

**INFLUENCE OF THE CD14 GENOTYPE POLYMORPHISM
ON C-REACTIVE PROTEIN LEVELS IN PATIENTS
WITH CORONARY ARTERY DISEASE**

Thesis submitted by

Ahmed Mohamed Taha, MBBCH

In partial fulfillment of Master

Degree in Critical Care

Supervisors

DR. Khaled Hussein Mohammed

Assistant professor of critical care

Critical care department

Cairo University

DR. Sanaa Sayed AbdElshafy

Professor of clinical pathology and Immunology

Bani Swief University

DR. Mohammed Mohammed Khaled

Lecturer of critical care

Critical care department

Cairo University

Cairo University

2010

❖ اللهم لك الحمد حمدا لا ينفد أوله ولا ينقطع آخره و

لك الحمد حمدا لا يحجب عنك و لك الحمد زنة عرشك و

لك الحمد عدد كلماتك و لك الحمد رضا نفسك و لك

الحمد عدد ما أحاط به علمك.

❖ اللهم لك الحمد كما حمدت به نفسك و لك الحمد

كما تحب أن تحمد و تعبد و تشكر جل ثناؤك و أنت

أرحم الراحمين.

❖ اللهم تم نورك فهديت فلك الحمد عظم حلمك

فغفرت فلك الحمد بسطت يدك فأعطيت فلك الحمد.

❖ اللهم لك الحمد مقسط الميزان رفيع الدرجات صادق

الكلام ذو الجلال والإكرام.

Acknowledgement

“First and foremost, thanks to ALLAH, The most beneficent and most merciful”

I would like to express my deepest feelings and profound gratitude to **Prof. Dr. Khaled Hussein**; Assistant professor of critical care, Critical care department, Cairo University, for his expert guidance, valuable suggestions, and excellent supervision. Without his valuable suggestions and constructive criticism, the performance of this work would have been difficult. I felt a great honor to work under his supervision.

I would like to express my deepest gratitude and sincere thanks to **Prof. Dr. Sanaa Abd Elshafy**; Professor of clinical pathology and Immunology, Bani Swif University, for her instructive supervision, continuous guidance, valuable instructions, precious and continuous encouragement. I have a great deal and gained valuable experience with her.

I owe much to **Dr. Mohammed Khaled**; Lecturer of critical care, Critical care department, Cairo university, for his tremendous assistance, continuous guidance, valuable suggestions, kind instructions and support all over the work.

I would like to thank all staff members of Critical care department, Cairo University, all thanks for my colleagues who helped me in completing this work.

ABSTRACT

Background: Inflammation is one of the major components of atherosclerosis, which is the underlying disorder that leads to various diseases including coronary artery disease (CAD). CD14 receptor is an important mediator of inflammatory reactions and its expression is under genetic control. The allelic variant of the CD14 polymorphism located in the promoter region of the CD14 gene is associated with receptor expression and ischemic risk.

Aim of the work: assessment the effect of the CD14 genotype polymorphism on high sensitivity C- reactive protein (hs-CRP) levels in patients with CAD.

Patients and methods: We studied 70 patients, 50 pts aged (53.42 ± 8.09 ; men) (cases) with angiographically proven CAD, 20 pts aged (48.25 ± 5.66 ; men) (controls) with normal coronary angiography. CD14 genotypes were determined by a Polymerase Chain Reaction (PCR) Restriction Fragment Length Polymorphism Analysis (RFLP) technique. High sensitivity C- reactive protein (hs-CRP) levels measured by immunofluorescent technique using (immulite). ®

Results. Patients with CAD had a significantly higher frequency of the TT genotype than patients with normal coronaries 42% vs. 20% p value 0.04. TT subjects had increased (hs-CRP) levels (10.8 mg/l) compared with carriers of the C allele (CC (4.8 mg/l) - CT (5.07 mg/l)) p value 0.03. Incidence of MI is high in TT subjects. There as no significant association between genotypes, or allele frequencies, and severity of CAD p value NS.

Conclusion. T homozygotes of this functional polymorphism represent a genetically determined risk factor for the development of CAD.

