# **Dedication**

To the souls of my parents

To my wife (Ghada) & our kids

(Hiba, Esra, & Abdelrahman)

### **Acknowledgements**

In the name of Allah, the beneficent, the merciful, praise is to our God, Allah, the Lord of the World, who made me strong and gave me the health to do this work.

I would like to express my sincere thanks and appreciation to all those who helped me during this study, especially, my supervisor, Professor Elsheikh Ali Elobeid, director of Biotechnology Laboratory, Ahfad University for his supervision, training, supplement of reagents, and continuous support during the laboratory work. I would like also to express my deep thanks to Dr. Moawia Husain Elebaid, assistant professor of clinical biochemistry to Elribat University, the co-supervisor of this work for his encouragement throughout the period of this study.

My deepest gratitude and everlasting appreciations are due to Hatim Elabbas, Biotechnology laboratory, Ahfad University for his training, supplement of reagents, and continuous support during the period of HLA typing. My thanks also extended to Mohammed Elbasheer senior medical laboratorian to Ibn-Sina hospital and to Marzoq Abdelrahman senior medical laboratorian to Elrodwan laboratory for their assistance in blood samples collection. Also thanks to Salah Elzaki senior medical laboratorian to Tropical Medicine Research Institute for his technical support.

I am genuinely indepted to professor Ahmed Makin, the endocrinologist to Africa University, college of medicine, for his great help in the diagnosis of thyroid patients especially those with autoimmune thyroid disease.

My deepest gratitude and great thanks to Dr. Adil Mergani, assistant professor of Molecular biology to the Institute of Nuclear Medicine, Elgazira University for his advice and the effort exerted in the analysis of results.

I am so indepted to Sudan University of Science and Technology for giving me this chance to have my PhD degree, by sponsoring me, giving me part of time to do my work, which helped me a lot. Grateful thanks for Dr. Elhumodi Ahmed Saeed, Dean college of medical laboratory Science and to Elyasa Mostafa Elfaki, head department of clinical chemistry for paving some financial obstacles.

#### **Abstract**

The objective of this study was to investigate some immunogenetic aspects of thyroid diseases and the possible association with HLA Class-II loci and their frequencies in Sudanese patients. The function of the thyroid gland is to produce the thyroid hormones  $T_3$  and  $T_4$ , which regulate gene transcription throughout the body. In medical practice, the thyroid becomes an issue when its size or shape becomes abnormal or when it produces too much or too little hormone. Thus, we typically think of the thyroid with reference to the clinical states of goiter, hyper- or hypothyroidism.

Among the 208 thyroid disease patients, 67 diagnosed as hypothyroidism, 57 hyperthyroidism, 56 goiters, 18 Graves' disease, and 3 Hashimoto's thyroiditis. Forty blood specimens collected in EDTA containers from the patients with Graves' disease, Hashimoto's thyroiditis, and non-autoimmune thyroid diseases (n= 19) to be used for HLA typing by PCR-SSP technique. Another 20 blood specimens collected from normal Sudanese individuals with no family history of thyroid disease and matching ethnicity and sex, also typed for HLA -DR and DQ genes.

All blood specimens from thyroid disease patients (n=208), and control group (n=60) were tested for anti thyroid (anti-TPO, and anti-Tg ) antibodies by ELISA. Thyroid function tested by measurement of serum TSH,  $T_4$ , and  $T_3$  hormones by immulite autoanalyzer. The result of anti-TPO antibody of thyroid disease patients and control group was positive in 21.2% (44/208) and 5% (3/60) respectively, p. value (0.011). But 66.7% (12/18) of Graves' disease patients were give positive result of anti-TPO antibody, which is highly significant (0.000) when compared to control group. Anti-Tg antibody result showed no significant difference between thyroid disease patients and control group, p. value (0.528). Anti-Tg antibody was positive in 27.8%, and in 10% of patients and control group respectively, P. value 0.041.

HLA-class II, DR and DQ alleles were typed from the DNA samples of forty thyroid disease patients and twenty normal individuals. HLA-DRB1\*0301 found to be carried by 50% of Graves' disease patients and by 15% of control group, P.value (0.020) and relative risk (5.7). HLA-DQB1\*0201 allele carried by 55.6 % of Sudanese patients with Graves' disease, and in 20 % of control group, p. value (0.023), relative risk (5.0). In contrast, the allele DQB1\*0601 found in 27.8 % of patients with Graves' disease, and in 60 % of control group, p. value (0.046).

