Dedication

This study is dedicated to my Father's spirit, Mother, Brothers, and Sisters for their continuous support and encouragements throughout the study.

To my small family, my wife and my daughters (Sara & Raneem) for their patience and support they offered to me to complete this work.

Acknowledgements

I would like to declare my acknowledgements and thankfulness to my supervisor prof. Babiker Ahmad Mohammad for his guidance, and keen supervision during conduction of this study. His valuable comment, advice and continuous encouraging for make this research possible.

Also I would like to express my gratitude and appreciation to Dr Mohoamod Mohamed Elgari, Dr Abozer Yousif Elderdery and Mr. Salaheldein Elzaki for their help and constructive advices without which I could not have accomplished my research.

My thanks also extended to Mr. Hassen Abdalla Abdalrahim, Mr. Abdelshaafea Abaker Hassan, Mr. Alsadig Idriss Ahmed, Ms. Abeer Adam Ahmad, Ms. Houida Mohammed Saleh and Ms. Manasik Ali Abd Allah for their help in collecting and analyzing samples of this research. My best regards and thanks to the member staff of Haematology Department (SUST), Alneelain University- Faculty of Medicine, Medical Research Centre, Khartoum and Tropical Medicine Research Institute, Alafia medical complex and El Fasher University for their co-operation and acceptance to do the research there.

I am deeply indebted to the blood donors (participants). My appreciations to all those who helped me to realize the importance of this research.

Abstract:

The study is a community based study that aimed to determine the prevalence of haemoglopinopathies. It conducted in Northern Darfur State tribes, during the period from July 2012 to August 2015. Following informed consent, a total of six hundred and sixty six individuals enrolled in the study, with mean age 21.7 ± 18.3 years for female and 20.9 ± 15.4 years for males. There were 369 (55%) females and 297 (45%) males. Most of the Northern Darfur tribes were included; the highest frequency was among Fur and Zagawa tribes. 5 mls venous blood samples were collected from each individual, Blood sample was collected in EDTA containers. In each specimen two tests were performed complete blood count and capillary zone electrophoresis and then haplotypes for the HbSS samples.

The results of mean hematological parameters was found within the normal range, the mean haemoglobin concentration was 12.6±2.19 g/dl, PCV 38.5%, RBCs count 4.7±0.8×10¹²/L, MCV 84.9 fl, MCH 27.9 pg, MCHC 32.8 g, TWBCs 6.9±2.2×10³/μL and the mean Plts count was 265±84×10³/μL. While the mean Hb in AS individuals was 11.8 g/dl, in Hb SS individuals 6.95 g/dl and in Hb AD individuals was 12.4 g/dl.

Four variants of Hb were detected; these were Hb AA (86.94), Hb AS (10.51%), Hb SS (1. 95%) and Hb AD (0.6%). Hb AA (adult Hb or normal Hb) was predominant. Hb AS and Hb SS had a higher frequency than other abnormal Hb.

The homozygous form of HbSS was found in four tribes, with higher frequency in Housa tribe 10.26 % and lower frequency in Zagawa tribe 1.74%. While the heterozygous form (HbAS) was found in many tribes of Northern Darfur state, the high frequency was in Keneen tribe 30.7% and the lower frequency in the Tongour tribe 5.4%. In contrast, HbS was not found in other tribes.

The heterozygous form HbAD (a new Hb variant was apparent in Northern Darfur, in addition to the known abnormal Hb), was found only in four ethnic groups of Northern Darfur, Gemer, Ziadya, Bartey and Zagawa tribes at 33.3%, 4.2%, 1.4 and 0.8% respectively.

Haplotypes could be assigned unequivocally to thirteen patients; four of the five typical β^s globin haplotypes were identified. The most frequent was the Cameroon (84.6%) followed by the Benin (53.8%), the Bantu (46.2%) and the Senegal (15.4%). The Indian – Arab haplotypes was not detected.

In conclusion, the mean hematological parameters were found within normal range among the study population, and the prevalence of haemoglopinopathies in this study was 13.06%, with Hb S most common among patients with abnormal Hb. A new Hb variant is apparent in Northern Darfur (Hb AD). Four African haplotypes were identified.

