

CYTOKINE GENE POLYMORPHISMS AND PRETERM BIRTH : A REVIEW

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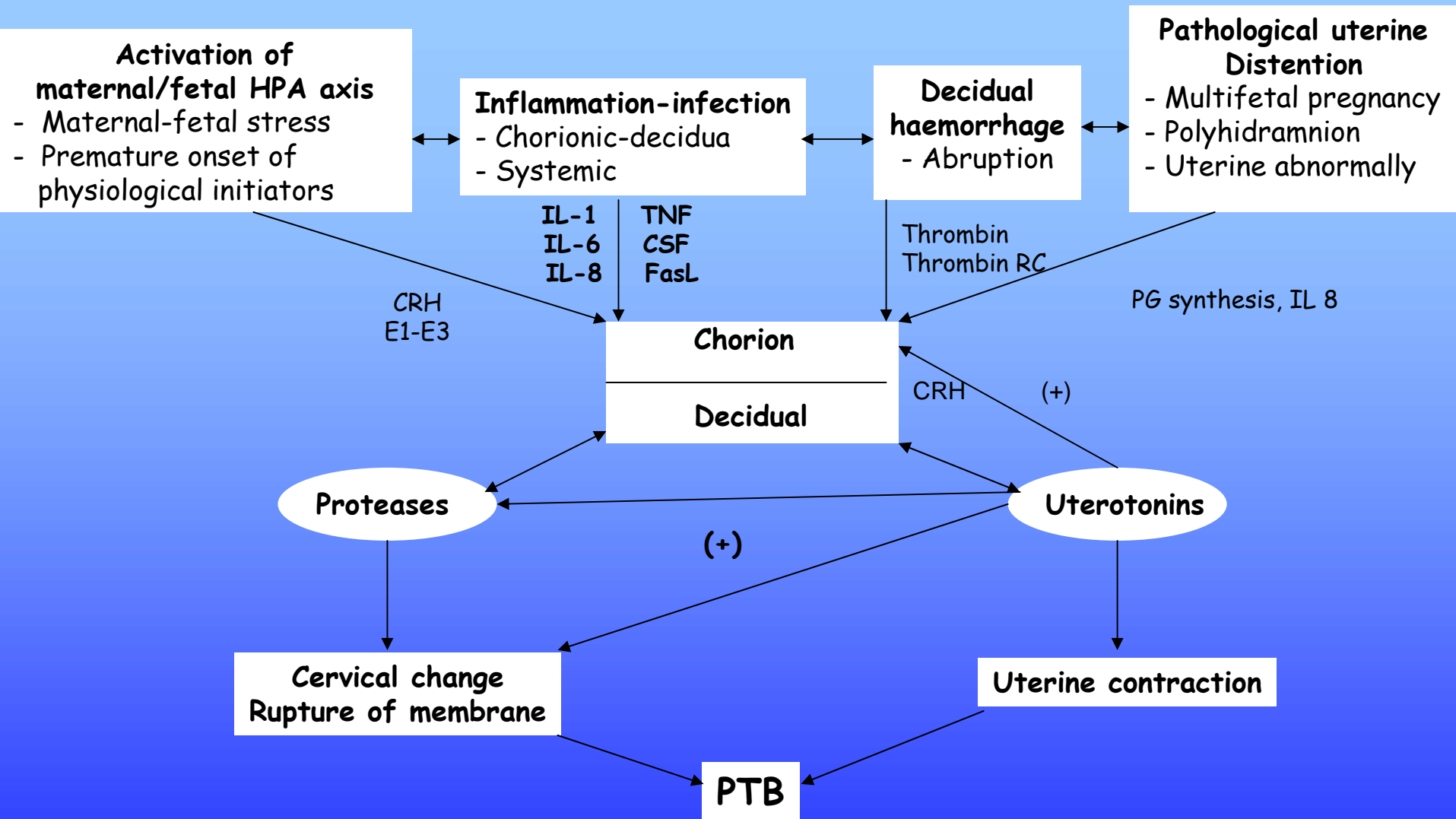
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INTRODUCTION

- Preterm birth → responsible for neonatal mortality & significant increase in major complication
70% have long term neurological & developmental deficits
- 40% → caused by an intrauterine infection
- Infection is predicted to promote the elaboration of cytokine & other mediators
- Cytokines → prostaglandin biosynthesis → myometrial contractility → preterm labour & birth



- Many lines of indirect evidence support a potential genetic basis for PTB;
 - repetition of PTB
 - ♀ born preterm are more likely to deliver preterm
 - ♀ who deliver preterm subsequently have another PTB with the same partner
- Genetic → immune hyper-responsiveness to an infectious → overproduction of cytokines



Pathways of preterm birth resulting from PPROM or preterm labour

OBJECTIVE

To determine variation in the carriage of polymorphism in the genes that code for the synthesis of the cytokines in preterm birth.

