-21.1, comprises 12 exons, and spans at least 45 kb of DNA. These researchers also detected a single point mutation (a G→T transversion) at nucleotide position 994 in exon 9, which encodes the catalytic domain, in 14 Japanese families with a deficiency of plasma PAF acetylhydrolase activity. This change in nucleotide results in a Val→Phe substitution at amino acid residue 279 of the mature protein and is responsible for the loss of catalytic activity⁸⁸. We detected another missense mutation, an A→G transition at nucleotide position 1001 in exon 9, resulting in a Gln→Arg substitution at amino acid residue 281. This amino acid change also leads to a loss of catalytic activity of plasma PAF acetylhydrolase⁸⁹.

Roles of Plasma PAF Acetylhydrolase in Allergic and Inflammatory Diseases

PAF acetylhydrolase activity in plasma changes in various allergic and inflammatory diseases, suggesting that this enzyme is important in these disorders. Plasma PAF acetylhydrolase activity is reduced in individuals with active systemic lupus erythematosus⁹⁰, necrotizing enterocolitis⁹¹, sepsis or septic shock⁹², or severe bronchial asthma⁸⁷. A consequent increase in the plasma concentration of PAF or oxidized phospholipids may thus contribute to the pathologic process in these disorders. In contrast, plasma PAF acetylhydrolase activity is increased in individuals with diabetes mellitus⁹³, essential hypertension⁹⁴, or rheumatoid or other forms of arthritis⁹⁵. PAF acetylhydrolase activity is also high in the plasma of individuals with chronic cholestasis caused by liver diseases such as sclerosing cholangitis, advanced primary biliary cirrhosis, or cholangiocarcinoma; the activity normalizes after successful liver transplantation⁹⁶. The mechanism by which the enzyme activity increases in these disorders is not clear, but it may represent a protective response to stress caused by PAF, oxidized phospholipids, or both generated during the pathologic process³⁰. In addition, PAF acetylhydrolase activity may be affected by multiple factors that mediate allergic and inflammatory responses. These responses may be complex and may fluctuate during different stages of disease²⁰. Satoh et al⁷⁵ suggest that PAF itself, generated during pathologic inflammation, stimulates the synthesis and secretion of the plasma form of PAF acetylhydrolase in the liver. Treatment of rats with dexamethasone, a potent anti-inflammatory steroid hormone, increases the plasma activity of the enzyme^{84,97}. These clinical and experimental observations suggest that PAF (and oxidized phospholipids) plays an important role in the pathology of allergy and inflammation and that PAF acetylhydrolase may serve as a defense mechanism in such disorders.⁹⁸

Roles of Plasma PAF Acetylhydrolase in Atherosclerosis

PAF is synthesized locally at the site of endothelial injury during thrombosis and that accumulates in the atherosclerotic plaques of some individuals with advanced coronary artery disease, suggesting that PAF actively participates in the pathophysiology of thrombosis and atherosclerosis⁹⁹. The activity of PAF acetylhydrolase in plasma has been shown to be increased in individuals with atherosclerotic diseases such as myocardial infarction¹⁰⁰, peripheral vascular disease¹⁰¹, and ischemic stroke^{102,103}. In contrast, other studies have shown that PAF acetylhydrolase activity in plasma is decreased in individuals with severe coronary artery disease¹⁰⁴ or acute myocardial infarction¹⁰⁵. We demonstrated that the plasma enzyme activity in men with myocardial infarction was significantly lower than that in control subjects¹⁰⁶. The reason for this discrepancy between our and the previous studies^{100–103} is not clear. It is possible that the increase in plasma enzyme activity in patients in the previous studies^{100–103} is an effect rather than the cause of the atherosclerotic process^{30,106}.

The pathogenesis of atherosclerosis is complex, with many mediators, including growth factors and cytokines, playing a role¹⁰⁷. One of the early key events in the de-

velopment of atherosclerosis is thought to be the oxidative modification of LDL.^{51,52,56} The modified LDL particles are thought to be produced from native particles by oxidation^{51–54}. Although the molecular mechanism of LDL oxidation is not fully understood, the modification of apolipoprotein B100 is an important component.^{51,52,54,55} Oxidized LDL injures the endothelium directly, and also induces the adherence and migration of monocytes.^{51,52} Blood monocytes infiltrate the endothelium, differentiate into macrophages, and can then become loaded with additional oxidized LDL that is taken up by scavenger receptors⁵⁰. The uncontrolled uptake of oxidized LDL by macrophages leads to an increase in the number of foam cells and the subsequent formation of fatty streaks, which are characterized histologically by an accumulation of cells loaded with cholesterol esters.^{50–52,107,108} PAF is produced by endothelial cells in response to oxidative stress or various physiologic agonists, including thrombin, bradykinin, and histamine, and can induce macrophages to produce superoxide anions.⁴ The local synthesis of PAF in segments of the vascular wall undergoing atherosclerotic changes may increase the oxidative modification of LDL, resulting in an amplification of the pathogenic process.⁶

We have investigated whether the G→T missense mutation at nucleotide 994 in exon 9 of the plasma PAF acetylhydrolase gene is an independent risk factor for coronary artery disease in the Japanese population.¹⁰⁶ The genotype of plasma PAF acetylhydrolase (*MM*, normal; *Mm*, heterozygote; and *mm*, mutant homozygote) was determined with an allele-specific polymerase chain reaction assay in a total of 1056 unrelated Japanese subjects (454 individuals with myocardial infarction and 602 control subjects). The plasma activity in individuals with the *MM* genotype significantly exceeded that in those with the *Mm* genotype; no activity was detected in *mm* homozygotes. The frequency of the *m* allele was significantly higher in subjects with myocardial infarction than in controls for men but not for women. In a low-risk group defined as individuals with a body mass index of less than 27 kg/m² and no history of hypertension, diabetes mellitus, or hypercholesterolemia, an increased association of the *m* allele with myocardial infarction in men was apparent. Our observations thus indicate that the G-994→T missense mutation, which results in a loss of catalytic activity, is an independent risk factor for coronary artery disease in Japanese men, and that the determination of plasma PAF acetylhydrolase genotype or enzyme activity may contribute to the prevention and management of coronary artery disease, especially for men who lack the conventional risk factors.¹⁰⁶

