

Apolipoprotein E polymorphisms in cases
of recurrent pregnancy loss.

THESIS

Submitted for Partial Fulfillment of Master Degree of
Clinical and Chemical Pathology

Presented by

Fatma Hassan Abdel Raouf

(M.B.,B.CH) Faculty of Medicine, Cairo University

Under supervision of

Prof. Dr. Tagrid Mohamed Gaafar

Professor of Clinical and Chemical Pathology

Faculty of Medicine, Cairo University

Dr. Heba Nabil Abdel Razek

Assistant Professor of Clinical and Chemical Pathology

Faculty of Medicine, Cairo University

Faculty of Medicine, Cairo University, 2009

بسم الله الرحمن الرحيم

" وعلمك ما لم تكن تعلم

وكان فضل الله عليك عظيما"

صدق الله العظيم

Acknowledgment

First and foremost, all thanks to ALLAH, the most beneficial and merciful.

I am greatly honored to express my sincere appreciation and deepest gratitude to ***Prof. Taghrid Mohamed Gaafar***, professor of Clinical Pathology, Faculty of Medicine, Cairo University, for her unlimited help, keen supervision, continuous meticulous valuable advice, and extreme patience to complete this work.

Also, I would like to express my gratitude to ***Dr. Heba Nabil Abdel Razek***, assistant professor of Clinical Pathology, Faculty of Medicine, Cairo University, for help and co-operation.

I'd also like to thank ***Dr. Hala Aly***, assistant professor of Clinical Pathology, Faculty of Medicine, Cairo University, for her co-operation and revision of the work.

I'll be always indebted to my parents, my mother, for her great scientific help, continuous advice and care, and my father, for his endless support and care in all aspects of my life.

Words will never be enough to express my true gratitude & sincere thanks to my husband for his tolerance and motivation and my sister for her great help and care.

And finally, I dedicate this work to my lovely daughter, Nour.

ABSTRACT

Recurrent pregnancy loss is one of the serious complications of pregnancy. Apolipoprotein E isoforms have been implicated in the development of this complication. The aim of this study is to evaluate the role of Apo E isoforms in inducing recurrent pregnancy loss. This study was conducted on 30 women experiencing recurrent pregnancy loss after excluding other causes and 20 healthy fertile control women. The genotype analysis involved DNA isolation followed by PCR amplification, then reversed hybridization using test strips containing allele specific oligonucleotide probes. Our results revealed that Apo E4 allele was significantly decreased in cases of recurrent pregnancy loss compared to controls while Apo E2 and Apo E3 had no significant effect.

Keywords: Apolipoprotein E, recurrent pregnancy loss, Apo E polymorphisms, Apo E isoforms.

CONTENTS

| | |
|---|----|
| Introduction and Aim of the work..... | 1 |
| Review of literature..... | 5 |
| Apolipoprotein E..... | 5 |
| Thrombophilia and recurrent pregnancy loss..... | 17 |
| Apolipoprotein E polymorphism and recurrent pregnancy loss..... | 23 |
| Detection of Apolipoprotein E gene polymorphisms..... | 28 |
| Subjects and methods..... | 41 |
| Results..... | 57 |
| Discussion..... | 70 |
| Summary..... | 78 |
| References..... | 81 |
| Arabic Summary..... | |

LIST OF ABBREVIATIONS:

| | |
|--------------------|--|
| AD | Alzheimer Disease |
| APC | Activated Protein C |
| Apo | Apolipoprotein |
| ARMS | Amplification Refractory Mutation System |
| cAMP | Cyclic adenosine monophosphate |
| CETP | Cholesteryl ester transfer protein |
| DVT | Deep Venous Thrombosis |
| | Epsilon |
| EDTA | Ethylenediaminetetraacetic acid |
| FER | Fractional esterification rate |
| HDL | High Density Lipoprotein |
| HMG-Co A reductase | 3-hydroxy-3-methyl-glutaryl-CoA reductase |
| IDL | Intermediate Density Lipoprotein |
| KDa | Kilodalton |
| LDL | Low Density Lipoprotein |
| LPL | Lipoprotein lipase |
| MALDI TOF MS | Matrix-assisted laser desorption/ionization time of flight mass spectrometry |
| MTHFR | Methylenetetrahydrofolate reductase |
| PAI | Plasminogen Activator Inhibitor |
| PCR | Polymerase chain reaction |
| PNA | Peptide nucleic acid |
| RFLP | Restriction Fragment Length Polymorphism |
| RPL | Recurrent pregnancy loss |
| SNPs | Single nucleotide polymorphism |

| | |
|------|---|
| SSCP | Single Strand Conformation Polymorphism |
| TG | Triglycerides |
| VLDL | Very Low Density Lipoprotein |

|

LIST OF TABLES

| Table no. | Title | Page no. |
|------------------|---|-----------------|
| Table 1 | Criteria of Women with Recurrent Pregnancy Loss (RPL) and Control Women. | ٥٨ |
| Table ٢ | Apo E allele frequencies for women with recurrent pregnancy loss and control women. | ٦١ |
| Table 3 | Genotype frequencies in the population sample involved in the study. | ٦٣ |
| Table 4 | The Frequency of the Apo E Genotypes for women with Recurrent Pregnancy Loss and Control Women. | ٦٦ |
| Table 5 | Apo E genotype combinations and their significance in cases of RPL and controls. | ٦٨ |