Keywords: *CD14 receptor; Polymorphism; Coronary artery disease; Inflammation; Atherosclerosis*

LIST OF ABBREVIATIONS

ACB	<i>Albumin cobalt binding test.</i>
ACC	<i>The American College of Cardiology.</i>
ACE	<i>Angiotensin- converting enzyme.</i>
ACEI	<i>Angiotensin- converting enzyme inhibitors.</i>
ACS	<i>Acute coronary syndrome.</i>
ACT	<i>activated clotting time.</i>
ACUITY	<i>Acute Catheterization and Urgent Intervention Triage strategy Trial.</i>
ADP	<i>Adenosine diphosphate.</i>
AHA	<i>The American Heart Association.</i>
AP-1	<i>Activating protein 1.</i>
aPTT	<i>activated partial thromboplastin time .</i>
ARBS	<i>angiotensin receptor blockers.</i>
ARIC	<i>Atherosclerosis Risk in Communities.</i>
ASA	<i>Apirine.</i>
ASSENT-4 PCI	<i>ASsessment of the Safety and Efficacy of a New Treatment Strategy with percutaneous Coronary Intervention-4 .</i>
ATF-1	<i>Activating transcription factor 1.</i>
ATP III	<i>Third Adult Treatment Panel.</i>
B.B	<i>B blockers.</i>
bid	<i>bis in die (Latin: twice-daily dosage).</i>
BMI	<i>Body mass index.</i>
BNP	<i>Brain natriuretic peptide.</i>
BP	<i>Blood pressure.</i>
°C	<i>Celsius degree temperature.</i>
C	<i>Cytosine nucleotide base.</i>
C.I	<i>Confidence interval.</i>
CABG	<i>Coronary artery bypass graft.</i>
CAPRIE	<i>Clopidogrel versus Aspirin in Patients at Risk of Ischaemic Events.</i>
CC	<i>Correlation coefficient.</i>
CCB	<i>calcium channel blockers.</i>
CD	<i>Cluster of differentiation .</i>
CDC	<i>Control disease center.</i>
CHD	<i>Coronary heart disease.</i>
CHF	<i>Congestive heart failure.</i>
CKD	<i>Chronic kidney disease.</i>
CK-MB	<i>Creatine kinase MB.</i>

COMMIT	<i>ClOpidogrel and Metoprolol in Myocardial Infarction Trial.</i>
COMMIT/CCS-2	<i>ClOpidogrel and Metoprolol in Myocardial Infarction Trial/ Chinese Cardiac Study 2.</i>
COX-1	<i>Cyclooxygenase -1.</i>
Cp-HSP60	<i>Chlamydia pneumoniae HSP60 .</i>
CRE	<i>cAMP response element.</i>
CRP	<i>C -reactive protein.</i>
CSA	<i>Chronic stable angina.</i>
CT	<i>Computed tomography.</i>
CT	<i>Computed tomographic.</i>
cTnI	<i>Cardiac Troponin I.</i>
cTnT	<i>Cardiac Troponin T.</i>
CV	<i>Cardiovascular.</i>
CVA	<i>Cerebrovascular accident.</i>
CVD	<i>Cardiovascular diseases.</i>
D2B	<i>Door-To-Balloon.</i>
DANAMI-2	<i>Danish Trial in Acute Myocardial Infarction.</i>
dl	<i>Deciliter.</i>
DM	<i>Diabetes mellitus.</i>
DNA	<i>Deoxyribonucleic acid.</i>
DTIs	<i>Direct thrombin inhibitors .</i>
e.g.	<i>example gratia (Latin = for example).</i>
ECG	<i>Electrocardiograph.</i>
ED	<i>Emergancy department .</i>
EDTA	<i>Ethylene diaminetetraacetic acid.</i>
EIS	<i>Early invasive management strategy.</i>
ELISA	<i>Enzyme-linked immunosorbent assay.</i>
EMS	<i>Emergency medical services.</i>
ERK	<i>Extracellular signal regulated kinase .</i>
ESC	<i>The European Society of Cardiology.</i>
ExTRACT-TIMI 25	<i>Enoxaparin and Thrombolysis Reperfusion for Acute Myocardial InfarCtion Treatment, Thrombolysis In Myocardial Infarction—Study 25.</i>
FABPs	<i>Fatty acid binding proteins.</i>
FDA	<i>Food and Drug Administration.</i>
FFA	<i>Free fatty acids.</i>
FFAu	<i>Unbound free fatty acids.</i>
FHx	<i>Family history.</i>
FINESSE	<i>Facilitated INtervention with Enhanced Reperfusion Speed to Stop Events trial.</i>

