

# Complement Regulatory Proteins

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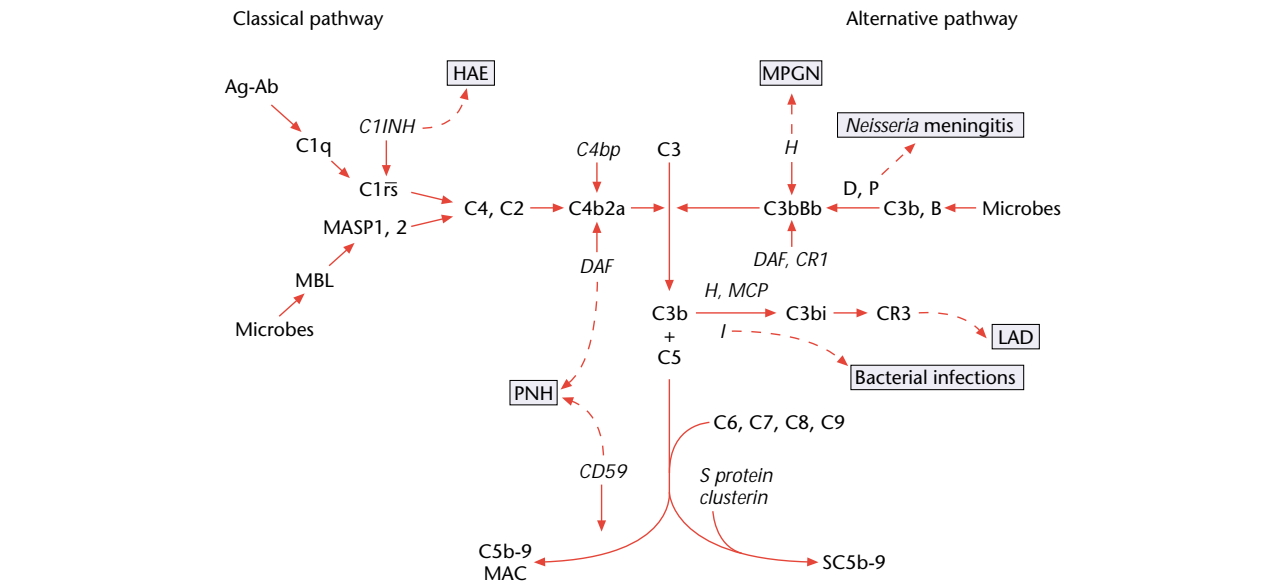
Complement regulatory proteins are plasma and cell membrane molecules that regulate complement activation and protect host cells against complement damage. Certain diseases, such as hereditary angio-oedema, membranoproliferative glomerulonephritis and paroxysmal nocturnal haemoglobinuria, are caused by complement regulator deficiency.

## Introduction

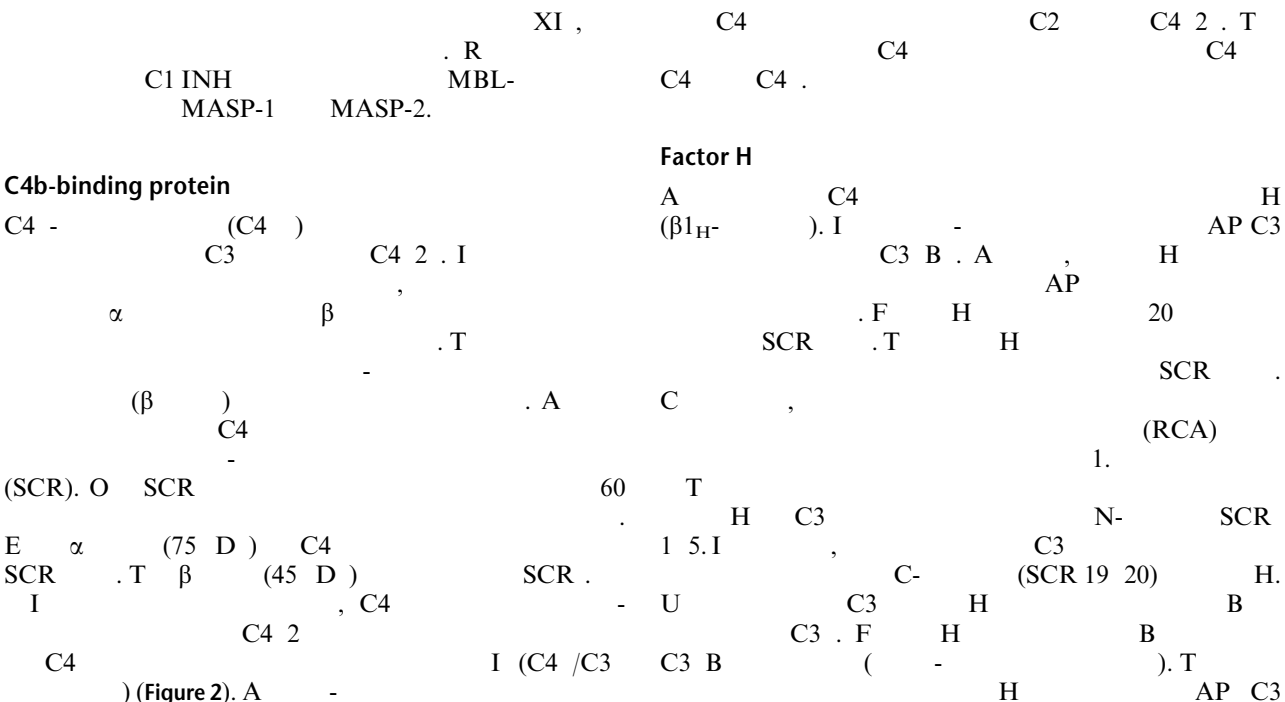
The complement system is a part of the innate immune system that consists of soluble and membrane proteins. The complement system is activated by various stimuli, including pathogens and damaged cells. The activation of the complement system leads to the formation of the membrane attack complex (MAC), which is a complex of complement proteins that can kill cells. The complement system also plays a role in the regulation of the immune response.

