

Anti-C1q autoantibodies in pregnancy: a potential biomarker for preeclampsia onset in ART gestation?

Miriam Toffoli ^{1,*}, Gabriella Zito ², Andrea Balduit ², Riccardo Lauria ⁵, Alessandro Mangogna ², Silvia Pegoraro ², Nicoletta Di Simone ³, Uday Kishore ⁴, Chiara Agostinis ², Tamara Stampalija ², Roberta Bulla ⁵, Giuseppe Ricci ²

¹Department of Medical, Surgical and Health Science, University of Trieste, Trieste, Italy.

²Institute for Maternal and Child Health IRCCS Burlo Garofolo, Trieste, Italy.

³IRCCS Humanitas Research Hospital, Trieste, Italy.

⁴Department of Veterinary Medicine, U.A.E. University, Al Ain, United Arab Emirates.

⁵Department of Life Sciences, University of Trieste, Trieste, Italy.

DOI: 10.36129/jog.2024.S25

Objective. C1q protein, the classical complement pathway activator, is a crucial player in early placentation, promoting trophoblast invasion and spiral artery remodelling. C1q-deficient mice display preeclamptic symptoms. Despite being prevalent in autoimmune diseases (AIDs), anti-C1q autoantibodies (anti-C1q) are present in 2-8% of the healthy population. In our previous study, elevated anti-C1q levels were observed in the first trimester of healthy pregnancies, contrasting with lower levels in women developing preeclampsia (PE) and in oocyte donation pregnancies (OD), which have a high risk of PE. This study aims to characterize the specificity of anti-C1q in physiological pregnancy compared to those found in pathological conditions.

Materials and Methods. Sera from healthy spontaneous, PE, and OD pregnancies, followed at the IRCCS Burlo Garofolo (Trieste, Italy), were collected at each trimester. Pregnant women affected by autoimmune diseases were also included.

Results. In healthy pregnancies anti-C1q targets primarily the globular domain (g) of C1q, in contrast to AID-associated anti-C1q that recognize its collagen-like region (CLR) (P-value = 0.0291). Immunoglobulin subclass analysis revealed IgG2 prevalence in both healthy and AID pregnancies, suggesting a shared immunological response. Functional assays demonstrated that healthy pregnancy-associated anti-C1q modulated the classical complement pathway activation, potentially in a protective manner (% functionality with gh = 87.5 ± 6.1 , with CLR = 101.7 ± 5.5 , with no anti-C1q = 100.0 ± 6.2).

Conclusions. This research highlights anti-C1q functional specificity in healthy pregnancies, emphasizing a unique targeting of C1q globular domain. Observed pathogenic roles of anti-CLR autoantibodies underscore potential immunological role to pregnancy complications. Further investigations are needed to unveil mechanisms and assess their possible use as early predictive biomarkers of PE.