



## Original Research Article

# Cytokine Gene Polymorphisms of Interleukin-1 Receptor Antagonist Gene (*IL1RN*<sub>mspa11100</sub>) and its Role in Susceptibility or Resistance to Toxoplasmosis Infection in Samples of Women from Salahaddin Governorate

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## ABSTRACT

### Keywords

SNPs,  
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NanoDrop,  
Agarose gel,  
Ethidium  
Bromide,  
RSA

Toxoplasmosis, one of the most common parasitic infections in human, is caused by the intracellular protozoan *Toxoplasma gondii*, and cytokines have been demonstrated to have a role in its pathogenesis. Moreover, single nucleotide polymorphisms (SNPs) of cytokine genes have been suggested to have role in its etiologic. Therefore, the aim of the presented study to investigated SNPs of cytokine receptor gene (*IL1RN*) and its association with toxoplasmosis in 52 toxoplasmosis-aborted women were admitted to Tikrit Teaching Hospital during the period October 2013 - May 2014 to terminate their pregnancy, from Tikrit Governorate. These SNPs were ascertained by PCR-SSP (polymerase chain reaction-sequence specific priming) method. In addition, 66 apparently healthy women were included as controls. Both Rapid Test Cassette and Enzyme Immunoassay for IgG and IgM revealed that cases 30.8% of cases were positive for IgG and IgM anti-*Toxoplasma* antibodies, which is may aid to understand the immunogenetic predisposition in the development of toxoplasmosis through investigating cytokine gene polymorphisms. This study showed that the single nucleotide polymorphisms (SNPs) of *IL1RN*<sub>mspa11100</sub>, gene demonstrated significant positive and negative association with toxoplasmosis in the sample of aborted women, Significant differences (P = 0.005) between patients and controls were observed and these were related to increased frequency of allele C (51.9 vs. 33.3%) and a decreased frequency of allele T (48.1 vs. 66.7%) in patients.

## Introduction

*T. gondii* is highly prevalent intracellular protozoan pathogen that infects a broad range of warm-blood animals including human (Mckee *et al.*, 2004; Waree, 2008).

It's an orally acquired apicomplexans protozoan parasite (Ju *et al.*, 2009). In addition to a sexual cycle which is limited to members of the felidae (Cats), the parasite

can infects a wide variety of warm-blood host species cell types by use of an asexual cycle (Eslamirad *et al.*, 2012; Halonen, 2013).The parasitic infection with a worldwide distribution are common among individual living under poor sanitary condition in developing countries (Darde, 2004; Bahia-Oliveiria *et al.*, 2009).

Toxoplasmosis is reserved to describe the clinical or pathological disease caused by *T. gondii* (Montoya, 2002). The population structure of *T. gondii* is complex and shows distinct geographic patterns, the prevalence of this infection range from 15-85% (Albuquerque *et al.*, 2009).

*T.gondii* infects at least one third of the world's population. The infection is usually asymptomatic in most immunocompetent individuals, but there is more severe in immunocompromised individuals and in the case of pregnant women, transmission frequency and disease severity are oppositely related. Early maternal toxoplasmosis (first and second trimester) may result in severe congenital infection and can result in death of fetus in *utero* and spontaneous abortion, while late maternal infection usually results in normal appearing newborns (Harker *et al.*, 2015). However, the pathogenesis of foetal *T. gondii* infection is incompletely understood, but it is has been proposed that immunological alterations at the maternal-foetal interface, such as an imbalance in the production of T helper Th<sub>1</sub> and Th<sub>2</sub> lymphocytes associated cytokines may increase the risk of foetal infection, and different cytokines and cell populations have been reported to be involved in the effector and regulatory phases of immune response against the parasite.

Cytokines play an important role in pathogenesis of toxoplasmosis and

pregnancy loss; however and equally important, variations in genes that encode cytokines have been shown to interfere with the expression of these molecules and may have an important role in gene regulation in inflammatory response and resistance or susceptibility to infections including toxoplasmosis (Ortiz-Alegría *et al.*, 2010). Single nucleotide polymorphisms (SNPs) in the promoter region of cytokine genes have been demonstrated to be associated with the development of toxoplasmosis, for instance, *IFNG*<sub>+874</sub> T/A SNP of IFN- $\gamma$  gene has been indicated to have a role in clinical manifestations of toxoplasmosis (Neves Ede *et al.*, 2012). Further study suggested *IL6*<sub>-174</sub> SNP genotypes that were related with a lower production of IL-6 might be associated with the occurrence of toxoplasmic retinochoroiditis (Cordeiro *et al.*, 2013).

