INTRODUCTION

Pigment epithelium-derived factor (PEDF) is a glycoprotein that belongs to the super family of serine protease inhibitors. It was first purified from conditioned medium of human retinal pigment epithelial cells as a factor with potent neuronal differentiating activity (*Matsuyama et al.*, 2008).

Recently, PEDF has been shown to be a highly effective inhibitor of angiogenesis in cell culture and animal models. PEDF inhibits the growth and migration of cultured endothelial cells (EC), and it potently suppresses ischemia-induced retinal neovascularisation. PEDF levels in aqueous or vitreous humors are decreased in patients with diabetes, especially those with proliferative retinopathy (PDR) (Yamagishi et al., 2010).

It was found recently that PEDF inhibits TNF-α-induced nuclear factor-β activation and subsequent IL-6 expression in endothelial cell by suppressing Nicotinamide Adenine Dinucleotide Phosphate oxides – mediated reactive oxygen species generation. Also prevented advanced glycation end products or angiotensin Џ-induced EC activation through its anti-oxidative properties (*Katakami et al., 2008*).

Metabolic syndrome is defined according to Adult Treatment Panel (ATP III). ATP III identified five components of metabolic syndrome (abdominal obesity, given as waist circumference (>101.6 cm for men and > 88.9 cm for women) ,triglycerides (≥130 mg// dl) ,HDL cholesterol (<50 mg/ dl for men and <40 mg/dl for women), BP(≥130/≥85 mmHg) and fasting plasma glucose (≥110 mg/dl) (*Yamagishi et al.,2006*).

It is identified a novel role for PEDF as a negative regulator of insulin action in obesity. Given the observation that PEDF is increased in obese type 2 diabetic humans (*Yamagishi et al.*, 2006) and (*Jenkins et al.*, 2008), therapeutic strategies to inhibit PEDF action in muscle and liver, or prevent adipocyte PEDF release, may prove a viable approach to ameliorate obesity-induced insulin resistance and its associated pathologies (*Akın et al.*, 2012).