G	<i>Guanine nucleotide base.</i>
GPI	<i>Glycosyl phosphatidylinositol.</i>
GPI	<i>Glycoprotein IIb/IIIa inhibitor.</i>
GRACE	<i>Global Registry of Acute Coronary Events.</i>
HDL	<i>High density lipoproteins.</i>
H-FABP	<i>Heart -type fatty acid binding proteins.</i>
HIT	<i>heparin-induced thrombocytopenia .</i>
HORIZONS-AMI	<i>Harmonizing Outcomes with Revascularization and Stents in Acute Myocardial Infarction trial.</i>
HRT	<i>Hormone replacement therapy.</i>
HSA	<i>Human serum albumin.</i>
hs-CRP	<i>High sensitivity C-reactive protein.</i>
HTN	<i>Hypertension.</i>
hu-HSP	<i>Human heat shock protein.</i>
ICAMs	<i>Intracellular adhesion molecules.</i>
ICH	<i>Intracranial hemorrhage.</i>
ICTUS	<i>Invasive Versus Conservative Treatment in Unstable Coronary Syndromes trial.</i>
IGF-1	<i>Insulin growth factor-1.</i>
IGFBPs	<i>Insulin -like growth factor binding proteins.</i>
IHD	<i>Ischemic heart disease.</i>
IκB	<i>Inhibitory κB .</i>
IKKβ	<i>Activated inhibitory κB kinase β.</i>
IL-6	<i>Interleukine 6.</i>
IM	<i>Intramuscular.</i>
IMA	<i>Ischemia modified albumin.</i>
IRAK	<i>Interleukin 1 (IL-1) receptor associated kinase.</i>
ISAR-COOL	<i>the Intracoronary Stenting with Antithrombotic Regimen Cooling-off Trial.</i>
ISAR-REACT	<i>Abciximab in patients with acute coronary syndromes undergoing percutaneous coronary intervention after clopidogrel pretreatment.</i>
JNK	<i>Jun N-terminal kinase.</i>
kg	<i>Kilogram.</i>
LBP	<i>LPS binding protein.</i>
LDL	<i>Low -density lipoproteins.</i>
LMWHs	<i>Low-molecular weight heparins.</i>
Lp-PLA	<i>Lipoprotein-associated phospholipase.</i>
LPS	<i>Lipopolysaccharide.</i>
LRRs	<i>Leucine-rich repeats.</i>
LVH	<i>Left ventricular hypertrophy.</i>
MAPK	<i>Mitogen activated protein kinase .</i>

mCD14	<i>The membrane expressed CD14.</i>
MERLIN	<i>Middlesbrough Early Revascularization to Limit Infarction.</i>
MeSH	<i>Medical Subject Heading.</i>
MetS	<i>Metabolic syndrome.</i>
MI	<i>Myocardial infarction.</i>
MITRA	<i>Maximal Individual Therapies for Acute Myocardial Infarction.</i>
MMP	<i>Matrix metalloproteinase.</i>
MMPs	<i>Metalloproteinases.</i>
MONICA	<i>Monitoring of Trends and Determinants in Cardiovascular Disease study.</i>
MPO	<i>Myeloperoxidase.</i>
MR	<i>Mitral regurgitation.</i>
MU	<i>Mega unit.</i>
MyD88	<i>Myeloid differentiation protein 88.</i>
n	<i>Number.</i>
NA	<i>not available.</i>
NF-kB	<i>Nuclear factor kB.</i>
NHLBI	<i>National Heart, Lung, and Blood Institute.</i>
NIH	<i>National Institutes of Health.</i>
NS	<i>Non significant</i>
NSTE-ACS	<i>non-ST elevation acute coronary syndrome.</i>
NSTEMI	<i>Non -ST segment elevation myocardial infarction.</i>
NT-pro BNP	<i>n-terminus pro-brain natruretic proteine.</i>
OASIS	<i>Organization to Assess Strategies for Ischaemic Syndromes Study.</i>
P value	<i>Probability value.</i>
P1GF	<i>Placenta growth factor.</i>
PAMI	<i>Primary Angioplasty in Myocardial Infarction.</i>
PAPP-A	<i>Pregnancy -associated protein A.</i>
PCI	<i>Percutaneous coronary intervention.</i>
PLCHO	<i>Plasma choline .</i>
PLD	<i>Phospholipase D.</i>
PRAGUE	<i>PTCA Units versus Emergency Thrombolysis.</i>
PROVE IT-	<i>Pravastatin or Atorvastatin Evaluation and Infection</i>
TIMI	<i>Therapy—Thrombolysis in Myocardial Infarction.</i>
PURSUIT	<i>Platelet Glycoprotein IIb/IIIa in Unstable Angina: Receptor Suppression Using Integrilin Therapy.</i>
PVD	<i>Peripheral vascular disease.</i>
RCT	<i>Randomized controlled trial.</i>
REACT	<i>Rescue Angioplasty versus Conservative Treatment or</i>