## Materials and Methods

### Collection and diagnosis the positive samples

A total of 118 Arab women were enrolled in the study, and they were distributed in two groups:-

- 1). 52 toxoplasmosis patients, The patients were admitted to Tikrit Teaching Hospital during the period October 2013 - May 2014 to terminate their pregnancy (aborted women). Their sera were tested for anti-*T. gondii* antibodies by two laboratory methods, the first was Rapid Test Cassette (CTK Biotech Inc., USA), while the second confirmatory test included testing the sera for IgG and IgM antibodies by two Enzyme Immunoassay kits (EIA-IgG and EIA-IgM; ACON Laboratories Inc., USA). Only patients with positive results in the two tests were involved in the study, and they had an age range of 20 - 40 years.

2). 66 samples as control. The control sample included apparently healthy women (University staff and blood donors), and their sera were negative for anti-*T.gondii* antibodies by both diagnostic kits. They also matched patients for age range and mean.

From each participating subject, 5 ml of venous blood was drawn using disposable syringe, and distributed into two aliquots. The first aliquot (3 ml) was dispensed into a plain tube and left in the refrigerator (4°C) for 15 minutes to clot, and by then, it was centrifuged (15 minutes at 3000 rpm) in a temperature-controlled centrifuge (4°C). The separated serum was distributed into aliquots (0.5 ml) in Eppendorf tubes, which were frozen at -20°C. The second aliquot (2 ml) was transferred to EDTA tube and frozen at -20°C until DNA extraction for genotyping of cytokine gene polymorphisms. The diagnosis of toxoplasmosis was carried out by using to test kits. The first (OnSite Toxo IgG/IgM rapid test-cassette) was screening test, while the second (*Toxoplasma* IgG and IgM EIA test kits) was a confirmatory test.

The OnSite Toxo IgG/IgM Rapid Test is a lateral flow chromatographic immunoassay for the simultaneous detection and differentiation of IgG and IgM anti-*T. gondii* antibodies in human serum or plasma. This kit is intended to be used as a screening test and as an aid in the diagnosis of infection with *T. gondii*.

The *Toxoplasma* IgG EIA test kit is a solid phase enzyme immunoassay based on indirect principles for the qualitative and quantitative detection of IgG antibodies to *Toxoplasma* in human serum or plasma. While the *Toxoplasma* IgM EIA test kit is a solid phase enzyme immunoassay based on immunocapture principle for the qualitative detection of IgM antibodies to *Toxoplasma* in human serum or plasma.

## Genomic DNA extraction

The genomic DNA was extracted from EDTA blood using the AccuPrep® Genomic DNA Extraction Kit (Bioneer Corporation, Korea), which is designed to provide a fast and simple technique for the preparation of purified and intact DNA from mammalian blood.

The DNA yield was spectrophotometrically assessed by using a NanoDrop (ND-2000 spectrophotometer; USA), in which the sample was read at two wavelengths that were 260 and 280nm. If the outcome was 1.6-1.9, the sample was considered as free of contamination and having a sufficient amount of DNA for a further analysis (Frank and Tait, 2012).

## Genotyping of cytokine polymorphisms

The Cytokine CTS-PCR-SSP Tray Kit was used to detect cytokine gene polymorphisms. The kit was developed in the laboratories of Department of Transplantation Immunology, University Clinic Heidelberg (Heidelberg, Germany). It enables the user to detect some of the polymorphisms described in the promoter regions of *IL1A*, *IL1B*, *IL1R1*, *IL1RN*, *IL2*, *IL4*, *IL6*, *IL10*, *IL12B*, *IFNG*, *TNF* genes, as well as some polymorphisms in the translated regions of *TGFB1* and *ILAR* genes. The method of detection is a PCR-SSP (polymerase chain reaction-sequence specific priming) assay, which allows the definition of the polymorphic variants of the genes that are present in the individual under test.

The first step included a preparation of PCR Reaction Mix, which consisted of 138 µl master mix (CYT), 2.8 µl Taq DNA polymerase (5 Unit/µl), 329 µl deionized distilled water and 50 µl DNA sample (0.10-0.15 µg/µl). The mix was mixed by vortex

thoroughly and kept on ice. This was followed by taking the PCR tray and placing it inside a sample holder, and the adhesive seal was carefully removed from the tray. To each well of the first 48 wells, 10 µl of the PCR Reaction Mix was added in the sequence given in (Figure 1). The tray was placed in the thermal cycler and the thermal cycling profile was optimized and validated for the use with the CTS-PCR-SSP TRAY KITS, and as shown in (Table 1).