METHOD

Types of studies

All case control and cohort studies measuring the association between gene polymorphisms that code for the synthesis of the cytokine & PTB with or without PPROM

Search strategy for identification of studies

PubMed was searched

Manual searches

Direct communication with other researchers

RESULTS

68 Article

32 article
Relationship between PTB & gene polymorphism

16 article
PTB & cytokine

1 : malaria

3 : multiple gestation

excluded

1 : periodontal disease

1 : congenital anomaly
& amniocentesis

3 : frequency

7 article
met eligible criteria

Table 1. Study characteristics

| Author, year | Gene | Study design | Outcomes studied | Case | Control | Geographic area (City, country) | Ethnic groups |
|---------------------|--|---------------------|-------------------------------------|-------------|----------------|--|---|
| Roberts, 1999 | TNF- α (-380) | Case-control | Preterm birth with or without PROM | 55 | 110 | Pennsylvania | African-American |
| Genc, 2002 | IL-1 β IL-1RN*2 | Case-control | Preterm birth with or without PROM | 52 | 197 | New York | African, European, non African-Hispanic |
| Simhan, 2003 | IL-6 | Case-control | Preterm birth with intact membrane | 51 | 156 | Pittsburgh | White, African-American |
| Genc, 2004 | IL-1RN*2 | Cohort | PPROM, Spontaneous preterm delivery | 212 | | Boston | Black, Hispanic, White, other |
| Bessler, 2004 | IL-1ra allele2 | Cohort | Preterm delivery | 65 | | Israel | Jewish, Arab |
| Annels, 2004 | IL-1 TNF IL-4 IL-6 IL-10 TNFRSF6 TGFB1 MBL2 | Case-control | Preterm delivery | 202 | 185 | North Adelaide, Australia | White and European descent |
| Macones, 2004 | TNF | Case-control | PPROM, Spontaneous preterm delivery | 125 | 250 | | African-American, Caucasian |

Table 2. Result

| NO | AUTHOR, YEAR | GENE | RESULT |
|----|------------------|-------------------------|---|
| 1 | Roberts, 1999 | TNF- α (-380) | OR: 1.85 (0.92 - 3.54), p:0.08 PPROM + preterm delivery : term delivery = OR: 3.18 [1.33 - 7.83), p: 0.008 |
| 2 | Genc, 2002 | IL1B IL1RN*2 | <p>Total study : No significant</p> <p>Subgroup analysis:</p> <p>IL1B: Carriage in African mother = OR: 3.5 [95%CI:1.2 - 10.4, p: 0.020] Carriage in children of African descent was associated with PTB (p: 0.033)</p> <p>ILRN*2 : PROM & subsequent PTB in the Hispanic descent: OR: 6.5 (1.25 - 37.7) p: 0.021</p> |

| | | | |
|---|------------------|-------------------------|---|
| 3 | Simhan, 2003 | IL-6 | CC variant = OR: 0.17 [0.04 - 0.74] No African-American women carried Racial disparity : $p < 0.001$ |
| 4 | Genc, 2004 | IL1RN*2 IL-1 β | IL1RN*2 was associated with an elevated vaginal pH in black and white women ($p < 0.001$ & $p < 0.005$) Reduced IL-1 β response to gram (-) &/ GV ($p < 0.01$), and a decreased rate of SPTB (0.02) |
| 5 | Bessler, 2004 | IL-1ra allele 2 | IL-1raA2 was higher in PTB ($p:0.0095$) IL-1RaA1 was lower ($p:0.007$) IL-1ra A2 carrier Arabic descent showed a carrier rate more compared with Jewish ($p:0.0375$) Carrier rates between Adults Jewish and preterm Jewish = 23% : 24% = $p:0.034$ IL-1raA2 homozygotes Preterm Jewish compared to adult ($p < 0.001$) Arabic descent showed increased frequency of homozygous for IL-1ra A2 & heterozygous IL1ra (A1/A2) compared with Jewish (NS) |

| | | | |
|---|------------------|--|--|
| 6 | Annels, 2004 | IL-1 IL-4 IL-6 IL-10 TNF TGFB1 TNFRSF6 MBL2 | <p>Preterm < 35 weeks</p> <p>Univariate analysis IL1B, IL-10, TNF, TGFB1 were associated with preterm (p <0.6)</p> <p>Multivariate analysis NS</p> <p>PTB < 29 weeks</p> <p>Univariate analysis IL-10, TNFA, IL-4, MBL2</p> <p>Multivariate analysis IL-10 (ATA) = OR: 2.4, p: 0.04 TNF AGG = OR: 3.4. p: 0.02 IL4-590C allele = OR: 3.4, p: 0.02 MBL2 = OR : 2.3, p: 0.03</p> <p>PPROM</p> <p>Univariate analysis IL-10 and IL6</p> <p>Multivariate analysis Homozygous IL-10 GCC = OR; 2.0, p:0.02</p> |
| 7 | Macones, 2004 | TNF | <p>Maternal carriers TNF allele 2 increased risk of SPB: OR: 2.7 (1.7 - 4.5)</p> <p>TNF2 + BV = OR: 6.1 (1.9 - 21.0)</p> <p>TNF2 without BV : OR: 1.7 (1.0 - 3.1)</p> <p>African American : OR: 2.5 (1.4 - 4.5)</p> <p>Caucasian : OR: 1.6 (0.5 - 5.2)</p> |

CONCLUSION

There was a relationship between preterm birth with polymorphisms of gene which involved in cytokine synthesis.



Not consistent & may vary depending on ethnicity and environmental factors

Bantimurung waterfall



Implications for research :

- Well-design studies are required → to evaluate the racial disparity, important sociodemographic & environmental factor such as nutritional, smoking or socioeconomic status should be assessed
- Other research also need to find the best method for prevention, prediction and treatment of preterm birth

Puotere Harbour

Thank You