	<i>Repeat Thrombolysis.</i>
REVERSAL	<i>The Reversal of Atherosclerosis With Aggressive Lipid Lowering.</i>
RITA-3	<i>Third Randomized Intervention Treatment of Angina Study .</i>
RR	<i>Relative risk.</i>
SBP	<i>Systolic blood pressure.</i>
SCAI	<i>Society for Cardiovascular Angiography and Interventions.</i>
sCD14	<i>Soluble molecule CD14.</i>
SIS	<i>Selectively invasive management strategy.</i>
SRE	<i>Serum response element.</i>
STE-ACS	<i>ST elevation acute coronary syndrome.</i>
STEMI	<i>ST segment elevation myocardial infarction.</i>
SYNERGY	<i>Superior Yield of the New Strategy of Enoxaparin, Revascularization and Glycoprotein IIb/IIIa Inhibitors Trial.</i>
T	<i>Thymine nucleotide base.</i>
TC	<i>Total cholesterol.</i>
TG	<i>Triglycerides .</i>
TH1	<i>T-cells helper.</i>
TIA	<i>Transient ischemic attack.</i>
TIMI	<i>Thrombolysis in Myocardial Infarction.</i>
TIMPs	<i>Tissue inhibitors of metalloproteinases.</i>
TLR4	<i>Toll -like receptor 4.</i>
TNF	<i>Tumour necrosis factor .</i>
TNF-α	<i>Tissue necrosis factor-alpha.</i>
TRAF6	<i>Tumour necrosis factor receptor associated factor.</i>
UA	<i>Unstable angina.</i>
UFH	<i>Unfractionated heparin.</i>
VCAMs	<i>Vascular adhesion molecules.</i>
VINO	<i>Value of First Day Angiography/Angioplasty in Evolving Non-ST Segment Myocardial Infarction: Open Multicenter Randomized Trial.</i>
WBCHO	<i>Whole blood choline.</i>
WHO	<i>The World Health Organization.</i>
WHS	<i>Women Health Study</i>

LIST OF TABLES

	PAGE
Table (1): Desirable Features of Biomarkers of Atherosclerotic CVD.	5
Table (2): Troponin Elevations in Non-ACS.	12
Table (3): Possible Clinical Utility of Selected Cardiac Markers.	23
Table (4): Comparison of Adjusted Relative Risk/Odds Ratios for Vascular Events and c-Statistics for Predictive Models With Traditional Risk Factors Alone and With the Inclusion of CRP.	33
Table (5): Likelihood that signs and symptoms represent acute coronary syndrome overlying coronary artery disease.	46
Table (6): Predictors of greater or lesser short-term risk of death or nonfatal myocardial infarction in patients with non-ST-segment elevation acute coronary syndrome.	46
Table (7): Features used in calculation of the TIMI, GRACE, and PURSUIT risk scores for patients with known or suspected non-ST-segment-elevation acute coronary syndrome.	49
Table (8): GRACE prediction scorecard for all-cause mortality from discharge to 6 months.	51
Table (9): Recommendations for antithrombotic therapy in non-ST-segment-elevation acute coronary syndrome patients in the 2002 and 2007ACC/AHA guidelines.	57
Table (10): Recommendations for antiplatelet therapy in non-ST-segment-elevation acute coronary syndrome patients in the 2002(193,194) and 2007 (173) ACC/AHA guidelines.	67

