# MOLECULAR STUDIES & GENOTYPE PHENOTYPE CORRELATION IN EGYPTIAN

β-THALASSEMIA PATIENTS

Ph. D. THESIS

For The Degree In Pacdiatrics

3-92152 73-4-

Ву

Ghada Youssef El Kammah

MB,BCh., MSc. (Pediatrics)

Supervised By.

ه مداره الجامعية الجامعية المجامعية المجامعية

1/632 000

Prof. Dr. Samia A Temtamy

Prof. Of Human Genetics

Human Genetics Dept.

National Research Centre

Prof. Dr. Amal El Beshlawy

Prof. Of pediatrics

Faculty Of Medicine

Cairo university

Prof. Dr. Mostafa El Nashar

Prof. Of ENT
Institute of Childhood Studies

Ain Shams University

Prof. Dr. Mostafa El Awady

Prof. Of Biochemical (12) 6 Wes/

& Molecular Genetics

Head of Human Genetics Dept.

National Research Centre

INSTITUTE OF CHILDHOOD STUDIES
AIN SHAMS UNIVERSITY

1997





## AIN SHAMS UNIVERSITY INSTITUTE OF CHILDHOOD STUDIES

Name of the candidate: Ghada Youssef El-Kamah MOLECULAR STUDIES & GENOTYPE PHENOTYPE CORRELATION IN EGYPTIAN β-THALASSEMIA PATIENTS

Thesis submitted in Ph. D. degree in Pediatrics Dept. of Medical studies

#### Discussion and judgment committee

1- Prof. Dr. Samia A Temtamy Prof. of Human Genetics Human Genetics Dept.

Human Genetics Dept.

2-Prof. Dr. Rabah Shawki Prof. of pediatrics and Human Genetics Faculty of

Medicine Ain Shams university

**3-Prof. Dr. Mostafa El Nashar** Prof. of ENT Institute of Childhood Studies Ain

Shams University

**4-Prof. Dr. Lamis Ragab** Prof. of pediatrics Faculty Of Medicine Cairo

university

Date of discussion: - / - / 1998 Higher studies and research

Agreement

Agreement

Approval of councils

Approval of council's university



#### ACKNOWLEDGEMENT

I would like to express my sincere gratitude to my professor,

Prof. Dr. Samia A. Temtamy, professor of human genetics, National
Research Center. Her invaluable advice, abounding patience & prolific
help throughout this work were most valuable.

I like to express my gratitude to Prof. Dr. Amal El Beshlawy professor of pediatrics and hematology, Cairo University, for her kind supervision and perceptive advice.

I am deeply indebted to Prof. Dr. Mostafa El Nashar, professor of ENT, Institute of Childhood studies, Ain Shams University, for his precious guidance and unconditional support.

I wish to express my gratitude to Prof. Dr. Mostafa El Awady, professor of biochemical and molecular genetics, head Department of Human Genetics, National research Center for his kind supervision, advice and reviewing the thesis.

My profound thanks to Dr. Ibtessam Hussein, assistant professor of human genetics, National Research Center, for all the time and technical support she spent all through this work.

A word of thanks to all the staff members of The Human Genetics Department, National Research Center, for their great help and cooperation.

I like to thank the members of the Hematology Clinic , New Children Hospital , for their help .

Finally, I like to thank the patients and their family members who participated in this work.

## **CONTENTS**

page
-Introduction and Aim of The Work
-Review of Literature
Chapter I: Historical background
Chapter II: Normal human hemoglobin 6
-Structure of adult hemoglobin
-Structure of the $\beta$ -globin gene structure 9
*General structural features of globin genes 10
*Control of the $\beta$ -globin gene expression 12
*Brief recall of the $\beta$ -globin gene expression 14
-Ontogenic regulation of globin gene
Chapter III : Hemoglobinopathies
-Structural hemoglobin variants
*Variants causing hemolytic anemia
*Mutants with altered oxygen transport
*Structural mutants that result in thalassemic phenotype 23
-Thalassemias
*Clinical classification
*Genetic classification
-Hereditary persistence of fetal hemoglobin
Chapter IV: Hematological and biochemical diagnosis
of β-thalassemia
-Homozygous β-thalassemia

-Heterozygous β-thalassemia	.35
-Some of the biochemical analysis in thalassemic patients	37
Chapter V: DNA technology in the diagnosis of	
$\beta$ -thalassemia	.38
Chapter VI: Molecular pathology of $\beta$ -thalassemia	43
-β-thalassemia gene deletion	49
-Transcriptional mutations	51
-RNA splice site mutations	.51
*Involving intron / exon boundaries ( splice junction	
changes)	.51
*Splice site consensus sequence mutations	52
*Mutations in cryptic sites in exons (coding region),	
substitution affecting processing	52
*Mutations at cryptic in introns	53
-Cap site mutations	54
-Polyadenylation signal mutation	54
-Mutations resulting in abnormal translation of the	
$\beta$ -globin mRNA	.55
*mutants producing a termination codon ( nonsense	
mutations)	55
*Frameshift mutations	55
*The third type	56
-Unstable β-chain variants	56
-Silent β-thalassemia	57
-Deletion mutations in $\beta$ -locus control region ( $\epsilon\gamma\delta\beta$ )°	
4.4	57

