

ORIGINAL RESEARCH PAPER

MATERNAL TETRAHYDROFOLATE REDUCTASE GENE MUTATION IN PATIENTS WITH MISSED ABORTION

Medicine

KEY WORDS: missed abortion, recurrent miscarriage, habitual abortion, MTHFR, thrombophilia

Helmy A. Rady	MD, PhD, Ass. Professor of Obst & Gyn. Faculty of medicine, university of Alexandria, Egypt, Consultant of Obstetrics and Gynecology, El Shatby maternity hospital
Noha E.Mohammed	MD, PhD, Lecturer of Obs.&Gyn. Alexandaria faculty of medicine, consultant of high risk pregnancy Elshatby maternity university hospital, Egypt
Mohammed Farag	MD, PhD, Lecturer of Obs.&Gyn. Alexandaria faculty of medicine, consultant of high risk pregnancy Elshatby maternity university hospital, Egypt

TRACT

Background: missed abortion is a common problem, thrombophilia is a common cause of missed abortion either recurrent or not

Aim of the work: to correlate presence of MTHFR gene mutation in patients with missed abortion

Patients and methods: the study included 200 patients divided into 2 groups; study group included 100 patients with history of missed abortion, and control group included 100 cases with no history of missed abortion.

Results: of 200 patients only 44 was having MTHFR gene mutation, 34 of them was present in case group while 10 only in control group.

Conclusions: MTHFR gene mutation is a common cause of missed abortion either recurrent or not

INTRODUCTION:

Missed miscarriage is a common multifactorial disease, it may be recurrent and if it is recurrent for two or more consecutive times we call it recurrent pregnancy loss, and it may affect about one percent of fertile couples [1].

World Health Organization defined miscarriage as loss of the fetus or embryo weighing less than 500g, which would normally be at 20-22 complete weeks of gestation. [2].

Recurrent missed abortion usually causes psychological and emotional mental distress to the affected couples [3,4].

Abortion in couples either clinically recognized or unrecognized pregnancies affects about 10-12% of couples. The risk of recurrence of missed abortion is affected by number of abortions; 24% recurrence in patients with one abortion, 26% with two abortions and 32% chance of recurrence in case of three abortion. [5]

Many factors are associated with recurrent miscarriage in terms of maternal or fetal or paternal gene polymorphisms. Maternal polymorphism is caused by many factors like: genetic causes, hematological causes, anatomical factors and endocrine problems. 50% of cases with recurrent pregnancy remain unexplained. [6]

Normal placental circulation and fetal vasculature are important to maintain normal healthy pregnancy; any abnormalities in placental circulation may lead to many complication including pregnancy loss [7]

Thrombophilia may be inherited or acquired conditions both may predispose to thromboembolism. Inherited thrombophilia is well known cause of spontaneous pregnancy loss. [8]

Folate is important for normal RNA and DNA synthesis and it is required for homocysteine metabolism. It is also important for normal fetal growth and development, in certain situations like pregnancy Folate requirements are increased. Homocysteine level in the body is affected mainly by Folate and vitamin B12 intake in diet, and polymorphism in genes which encode enzymes or transport proteins involved in the Folate and vitamin B12 dependent homocysteine

metabolism.[9]

Decreased folate intake will affect homocysteine metabolism and will lead to an increase in homocysteine level in circulation.[10]

MTHFR is important regulatory enzymes in the metabolism of homocysteine that catalyses the reduction of 5, 10-methylenetetrahydrofolate to 5-methyltetrahydrofolate. Mutations in the MTHFR gene cause decreased activity of enzyme and subsequently hyperhomocysteinemia, which induces platelet aggregation through enhancement of endothelial oxidative damage. Many mutations within the MTHFR gene were described, C677T and A1298C mutations are the two most common and important mutations. MTHFR C677T gene polymorphism causes early pregnancy loss. [11]

Aim of the study

Is to study the MTHFR gene mutation as a cause of missed abortion

Methods:

The study included two hundred pregnant women recruited from outpatient clinic in El Shatby maternity university hospital, divided in to two groups:

First group included one hundred women with history of one or more missed $l^{\rm st}$ trimester abortion without known cause.

While the second group included one hundred women with no history of abortions, all of them have normal previous pregnancy and have living children.

All women accepting to participate in this research and sign a written consent Selected age for all women was ranging from $20\,\mathrm{to}\,30\,\mathrm{years}$.