Table (11). Comparison of commonly used fibrinolytic agents.	76
Table (12): ED-pertinent data on non heparine anticoagulation in STEMI therapy.	86
Table (13): clinical characteristics and demographic data of both groups	96
Table (14): Electrocardiographic (ECG) data of both groups.	98
Table (15): Pre-admission Medications in both groups.	99
Table (16): Number of stenosed vessels in both groups.	100
Table (17): Relation between patient's descriptive data and CD 14-genotype polymorphism.	101
Table (18): Relation between patients laboratory results and CD 14-genotype polymorphism.	101
Table (19): CD14 genotype in both groups.	103
Table (20): CD 14 allele in both groups	104
Table (21) Relation between CD_14 and number of stenosed vessels affected	105
Table (22): Testing the relation between CD_14 and ECG changes (MI) in-group 1.	106
Table (23): Relation between CD_14 genotypes and both groups.	107
Table (24): Relation between CRP levels and both groups.	108
Table (25): CRP levels in different CD14 genotype polymorphism in group 1.	110
Table (26): Relation between CRP levels and number of stenosed vessels.	113

Table (27): Relation between CRP levels and diabetes (DM) group 1 patients.	114
Table (28): Relation between CRP levels and hypertension (HTN) in group 1.	115
Table (29): Relation between CRP levels and smoking in-group 1.	116
Table (30): Testing the relation between CRP and other covariates.	117
Table (31): Relation between CRP levels and CD14 genotypes for cases with raised ST segment.	119
Table (32): Relation between CRP levels in TT CD14 genotype and both groups.	119
Table (33): Characteristics of eligible studies in CD14 polymorphism and IHD susceptibility.	123

منسق

List of Figures.

PAGE

منسق: الخط: ١٤ نقطة، خط
اللغة العربية وغيرها: ١٤ نقطة

Figure (1): Overlapping relationships among ACS, inflammation, ischemia, and chronic heart failure as it relates to atherogenesis.

3

منسق: الخط: ١٤ نقطة، خط
اللغة العربية وغيرها: ١٤ نقطة

Figure (2): CD14/toll-like receptor 4 (TLR4) intracellular signalling complex

37

منسق: الخط: ١٤ نقطة، خط
اللغة العربية وغيرها: ١٤ نقطة

Figure (3): Early assessment and management of the patient with NSTEMI ACS.

68

منسق: الخط: ١٤ نقطة، خط
اللغة العربية وغيرها: ١٤ نقطة

Figure (4): Simplified decision algorithm for reperfusion. The shaded boxes indicate the periods of unknown time delays during which a decision must be made about whether or not to administer a fibrinolytic.

77

محذوف: t

منسق: الخط: ١٤ نقطة، خط
اللغة العربية وغيرها: ١٤ نقطة

Figure (5): The mean values of (some variables) in both cases and control patients.

97

محذوف: c

منسق: الخط: ١٤ نقطة، خط
اللغة العربية وغيرها: ١٤ نقطة

محذوف: : Represents c

Figure (6): ECG changes in both cases and control group.

98

محذوف: 12

منسق: الخط: ١٤ نقطة، خط
اللغة العربية وغيرها: ١٤ نقطة

Figure (7): Cases and control patients with different Pre-admission medication.

99

محذوف: 15

منسق: الخط: ١٤ نقطة، خط
اللغة العربية وغيرها: ١٤ نقطة

Figure (8): Cases and control patients with different number of stenosed coronary vessels.

100

محذوف: 16

منسق: الخط: ١٤ نقطة، خط
اللغة العربية وغيرها: ١٤ نقطة

Figure (9): CD 14 genotypes in both groups.

103

محذوف: d

منسق: الخط: ١٤ نقطة، خط
اللغة العربية وغيرها: ١٤ نقطة

Figure (10): CD_14 Allele in both groups.

104

محذوف: 18

منسق: الخط: ١٤ نقطة، خط
اللغة العربية وغيرها: ١٤ نقطة

Figure (11): Distribution of CD_14 according to number of vessels.

105

محذوف: 19

منسق: الخط: ١٤ نقطة، خط
اللغة العربية وغيرها: ١٤ نقطة

Figure (12): ECG changes according to CD_14 allele.