-Deletions causing δβ-thalassemia or HPFH	. 57
-Thalassemia like disorders due to two mutations in	
the $\beta$ -globin gene cluster	.58
*Hemoglobin with novel physical properties : Hb C	. 59
Chapter VII: Clinical aspects of $\beta$ -thalassemia	. 60
-Thalassemia major	.60
-Thalassemia intermedia	. 64
-Heterozygous β-thalassemia	. 66
-Dominantly inherited β-thalassemia	. 66
Chapter VIII: Genotype / phenotype correlation in	
β-thalassemia patients	. 67
-Effect of gross deletions in the $\beta$ -globin gene cluster $\ .$	. 68
*Hereditary persistence of fetal hemoglobin	68
*Heterozygous δβ-thalassemia	. 68
* $\gamma\delta\beta$ -thalassemia	. 68
-Phenotype of heterozygous β-thalassemia	. 69
*Heterozygous β-thalassemia with normal red cell	
indices	69
*Heterozygous β-thalassemia with normal Hb A2	. 70
*Silent β-thalassemia	71
*Heterozygous β-thalassemia with unusually high	
Hb A2 Level	72
*β-globin chain variants coinhrited with	
heterozygous β-thalassemia	.72
-Homozygous β-thalassemia	. 72
*Phenotype of mild ß-thalassemia mutations	72

*phenotype of homozygous β-thalassemia
coinherited with $\alpha$ -thalassemia
*Phenotype of β-thalassemia homozygous with
enhanced γ-chain production
Chapter IX: The control and treatment of $\beta$ -thalassemia .79
-Carrier screening
-Genetic counseling
-Prenatal diagnosis 80
-Management of β-thalassemia cases 81
*Transfusion therapy
*Iron chelation therapy
*Splenectomy
*Bone marrow transplantation (BMT) 84
*Experimental procedures
-Patients and Methods 88
-Results
-Discussion
-Conclusion and Recommendations 140
-Summary
-References
-Arabic Summary

### List of Abbreviations

: Amino acid . a.a.

· Adenin . A.

: Gumma chain with alanine at position 136 of the Αγ

polypeptide chain.

: Amplification refractory mutation system . **ARMS** 

: Allele specific oligonucleotides . ASO

: Bone marrow transplantation . **BMT** 

: Type of a restriction enzyme . BSU36

: Base pair . bp

 $\mathbf{C}$ 

: Cytosine . CAP : Catabolite activator protein .

: Congenital Heinz bodies hemolytic anemia . **CHABA** 

: Chorionic villus sampling . **CVS** 

: Denaturing gradient gel electrophoresis . **DGGE** 

: Deoxyribonucleic acid . DNA

: Deoxyribonuclease . Dnase

: Type of restriction enzyme. **EcoRI** 

**EPO** : Erythropoietin .

G : Guanin .

: Gumma chain with glycin at position 136 of the Gγ

polypeptide chain.

: Graft versus host disease . **GVHD** 

: Homozygous . **HMZ** 

: Hereditary persistence of fetal hemoglobin . **HPFH** 

: Hypersensitive site . HS

HSC : Hematopoietic stem cells .

HTZ : Heterozygous .

IVS : Intervening sequence .

Kb : Kilo base .

LCR : Locus control region.

MCH : Mean corpuscular hemoglobin .

MCV : Mean corpuscular volume .

mRNA: Messenger ribonucleic acid.

nts : Nucleotides .

PCR : Polymerase chain reaction .

PTH : Parathyroid .

RBC : Red blood corpuscle.

RDW : Red cell distribution width .

RE : Restriction enzyme .

RES : Reticulo endothelial system.

RFLP : Restriction fragment length polymorphism .

RNP : Ribonucleoprotein.

RPI : Reticulocyte production index .

SSCP : Single stranded conformation polymorphism .

T : Thymidine .

T3 : Tri-iodo thyronine .

T4 : Thyroxine.

tRNA : Transfer ribonucleic acid.

TSH Thyroid stimulating hormone.

U : Uracil

Unch. : Uncharacterized .

## List of Figures

Fig		page
1	: Schematic diagram of quaternary structure of hemoglobin	
	and the relative changes in orientation of the subunits during	
	oxygenation.	8
2	: Alpha and beta globin gene cluster	11
3	: Genetic control of human hemoglobin	17
4	: Globin synthesis at various stages of embryonic and fetal	
	development	19
5	: Point mutations in the $\beta$ -globin gene	48
6	: Deletions affecting the $\beta$ -globin gene cluster	50
7	Pathophysiology of β-thalassemia	63
8	: Mild $\beta$ -thalassemia mutations	74
9	: Correlation between age of onset and frequency of blood	
	transfusion	118
10	: Frequency of $\beta$ -thalassemia alleles	119
11	: Consanguinity in the most common mutations	120
12	: Height in the most common mutations	121
13	: Digestion by BSU 36 enzyme	122
14	: Example of PCR products from 3 PCR reactions	123
15	: Examples of RDB results ( A )	124
	(B)	125

## LIST OF TABLES

Table		Page
1	: Genetic disorders of hemoglobin	22
2	: Molecular mechanisms underlying globin mutations .	24
3	: The major classes of hemoglobin structural variants	25
4	: The thalassemias and related disorders	28
5	: Inheritance risk for a hemoglobin variant	31
6	Phenotypic characteristics of β-thalassemia	36
7	: Molecular pathology of β-thalassemias	44
8	: β-thalassemia intermedia	75
9	: Sequence of PCR primers	91
10	: Clinical and hematological criteria of cases studied	98
11	: Frequency of $\beta\text{-thalassemia}$ alleles in the studied cases .	102
12	Genotype frequencies among the studied cases	103
13	: Number and percentage of males and females in common	
	mutations	104
14	: Number and percentage of positive and negative	
	consanguinity in common mutations	105
15	: Range of splenomegaly and number and percentage of	
	cases which had undergone splenectomy	106
16	: Standard deviation of height in cases of common	
	mutations	107
17	: Clinical and hematological data of some rare mutations .	108
18	: Clinical and hematological data of four patients	
	homozygous for IVS2 nt 745 and frameshift 5 mutations .	109
19	: Comparison between the mean values and standard	
	deviation of the clinical and hematological parameters of	