### **Agarose gel electrophoresis**

After thermo-cycling, PCR products were visualized by submarine agarose gel electrophoresis.

**Preparation of agarose gel:** To prepare 2% agarose, mixing 7 grams of agarose, 7 ml of 50x TAE (Tris-acetate-EDTA) buffer and 350 ml of deionized distilled water in a 500ml conical flask. The mixture was boiled to dissolve the agarose, after that, it was cooled to 60°C, and by then 17 µl of ethidium bromide (10 mg/ml) was added and well-mixed. The gel was poured on an electrophoresis plate (25 x 25 cm) fixed on an even surface, and then four combs (each with 24 teeth) were placed and the gel was allowed to set for one hour at room temperature.

**Running Electrophoresis:** When the thermo-cycling was terminated, the PCR tray was handled outside the thermo-cycler carefully and the strip caps that covered the wells were removed from the tray. This was followed by removing the combs from the gel, which was covered with running TAE buffer (approximately 2 - 3 mm above the gel surface). Then, 10 µl of each PCR product was loaded onto the respective gel wells in a sequence that was given in (Figure 1). The electrophoresis was run for 20 minutes at 170 volts.

**Interpretation of electrophoresis patterns:** After the end of electrophoresis, the band was visualized on UV light trans-illuminator (312 nm) after removed the gel. Finally a picture was taken, and the genotype of each cytokine was recorded according to the chart provided by the supplier of the genotyping kit (Figure 2).

### **Statistical analysis**

Genotypes of cytokines were presented as percentage frequencies, and significant differences between their distributions in toxoplasmosis patients and controls were assessed by two-tailed Fisher's exact probability (P). Relative risk (RR), etiological fraction (EF) and preventive fraction (PF) were also estimated to define the association between a genotype with the disease. The RR value can range from less than one (negative association) to more than one (positive association). If the association was positive, the EF was calculated, while if it was negative, the PF was given (Ad'hiah, 1990).

### **Results and Discussion**

#### **Diagnostic test of Toxoplasmosis**

Both diagnostic tests revealed that 16 cases (30.8%) were positive for IgG and IgM anti-*Toxoplasma* antibodies; however, cases positive for one class of antibodies showed some differences. In the Rapid Test Cassette, 36.5% of cases were positive for IgG antibody, while it was 61.5% in the Enzyme Immunoassay. For IgM antibody, an opposite picture was drawn and the corresponding percentages were 32.7 and 7.7%, respectively. Such differences were significant ( $P \leq 0.01$ ), as analyzed by Pearson Chi-square test (Table 2).

**Table.1** Optimization and validation of thermo-cycling for the use with the CTS- PCR-SSP TRAY KITS

Stage	Temp	Duration/sec	Cycles
Initial denaturation	94°C	120	10
Denaturation	94°C	15	
Annealing + Extension	65°C	60	
<b>Followed by</b>			
Denaturation	94°C	15	20
Annealing	61°C	50	
Extension	72°C	30	
Hold	4°C	900	

**Table.2** Results of serum-testing in toxoplasmosis patients by rapid test cassette and enzyme immunoassay

Anti-Toxoplasma Antibody	Positive Cases			
	Rapid Test Cassette		Enzyme Immunoassay	
	No.	%	No.	%
IgG only	19	36.5	32	61.5
IgM only	17	32.7	4	7.7
IgG + IgM	16	30.8	16	30.8
Total	52	100.0	52	100.0

Pearson Chi-square = 11.361; D.F. = 2; P ≤ 0.01

**Table.3** Observed numbers and percentage frequencies and Hardy-Weinberg (H-W) equilibrium of *ILIRN*<sub>mspa11100</sub> genotypes and alleles in toxoplasmosis patients and controls

