The longer and neurotoxic species of amyloid-β protein (Aβ), Aβ42 and Aβ43, contribute to Aβ accumulation in Alzheimer’s disease (AD) pathogenesis and are considered to be the primary cause of the disease. In contrast, the predominant secreted form of Aβ, Aβ40, inhibits amyloid deposition and may have neuroprotective effects. Previous study has reported that Aβ43 is the earliest-depositing Aβ species in the amyloid precursor protein transgenic mouse brain. The purpose is to study whether there are enzymes converting Aβ43 to Aβ42 and converting Aβ43 to Aβ40.

C57BL/6J mouse brain and other tissues were homogenized in an equal volume (w/v) of lysis buffer and centrifuged. The supernatants were then collected to examine ACE2 activity, and then to examine the protein expression of ACE2 by Western blot and immunostaining. ACE2 activity was measured by an ACE2 activity assay kit, using Mc-Ala/Dnp fluorescence resonance energy transfer peptide. Converted Aβ40 and Aβ42 from Aβ43 were analyzed by Western blot. The primary antibodies were anti-human amyloid β (35-40) mouse monoclonal IgG, anti-human amyloid β (1-42) rabbit polyclonal IgG and anti-human amyloid β (1-43) rabbit polyclonal IgG. Angiotensin II levels in human serum were measured by enzyme-linked immunosorbent assay (ELISA).

Summarizing the present results, Shuyu Liu obtained four conclusions as follows:

- Aβ40 and Aβ42 were generated from the mixture of Aβ43 and mouse brain lysate in a time dependent manner.
- The generation of converted Aβ42 was inhibited by EDTA and an ACE2 specific inhibitor, DX600.
- Aβ43 was converted to Aβ40 by the combination of ACE2 and ACE.
- ACE2 activity showed a tendency to decrease in the serum of AD patients compared with normal control.

The present data show that ACE2 converts Aβ43 to Aβ42, and this activity is inhibited by DX600. Combination of ACE2 and ACE converts Aβ43 to Aβ40, suggesting a successive conversion of Aβ43 to Aβ40. ACE2 activity showed a tendency to decrease in the serum of AD patients compared with normal control, suggesting an association between lower ACE2 activity and AD. Therefore, maintaining ACE2 and ACE activities in the brain could act as a protective and defensive mechanism in the initial stages of AD to limit its pathological development.

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