

Association of Toll-Like Receptor 10 polymorphisms with autoimmune thyroid disease in Korean children.

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Introduction

The Toll-like receptors (TLRs) are germline-encoded

receptors that play an essential role in initiating the

immune response against pathogens.

Objective

We assess the association of TLR polymorphism with

Table 1. Primer sequences for each SNP

Gene	SNP		Primer Sequence			
	rs4129009	F	CTTACTGGAACCCATTCCATTCTATTGC			
TLR10		R	TCAATGTACATCCCAACAGTGTATGTGG			
	rs11096956	F	AGTTGATTT ACTCTGGGAC GACC			
		Л	CTGTTAAGATATTATTGGCAAAATTTAA			
		R	ATATTGGAATTTCGTAGGAGAA			
	rs10004195	F	AAAGCTAAGGTTCTTACCCCACG			

autoimmune thyroid disease (AITD) in Korean children.

Methods

We defined the polymorphism of TLR10 gene

(rs4129009, rs11096956 and rs10004195) in 85 Korean AITD

(Graves disease [GD]=50, Hashimoto disease [HD]=35; thyroid-

associated ophthalmopathy [TAO]=23, non-TAO=62; M=16,F=69

mean age=12.9 \pm 3.1 years) and 279 healthy control subjects.

Results

 In patients with AITD, frequencies of the TLR10 rs4129009 A allele (OR=3.9, cP=0.04) and rs10004195 T allele (OR=2.8, cP=0.02) were higher than in the healthy controls, whereas the TLR10 rs4129009 GG genotype (OR=0.3, cP=0.04) and rs10004195 AA genotype (OR=0.4, cP=0.02) showed lower frequencies.

AAGATGGTGAGCATGATAACTCCTATGT

TATGTGTATTTGACCACAAGTT

Table 2. Frequencies of genotype and allele of TLR10 gen es in controls and patients with thyroid disease

		geno	Controls	AITD	GD	HD	TAO	Non-TAO
Gene	SNP	type	N=279 (%)	N=85 (%)	N=50 (%)	N=35 (%)	N=23(%)	N=62 (%)
	(+2322)	AA	96(34.4%)	34 (40%)	20 (40%)	14 (40%)	8 (34.8%)	26 (41.9%)
	rs4129009	AG	138(49.5%)	47 (55.3%)	27 (54%)	20 (57.1%)	13 (56.5%)	34 (54.8%)
		GG	45(16.1%)	4 (4.7%) ^a	3 (6%)	1 (2.9%) ^g	2 (8.7%)	2 (3.2%) ^m
		А	234(83.9%)	81 (95.3%) ^b	47 (94%)	34 (97.1%) ^h	21 (91.3%)	60 (96.8%) ⁿ
		G	183(65.6%)	51 (60%)	30 (60%)	21 (60%)	15 (65.2%)	36 (58.1%)
	(C.1032)	GG	51(18.3%)	22 (25.9%)	12 (24%)	10 (28.6%)	3 (13%)	19 (30.6%)°
TLR10	rs11096956	GT	132(47.3%)	42 (49.4%)	25 (50%)	17 (48.6%)	14 (60.9%)	28 (45.2%)
		TT	96(34.4%)	21 (24.7%)	13 (26%)	8 (22.9%)	6 (26.1%)	15 (24.2%)
		G	183(65.6%)	64 (75.3%)	37 (74%)	27 (77.1%)	17 (73.9%)	47 (75.8%)
		Т	228(81.7%)	63 (74.1%)	38 (76%)	25 (71.4%)	20 (87%)	43 (69.3%) ^p
	(-113)	AA	75(26.9%)	10 (11.8%) ^c	7 (14%)	3 (8.6%) ⁱ	4 (17.4%)	6 (9.7%) ^q
	rs10004195	AT	150(53.8%)	48 (56.5%)	28 (56%)	20 (57.1%)	14 (60.9%)	34 (54.8%)
		TT	54(19.4%)	27 (31.8%) ^d	15 (30%)	12 (34.3%) ^j	5 (21.7%)	22 (35.5%) ^r
		А	225(80.6%)	58 (68.2%) ^e	35 (70%)	23 (65.7%) ^k	18 (78.3%)	40 (64.5%) ^s
		Т	204(73.1%)	75 (88.2%)f	43 (86%)	32 (91.4%) ¹	19 (82.6%)	56 (90.3%) ^t

AITD, Autoimmune thyroid diseases; HD, Hashimoto disease; GD, Graves disease; TAO, Thyroid associated

rs11096956 significant TLR10did not show • The any association.

 These significant associations were also found in non-thyroid associated ophthalmopathy (TAO) group, whereas not in TAO group.

frequency of TLR10 haplotype (AGT) rs4129009, • The rs11096956 and rs10004195 was higher in the AITD group than in healthy controls (OR=2.1, cP=0.03).



Figure 1. Linkage disequilibrium

ophthalmopathy;

Normal vs AITD: a; OR=0.3 (0.1-0.7), P=0.007, cP=0.04, b; OR=3.9 (1.4-11.2), P=0.007, cP=0.04, c; OR=0.4 (0.2-0.7), P=0.004, cP=0.02, d; OR=1.9 (1.1-3.3), P=0.02, e; OR=0.5 (0.3-0.9), P=0.01, f; OR=2.8 (1.4-5.6), *P*=0.004, c*P*=0.02;

Normal vs. HD: g; OR=0.2 (0.02-1.1), P=0.04, h; OR=6.5 (0.9-49.0), P=0.04, i; OR=0.3 (0.08-0.9), P=0.02, j; OR=2.2 (1.1-4.6), P=0.04, k; OR=0.5 (0.2-1.0), P=0.04, l; OR=3.9 (1.2-13.2), P=0.02,

Normal vs. Non-TAO: m; OR=0.2 (0.04-0.7), P=0.008, cP=0.048, n; OR= 5.8(1.4-24.5), P=0.008, cP=0.048, o; OR= 2.0(1.1-3.7), P= 0.03, p; OR= 0.5(0.3-0.9), P=0.03, q; OR= 0.3(0.1-0.7), P=0.004, cP=0.02, r; OR= 0.01, cP=0.01, cP=0.02, r; OR= 0.01, cP=0.01, cP=0.02, r; OR= 0.01, cP=0.01, cP=0.01, cP=0.02, r; OR= 0.01, cP=0.01, cP=2.3(1.3-4.2), P=0.006, cP=0.04, s; OR=0.4(0.2-0.8), P=0.006, cP=0.04, t; OR=3.4(1.4-8.3), P=0.004, cP=0.02.

Table 3. TLR10 haplotype frequencies identified in controls and AITD patients.

Haplotype	Controls	AITD N=85 (%)		
(+2322/C.1032/-113)	N=279 (%)			
GTA	97 (34.8%)	27 (31.8%)		
AGT	84 (30.0%)	40 (47.1%) ^a		
ATT	29 (10.3%)	11 (12.9%)		
AGA	33 (11.9%)	3 (3.5%)		
ATA	20 (7.0%)	4 (4.7%)		
GTT	16 (6.0%)	0 (0%)		
GGA	0 (0%)	0 (0%)		

AITD, Autoimmune thyroid diseases; Normal vs AITD: a; OR=2.1 (1.3-3.4), P=0.004, cP=0.03

Block 1 (1 kb)

rs11096956

77

so. rs1000419

3

54

(LD) blocks of single nucleotide poly

morphisms in Toll-like receptor 10

(TLR10) genes.

Boxes are colored deep red if the

values are high, which means LD D

is strong.



Our results suggest that TLR10 polymorphisms may

contribute to the pathogenesis of AITD.