

# CTLA4 A49G and C60T genetic polymorphism in Croatian children and young adults with autoimmune thyroid disease



Rojnić Putarek N<sup>1</sup>, Kusec V<sup>2</sup>, Grubić Z<sup>3</sup>, Knezevic Cuca J<sup>4</sup>, Ille J<sup>1</sup>, Stajnkler B<sup>1</sup>, Jaksic B<sup>5</sup>, Dumic M<sup>1</sup>

<sup>1</sup>Department of Pediatric Endocrinology and Diabetes, University Hospital Center Zagreb, <sup>3</sup>Department of Laboratory Diagnostics, University Hospital Center Zagreb, <sup>4</sup>Tissue Typing Centre, University, Hospital Center Zagreb, <sup>4</sup>Institute of Clinical Chemistry and Laboratory Medicine, Merkur University Hospital Zagreb, <sup>5</sup>Faculty of Electrical Engineering and Computing, University of Zagreb

## **OBJECTIVES**

Autoimmune thyroid disease (AITD), including autoimmune thyroiditis (AT) and Graves' disease (GD), is a complex autoimmune disease with a strong genetic component. The cytotoxic

product of T-lymphocyte antigen-4 (CTLA4) gene, encoding a negative regulator of the T-lymphocyte immune response, was shown to be associated to AITD.

The aim of this study was to investigate the association of A49G and C60T polymorphisms of CTLA4 gene in population of Croatian children and young adults with AITD

# **METHODS**

The study comprised of 158 unrelated AITD patients (36 males, 122 females) with median age of 12.5 years (4.2-25.9), 127 with AT and 31 with GD.

The control group consisted of 94 unrelated healthy subjects (46 males, 48 females) with median age of 12.0 years (4.6-21.5).

SNP genotyping was performed using TaqMan® probes (rs231775 and rs3087243) in a PCR ABI PRISM 7500 Sequence Detection System (Applied Biosystems by LT).

CTLA-4 49AG genotype	Genotype							
	G/G n (%)	A/G n (%)	A/A n (%)	OR* (95% CI)	р	G alelle n (%)	OR* (95% CI)	р
AITD								
AII; N=158	31 (19,6)	66 (41,8)	61 (38,6)	1,67 (0,81-3,43)	0,16	128 (40,5)	1,15 (0,79-1,66)	0,47
AT; N=127	26 (20,5)	56 (44,1)	45 (35,4)	1,76 (0,84-3,70)	0,13	108 (42,5)	1,25 (0,85-1,84)	0,26
GD; N=31	5 (16,1)	10 (32,3)	16 (51,6)	1,31 (0,42-4,08)	0,76	20 (32,3)	0,80 (0,44-1,48)	0,48
Control group; N=94	12 (12,8)	46 (48,9)	36 (38,3)			70 (37,2)		

The frequency of genotypes and G allele of CTLA-4 49AG polymorphism in patients with AITD in comparison to the control group.

CTLA-4 C60T genotype	Genotype							
	G/G n (%)	A/G n (%)	A/A n (%)	OR* (95% CI)	р	G alelle n (%)	OR* (95% CI)	p
AITD								
AII; N=158	64 (40,5)	64 (40,5)	30 (19,0)	2,23 (1,26-3,95)	<0,01	192 (60,8)	1,36 (0,95-1,96)	0,10
AT; N=127	54 (42,5)	49 (38,6)	24 (18,9)	2,42 (1,34-4,38)	0,003	157 (61,8)	1,42 (0,97-2,09)	0,07
GD; N=31	10 (32,3)	15 (48,4)	6 (19,4)	1,56 (0,64-3,80)	0,33	35 (56,5)	1,14 (0,64-2,03)	0,65
Control group; N=94	22 (23,4)	56 (59,6)	16 (17,0)			100 (53,2)		

The frequency of genotypes and G allele of CTLA-4 C60T polymorphism in patients with AITD in comparison to the control group.

## RESULTS

A49G disease associated G/G genotype of CTLA4 gene was detected more frequently in AITD patients (19.6%; OR 1.67, 95% CI 0.81-3.43; p=0.16), in AT patients (20.5%, OR 1.76, 95% CI 0.84-3.70, p=0.13) and GD patients (16.1%, OR 1.31, 95% CI 0.42-4.08, p=0.76) as compared to controls (12.8%), but no statistical significance for associations in none of the groups was found.

Significant associations were found for the C60T disease-associated G/G genotype and AITD (OR 2.23, 95% CI 1.26-3.95; p<0.01), mainly for AT (OR 2.42, 95% CI 1.34-4.38; p=0.003), but not GD (OR 1.56, 95% CI 0.64-3.80; p=0.33).

The risk allele G of both polymorphisms (A49G and C60T) was not significantly associated to AITD (p=0.47 and p=0.10, respectively).

\*for G/G genotype; AITD – autoimmune thyroid disease; AT – autoimmune thyroiditis, GD – Graves disease;

# CONCLUSIONS

Our results do not indicate association of CTLA4 gene G49A polymorphism in the pathogenesis of AITD. However, the C60T polymorphism of CTLA4 gene was found to be associated to the risk of AITD, particularly to AT in our population.

### REFERENCES

Wang C et al. Clin North Am 1997;26:189–218.
Brix TH et al. J Clin Endocrinol Metab 2001;86:930–4.
Vaidya B et al. J Clin Endocrinol Metab 2002;87:5385–97.
Si X et al. Exp Ther Med 2012;4:538–44.
Bicek A et al. 2009;70:820-4.
Iwama S et al Horm Res. 2005;63:55-60.



Misc 1

Natasa Rojnic Putarek







