



## Maternal tetrahydrofolate reductase gene mutation in patients with missed abortion

Helmy A Rady<sup>1</sup>, Noha E Mohammed<sup>2</sup>, Mohammed R Haider<sup>3</sup>

<sup>1</sup> PhD, Ass. Prof of Obst & Gyn. Faculty of medicine, University of Alexandria, Egypt Consultant of Obstetrics and Gynecology, El Shatby Maternity Hospital, Egypt

<sup>2</sup> lecturer of OBST. & Gyn. Faculty of Medicine, University of Alexandria, Egypt

<sup>3</sup> Resident of Obst. & Gyne. Dar I Smail Maternity Hospital, Egypt

### Abstract

**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 case 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

**Keywords:** missed abortion, recurrent miscarriage, habitual abortion, MTHFR, thrombophilia

### 1. 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 [5].

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 [6].

Many factors are associated with recurrent miscarriage in terms of maternal or fetal or paternal gene polymorphisms. maternal polymorphism are caused by many factors like: genetic causes, hematological causes, anatomical factors and endocrine problems [7]. 50% of cases with recurrent pregnancy remain unexplained [8].

Normal placental circulation and fetal vasculature are important to maintain normal healthy pregnancy, any abnormalities in placental circulation may lead to many complications including pregnancy loss [9].

Thrombophilias may be inherited or acquired conditions both may predispose to thromboembolism (10). Inherited thrombophilia is well known cause of spontaneous pregnancy loss [11,12].

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 [13]

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 [14,15].

Decreased folate intake will affect homocysteine metabolism and will lead to an increase in homocysteine level in circulation [16].

MTHFR is important regulatory enzymes in the metabolism of homocysteine that catalyses the reduction of 5,10-methylenetetrahydrofolate to 5-methyltetrahydrofolate [17].

Mutations in the MTHFR gene cause decreased activity of enzyme and subsequently hyperhomocysteinemia, which induces platelet aggregation through enhancement of endothelial oxidative damage [18].

Many mutations within the MTHFR gene were described, C677T and A1298C mutations are the two most common and important mutations [19]. MTHFR C677T gene polymorphism causes early pregnancy loss [20].

The MTHFR gene polymorphisms are frequently associated with increased homocystein level in circulation [21,2]

hyperhomocysteinemia causes many complications during pregnancy like recurrent pregnancy loss, neural tube defects and pre-eclampsia [23]

### Aim of the study

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

### Patients and 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 abortion

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 to 30 years.

Diagnosis of pregnancy was make 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 endocrinal causes of abortion Serum blood was taken and sent for maternal tetrahydrofolate reductase gene mutation study by PCR technique (C677T polymorphisms of the methylenetetrahydrofolate reductase gene (MTHFR) )

Patients were catogrizd into groups regarding presence or absence of this gene mutation. Also categorization was done regarding number of abortions. Comparision 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**

Arthematic mean, standard deviation, for categorized parameters Chai square test 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<sup>nd</sup> group is 24.9 years which is statistically insignificant. Table (1)

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

	1 st group	2 nd group
Range	21-30	20-29
Mean±S.D.	25.65±2.65	24.92±2.46
T	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 abortions.

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

No. of deliveries and living children	No.	%
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)

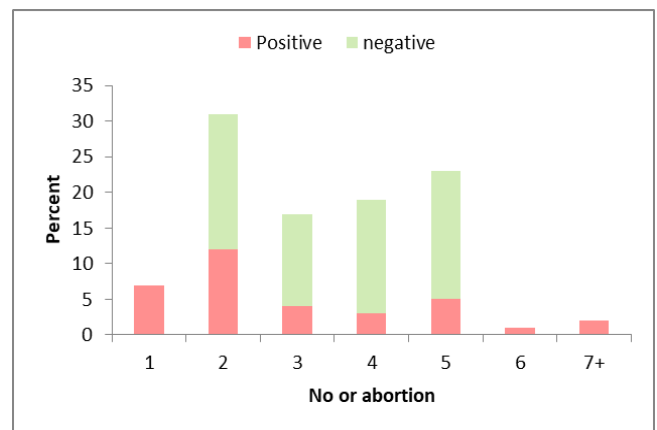
**Table 4:** Presence of gene mutation in all groups

Gene mutation	1 st group		2 <sup>nd</sup> group	
	No.	%	No.	%
Positive	34	34.0	10	10.0
Negative	66	66.0	90	90.0
X <sup>2</sup>	16.8			
P	0.0001*			

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

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

No. of abortions	Total Number of patients	Positive		negative	
		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 [24]: the patients were aged between 22 and 44 years, with a mean age of 29.8 ± 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* [25]; The median age of the 89 women in the study group was 29.4 ( $\pm 5.4$ ) years of age, ranging from 17 to 40 years old, and the control group aged 23 ( $\pm 5.5$ ) years old. The median abortion number in the study group was 3.2 ( $\pm 1.9$ ), 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.* [26] Govindaiah V *et al.* [27], Puri M *et al.* [28] Kim NK *et al.* [29] and Nair RR [30]