<i>ILIRN</i> <sub>mspa11100</sub> Genotype or Allele	Patients (No. = 52)				Controls (No. = 66)			
	Observed		Expected		Observed		Expected	
	No.	%	No.	%	No.	%	No.	%
TT	16	30.8	12.0	23.1	34	51.5	29.3	44.4
TC	18	34.6	26.0	49.9	20	30.3	29.3	44.4
CC	18	34.6	14.0	27.0	12	18.2	7.3	11.1
<i>T</i>	50	48.1	Not Estimated		88	66.7	Not Estimated	
<i>C</i>	54	51.9			44	33.3		
H-W $\chi^2$ P ≤	<b>0.05</b>				<b>0.01</b>			

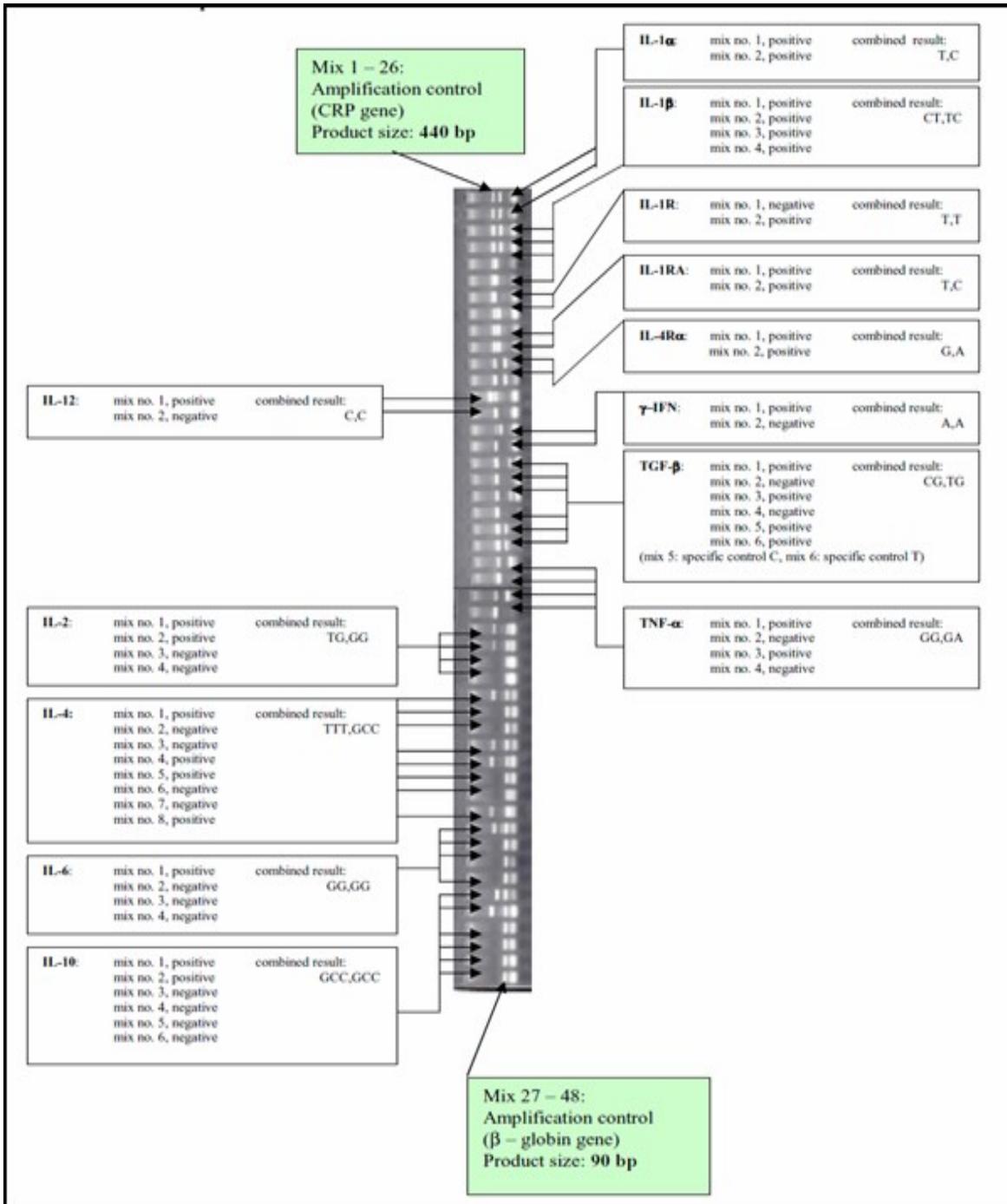
**Table.4** Statistical analysis of associations between *ILIRN*<sub>mspa11100</sub> genotypes or alleles and toxoplasmosis

