## Gene mutation and qualitative enzyme assay of G6PD enzyme deficiency in neonatal hyperbilirubinemia

#### **Thesis**

Submitted for Partial Fulfillment of MD Degree in Pediatrics

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# AIM OF WORK

#### **Abstract**

**Background:** Molecular characterization of glucose-6-phosphate dehydrogenase (G6PD) deficiency variants is essential, especially since the biochemical characterization has lost its significance due to the individual variability. As a result, cases can be misdiagnosed. The present study was designed to determine the incidence of G6PD Mediterranean (Med) mutation among Egyptian children with G6PD deficiency as well as its molecular association with the G6PD 1311T silent polymorphism.

**Methods:** Fifty full term male, Egyptian neonates, presented with neonatal hyperbilirubinemia were subjected to quantitative G6PD enzyme assay. A polymerase chain reaction-restriction fragment length polymorphism (PCR-RFLP) was used for detection of G6PD Mediterranean mutation and G6PD 1311 silent polymorphism. *Results:* Qualitative assay of G6PD level revealed presence of 21 cases (42%) out of 50 cases with neonatal hyperbilirubinemia had G6PD deficiency. Within the G6PD deficient group, there were 10 cases (47.62%) had mild G6PD deficiency, 4 cases (19.05%) had moderate G6PD deficiency, and 7 cases (33.33%) had severe G6PD deficiency. In this study, all cases with gene mutation were G6PD deficient, where 33.33% (7/21) cases had G6PD Mediterranean mutation (563 C-T), and 28.57% (6/21) cases had G6PD Silent mutation at Position (1311 C-T).

Conclusion: G6PD deficiency seems to be a relatively common cause of neonatal jaundice in Egyptian infants. Detection of this enzymopathy by measuring G6PD level and molecular analysis of gene mutations can give a clue for early diagnosis of G6PD deficiency, monitoring for possible jaundice, and consequent prevention of possible complication as kernicterus in neonatal period, and hemolytic crisis later on.

**Key words:** G6PD deficiency, Mediterranean mutation, PCR-RFLP, 1311 silent polymorphism.

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### **List of Abbreviations**

AAP : American Academy of Pediatrics

ABE : Acute bilirubin encephalopathy

B/A ratio : Bilirubin/Albumin ratio

CNSHA : Chronic Non-spherocytic Hemolytic Anemia

CO : Carbon monoxide

DAT : Direct agglutinin test

ETCO : End tidal carbon monoxide

G6PD : Glucose-6-phosphate dehydrogenase

GA : Gestational Age

GST : Glutathione-s-transferase

Hct : Hematocrit

HGB : Hemoglobin

IVIg : Intravenous immunoglobulin

LED : Light Emitting Diodes

OATP2 : Organic anion transport protein 2

PCR : Polymerase chain reaction

PCR-RFLP: Polymerase chain reaction- Restriction Fragment

Length Polymorphism

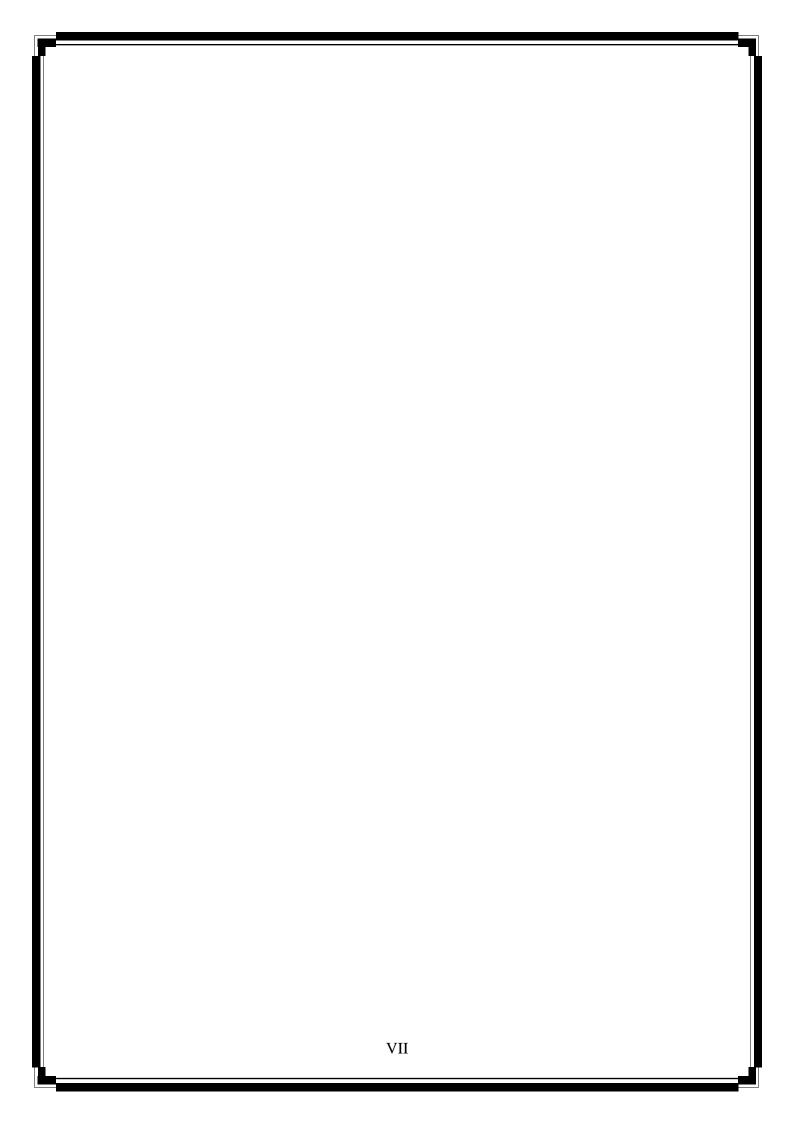
snMP : Tin-Mesoporphyrin

TCB : Transcutaneous bilirubin

TSB : Total serum bilirubin

UGT : Uridine diphospho glucuronosyl transferase

WHO : World Health Organization



## Aim of Work

The present study aimed to ascertain the presence of glucose -6-phosphate dehydrogenase (G6PD) enzyme deficiency in male newborns presented with neonatal hyperbilirubinemia, and to detect the presence or absence of G6PD Mediterranean mutation (563 C-T) and 1311 silent polymorphism. As well as, to delineates the magnitude of the problem of G6PD deficiency in Egyptian neonates, and emphasizes the role of early detection of G6PD deficiency by proper screening.