While other studies showed that there is no association for example: - Vilas Boas *et al* [25] Sinem Yalcintepe *et al.* [31] Wendell and Puri M *et al.* [32]

### 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 (2<sup>nd</sup> ed.). McGraw-Hill Medical, 2012, 170-79.
- Ashutosh Mangalgi S, Pathak SA. Cytogenetics in Recurrent Abortions. People's Journal of Scientific Research. 2008; 1:5-8.
- Olga BA Van den Akker. The psychological and social consequences 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.
- Arjun G. Recurrent early pregnancy loss. An Introduction to Genetics and Fetal Medicine, 2000, 27 - 30.
- Chaithra PT, Suttur 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.
- Fryns JP, Van Buggenhout G. Structural chromosome rearrangements in couples with recurrent fetal wastage. Eur J Obstet Gynecol Reprod Biol. 1998; 81:171-76.
- Khankin EV, Royle C, Karumanchi SA. Placental vasculature in health and disease. Semin Thromb 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. J Thromb Haemost. 2014; 12:14-23.
- Sarig G, Younis JS, Hoffman R, *et al.* Thrombophilia is common in women with idiopathic pregnancy loss and is associated with late pregnancy wastage. Fertil Steril 2002; 77:342-7.
- Brenner B, Sarig G, Weiner Z, *et al.* Thrombophilic polymorphisms are common in women with fetal loss without apparent cause. Thromb Haemost. 1999; 82:6-9.
- Milman N, Byg KE, Hvas AM, Bergholt T, Eriksen L. Erythrocyte folate, plasma folate and plasma homocysteine during normal pregnancy and postpartum: a longitudinal study comprising 404 Danish women. Eur J Haematol. 2006; 76(3):200-5.
- Zetterberg H. Methylenetetrahydrofolate reductase and transcobalamin genetic polymorphisms in human spontaneous abortion: biological and clinical implications. Reprod Biol Endocrinol. 2004; 2:7.
- 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.
- Forges T, Monnier-Barbarino P, Alberto RM, *et al.* Impact of folate and homocysteine metabolism on human reproductive health. Human reproductive update. 2007; 13(3):225-38.
- Anne Marie Nybo Andersen, Jan Wohlfahrt, Peter Christens, Jorn Olsen, Mads Melbye. Maternal age and fetal loss: population based register linkage study. BMJ. 2000; 320:1708-12.
- Chaithra PT, Suttur Malini S, Sharath Kumar C. An Overview of Genetic and Molecular Factors Responsible for Recurrent Pregnancy Loss. Int J Hum Genet. 2011; 11(4):217-25.
- Ivy Altomare, Alan Adler, Louis Aledort M. The 5, 10 methylenetetrahydrofolate reductase C677T mutation and risk of fetal loss: a case series and review of the literature Thrombosis Journal. 2007; 5:17 doi: 10.1186/1477-9560-5-17.
- Frosst P, Blom HJ, Milos R, Goyette P, Sheppard CA, Matthews RG, *et al.* A candidate genetic risk factor for vascular disease: a common mutation in methylenetetrahydrofolate reductase. Nat Genet. 1995; 10(1):111-3.
- Robertson L, Wu O, Langhorne P, Twaddle S, Clark P, Lowe GD, *et al.* Thrombophilia in pregnancy: a systematic review. Br J Haematol. 2005; 132(2):171-96.
- Blom HJ, Shaw GM, den Heijer M, Finnell RH. Neural tube defects and folate: case far from closed. Nat Rev Neurosci. 2006; 7(9):724-31.
- 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

26. 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.
27. Govindaiah V, Naushad SM, Prabhakara K, *et al.* Association of parental hyperhomocysteinemia and C677T Methylenetetrahydrofolate reductase (MTHFR) polymorphism with recurrent pregnancy loss. *Clin Biochem* 2009; 42:380-6
28. Puri M, Kaur L, Walia GK, Mukhopadhyay 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.
29. Kim NK, Choi YK, Kang MS, Choi DH, Cha SH, An MO, *et al.* Influence of combined methylenetetrahydrofolate reductase (MTHFR) and thymidylate synthase enhancer region (TSER) polymorphisms to plasma homocysteine levels in Korean patients with recurrent spontaneous abortion. *Thromb Res.* 2006; 117(6):653-8..
30. Nair RR, Khanna A, Singh R, Singh K. Association of maternal and fetal MTHFR A1298C 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
31. 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*
32. Puri M, Kaur L, Walia GK, Mukhopadhyay 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.