106

محذوف: in group

منسق: الخط: ١٤ نقطة، خط
اللغة العربية وغيرها: ١٤ نقطة

Figure (13): Percentage of CD_14 Allele in both groups.

107

محذوف: 20

منسق: الخط: ١٤ نقطة، خط
اللغة العربية وغيرها: ١٤ نقطة

Figure (14): Distribution of hs CRP in group 1 patients.

108

محذوف: 121

منسق: الخط: ١٤ نقطة، خط
اللغة العربية وغيرها: ١٤ نقطة

Figure (15): Distribution of hs CRP in group 2 patients.

109

منسق: الخط: ١٤ نقطة، خط اللغة العربية وغيرها: ١٤ نقطة	Figure (16): Mean <u>hs</u> CRP level in both groups.	109
محدوف: Represented		
محدوف: m	Figure (17): Distribution of <u>hs</u> CRP in cases with CC.	110
محدوف: 121		
منسق: الخط: ١٤ نقطة، خط اللغة العربية وغيرها: ١٤ نقطة	Figure (18): Distribution of <u>hs</u> CRP in cases with CT.	111
محدوف: d		
محدوف: 122	Figure (19): Distribution of <u>hs</u> CRP in cases with TT.	111
منسق: الخط: ١٤ نقطة، خط اللغة العربية وغيرها: ١٤ نقطة	Figure (20): Mean <u>hs</u> CRP level in different CD14 genotypes.	112
محدوف: d		
محدوف: 123	Figure (21): Mean <u>hs</u> CRP level in different CD14 genotypes.	113
منسق: الخط: ١٤ نقطة، خط اللغة العربية وغيرها: ١٤ نقطة	Figure (22): Mean <u>hs</u> CRP level in diabetic and <u>non-diabetic</u> patients.	114
محدوف: d		
محدوف: 123	Figure (23): Mean <u>hs</u> CRP level in hypertensive and <u>normotensive patients.</u>	115
منسق: الخط: ١٤ نقطة، خط اللغة العربية وغيرها: ١٤ نقطة	Figure (24): Mean <u>hs</u> CRP level in smokers and nonsmokers.	116
محدوف: 124		
منسق: الخط: ١٤ نقطة، خط اللغة العربية وغيرها: ١٤ نقطة	Figure (25): <u>hs</u> CRP and other covariates (BMI,TG and tot-chol)	118
محدوف: CRP		
محدوف: non diabetic		
محدوف: 126	Figure (26): Mean <u>hs</u> CRP level for different CD14_Allele genotypes in patients with raised ST segment.	119
منسق: الخط: ١٤ نقطة، خط اللغة العربية وغيرها: ١٤ نقطة	Figure (27): Histogram showing distribution of <u>hs</u> CRP in control group with TT CD_14.	120
منسق: إلى اليسار، مسافة بعد: نقطة		
محدوف: 27	Figure (28): Mean <u>hs</u> CRP level in cases and control with CD_14 TT.	120
محدوف: Mean CRP level in different BLP.		
منسق: الخط: ١٤ نقطة، خط اللغة العربية وغيرها: ١٤ نقطة		
محدوف: 28		
منسق: الخط: ١٤ نقطة، خط اللغة العربية وغيرها: ١٤ نقطة		
محدوف: 29		
محدوف: 31		
منسق: الخط: ١٤ نقطة، خط اللغة العربية وغيرها: ١٤ نقطة		
منسق: ... [1]		
محدوف: 32		
منسق: ... [2]		
محدوف: 33		
منسق: ... [3]		

الصفحة [1]: xii منسق	ScOrPiOnE	١٢:٤٢:٠٠ ٢٠١٠/٠٤/٠١ ص
الخط: ١٤ نقطة، خط اللغة العربية وغيرها: ١٤ نقطة		
الصفحة [2]: xii منسق	ScOrPiOnE	١٢:٤٢:٠٠ ٢٠١٠/٠٤/٠١ ص
الخط: ١٤ نقطة، خط اللغة العربية وغيرها: ١٤ نقطة		
الصفحة [3]: xii منسق	ScOrPiOnE	١٢:٤٢:٠٠ ٢٠١٠/٠٤/٠١ ص
الخط: ١٤ نقطة، خط اللغة العربية وغيرها: ١٤ نقطة		