#### 

هدفت هذه الدراسة الى معرفة بعض أوجه مرض الغدة الدر قية من حيث المسببات الجينية المناعية و امكانية ربط ذلك مع وجود جينات النوع الثانى لمستضدات خلايا الدم البيض البشرية عند مرضى سودانيين. الوظيفة الرئيسية للغدة الدر قية هى تصنيع وافراز هرمونى الثايروكسين رباعى اليود (T<sub>4</sub>) و الثايرونين ثلاثى اليود (T<sub>3</sub>) التى تعمل على تنظيم ترجمة الجينات الى بروتينات معينة يحتاجها كل جسم الانسان. عندما يتغير شكل أو حجم الغدة الدر قية أو حين تقوم بافراز هرمونات بمعدل يختلف عن الطبيعى, بذك تكون الغدة الدر قية موضوع للدراسة و يأتى التفكير فى وضعيتها الوظيفية من حيث زيادة أو نقص افراز الهرمونات.

من بين المائتين و ثمانية (208) مريض بالغدة الدر قية الذين أدرجوا في هذه الدراسة , 67 منهم تم تشخيصهم خاملى الغدة , 57 افراط نشاط الغدة , 56 تورم الغدة , 81 مرضى Graves" و 3 مرضى Hashimoto . تم أخذ 40 عينة دم وريدى في حاوية بها مادة مانعة للتجلط (EDTA) من مرضى الغدة الدر قية بالمناعة الذاتية (عدد = 21) واخرين لأسباب غير مناعية (عدد = 19) والتي تم استخلاص ال DNA منها ومن ثم استخدامها في تحديد نوع جينات مستضدات خلايا الدم البيض البشرية (-HLA) عن طريق تـ قنية PCR-SSP , و لنفس الغرض تم جمع 20 عينة دم وريدى أخرى من سودانيين أصحاء ليست لديهم خلفية وراثية لمرض الغدة الدر قية و مشابهين للمرضى من حيث العرق و النوع.

كل عينات مصل الدم التى تم جمعها بدون مادة مانعة التجلط من مرضى الغدة الدرقية (عدد = 208) والأصحاء (عدد = 60) تم تحليلها لمعرفة تركيز الأجسام المضادة الدرقية (عدن وع anti-TPO) وanti-TPO باستخدام تقنية ELISA. أظهرت النتائج وجود الأجسام المضادة من النوع anti-TPO بتركيز ايجابى عند 21.2% من مرضى الغدة الدرقية و 5% من الأصحاء بقيمة احتمالية 0.001 في حين أن 66.7% من مرضى الغدة الدرقية و 5% من الأصحاء بقيمة المضادة بقيمة احتمالية 0.000 عند الديهم تركيز ايجابى لهذه الأجسام المضادة بقيمة احتمالية 0.000 عند المضادة من النوع عند المضادة من النوع عند المضادة من النوع عند المرضى بنسبة تزيد قليلا عن ما هو عند الأصحاء بقيمة معنوية 0.528

ولكن الفرق كان واضحا عند م قارنة نتائج مرضى Graves' مع الأصحاء حيث جاءت نتائجهم بنسبة 27.8% و 10 % على التوالى بـ قيمة احتمالية تساوى 0.041

ل قد تم اختبار وظيفة الغدة الدر قية في مصل الدم عند المرضى والأصحاء بـ قياس ثلاثة هرمونات هي الذاتي TSH, T4, T3 باستخدام جهز التشغيل الذاتي Autoanalyzer و قد كانت الفرو قات واضحة في نشاطات الهرمون المحفز للغدة الدر قية TSH بين الأنواع المختلفة لمرض الغدة الدر قية.

عندما تم تحليل نتائج جينات الذوع الثانى DR/DQ لمستضدات خلايا الدم البيض البشرية من عينات DNA لبعض المرضى و الأصحاء. وجد أن 50% من مرضى 'Graves 'Graves' يحملون الجين DRB1\*0301 م قارنة مع 15% من الأصحاء يحملون نفس الجين بقيمة احتمالية تساوى 0.020 و معدل خطورة 5.7 كذلك الجين DQB1\*0201 وجد عند 5.6% من مرضى Graves" و 20% من الأصحاء بقيمة معنوية 27.8% معدل خطورة 5.0 و على العكس مما سبق فان الجين DQB1\*0601 وجد عند 27.8% من مرضى Graves" و 60% من الأصحاء بقيمة معنوية تساوى 0.046