Tew et al¹⁰⁹ proposed that PAF acetylhydrolase exerts 2 opposing effects in vivo. On the one hand, it degrades PAF and therefore would be expected to play an anti-inflammatory role; on the other hand, given that it is responsible for the lysophosphatidylcholine content and the monocyte chemoattractant properties of oxidized LDL, its ability to hydrolyze oxidized phospholipids in LDL may confer a proinflammatory role. Among the changes that occur during LDL modification, oxidized phosphatidylcholine molecules are generated and are then hydrolyzed to lysophosphatidylcholine and oxidized fatty acids.^{53,57} The latter derivatize apolipoprotein B100, thereby resulting in an altered receptor recognition of the particle.^{54,55} Stafforini et al⁶⁰ postulated that intact

oxidized phospholipids may remain associated with LDL and react with amino acids in apolipoprotein B100, as they are more hydrophobic than their fatty acid products, which are water soluble and would be readily bound by other serum components such as albumin. Thus, the hydrolysis of oxidized phospholipids might actually be beneficial. These researchers showed that the hydrolysis of oxidized phospholipids by PAF acetylhydrolase is not necessary for LDL modification and that the catalytic activity of the enzyme prevents the oxidation of LDL.⁶⁰ These observations suggest that PAF acetylhydrolase is not proinflammatory, but acts as an anti-inflammatory and antiatherosclerotic enzyme. Our observations¹⁰⁶ suggest that reduced plasma PAF acetylhydrolase activity is a risk factor for coronary artery disease; that is the enzyme exerts a protective effect against this condition, supporting the results of Stafforini et al⁶⁰

Intracellular PAF Acetylhydrolase

The roles of intracellular PAF acetylhydrolase are not clear. Stafforini et al⁶³ proposed that the enzyme in erythrocytes protects the cell membrane from oxidative damage by hydrolyzing oxidized phospholipids produced as a result of exposure of the membrane to oxygen free radicals.⁶³ The high concentrations of oxygen and iron in erythrocytes render them especially susceptible to oxidative damage.⁶³ The PAF acetylhydrolase in erythrocytes might also contribute to the hydrolysis of PAF if the cells are lysed at a site of inflammation.⁶³

In bovine brain, kidney, and liver, isoforms Ib and II were detected as cytosolic proteins.^{110,111} The isoform Ib is a heterotrimeric enzyme composed of 45-(α), 30-(β), and 29-(γ) kDa subunits.¹¹⁰ Cloning of a cDNA encoding α -subunit of bovine brain PAF acetylhydrolase¹¹² revealed that it shares 99% sequence homology with the human *LISI* gene, mutation in which is responsible for Miller-Dieker lissencephaly, an abnormality of development and differentiation of the human brain.¹¹³ This observation suggests that PAF and PAF acetylhydrolase are important in the development and differentiation of the brain cortex.¹¹² Complementary DNAs encoding 2 catalytic subunits (β - and γ -subunits) of bovine brain PAF acetylhydrolase have also been cloned and characterized.^{114–116} The γ -subunit is predicted to comprise 232 amino acids, and the sequence of about 30 amino acids located 6 residues downstream from the active serine is similar to that of the first transmembrane region of the PAF receptor.¹¹⁴ Although the ligand-binding domain of the PAF receptor has not been determined, this similarity suggests that both sequences contribute to the recognition of PAF.¹¹⁴ The β -subunit is predicted to comprise 229 amino acids, which is homologous (63.2% identity) to that of the γ -subunit, especially (86% identity) in the catalytic and PAF receptor homologous domains.¹¹⁶ Recently, the crystal structure of the α_1 -subunit of bovine brain PAF acetylhydrolase, previously described as γ -subunit^{114,115} was determined.¹¹⁷ The tertiary fold of this protein closely resembles that of Ras and other GTPases, and the active site comprises a triad of Ser-47, His-195, and Asp-192, which differs from a catalytic triad of the plasma PAF acetylhydrolase.⁸²

Hattori et al¹¹⁸ isolated cDNAs that encode human and bovine intracellular PAF acetylhydrolase isoform II, each of which is predicted to contain 392 amino acids. The

enzyme from both species contains the Gly-X-Ser-X-Gly motif that is characteristic of lipases and esterases, and the amino acid sequence shows 41% identity with that of plasma PAF acetylhydrolase. The substrate specificity of the isoform II is similar to that of the plasma enzyme.¹¹¹ The isoform II catalyzes the hydrolysis of phospholipids with acyl chains containing up to 5 methylene groups. This suggests that one function of isoform II may be to scavenge oxidatively fragmented phospholipids like the plasma enzyme.^{111,119} On the other hand, the isoform Ib is entirely specific for PAF hydrolysis. It does not recognize oxidized phospholipids as substrates, indicating that its function is to regulate PAF levels exclusively.^{111,119}

Conclusion

Substantial clinical and experimental evidence indicates that plasma PAF acetylhydrolase is important in the pathogenesis of allergic, inflammatory, and atherosclerotic diseases. However, information is lacking on changes in intracellular PAF acetylhydrolase activity associated with pathologic processes or specific diseases. We anticipate that further investigations into the roles of PAF acetylhydrolase in disease will lead to the development of new therapeutic agent.

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