DETECTION OF TRANSFERRIN RECEPTOR 1 SINGLE NUCLEOTIDE VARIANT RS- 3817672 IN PEDIATRIC IRON DEFICIENCY ANAEMIA Hamis Ismail¹ Wessam ELGendy², Hoda Hassab³, Mona Tahoun², Ministry of Health¹, Department of Clinical and Chemical Pathology², Department of Pediatrics³, Faculty of Medicine, Alexandria University Egypt

INTRODUCTION

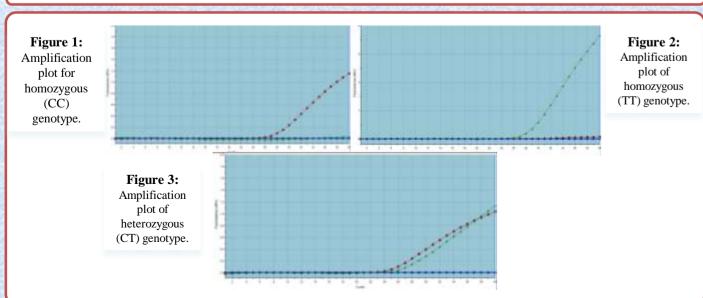
Iron deficiency anemia (IDA) is the most common cause of anemia worldwide. It is one of the main causes of increased maternal and childhood morbidity and mortality.⁽¹⁾ According to WHO, around 50 % of anemia cases diagnosed with IDA.⁽²⁾ Several iron regulatory genes encode proteins that control iron hemostasis; HFE gene, TFR2 gene, TFR1 gene and HJV gene. Variations in these genes are reported to be associated with iron homeostasis imbalance causing either IDA or overload. Genetic variations that interfere with the TFR1-HFE interaction will probably lead to high hepcidin and IDA.⁽³⁾ TFR1 gene, encodes for transferrin receptor 1 protein, genetic polymorphism rs3817672 was selected to study its association with IDA.

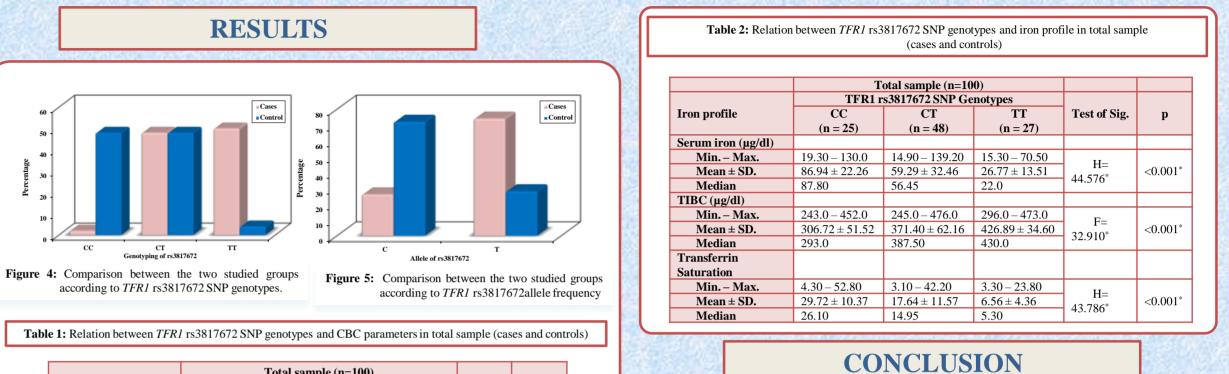
AIM OF THE WORK

The aim of the study was to detect the presence of TFR1 gene variant rs3817672 (p.S142G) in children diagnosed with iron deficiency anemia and assess the relation of this variant with their iron profiles.

SUBJECTS AND METHODS

Subject: The current case control study is conducted on 50 children diagnosed with IDA and 50 age and sex matched healthy controls. Children diagnosed with thalassemia, anemia of chronic illness, acute infection and gastrointestinal problems causing chronic blood loss were excluded. Methods: -DNA was extracted from EDTA blood using QIA amp DNA Mini Blood (QIAGEN). TFR1 rs3817672 SNP genotyping was performed by real time PCR.. The detected fluorescence signal was interpreted as shown in figures below.





< 0.001

0.662

< 0.001

< 0.001

 0.002^{*}

< 0.001

< 0.001

 0.003^{*}

		Total sample (n=100)		
СВС	TFR1 rs3817672 SNP Genotypes			
	CC (n = 25)	CT (n = 48)	TT (n = 27)	F
Hb (g/dl)				
Min. – Max.	9.30 - 14.70	7.80 - 14.70	8.30 - 12.0	22.468*
Mean ± SD.	12.63 ± 0.98	11.33 ± 1.72	10.08 ± 0.89	
RBCs(million/ul)				
Min. – Max.	3.40 - 5.50	3.40 - 5.30	3.17 - 5.20	0.415
Mean ± SD.	4.46 ± 0.43	4.49 ± 0.40	4.40 ± 0.40	
MCV(fl)				
Min. – Max.	65.0-91.70	56.70-84.70	56.60 - 83.60	25.262*
Mean ± SD.	81.86 ± 5.85	72.90 ± 9.07	66.94 ± 6.0	
MCH(pg)				
Min. – Max.	20.80-31.60	18.0 - 30.50	19.30 - 29.0	18.929*
Mean ± SD.	27.88 ± 2.41	24.67 ± 3.54	22.83 ± 2.37	
MCHC(g/dl)				
Min. – Max.	31.70 -36.60	29.90 - 39.90	30.70 -34.70	6.742*
Mean ± SD.	34.08 ±1.19	33.14 ±1.79	32.60 ±1.04	
RDW (%)				
Min. – Max.	12.10 -17.40	11.90 -26.20	13.70 -22.10	14.939*
Mean ± SD.	13.95 ±1.37	16.10 ±3.31	18.07 ±2.42	
Reticcount(%)				
Min. – Max.	0.80 - 2.30	0.50 - 2.40	0.50 - 1.60	22.745*
Mean ± SD.	1.73 ± 0.35	1.43 ± 0.54	0.93 ± 0.27	
PLTs (×10³/µl)				
Min. – Max.	185.0-402.0	175.0-591.0	232.0-545.0	6.247*
Mean ± SD.	290.92 ± 62.31	351.77 ± 100.41	373.70 ± 84.46	

- •TFR1rs3817672 T (alternative) allele is the predominant allele in IDA cases.
- Subjects with TT genotype showed statistically significant low hemoglobin level, MCV, MCH, MCHC, reticulocyte count, serum iron and transferrin saturation compared to CT and CC genotypes.
- •*TFR1* rs3817672 might have a role in the pathophysiology of IDA.

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