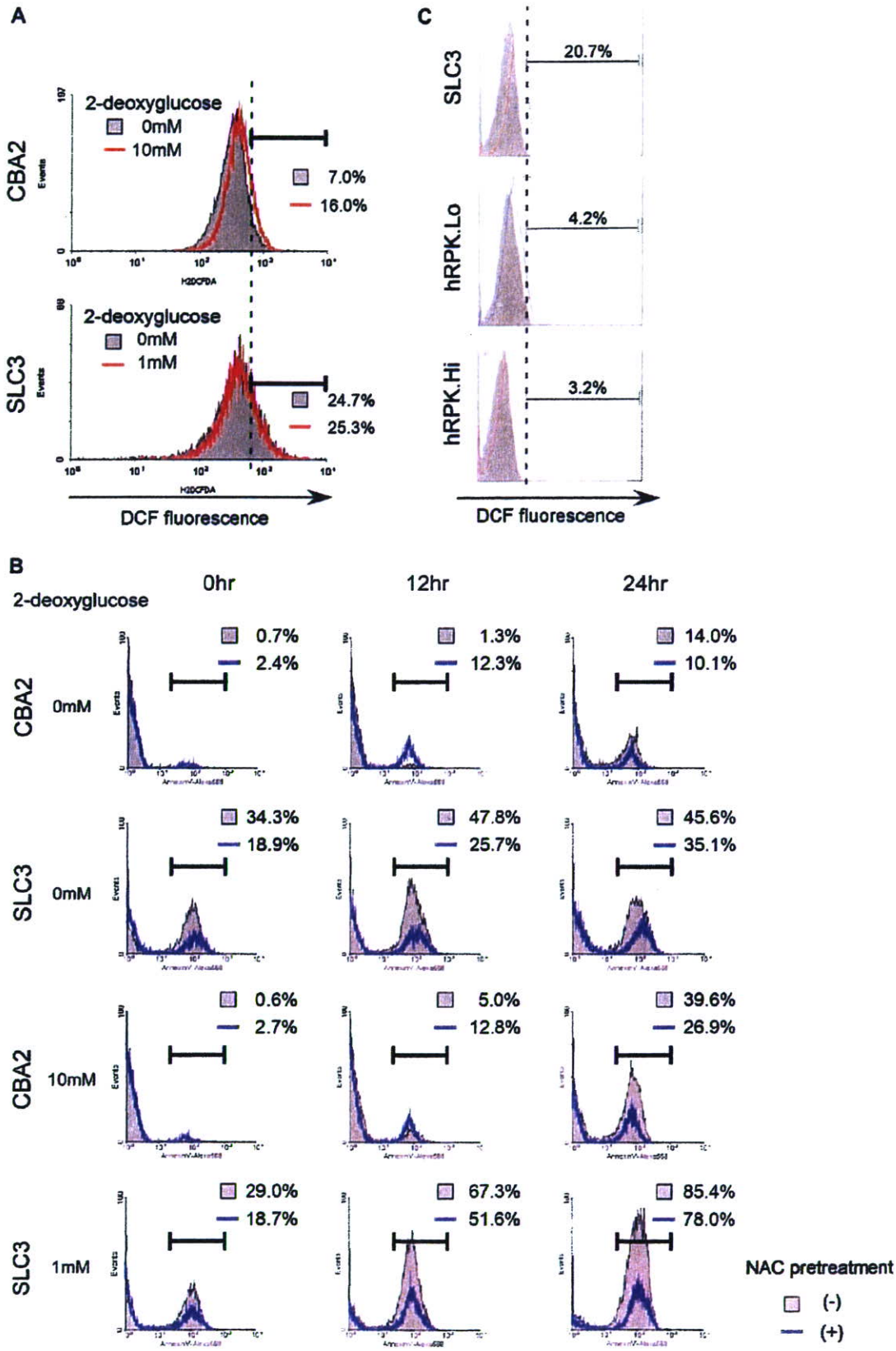
A
CBA2
2-deoxyglucose
0mM
10mM
7.0%
16.0%
SLC3
2-deoxyglucose
0mM
1mM
24.7%
25.3%
DCF fluorescence
C
SLC3
20.7%
hRPK.Lo
4.2%
hRPK.Hi
3.2%
DCF fluorescence
B
2-deoxyglucose
0hr
12hr
24hr
CBA2
0mM
0.7%
2.4%
1.3%
12.3%
14.0%
10.1%
SLC3
0mM
34.3%
18.9%
47.8%
25.7%
45.6%
35.1%
CBA2
10mM
0.6%
2.7%
5.0%
12.8%
39.6%
26.9%
SLC3
1mM
29.0%
18.7%
67.3%
51.6%
85.4%
78.0%
NAC pretreatment
(-)
(+)

