

Urokinase plasminogen activator receptor

- Executive function and soluble urokinase-type plasminogen activator receptor (suPAR): a longitudinal study of midlife adults
- New and Emerging Biomarkers in Chronic Kidney Disease
- Soluble Urokinase Plasminogen Activator Receptor (suPAR) as a Biomarker of Erectile Dysfunction in Diabetic Patients
- Elevated suPAR levels, organ dysfunction and death in children hospitalized with malaria: considerations for use as a risk stratification tool
- Identification of plasminogen activator urokinase receptor-related non-coding RNA and immune prognostic signature for non-small cell lung cancer
- Evaluation of inflammatory serum parameters as a diagnostic tool in patients with endometriosis: a case-control study
- The Value of Soluble Urokinase Plasminogen Activator Receptor (suPAR) as Predictive Tool in Hospitalised Patients With Community-Acquired Pneumonia (CAP)
- Potential targeting of uPAR-FPR Signaling to Prevent Recurrence in Post-Transplant Primary Podocytopathies

The [urokinase plasminogen activator](#) receptor (uPAR) is part of the plasminogen activator system and possesses inflammatory, angiogenetic, and fibrinolytic capabilities. As a first, this study aims to identify uPAR in the hematoma fluid, hematoma membrane, dura mater, and systemic blood from patients with CSDH and, if present, to investigate if the uPAR level at the time of surgery may be a predictor for later developing recurrent CSDH. uPAR expression in the hematoma membrane and dura mater was analyzed using immunohistochemistry and presented as the H-score of the positive immunostaining. The uPAR levels in the hematoma fluid and systemic blood were determined using a multiplex antibody bead kit (Luminex). Samples were collected at the time of the first CSDH surgery, and in the case of recurrent CSDH within 90 days, the samples were again collected at reoperation. A comparison of uPAR expression between the hematoma membrane and dura mater, as well as uPAR levels in systemic blood and hematoma fluid, was performed using the Wilcoxon rank sum test. We included 112 patients, 26 of whom had recurrent CSDH. The median hematoma uPAR level was 22,125 (14,845-33,237) and significantly higher than the median systemic blood level of 789 pg/L (465-2,088) ($p < 0.001$). Similarly, the uPAR level of the hematoma membrane was 14.3 (7.54-44.8) and significantly higher than the dural uPAR level of 0.81 (0.3-1.98) ($p < 0.001$).

For the first time, Jensen et al. identified uPAR in the subdural fluid, hematoma membrane, dura mater, and systemic blood from patients with CSDH. The high expression of uPAR in the subdural fluid and hematoma membrane indicates that the mechanisms of CSDH are predominantly in the [subdural fluid collection](#) and surrounding hematoma membrane ¹⁾.

¹⁾

Jensen TSR, Olsen MH, Lelkaitis G, Kjaer A, Binderup T, Fugleholm K. Urokinase Plasminogen Activator Receptor: An Important Focal Player in Chronic Subdural Hematoma? Inflammation. 2024 Jan 18. doi: 10.1007/s10753-023-01957-5. Epub ahead of print. PMID: 38236383.

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