

Expression of CD44 in Chronic Lymphocytic Leukemia

Thesis

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

قالوا

سبحانك لا علم لنا
إلا ما علمتنا إنك أنت
العليم العظيم

صدق الله العظيم

سورة البقرة الآية: ٣٢



وَمَنْ يُؤْتَ
الحكمة
فقد أوتي
خيراً
كثيراً

صدق الله العظيم

سورة البقرة

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1ist of Abbreviations

Abbr.	Fu11-term
AT	: Ataxia telangectasia
ATM	: Ataxia telangectasia mutation gene
Beta-2	: β 2-MG
B-P11	: B-cell prolymphocytic leukaemia
CAMs	: Cell adhesion molecules
CBC	: Complete blood count
CGH	: Comparative genomic hybridization
C11	: Chronic lymphoid leukemia
ECM	: Extracellular material
EIA	: Enzyme immunoassay
Hb	: Hemoglobin
HCV	: hepatitis C virus
IAP	: Inhibitors of apoptosis protein
IGHV	: Immunoglobulin heavy chain variable gene
IL-2	: Interleukin-2
K-EDTA	: K-ethylene diamine tetra-acetic acid
PB	: Peripheral blood
PB1	: Peripheral blood lymphocyte
PCNA	: Proliferating cell nuclear antigen
PCR	: Polymerase Chain Reaction
P1t	: Platelets
sICAM	: Soluble Intracellular Adhesion Molecule
TK	: Thymidine kinase
T1C	: Total leucocytic count
VEGF	: Vascular endothelial growth factor
ZAP-70	: Zeta chain associated protein 70

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Abstract

CD44 is multistructural and multifunctional cell surface adhesion molecule involved in cell-cell and cell-matrix interactions, and transmembrane glycoproteins were originally described to mediate lymphocyte homing to peripheral lymphoid tissues through an interaction with hyaluronic acid on high endothelial venules.

CD44 expression was detected in epithelial cells of both intratumoral and normal tissues with different intensities and staining distributions. In normal tissues CD44 protein was mainly detected in cell membranes, whereas in the tumor compartments it was found in both the cell membranes and the cytoplasm. The intensities and percentages of CD44 expressing cells did not correlate with tumor stage. CD44 have a major importance in the pathogenesis of Chronic lymphocytic leukemia And inhibition of the effects of CD44 could be a potential therapeutic strategy.

Keywords: CD44, chronic lymphocytic leukemia, microenvironment homing.

Introduction

Incessant lymphocytic leukemia is a neoplastic ailment described by the collection of little develop showing up lymphocytes in the blood, marrow and lymphoid tissues. It is the most well-known grown-up leukemia, the danger of creating increments logically with age, it represents roughly 0.8 percent of all tumors and about 30 percent of all leukemias anytime (Elter et al., 2006).

Unending lymphocytic leukemia is an illness with heterogeneous clinical course. A few patients have a dynamic course of the illness and require treatment instantly after the conclusion, while others have a steady shape without the requirement for treatment (Hallek et al., 2008).

It is hard to recognize unending lymphocytic leukemia from morphologically comparative illnesses, for example, mantle cell lymphoma, in this way flowcytometry has been progressively prescribed as a gauge test and a measure of nature of nurture patients with interminable lymphocytic leukemia (Shanafelt and Call, 2004).

Cooperations in the tumor microenvironment can advance endless lymphocytic leukemia cell survival, expansion and medication resistance impelled a predictable change in incessant lymphocytic leukemia cell phenotype,

portrayed by expanded articulation of CD38, CD69, CD44 and ITGA4 (CD49d) (Hamilton et al., 2012).

CD44 is multistructural and multifunctional cell surface attachment atom required in cell-cell and cell-grid connections, and transmembrane glycoproteins were initially depicted to intercede lymphocyte homing to fringe lymphoid tissues through a communication with hyaluronic corrosive on high endothelial venules (Fujita et al., 2002).