LIST OF FIGURES

| Figure no. | Title | Page no. |
|-------------------|---|-----------------|
| Fig. 1 | A diagram showing the site of Apo E gene on chromosome 19. | ٦ |
| Fig. 2 | Apo E polymorphisms at the genomic level. | ٧ |
| Fig. 3 | Some of the different methods for investigating Apo E polymorphism at the genomic level. | ٢٨ |
| Fig. 4 | Polymerase chain reaction. | ٣٠ |
| Fig. 5 | Restriction fragment length polymorphism. | ٣٢ |
| Fig. 6 | Single Strand Conformation Polymorphism. | ٣٥ |
| Fig. 7 | DNA Sequencing. | ٣٧ |
| Fig. 8 | Apo E test strip design. | ٤٠ |
| Fig. 9 | The six possible homozygous and heterozygous Apo E genotypes (E2/E2, E3/E3, E4/E4, E2/E3, E2/E4, E3/E4). | ٥٥ |
| Fig. 10 | Different examples of the Apo E strips as available from our data. | ٥٩ |
| Fig. 11 | The frequency of the Apo E alleles (E2, E3 and E4) among women with recurrent pregnancy loss and control women. | ٦٢ |
| Fig. ١٢ | Genotype frequencies in sample population. | ٦٤ |
| Fig. 13 | The frequency of Apo E genotypes in RPL cases and controls. | ٦٧ |
| Fig. ١٤ | Apo E genotype combinations and their significance in cases of RPL and controls. | ٦٩ |

INTRODUCTION AND AIM OF WORK

INTRODUCTION:

Apolipoprotein E (Apo E) is a protein containing 299 amino acids synthesized in the liver and other organs (*Eichner et al, 2002*). It plays a key role in the metabolism of cholesterol and triglycerides by being the primary ligand for two receptors, the LDL receptor found on the liver and other tissues and an Apo E-specific receptor found on the liver. By binding to receptors in the liver, Apo E mediates clearance of chylomicrons and VLDL from the bloodstream (*Mahley, 1988*).

The Apo E gene has three alleles – epsilon 2 ($\epsilon 2$), epsilon 3 ($\epsilon 3$), and epsilon 4 ($\epsilon 4$) – on the long (q) arm of chromosome 19 at position 13.2 (*Scott et al, 1985 and Eichner et al, 2002*). These isoforms differ in amino acid sequence at positions 112 and 158 (*Rall et al, 1982*).

Apo E4 plays an important role in Alzheimer's disease (*Parker et al, 2005 and Van der Flier et al, 2006*) and in cognitive function (*Bunce et al, 2004 and Blair et al, 2005*).

Individuals carrying the E4 allele have a higher total cholesterol level than people with the most common E3/E3 genotype, whereas those harboring the E2 allele have a lower total cholesterol level than those with E3/E3 (*Dallongeville et al, 1992 and Hagberg et al, 2000*).

INTRODUCTION AND AIM OF WORK

The E4 isoform of Apo E is associated with an increased risk of atherosclerosis and narrowing of arteries and subsequently coronary heart disease (*Song et al, 2004 and Bennet et al, 2007*). The mechanism that leads to this increased risk is unclear. The E4 isoform binds more weakly to LDL receptor than E3, thus decreasing clearance of excess cholesterol chylomicrons from the bloodstream (*Bennet et al, 2007*.)

Apo E4 could act in a similar way to increase the thrombosis of placental vessels and decrease placental blood flow leading to pregnancy loss or compromise. As pregnancy is a hypercoagulable state, it is not surprising then that the additive effect of an Apo E4 genotype superimposed on this hypercoagulable state would be expected to increase the risk of clotting (*Greer, 2000*). Pregnant women are at increased risk for thromboembolism compared with non-pregnant women, with an underlying rate of venous thrombosis of about one per thousand pregnancies (*Pabinger et al, 2002*).

Apo E polymorphisms have been shown to play an important role in the lipid metabolism during pregnancy (*McGladdery and Frohlich , 2001*). Apo E polymorphism and pre-eclampsia has been studied and it was found that Apo E does not play a major role in the development of pre-eclampsia (*Makkonen et al, 2001* and *Francoual et*

al , 2002). It was suggested that the differential glycosylation of Apo E3, rather than protein sequence variants, is the probable explanation for preeclampsia (*Atkinson et al*, 2009).

The impact of Apo E polymorphisms on reproductive efficiency has been previously published. One study found the Apo E2 allele to be associated with the lowest reproductive efficiency, the E3 allele the highest and the E4 intermediate (*Corbo et al* , 2004). Another study looked at the role of Apo E polymorphisms in embryonic development suggesting that E4 may have protective effects during embryogenesis (*Zetterberg et al* , 2002).

The relationship between Apo E polymorphisms and recurrent pregnancy loss has been recently recognized, but it is not yet thoroughly investigated and there is little literature discussing this aspect.

It was found that Apo E4 allele (E3/E4 and E4/E4 genotypes) is higher in patients experiencing recurrent pregnancy loss (*Goodman et al*, 2009). Another more recent study concluded that there is no association between Apo E polymorphisms and recurrent pregnancy loss (*Bianca et al*, 2009).

AIM OF WORK:

The aim of our study is to evaluate Apo E isoforms in inducing recurrent pregnancy loss. Therefore, Apo E polymorphisms will be studied in patients suffering from recurrent pregnancy loss compared to healthy controls after excluding other causes of pregnancy.

REVIEW OF LITERATURE