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شبكة المعلومات الجامعية

التوثيق الالكتروني والميكرو فيلم

جامعة عين شمس

التوثيق الالكتروني والميكرو فيلم

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بالرسالة صفحات
لم ترد بالأصل

CYTOGENETIC STUDY OF UTERINE LEIOMYOMATA

THESIS

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In

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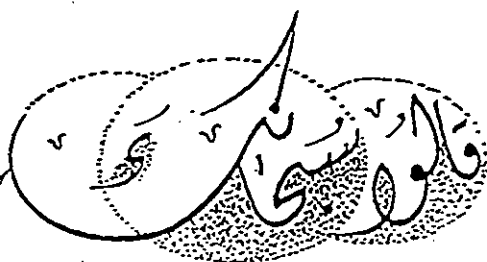
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« البقرة ٢٢ »

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CONTENTS

INTRODUCTION	1
AIM OF THE WORK	3
REVIEW OF LITERATURE	5
⊛ Historical perspective	5
⊛ Structure and function of genes	8
⊛ Chromosome structure	10
⊛ Cell division	14
⊛ Cytogenetics: Historical perspective.....	18
⊛ Chromosome analysis and classification	19
⊛ Chromosome anomalies	26
⊛ Karyotype nomenclature	30
⊛ Nomenclature of tumor cell population	33
⊛ Chromosomal aberrations with malignancy	35
⊛ The cytogenetics of solid tumours, relation to diagnosis, classification and pathology	37
⊛ Cell culture of solid tumour "Methods and limitations".....	48
⊛ Uterine fibroids: A clinical review	51
⊛ Chromosomal aberrations in uterine leiomyomas	82
⊛ Molecular genetics	90
⊛ The impact of molecular genetics in uterine leiomyomate.....	103
MATERIAL & METHODS.....	109
RESULTS	119
DISCUSSION	145
SUMMARY	174
CONCLUSION AND RECOMMEDNATION	179
REFERENCES	181
ARABIC SUMMARY	

LIST OF FIGURES

1- From DNA duplex to metaphase chromosome.....	10
2- Human chromosomal DNA content during cell cycle.....	14
3- From interphase through M phase.....	16
4- Multistage evolution of cancer.....	94
5- Culture behaviour of studied specimens.....	129
6- Modal number and karyotyping distribution among studied specimens.....	131
7- Number of leiomyomas in relation to ploidy.....	131
8- Metaphase spread with trisomy 12	134
9- Metaphase spread and karyotyping with trisomy 12	135
10- Metaphase spread from an abnormal clone with interstitial deletion of the long arm of chromosome 7.....	136
11- Karyotype demonstrating the interstitial deletion of the long arm of chromosome 7.....	137
12- Karyotype demonstrating the structurally rearranged chromosome 2 from an abnormal clone with translocation(2,8)	140
13- Metaphase spread from an abnormal clone with deletion of the long arm of chromosome 22	141
14- Normal diploid metaphase spread from a normal cell line 46xx.	142
15- Normal karyotype 46,xx from a normal diploid clone.....	143
16- Normal karyotype 46xx from a normal cell line.	144