المستخلص

هذه دراسة وصفية، تحليلية أجريت في قبائل والاية شمال دارفور هدفت لتحديد نسب تردد جين اعتلالات الهيموقلوبين في هذة القبائل استمرت الدراسة من يوليو 2012 الي سبتمبر 2015. هدفت الدراسة لتكوين قاعدة معلومات لمعرفة مدى انتشار جين اعتلالات الهيمو قلوبين في هذة الولاية. أخذت الموافقة من الأشخاص الذين سحب منهم الدم و قد تم أحاطتهم بأهداف البحث . تم اختيار ستمائه سته وستون شخص بطريقة عشوائيه من معظم قبائل الولاية، 297 (45%) من الذكور و369 (55%) من الاناث ، متوسط اعمار هم 21 ± 18.3 سنة كانت قبيلة الفور والزغاوة هي الاكثر تردداً بين القبائل. تم تجميع العينات في وعاء سعة 5 مل يحتوي على مادة مانعة لتجلط الدم. تم فحص جميع العينات لمعرفة الرحلان الكهربائي للهيموقلوبين وعمل صورة الدم الكامله (قياس تركيز خضاب الدم ،تعداد كريات الدم الحمراء ،البيضاء والصفائح الدموية) وبعد ذلك تم تحليل العينات التي تحمل الجين SS لتحديد انماطها. النتائج التي تحصلت هي نتجية الصورة الكامله للدم كان متوسط تركيز خضاب الدم 2.19±12.6 غرام لكل 100 مل، متوسط تعداد كريات الدم الحمراء 4.7±0.8 مليون لكل ملمتر مكعب، متوسط حجم كريه الدم الحمراء 84.9 فمتوليتر، متوسط تعداد كريات الدم البيضاء 6.9 ±2.2 الف لكل ملمتير مكعب، و متوسط تعداد الصفائح الدموية £265 الف لكل ملمتير مكعب متوسط تركيز خضاب الدم عند الاشخاص النين لديهم HbAS هـو 11.8 غـرام لكـل 100 مـل والنين لديهم HbSS متوسط خضاب الدم عندهم 6.95 غرام لكل 100 مل اما الذين لديهم خضاب الدم فمتوسط تركيز خضاب الدم عندهم 12.4غرام لكل 100 مل.

تم تحديد اربعه انواع من الهيموقلوبين وهي Hb AA (0.68%) هو الاكثر شيوعاً ويليها ويليها 10.51% (1.95%) ثم 10.51% (1.95%) واقلها HbAD (0.6%). هيموقلوبين SS وجد في اربعه قبائل ،أعلى تردداً في قبيلة الهوسا بنسبة 10.26% واقل تردداً في قبيلة الزغاوه بنسبة 1.74%. اما هيموقلوبين AS فقد وجد في عدة قبائل, قبيلة الكنين كانت الاكتر تردداً بنسبة 30.7%، وقبيلة التنجر الادنى تردداً بنسبة 5.4%. على النقيض من ذلك لم توجد هذان النوعان من انواع الهيموقلوبينات المذكورة انفاً في بقية القبائل. النوع الاخير وهو هيموقلوبين AD فقد وجد في اربعة قبائل فقط وهي قبيلة القمر, الزيادية ، البرتي و قبيلة الزغاوه بنسب 33.3% (1.48%) 1.48% على التوالي.

نتجية النمط الجينى للاشخاص الذين يحملون الجين غير طبيعى (SS) اظهرت وجود اربعه انماط من الانماط الخمسة المعروفة فى سلسلة البروتين بيتا وهى على النحو التالى: اكثر ها ترددا كاميرون (84.6%) و ثم بنين (53.8%) وتليها بانتيو (46.2%) اخيرا (55.4%) سنيغال ولم تظهر الدراسة وجود النمط الخماس وهو العربى الهندى.

خلصت الدراسة الى ان متوسط نتائج الصورة الكاملة للدم طبيعية و أن انتشار جين اعتلالات الهيمو غلوبين في قبائل ولاية شمال دارفور كانت 13.06% وكان HbS هو الاكثر بين اعتلالات الهيمو غلوبين ، كما اظهرت الدرسة وجود نمط جديد من الهيمو غلبين (AD) في المنطقة خلافا للانماط المعروفة سابقا ، ايضا اظهرت الدراسة وجود اربعة انماط افريقية من بروتين قلوبين بيتا لدى الاشخاص الذين يحملون HbSS ولم تظهر الدراسة وجود النمط الخامس وهو العربي الهندى.

List of Contents

No	SUBJECT	Page
	Dedication	1
	Acknowledgement	II
	Abstract (English)	III
	Abstract (Arabic)	V
	List of Contents	VII
	List of Tables	X
	List of Figures	XII
	List of Abbreviations	XIII
1.1	Introduction	1
1.2	Literature Review	3
1.2.1	Erythropoiesis	3
1.2.2	The red cell structure and function	3
1.2.3	Haemoglobin	5
1.2.3.1	Haemoglobin Synthesis	6
1.2.3.2	Primary structure of globin chains	8
1.2.3.3	Secondary structure of globin chains	9
1.2.4	Abnormal haemoglobin	9
1.2.4.1	Quantitative Disorders	10
1.2.4.2	Qualitative Disorders	11
1.2.4.3	Nomenclature of abnormal haemoglobins	13
1.2.5	Single Nucleotide Polymorphism (SNP)	14
1.2.6	Haplotypes	14
1.2.7.1	The sickle cell disease	17
1.2.7.2	Biochemical Basis of sickling	17