The complement system is composed of several proteins, including C1, C2, C3, C4, C5, C6, C7, C8, and C9. These proteins are involved in the activation and regulation of the complement system. The complement system is also regulated by various regulatory proteins, including C1-inhibitor (C1-INH), C2-INH, C3-INH, C4-INH, C5-INH, C6-INH, C7-INH, C8-INH, and C9-INH. These regulatory proteins are involved in the inhibition of the complement system and the prevention of damage to host cells.

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**Figure 1** An overview of complement activation, regulation and diseases caused by deficiencies of complement regulator proteins. The C1r and C1s are serine esterases that are inhibited by the plasma protein C1 inhibitor (C1 INH). C1 INH also inhibits analogous MBL-associated serine proteases (MASP-1 and MASP-2). Activity of the classical pathway C3/C5 convertase, C4b2a, is inhibited by the plasma factor C4b-binding protein (C4bp). The activity of the alternative pathway C3/C5 convertase, C3bBb, can be enhanced by the only known physiological positive complement regulator, properdin (P). The self-amplifying process of the AP is inhibited by multiple regulator molecules described in **Figure 2**. The five terminal plasma glycoproteins (C5, C6, C7, C8 and C9) bind sequentially to each other to generate the cytolytic membrane attack complex (MAC). Soluble regulators S protein and clusterin keep forming terminal C complexes in the fluid phase. On human cell membranes the main inhibitor of MAC is CD59 (protectin). Consequences of major complement regulator deficiencies are indicated by broken arrows. HAE, hereditary angio-oedema; PNH, paroxysmal nocturnal haemoglobinuria; MPGN, membranoproliferative glomerulonephritis; LAD, leucocyte adhesion deficiency.



C3 AP C3 . T , I C5 -7, C5 -8 C5 -9  
. F - C3  
. O , H  
Membrane regulators of complement  
-  
T  
CD55)