<i>ILIRN</i> <sub>mspa11100</sub> Genotype or Allele	Relative Risk	Etiological or Preventive Fraction	Fisher's Exact Probability	95% Confidence Intervals
TT	0.42	0.30	<b>0.026</b>	0.20 - 0.89
TC	1.22	0.06	Not Significant	0.56 - 2.63
CC	2.38	0.20	0.055	1.03 - 5.52
<i>T</i>	0.46	0.36	<b>0.005</b>	0.27 - 0.78
<i>C</i>	2.16	0.28	<b>0.005</b>	1.28 - 3.65

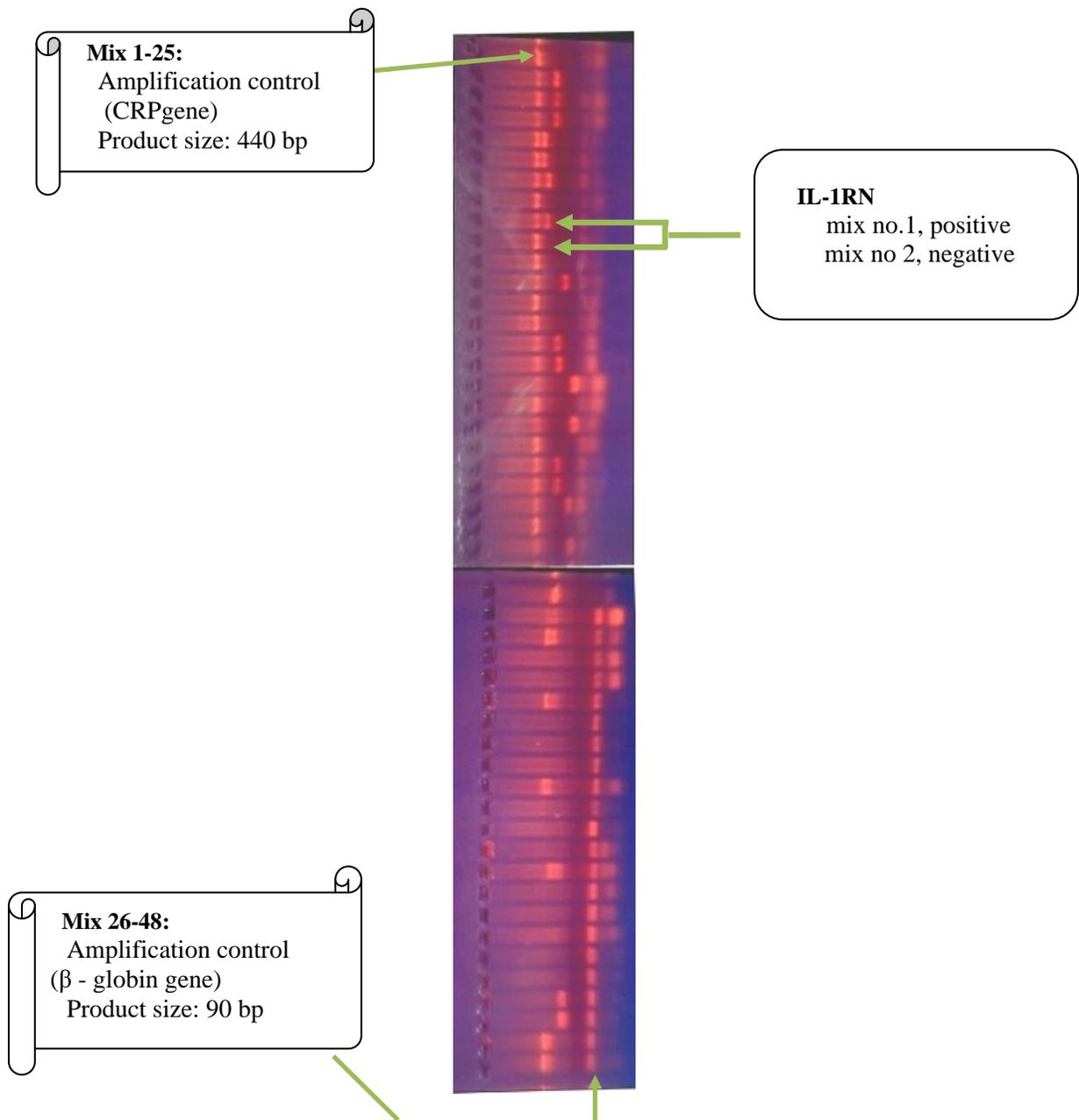
**Figure.1** Cytokine genotyping PCR tray showing the sequence of PCR Reaction Mix adding. The word "Lane" refers to a well's corresponding gel lane