Survival of incessant lymphocytic leukemia cells in vivo is bolstered by the tissue microenvironment, which incorporates segments of the extracellular network. Collaborations between tumor cells and the extracellular network are to a limited extent interceded by CD44, which is exceptionally communicated on chronic lymphocytic leukemic cells of the clinically more dynamic immunoglobulin overwhelming chain variable quality (IGHV) CD44 shield incessant lymphocytic leukemic cells from apoptosis (Iakshman et al., 2004).

CD44 have a noteworthy significance in the pathogenesis of incessant lymphocytic leukemia and restraint of the impacts of CD44 could be a potential helpful procedure (Allouche et al., 2000, and Yair et al., 2011).

Aim of the Work

The point of this study is to survey CD44 surface expression in interminable lymphocytic leukemic patients and its connection with malady result.

Chronic lymphocytic leukemia

I- Definition:

Incessant lymphocytic leukemia (interminable lymphoid leukemia, C11) is a monoclonal issue described by a dynamic collection of practically bumbling lymphocytes. It is the most widely recognized type of leukemia found in grown-ups in Western nations (Elter et al., 2006).

Incessant lymphocytic leukemia is the most successive kind of leukemia in the Western world and influences principally elderly people, however around 33% of patients are under 60 years old at determination. C11 takes after an amazingly variable clinical course with general survival times going from months to decades. A few patients have no or negligible signs and side effects amid their whole illness course and have a survival time like age-coordinated controls. Different patients encounter quickly disintegrating blood checks and organomegaly and experience the ill effects of side effects at finding or before long requiring treatment (Wang, 2011).

II-Epidemiology:

A-Prevalence and Incidence:

The frequency of C11 is higher among whites than blacks. The frequency of C11 is higher in guys than in females, with a male-to-female proportion of 1.7:1.

C11 is an infection that fundamentally influences the elderly, with the middle period of presentation being 72 years.



Middle age is 58 years in familial cases (Gribben et al., 2010).

B-Predisposing variables:-

A danger variable is something that expands a man's shot of getting an infection. Some danger elements, such as smoking, can be controlled. Others, for example, a man's age, can't be changed. In any case, hazard elements don't let us know everything. Having a danger consider, or even numerous danger components, does not imply that you will get the malady. What's more, numerous individuals who get the infection don't have any known danger variables. Regardless of the fact that a man has a danger calculate and gets growth, it is frequently difficult to know the amount of that danger component may have added to the tumor. There are known danger variables for C11:-

1-Environmental:

Natural variables don't seem to assume a part in the pathogenesis of C11. The rate of C11 was not connected with introduction to pesticides, daylight, ionizing radiation or known cancer-causing agents.

The danger of C11 is not expanded in those with immunodeficiency disorders and in people presented to electromagnetic waves (Burger et al., 2012).

2-Occupational Factors:

A higher frequency of C11 is found in a few gatherings of specialists in the elastic business. The chemicals utilized as a part of this industry that are connected to the improvement of C11 incorporate carbon tetra-chloride, carbon disulfide,



CH₃)₂CO and ethylacetate. The length and level of introduction to these chemicals seem to associate with the danger of creating leukemia.

Particular agrarian exposures connected with hoisted danger of CLL incorporate DDT, creature rearing and working in flour plants (Wiestner et al., 2014).

3-Infections:

Antibodies particular for sort C hepatitis infection (HCV) and/or viral DNA have been distinguished in a few patients, recommending a pathogenic part. In any case, a few studies have neglected to check a relationship between the advancement of CLL and disease with HCV.

CLL cells are impervious to contamination with Epstein Barr infection (EBV), aside from in surprising cases, making it impossible that EBV assumes a pathogenic part (Hallek et al., 2008).

4-Hereditary and Genetic Factors:

Albeit most instances of CLL are sporadic, various instances of CLL might be found inside a solitary family. To begin with degree relatives of patients with CLL are more than three times at danger for having this issue or other lymphoid neoplasms than is the all inclusive community and frequently show at a more youthful age (Shanafelt et al., 2004).

The hereditary variables that add to the expanded rate of CLL in specific families are obscure. There is no obvious relationship between human leukocyte antigen (HLA) haplotype and ailment vulnerability (Kipps, 2006).