### Serum level of 25-Hydroxycholecalciferol in patients with Primary Osteoarthritis and Correlation with Disease Severity

#### Thesis

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By
Thoraya Mohammed El-bayoumi Mohammed *M.B., B.Ch.*Faculty of Medicine Ain Shams University

### Under supervision of

### Prof. Dr. Nadia Abdul-salam Elkadery

Professor of Physical Medicine, Rheumatology and Rehabilitation Faculty of Medicine Ain Shams University

### Prof. Dr. Mona Lotefy Attia Zamzam

Professor of Physical Medicine, Rheumatology and Rehabilitation Faculty of Medicine Ain Shams University

#### **Dr. Nevine Mahmoud Fouda**

Assistant Professor of Physical Medicine, Rheumatology and Rehabilitation Faculty of Medicine Ain Shams University

> Faculty of Medicine Ain Shams University 2010

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## List of Abbreviations

Abbreviations	Meaning
1,25(OH) <sub>2</sub> D <sub>3</sub>	1-alpha, 25-dihydroxycholecalciferol
25(OH)D <sub>3</sub>	25-Hydroxycholecalciferol
CYP27B1	25-hydroxycholecalciferol 1-alpha-
	hydroxylase
CYP24A1	25-hydroxycholecalciferol-24-hydroxylase
CYP27A1	25-hydroxycholecalciferol-25-hydroxylase
ADAMTS	A Disintegrin And Metalloprotease with
	Thrombospondin motifs
Abs.	Absent
ALK1	Activin-Like Kinase 1
AGEs	Advanced Glycation End
ACR	American College of Rheumatology
ACL	Anterior Cruciate Ligament
BMI	Body Mass Index
BMD	Bone Mineral Density
BMPs	Bone Morphogenetic Proteins
CGRP	Calcitonin Gene-Related Peptide
Ca	Calcium
CACP	Camptodactyly-Arthropathy-Coxa vara-
	Pericarditis
CV	Cardiovascular
COMP	Cartilage Oligomeric Matrix Protein
CNS	Central Nervous System
COL	Collagen
CBC	Complete blood counts
COX	Cyclooxygenases
DC	Dendritic cells

DMOAD	Disease-modifying OA drug
DEXA	Dual Energy X-ray Absorptiometry
ESR	Erythrocyte Sedimentation Rate
ECM	Extracellular matrix
FGF23	Fibroblast Growth Factor 23
GI	Gastrointestinal
HNF4α	Hepatic Nuclear Factor 4 alpha
HS	Highly significant
HA	Hyaluronic Acid
IGFs	Insulin-like Growth Factors
IFN-γ	Interferon-gamma
IL-1R	Interleukin-1 Receptor
IL-1Ra	Interleukin-1 Receptor antagonist
IL-1 α and β	Interleukin-1alpha and beta
IU	International Unit
K-L	Kellgren-Lawrence Grading System
kDa	kilo Daltons
LIF	Leukemic inhibitory factor
LIF-R	Leukemic inhibitory factor receptor
MRI	Magnetic Resonance Imaging
MHC	Major Histocompatibility Complex
MMP	Matrix Metalloproteinase
MSC	Mesenchymal Stem Cell
MSM	Methylsulfonylmethane
mcg (µg)	Micrograms
μmol/L	Micromoles/Litre
mg/mL	Milligram/millilitre
ng/ml	Nanograms/millilitre
nmol/L	Nanomoles/Litre

NIAMS	National Institute of Arthritis and					
	Musculoskeletal and Skin Diseases					
NO	Nitric Oxide					
NOS	NO synthases					
NS	Non-significant					
NSAIDs	Nonsteroidal Anti-inflammatory Drugs					
N	Number					
OA	Osteoarthritis					
OATS	Osteoarticular Transplant Surgery					
PTH	Parathyroid hormone					
<b>PPAR</b> $\gamma$ and $\alpha$	Peroxisome Proliferator-Activated Receptor Gamma and Alpha					
PXR	Pregnane X receptor					
Pres	Present					
PGES	Prostaglandin E synthase					
PGE-2	Prostaglandin E-2					
PKC	Protein kinase C					
PGs	Proteoglycans					
ROA	Radiographic Osteoarthritis					
RXR	Retinoic X receptor					
RA	Rheumatoid Arthritis					
SAMe	S-adenosylmethionine					
S (Sig.)	Significant					
SHP	Small Heterodimer Partner					
SD	Standard Deviation					
STZ	Superficial Tangential zone					
TMB	Tetramethylbenzidine					
TIMP	Tissue Inhibitor of Metalloproteinases					
TGF-ß	Transforming Growth Factor-ß					
TNF-α	Tumor Necrotic Factor alpha					

TNFsR	Tumor Necrotic Factor soluble receptor						
TACE	Tumor Necrotic Factor-α Convertase Enzyme						
TNF-R	Tumor Necrotic Factor-α Receptor						
UVB	Ultraviolet-B						
VEGF	Vascular Endothelial Growth Factor						
VLDL	Very-low-density lipoprotein						
VAS	Visual analogue scale						
VDBP	Vitamin D Binding Protein						
VDR	vitamin D receptor						
VDRE	Vitamin D Response Element						
WOMAC	Western Ontario and McMaster Universities						
	Osteoarthritis Index						
WHO	World Health Organization						

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### Introduction

Osteoarthritis (OA) is a chronic degenerative disorder characterized by cartilage loss, its prevalence is high, and it is a major cause of disability. The cause of OA is unknown; however, current evidence indicates that it is multifactor. Major risk factors for OA are age, female sex, obesity, geographic factors, occupational knee-bending, physical labour, genetic factors, race, and joint trauma; it causes joint pain, stiffness, and limitation of joint function. Knee involvement is the commonest presentation of this disease all over the world (*Das and Farooqi, 2008*).

OA is a disorder of the whole synovial joint organ. There is growing evidence of the importance of bone turnover in OA and human studies have demonstrated that the subchondral bone is metabolically active in OA (*Hunter et al., 2003*). Diagnosis is usually done by X-rays, which include loss of cartilage, subchondral sclerosis, subchondral cysts, narrowing of the joint space, and bone spur formation (osteophytes) from increased bone turnover (*Altman, et al., 1990*).

Vitamin D is a fat-soluble vitamin that is essential for maintaining normal calcium metabolism. Vitamin D<sub>3</sub> (cholecalciferol) can be synthesized by humans in the skin upon exposure to ultraviolet-B (UVB) radiation from sunlight, or it can be obtained from the diet (National Institutes of Health,