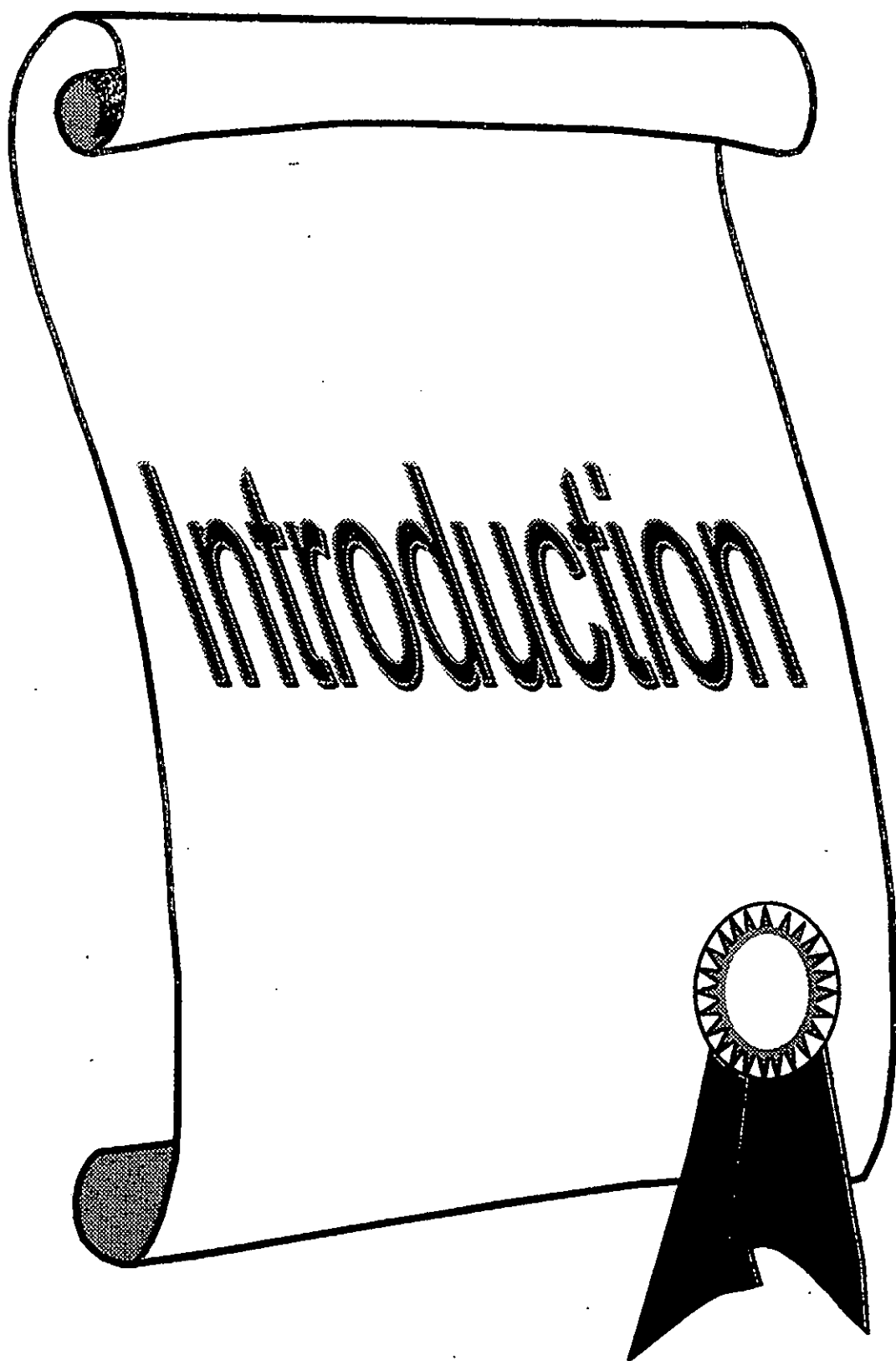
LIST OF TABLES

1- Age and gravidity distribution among studied cases.....	119
2- Presenting symptoms and its duration distribution among studied cases...	120
3- Location distribution among studied specimens in relation to their cross section diameter.....	120
4- Maximum cross section diameter and culture turn around time distribution among studied cases.....	121
5- Propable causes of culture growth failure.....	121
6- Karyotyping of successfully cultured specimens.....	122
7- Age as a risk factor for clonal abnormality.....	123
8- Gravidity as a risk factor for clonal abnormality.....	123
9- Relation between the presenting symptoms and karyotyping results.....	124
10- Cross section diameter distribution among successfully cultured karyotyping results.....	125
11- Diameter and karyotyping results of uterine leiomyoma.....	125
12- Diameter as a risk factor for clonal abnormality.....	126
13- Location, karyotyping and diameter of successfully cultured specimens...	126
14- Relation between risk factors and results of karyotyping.....	127
15- Correlation between myoma diameter and (age, duration of symptoms, location and gravidity).....	128
16- Culture turn around time in days of successfully cultured leiomyoma specimens.....	129
17- Relation between culture time in days and the results of karyotyping.....	130
18- Clonal chromosomal abnormalities.....	133
19- Nonclonal chromosomal abnormalities.....	138
20- Clinical parameters and karyotyping results.....	139

ABBREVIATION

A	:	Adenine.
add	:	Addition.
bp	:	Bas pair.
C	:	Cytosine
cen	:	Centromere.
CGH	:	Comparative genome hybridization.
cM	:	Centi Morgan.
del	:	Deletion.
der	:	Derivative.
DNA	:	Deoxy ribonucleic acid.
EGF	:	Epithelial growth factor
FISH	:	Fluorescence in situ hybridization.
G	:	Guanine.
GnRH	:	Gonadotropin releasing hormone.
H	:	Histone.
HGF	:	Hepatocyte growth factor.
HMG	:	High mobility group.
i	:	Isochromosome.
IGF-1	:	Insulin-like growth factor type 1
ins	:	Insertion.
inv	:	Inversion.
ISCN	:	International System for Human Cytogenetic Nomenclature.
IUCDs	:	Intra uterine contraceptive devices.
LOH	:	Loss of heterozygosity.
mar	:	Marker
MRI	:	Magnetic resonance imaging.

mRNA	:	Messenger Ribo nuclei acid.
p	:	The short arm of the chromosome.
PAI-1	:	Plasminogen activator inhibitor-1
q	:	The long arm of the chromosome.
r	:	Ring chromosome.
T	:	Thymine
t	:	Translocation.
ter	:	Telomere.
TGF	:	Transforming growth factor
TS	:	Tumour suppressor.
UV	:	Ultra violet.



INTRODUCTION

Leiomyomata of the uterus, also called myomas or fibroids are extremely common benign mesenchymal tumors of the female reproductive tract. Although most leiomyomata are diagnosed in women in their 40s, the most frequently quoted prevalence is that they affect between 20%-25% of women above the age of 30. Leiomyomata may be single, but the vast majority are multiple⁽¹⁾.

Although uterine myomas are common and pose a significant health problem for women of reproductive age, the pathogenesis and natural evolution of these benign solid tumour remain poorly understood. A variety of growth factors [epithelial growth factor (EGF), insulin-like growth factor type I (IGF-1) or transforming growth factor alpha (TGF)] have been implicated in its evolution under the effect of certain growth regulators (oestrogen, progesterone and gonadotropin releasing hormones). Unopposed oestrogen secretion, obesity and genetic encodings are thought to be an underlying risk factors⁽²⁾.

It is currently accepted that, leiomyomata arise from a unicellular mutation as demonstrated by electrophoresis study of the x-linked enzyme glucose-6- phosphate dehydrogenase⁽³⁾.

Also, it is currently accepted that leiomyomata are endocrine dependent tumours whose size and growth are apparently influenced by estrogens and progesterone⁽²⁾. The finding that