1.2.7.3	Nature of problem	19
1.2.7.4	Genetics of sickle cell anemia	20
1.2.7.5	Anaemia in Sickle Cell	22
1.11.2	1.2.7.6 Sickle cell Trait	23
1.2.7.7	Inheritance of sickle cell aenamia	26
1.2.7.9	Difference between sickle cell trait and sickle cell	29
1.2.7.9	Detection & identification of haemoglohinopathies	33
1.2.7.10	Fetal Tissue sampling (Prenatal diagnosis)	34
1.2.7.11	Newborn screening	35
1.2.7.12	Pathophysology of the sickle disease	36
1 .2.7.13.1	Sickle cell complications	38
1.2.7.13.2	Splenic sequestration crisis	39
1.2.7.13.3	Stroke	40
1.2.7.13.4	Infection	41
1.2.7.13.5	Aplastic crisis	42
1.2.7.13.6	A vascular necrosis	42
1.2.7.13.7	Chronic Renal Failure	43
1.2.8	Previous studies	43
1.2.8.1	Global prevalence of sickle cell gene and Variant Hb	43
1.2.8.2	Haemoglobinopathies in Pakistan	45
1.2.8.3	Haemoglobinopathies in INDIA	46
1.2.8.4	Sickle cell anemia and S-thalassemia in Sicilian	46
1.2.9	Haemoglobinopathies in Africa	47
1.2.9.1	Haemoglobinopathies in Nigeria	47
1.2.9.2	Status of sickle cell disease in Uganda	48
1.2.10	Sickle cell disease in Sudan	48
	i de la companya de	•

1.3	Rationale	50
1.4.1	General Objective	51
1.4.2	Specific Objective	51
2.1	Subject and Methods	52
2.1.1	Study design	52
2.1.2	Study populations	52
2.2	Methods	53
2.2.1	Collection of data and blood samples	53
2.2.2	Procedure of complete blood count	53
2.2.3.1	Haemoglobin Electrophoresis	54
2.2.3.2	Procedure of hemoglobin electrophoresis	54
2.2.4.1	DNA extraction procedure	55
2.2.4.2	DNA quantitation procédure	56
2.2.4.3	DNA and reagents storage conditions	57
2.2.5	Primer preparation	57
2.2.6	PCR procedure	59
2.2.7	Genotyping of β globin haplotypes variants alleles	61
2.2.8	Visualization of the β haplotypes fragments	61
2.2.9	Ethical considerations	62
2.2.10	Data analysis	63
3.1	Results	64
4.1	Discussion	77
4.2	Conclusion	84
4.3	Recommendations	85
	References	86
	Appendices	100

List of Tables

N0	Name of the table	Page
2.1	The primers and digestion of β globin gene	58
2.2	Calculation the amount of the PCR component	60
2.3	Ready master mix components	60
2.4	The Temperatures profile	61
2.5	The interpretation of the fragments in the agarose gel	62
2.6	Identification of haplotypes	62
3.1	Mean age of study group	66
3.2	gender distribution as well as Hb variant	66
3.3	Frequency of study group fort tribes	67
3.4	Frequency of localities	69
3.5	Distribution of haemoglobin variant among the tribes	69
3.6	Distribution of haemoglobin variant in localities	71
3.7	Frequency of homozygous form of HbSS	71
3.8	Frequency of heterozygous form of HbAS	73
3.9	Frequency of Hb AD	73
3.10	Mean haematological parameters	74
3.11	Distribution of Hb among the group study	74
3.12	Distribution of MCV among the group study	74
3.13	Distribution of TWBCs among the group study	75

3.14	Distribution of Plts among the group study	75
3.15	Mean Hb Concentration in Hb variant	75
3.16	haematological parameter in HbSS	75

List of Figures

No	Name of the fiqure	Page
1.1	Red Blood Cell Membrane	5
1.2	Haem synthesis	7
1.3	Global prevalence of sickle cell gene	44
3.1	Frequency of study group for tribes	68
3.2	Frequency of homozygous form of HbSS	72
3.3	Mean hematological parameters	74
3.4	Frequency of the haplotypes among the study group	76

List of Abbreviations

CAE : Cellulose acetate electrophoresis.

CAR : Central African Republic.

CBC : Complect blood count

CE : Capillary electrophoresis.

CVS : chorionic villus sampling.

CZE : Capillary zone electrophoresis.

DNA : Dineuclic acid.

2, 3-DPG : 2, 3 Diphosphoglycerate-

Hb : Haemoglobin.

HBP : Haemoglobinopathies

HPLC : High performance liquid chromatography.

MCH : Mean cell heamoglobin.

MCV : Mean corpuscular volume.

MM : Master mix.

MW : Molecular weight.

PCR : Polymerase chain reaction.

PET : positron emission tomography.

RBC : Red blood Cell.

RFLP : restriction fragment length polymphsims.

SCA : Sickle cell anaemia.

SCD : Sickle cell disease.

SCS : Sickle cell syndromes.

SCT : Sickle cell trait

S HPFH : Sickle cell trait, with hereditary persistence of fetal

SNP : Single Nucleotide Polymorphism.

Thal : thalassemia.

Haemoglobin.

TIA : A transient ischemic attack.

WBC : white blood cell.