Diagnosis of pregnancy was made using ultrasound, B HCG and physical examination, all of them diagnosed as missed abortion in the first trimester, after exclusion of other causes of spontaneous pregnancy loss like anatomical causes and endocrine causes of abortion. Serum blood was taken and sent for maternal tetrahydrofolate reductase gene mutation study by PCR technique (C677T) polymorphisms of the methylenetetrahydrofalate reductase gene (MTHFR).

Patients were categorized into groups regarding presence or absence of this gene mutation Also categorization was done regarding number of abortions Comparison among different groups was done

Statistical analysis:

The Data was collected and entered into the personal computer. Statistical analysis was done using Statistical Package for Social Sciences (SPSS/version 20) software.

The statistical test used as follow:

Arithmetic mean, standard deviation, for categorized parameters Chai square test (X^2) was used. While for two groups t-test was used for parametric data. The level of significant was 0.05.

Results:

The mean age for patient in the 1 st group was 25.6 years while in $2^{\rm nd}$ group is 24.9 years which is statistically insignificant. Table (1)

Table (1): Comparison between the two studied groups regarding the age of patients

	l st group	2 nd group	
Range	21-30	20-29	
Mean±S.D.	25.65±2.65	24.92±2.46	
Т	0.106		
P	0.69		

Regarding number of abortions 31 % of patients in studied group aborted twice and 23% of them aborted 5 times. Table (2)

Table (2): Distribution studied group regarding number of abortio

No. of abortions	No.	%
1	7	7.0
2	31	31.0
3	17	17.0
4	19	19.0
5	23	23.0
6	1	1.0
7+	2	2.0

In control group all women delivered one time or more. Table (3)

Table (3): Distribution the second group regarding number of deliveries and living children

number of defiveries and fiving children				
No. of deliveries and	No.	%		
living children				
1	16	16.0		
2	30	30.0		
3	29	29.0		
4+	25	25.0		

Presence of MTHFR gene mutation is significantly high in patients with missed abortion than control group. Table (4)

Table (4): Presence of gene mutation in all groups

` '	-		-	_	
Gene mutation	l st group		2 nd group		
	No.	%	No.	%	
Positive	34	34.0	10	10.0	
Negative	66	66.0	90	90.0	
X2	16.8				
P	0.0001*				

Presence of MTHFR gene mutation is significantly differs regarding number of abortion. Table (5)& figure (1)

Table (5): Relation between number of abortions and presence of MTHFR gene mutation

No. of	Total Number	Positive		neg	ative
abortion	of patients	No.	%	No.	%
1	7	7	100.0	0	0.0

2	31	12	38.7	19	61.3
3	17	4	23.5	13	76.5
4	19	3	15.8	16	84.2
5	23	5	21.7	18	78.3
6	1	1	100.0	0	0.0
7+	2	2	100.0	0	0.0
P		0.001*			

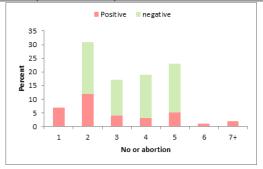


Fig. (1): Relation between number of abortions and presence of MTHFR gene mutation

DISCUSSION:

Many factors may lead to sporadic and recurrent missed abortion, Presence of MTHFR gene mutation is studied as a cause of this problem In our study age group was ranging between 20 and 30 years in both groups, while the mean was 25.6 years in study group and 24.9 years in control group In a study performed by L. Zhu [12]; the patients were aged between 22 and 44 years, with a mean age of 29.8 \pm 4.3 years. The control group consisted of 174 members, aged between 21 and 24 years, with a mean age of 28.5 \pm 4.0 years. The age difference between the two groups was not statistically significant (P>0.05).

While in a study performed by Wendell Vilas Boas et al [13]; the median age of the 89 women in the study group was 29.4 (± 5.4) years of age, ranging from 17 to 40 years old, and the control group aged 23 (± 5.5) years old. The median abortion number in the study group was 3.2 (± 1.9), ranging from 2 to 13 abortions, in which 41 (47%) women had two spontaneous abortions; 25 (29%) of them had three spontaneous abortions, and 21 (24%) of them had more than three abortions. But in our study 31% of patients aborted twice and 23% of them aborted 5 times.

In our study and many other studies; the association between MTHFR gene mutation and missed abortion is established for example: Cao Y et al [14], . Govindaiah V et al [15], Puri M et al [16], and Nair RR[17].

While other studies showed that there is no association for example: Vilas Boas et al[13], Sinem Yalcintepe et al [18], Wendell and Puri Met al[19].

CONCLUSIONS:

MTHFR gene mutation is a common cause of missed miscarriage either recurrent or not.