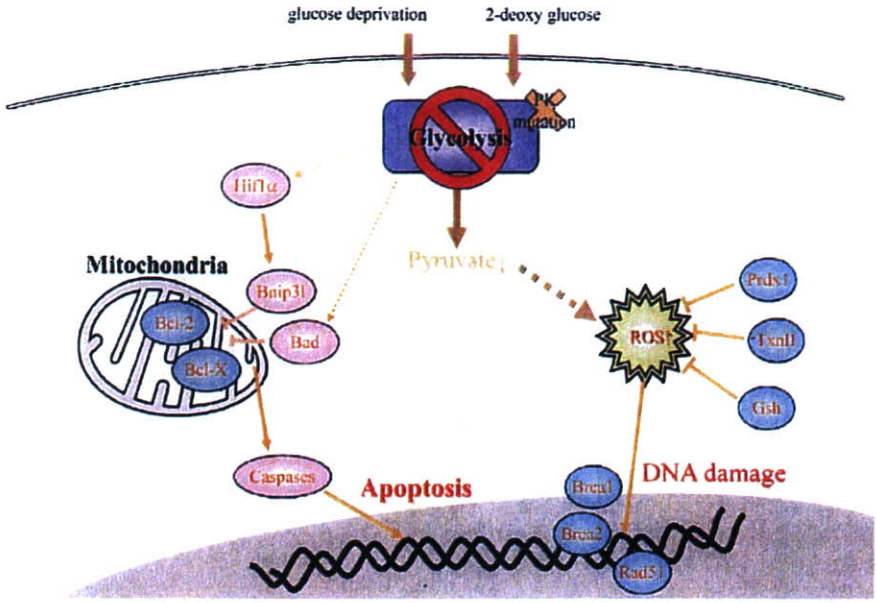

Figure 6. Glycolytic defect causes oxidative stress and hypoxia-like signal activation. Pyruvate, which is final metabolic product of the glycolytic pathway, acts as an antioxidant. Therefore, glycolytic defect elevates intracellular reactive oxygen species (ROS) and causes cellular damage, such as DNA damage and lipid oxidation. At the same time, glycolytic defect is most likely to activate signal transduction through hypoxia-inducible factor-1α (HIF-1α). These cellular responses could be accountable for the apoptosis induced by glycolytic defect.

is reported to be associated with bursts of ROS, such as superoxide radicals, and cardiac superoxide formation can be inhibited by pyruvate [20]. Thus cytotoxicities due to cardiac ischemia-reperfusion ROS can be alleviated by redox reactants such as pyruvate. These results support our present data, which showed that a mutation of the PK gene as well as inhibition of glycolysis by 2-DG augmented intracellular ROS of erythroid cells, leading to apoptosis. Introduction of the wild-type PK gene into SLC3 cells partly reduced ROS and apoptosis (Figs. 2C and 6C).

In human RBC, the most important antioxidant is GSH. Mutations of enzymes involving the synthesis and reduction of GSH, such as γ-glutamylcystein synthetase, GSH-S, glutathione reductase, and glucose-6-phosphate dehydrogenase account for the shortened RBC survival [1,21]. Recently, Neumann et al. [22] and Lee et al. [23] reported the essential roles of both peroxiredoxin (Prdx) 1 and 2 in RBC protection from oxidative stress. The hemolytic anemia of mice with targeted inactivation of *Prdx1* is characterized by an increase in erythrocyte reactive oxygen species, leading to protein oxidation and Heinz body formation. Similarly, the *Prdx2* knockout mice had Heinz body-positive hemolytic anemia with splenomegaly. The dense RBC fractions contained markedly higher levels of ROS. These studies highlighted a pivotal role of *Prdx* as a scavenger of hydrogen peroxide in RBC. *Prdx1* may be concerned with the initial response to glycolytic deficiency, because the gene expression in SLC3 was higher than that in transfectants only at 24 hours (Fig. 3A). The mechanisms responsible for upregulation of *Prdx1* and similar antioxidant enzymes in SLC3 remain to be elucidated.

It is most likely that the main pathogenesis of PK deficiency is decreased ATP production due to impaired glycolysis, resulting in the premature destruction of RBC in the reticuloendothelial system, i.e., extravascular hemolysis. In most cases, hemolysis is partly compensated by enhanced erythropoiesis. We have previously shown that the numbers of hematopoietic progenitors including colony-forming unit (CFU)-erythroid, CFU-granulocyte macrophage, burst-forming unit-erythroid, and CFU-granulocyte-erythrocyte monocyte-megakaryocyte were increased in *Pk-1*^{stc} mice [10]. The proliferation of erythroid progenitors might require

Figure 5. The oxidative stress pathway might play some role in the apoptosis induced by glycolytic disorder. (A) The SLC3 cells produce 2′,7′-dichlorofluorescein (DCF) continuously with and without 2-deoxyglucose (2-DG) due to the red blood cell type-pyruvate kinase (R-PK) defect. The control CBA2 cells produce DCF with 10 mM 2-DG for 30 minutes. The gray area shows the nontreated group and the red line shows the treated group with 2-DG. The horizontal axis shows the fluorescence intensity of the DCF. (B) The apoptosis induced by glycolytic defect or by glycolysis inhibitor was suppressed by the preincubation with the glutathione precursor, N-acetyl-cysteine (NAC). The gray area shows the nonpretreated group and the blue line shows the pretreated group with NAC. The horizontal axis shows the fluorescence intensity of the Annexin V-Alexa568.

activation of glycolysis in order to suppress intracellular ROS. Therefore, R-PK deficiency becomes a serious problem for erythroid cells to avoid apoptosis. In summary, we concluded that the premature destruction of RBC as well as apoptosis of erythroid progenitors accounts for the pathogenesis of R-PK deficiency.

Although most severe cases die either in utero or during the neonatal period [24,25], there is no curative therapy of PK deficiency except hematopoietic stem cell transplantation [26] at present. Because hematopoietic stem cell transplantation may accompany life-threatening complications, a safer treatment should be considered. Studies on the apoptotic induction of erythroid progenitors in R-PK deficiency may be useful for the identification of molecular targets of causal treatment.

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