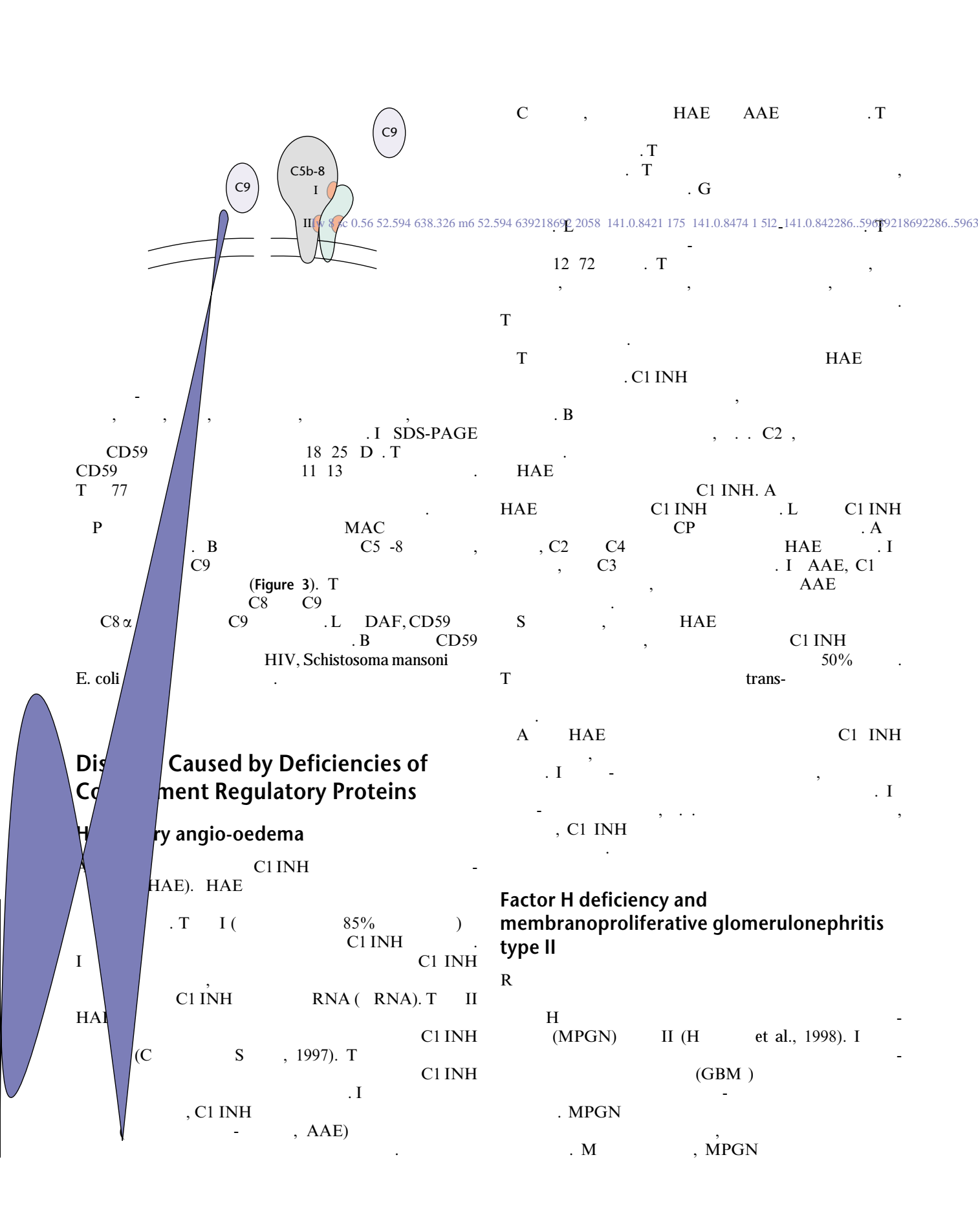
CR1  
CR1 30 SCR  
CR1 90 C4 / C3 . M  
C3 C4  
C3/C5  
I- C3 C3 C3 C4  
C3 - . O , CR1  
E  
I  
CR3 (CD11 /CD18). C3

### Membrane cofactor protein (MCP, CD46)

MCP 51 68 D  
MCP  
(TLX). I  
SCR  
51 59 D ). A  
MCP  
MCP  
C3  
C3 . MCP  
C4 . T  
C3  
70  
(STP-  
C-  
V  
MCP  
MCP

### Decay-accelerating factor (DAF, CD55)

DAF 70- D  
N-  
STP- . A  
(GPI)  
DAF  
DAF  
S  
DAF



T GPI  
 S  
 T N  
 H .I PNH, GPI  
 MPGN II. T N-  
 MPGN II (R , 1997). T (PIG-A  
 37 A)  
 I H X  
 H (X 22.1).  
 H I PNH X-  
 H . T PIG-A  
 . S  
 H MPGN II, GPI PI T  
 I H  
 MPGN II. A  
 G (I G) C3  
 (C3N ) C3 B  
 H- . A ,  
 H,  
 MPGN II. T  
 . I MPGN  
 II,  
 T GBM  
 H  
 C GBM  
 W  
 GBM H,  
 H  
 . A ,  
 .

# Paroxysmal nocturnal haemoglobinuria

D CD59 DAF  
 (PNH). PNH  
 ,  
 . T  
 PNH 1 10  
 PNH  
 10 15  
 T  
 T PNH  
 PNH . T GPI-  
 .

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## Further Reading

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