Serum Prolactin As A Diagnostic Marker For Uterine Fibroid

Thesis

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Abstract

Objectives: To evaluate the use of serum prolactin as a tumor marker in diagnosing uterine fibroid(s).

Methods: A case control study was carried out from March 2010 to October 2010, at El Kasr El-Aini University maternity Hospital. Thirty patients with uterine fibroid(s) and 30 healthy normal women were involved in the study. Blood samples were collected from uterine fibroid patients before and after surgery. The serum prolactin was measured by ELISA technique.

Results: The serum of patients with uterine fibroid before surgery showed an elevated prolactin level (57.43 ± 57.85) compared with their prolactin after surgery (21.16 ± 16.04) , and with the control group (12.43 ± 4.67) . This also increased with increasing the fibroid number, size and duration of fibroid related symptoms, independently of the site or the type of the fibroid.

Conclusion: Serum prolactin can be used as an adjuvant biochemical marker to confirm the diagnosis of uterine fibroid(s).

Keywords: Uterine fibroid, prolactin, leiomyoma, tumor markers.



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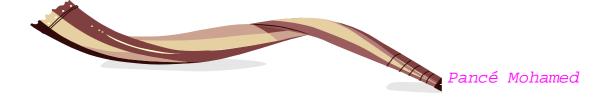
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I am want also to thank my family for supporting me throughout my life.



List of Abbreviations

5'-UTR : 5' Untranslated region

ATP : Adenosine tri-phosphate

BMI : Body mass index

cAMP : Cyclic adenosine monophosphate

COCs : Combined oral contraceptives

CT : Computed tomography

CX : Cervix

D1-R : Dopamine type 1 receptor

D2-R : Dopamine type 2 receptor

DA : Dopamine

dPRL : Decidual prolactinDR : Dopamine receptor

E : Estrogen

ECD : Extra cellular domain

ECM : Extracellular matrix

EGF : Epidermal growth factor

ER : Estrogen receptor

ET : Endothelins

FGF-2 : Fibroblast growth factor-2

FGF-R : Fibroblast growth factor receptor

FSH : Follicle stimulating hormone

GABA : Gamma Amino butyric acid?

GH : Growth hormone

GHR : Growth hormone receptors

GIT : Gasrointestinal tract

GnRH : Gonadotropin releasing hormone

GnRHa : Gonadotropin releasing hormone agonist

HCG : Human chorionic gonadotropin

hGH : Human growth hormone

List of Abbreviations (Cont.)

HPCM : Human placental conditioned medium

HPF : High power field

HRT : Hormone replacement therapy

HSE : Sonohysterography ICD : Intra cellular domain

IGF1-2 : Insulin growth factor

ILs : Interleukins

IUD : Intra-uterine device

IVF : In vetro Fertilization

IVP : Intravenous pyelography

Jak-stat : Janus kinase signal transducer and activator of

transcription

KDa : Kilo Dalton

LH : Lutinizing hormone

LIF : Leukemia inhibiting factor

LPL : Lipoprotein lipase

M : Micron

MPA : Medroxyprogesterone acetate

MRI : Magnetic resonance imaging

mRNA : Messenger ribonucleic acid

ng : Nanogram

NMR : Nuclear magnetic resonance

NSAIDs : Non steroidal anti-inflammatory drugs

Ob/ Gyn : Obstetric / Gynacology

OCS : Oral contraceptives

P : Progesteron

P53 : Tumour suppressor gene

PDGF : Platelet-derived growth factor

PGs : Prostaglandins

List of Abbreviations (Cont.)

PES : Post-embolization syndrome
PI3K : Phosphoinositide-3 kinase
PIF : Prolactin inhibitory factor

Pit-1 : Pituitary- specific transcription factor

PKA : Protein kinase APKC : Protein kinase cPL : Placental lactogens

PRF : Prolactin releasing factor

PRL : Prolactin

PRLR : Prolactin receptors

PTHrP : Parathyroid hormone related peptide

PVA : Polyvinyl alcohol

RIA : Radioimmuno assay

RT-PCR : Reverse Transcriptase – Polymerase chain reaction

RU 436 : Mifepristone

SERMs : Selective estrogen receptor modulators

SIS : Saline infusion sonography

SMCs : smooth muscle cells

SOCS : Suppressor of cytokine signaling

SPRMs : Selective progesterone receptor modulators

TGF-B : Transforming growth factor-B
TIDA : Tuberoinfundibular neurons

TM : Transmembrane domain TNF-α : Tumour necrosis factor-α

TRH : Thyrotropin releasing hormone

TV : Transvaginal u/s : Ultrasound

UAE : Uterine artery embolization
UFE : Uterine fibroid embolization

VEGF : Vascular endothelial growth factor

VGCCs : Voltage gated Ca²⁺ channels VIP : Vasoactive intestinal peptide

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INTRODUCTION

Uterine fibroid (leiomyoma) is the most common bengin uterine tumors in women of reproductive age which originates from the smooth muscle layer and the accompanying connective tissue of the uterus (*Jolley*, 2009).

Although the incidence and natural history of the uterine fibroids are not fully understood. Uterine fibroid formation and development varies with age, increasing in the middle and late reproductive period and with ethinc origin, with African American women being disproportionately affected (*Hoffman*, 2009).

Many studies have suggested that uterine leiomyomas are monoclonal tumors derived from a single neoplastic myometrial cell, and neoplastic transformation of myometrium to leioymyosarcoma occurs in less than 1% of fibroids (*Tai et al.*, 2003).

prolactin (PRL) is trophic horomone produced mainly by the pituitary gland but also secreted by extrapitutary site as (uterus, colon, etc). In addition to the decidualized endometrium of the late luteal phase and of pregnancy the human myometrium has been proposed as a second source of uterine PRL (Gellersen et al., 1991).

Many studies showed increasing evidence of PRL effects and say that PRL plays a role in several types of cancer in the reproductive and non reproductive tissues via local production or accumulation (Ben-Jonathan et al., 2002).

PRL production may be a potential marker for detecting an early occult fibroid tumor or for gauging the effectiveness of therapy (Flake et al., 2003).

Introduction

Considering **PRL** as an active participant in tumorigenesis should inspire and encourage the development of novel therapies aimed to reducing PRL production or by blocking its receptors (Somiglanaa et al., 2007).

Aim of The Work

AIM OF THE WORK

A case control study aimed to evaluate the possible relationship between circulating levels of **PRL** with **uterine fibroid(s)** and the possibility of these parameters to be used as a diagnostic marker of the tumor.

Chapter 1 Uterine Fibroid

Uterine fibroid

Definition:

Uterine fibroid also called (uterine leiomyoma, myoma, fibromyoma, leiofibromyoma and fibroma). It is a bengin tumor that originates from the smooth muscle layer (myometrium) and the accompanying connective tissue of the uterus (Fig 1) (Jolley, 2009).



Fig. (1): Uterine Fibroids (leiomyomas) (Jolley, 2009).

Incidence (prevalence):

Fibroids are the most common bengin solid pelvic tumors in females. Fibroids tend to develop in women in their thirties and forties. Although estimations of the number of women whose are affected vary considerably with figures ranging from 20% to 70%, it is generally accepted that about one in three women will develop fibroids (*Cornforth*, 2009).

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