	1	2	3	4	5	6	7	8	9	10	11	12
<b>A</b>	Lane 1 <small>(Pos.1-8)</small>	Lane 1 <small>(Pos.9-16)</small>	Lane 1 <small>(Pos.17-24)</small>	Lane 2 <small>(Pos.25-32)</small>	Lane 2 <small>(Pos.33-40)</small>	Lane 2 <small>(Pos.41-48)</small>	Lane 3 <small>(Pos.49-56)</small>	Lane 3 <small>(Pos.57-64)</small>	Lane 3 <small>(Pos.65-72)</small>	Lane 4 <small>(Pos.73-80)</small>	Lane 4 <small>(Pos.81-88)</small>	Lane 4 <small>(Pos.89-96)</small>
<b>B</b>	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑
<b>C</b>	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑
<b>D</b>	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑
<b>E</b>	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑
<b>F</b>	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑
<b>G</b>	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑
<b>H</b>	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑

**Figure.2** Patterns of visualized bands after agarose gel electrophoresis. Two internal positive controls were included: a fragment of the human  $\beta$ -globin gene (90 bp) or IL-2, IL-4, IL-6, and IL-10, or the human C- reactive protein gene (440 bp) for IL-1 $\alpha$ , IL-1 $\beta$ , IL-1R, IL-1Ra, IL-4R $\alpha$ , IL-12, IFN- $\gamma$ , TGF- $\beta$  and TNF- $\alpha$



**Figure.3** Agarose gel electrophoresis patterns of cytokine amplified gene regions visualized by UV trans-illumination (internal controls are also given)



### Cytokine gene polymorphisms

The study dealt with SNPs of 13 cytokine and cytokine receptor genes (*IL1A*, *IL1B*, *IL1R1*, *IL1RN*, *IL2*, *IL4*, *IL4R*, *IL6*, *IL10*, *IL12B*, *IFNG*, *TNF* and *TGFB1*) in order to define the type of association (positive,

negative or no association) between these SNPs and toxoplasmosis in aborted women. These SNPs were ascertained by PCR-SSP (polymerase chain reaction-sequence specific priming) method, in which different PCR mixes were used to define these polymorphisms at different positions, which

were revealed after agarose-gel electrophoresis of the PCR amplicons, and their patterns of migration in the gel were given in (Figure 3).

### **Interleukin-1 receptor antagonist gene (*IL1RN*<sub>mspa11100</sub>)**

Both toxoplasmosis patients and controls demonstrated significant differences between the observed and expected frequencies of *IL1RN*<sub>mspa11100</sub> SNP genotypes ( $P \leq 0.05$  and  $0.01$ , respectively), and therefore a deviation from H-W equilibrium in these distribution of these genotypes was noticed. Significant differences ( $P = 0.005$ ) between patients and controls were also observed and these were related to increased frequency of allele *C* (51.9 vs. 33.3%;  $RR = 2.16$ ;  $EF = 0.28$ ) and a decreased frequency of allele *T* (48.1 vs. 66.7%;  $PF = 0.36$ ) in patients (Tables 3 and 4).

The SNP of *IL-1* receptor antagonist gene (*IL1RN*<sub>mspa11100</sub>) declared its susceptibility and protective effects through the positive and negative associations that were observed with *C* and *T* alleles respectively. Accordingly, it is possible to suggest that SNPs of *IL1* gene family might have a role in etiopathogenesis of toxoplasmosis. Such point of view has also been shared by (Cordeiro *et al.*, 2008), who proposed that CGPs can predispose individuals to disease by enhancing inflammatory processes, and this regard they paid a considering for the relevance of IL-1 in pathogenesis of toxoplasmic retinochoroiditis.

Levrant *et al.*, (2008) analyzed *IL1RN* variable number tandem repeat in fertile control couples and couples experiencing recurrent pregnancy loss, but their results indicated that *IL-1RN 2* allele is not a risk factor for recurrent pregnancy loss. These

findings have also been confirmed by (Dai *et al.*, 2010; Traina *et al.*, 2011); although they suggested that the investigation of these SNPs remains a challenge in the evaluation of recurrent spontaneous abortion RSA.

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