REFERENCES:

- Hoff Man, Schorge, Schaffer, Halvorson, Bradshaw, Cunningham. "First-Trimester Abortion". Williams Gynecology (2nd ed.). McGraw-Hill Medical. 2012;170-79
- Ashutosh S Mangalgiri, SA Pathak. Cytogenetics in Recurrent Abortions. People's Journal of Scientific Research. 2008;1:5-8.
- Olga BA Van den Akker. The psychological and social consequencies of miscarriage. Expert review. Obstet. Gynecol. 2011;6(3):295-04.
- Yumi Nakano, Tatsuo Akechi, and Mayumi Sugiura Ogasawara. Cognitive behavior therapy for psychological distress in patients with recurrent miscarriage. Psychology Research and Behavior Management. 2013;6:37-43.
- Simpson, J, Carson, S, Glob. libr. women's med. 2013; DOI 10.3843/ GLOWM.10319.
- PT Chaithra, Suttur S Malini C, Sharath Kumar. An Overview of Genetic and Molecular Factors Responsible for Recurrent Pregnancy Loss. Int J Hum Genet. 2011;11(4):217-25.

- Khankin EV, Royle C, Karumanchi SA. Placental vasculature in health and disease. SeminThromb Hemost 2010;36:309-20.
- Rabinovich A, Cohen JM, Prandoni P, et al. Association between thrombophilia and the post-thrombotic syndrome: a systematic review and meta-analysis. JThromb Haemost 2014;12:14-23.
- Cao Y, Xu J, Zhang Z, Huang X, Zhang A, Wang J, et al. Association study between methylenetetrahydrofolate reductase polymorphisms and unexplained recurrent pregnancy loss: a meta-analysis. Gene. 2013;514(2):105-11)
- Creus M, Deulofeu R, Peñarrubia J, Carmona F, Balasch J. Plasma homocysteine and vitamin B12 serum levels, red blood cell folate concentrations, C677T methylenetetrahydrofolate reductase gene mutation and risk of recurrent miscarriage: a case-control study in Spain. Clin Chem Lab Med. 2013;51(3):693-9.
- PT Chaithra, Suttur S Malini, C Sharath Kumar An Overview of Genetic and Molecular Factors Responsible for Recurrent Pregnancy Loss. Int J Hum Genet. 2011;11(4):217-25.
- L. Zhu. Polymorphisms in the methylene tetrahydrofolate reductase and methionine synthase reductase genes and their correlation with unexplained recurrent spontaneous abortion susceptibility Genet. Mol. Res. 14 (3): 8500-8508 (2015)
- Wendell Vilas Boas , Rozana Oliveira Gonçalves , Olívia Lúcia Nunes Costa , Marilda Souza Goncalves Metabolism and gene polymorphisms of the folate pathway in Brazilian women with history of recurrent abortion Ginecol. Obstet. vol. 37 no. 2 Rio de Janeiro Feb. 2015
- Cao Y, Xu J, Zhang Z, et al. Association study between methylenetetrahydrofolate reductase polymorphisms and unexplained recurrent pregnancy loss: a meta-analysis. Gene 2013;514:105-11.
- Govindaiah V, Naushad SM, Prabhakara K, et al. Association of parental hyperhomocysteinemia and C677T Methylene tetrahydrofolate reductase (MTHFR) polymorphism with recurrent pregnancy loss. Clin Biochem 2009;42:380-6
- Puri M, Kaur L, Walia GK, Mukhopadhhyay R, Sachdeva MP, Trivedi SS, et al. MTHFR C677T polymorphism, folate, vitamin B12 and homocysteine in recurrent pregnancy losses: a case control study among North Indian women. J Perinat Med. 2013;41(5):549-54.
- Nair RR, Khanna A, Singh R, Singh K. Association of maternal and fetal MTHFRA1298C polymorphism with the risk of pregnancy loss: a study of an Indian population and a meta-analysis. Fertil Steril. 2013;99(5):1311-1318.e4
- Sinem Yalcintepe, Ozturk Ozdemir, Servet Ozden Hacivelioglu, Cisem Akurut, Evrim Koc, Ahmet Uludag, Emine Cosar, Fatma Silan Multiple Inherited Thrombophilic Gene Polymorphisms in Spontaneous Abortions in Turkish Population IJMCM Original Article Spring 2015, Vol 4, No 2
- Puri M, Kaur L, Walia GK, Mukhopadhhyay R, Sachdeva MP, Trivedi SS, et al. MTHFR C677T polymorphism, folate, vitamin B12 and homocysteine in recurrent pregnancy losses: a case control study among North Indian women. JPerinat Med. 2013;41(5):549-54.