# **List of Contents**

|  | Page |
|--|------|
| Dedication                                     | i    |
| Acknowledgements                               | ii   |
| English Abstract                               | iv   |
| Arabic Abstract                                | vi   |
| List of contents                               | viii |
| Abbreviations                                  | xii  |
| List of tables                                 | xiv  |
| List of figures                                | XV   |
| Chapter One: Introduction                      |      |
| 1.1 Introduction                               | 1    |
| 1.2 Justification                              | 3    |
| 1.3 Objectives                                 | 5    |
| Chapter Two: Literature Review                 |      |
| 2.1 The Thyroid Gland                          | 6    |
| 2.1.1 Anatomy of the thyroid                   | 6    |
| 2.1.2 Phylogeny                                | 7    |
| 2.1.3 Thyroid Hormones                         | 8    |
| 2.1.4 Thyroid Stimulating Hormone (TSH)        | 10   |
| 2.1.5 Thyroid Antibodies                       | 12   |
| 2.1.5.1 Thyroglobulin Antibodies               | 13   |
| 2.1.5.2 Thyroperoxidase autoantibodies         | 13   |
| 2.1.5.3 Heritability of Thyroid Autoantibodies | 14   |
| 2.2 Major Histocompatibility Complex (MHC)     | 14   |
| 2.2.1 Human Leukocyte Antigen (HLA)            | 15   |

| 2.2.2 History & Nomenclature          | 15 |
|---------------------------------------|----|
| 2.2.3 HLA Nomenclature                | 17 |
| 2.2.4 Current Nomenclature            | 17 |
|                                       |    |
|                                       |    |
| 2.2.5 HLA and disease association     | 18 |
| 2.2.6 HLA studies in Sudan            | 19 |
| 2.3 Simple Goiter and Cretinism       | 20 |
| 2.3.1 Hypothyroidism                  | 21 |
| 2.3.2 Hyperthyroidism                 | 22 |
| 2.4 Autoimmune Thyroid Diseases       | 23 |
| 2.4.1 Genetic predisposition          | 24 |
| 2.4.2 Immunological tolerance         | 26 |
| 2.4.3 Self-Tolerance                  | 26 |
| 2.5 Genetic Studies of AITD           | 27 |
| 2.5.1 Chromosomal Disorders with AITD | 28 |
| 2.5.2 Genetic Epidemiology of AITD    | 29 |
| 2.5.3 Familial Risk of AITD           | 30 |
| 2.5.4 Environmental Factors           | 30 |
| 2.5.5 Pathogenesis of AITD            | 31 |
| 2.5.6 Grave's Disease (GD)            | 33 |
| 2.5.7 Hashimoto's Thyroiditis         | 34 |
| Chapter Three: Materials & Methods    |    |
| 3.1. The Study Area                   | 38 |
| 3.2 Study Population                  | 38 |
| 3.2.1 Inclusion Criteria              | 38 |
| 3.2.2 Data Collection Tool            | 38 |
| 3.3 Ethical consideration             | 30 |

| 3.3. Sampling and Specimens  | 39 |
|--|----|
| 3.4. Thyroid Function Test (TSH, T <sub>4</sub> , & T <sub>3</sub> ) by Immulite | 39 |
| 3.4.1 Principle of Immulite  | 39 |
| 3.4.2 Principles of the Chemiluminescent Reaction                                | 39 |
| 3.4.3 Thyroid-Stimulating Hormone(TSH) Test                                      | 40 |
| 3.4.4. Free Thyroxine (FT <sub>4</sub> )Test                                     | 40 |
| 3.4.5 Free Triiodothyronine (FT <sub>3</sub> ) Test                              | 41 |
| 3.5 Thyroid Antibodies Quantitation  | 42 |
| 3.6. Preparation of Buffy Coat   | 43 |
| 3.7. DNA Extraction  | 43 |
| 3.8. DNA Quantitation  | 45 |
| 3.9. PCR for HLA Class II Typing   | 45 |
| 3.10. PCR SSP method   | 45 |
| 3.10.1. Reagents & Equipment   | 45 |
| 3.10.2. Programming  | 46 |
| 3.10.3. Procedure  | 46 |
| 3.11. Gel Electrophoresis  | 47 |
| 3.12. Gel Save, Interpretation & Analysis  | 47 |
| 3.13. Data Analysis  | 49 |
| Chapter Four: Results  |    |
| 4.1. Study Group   | 50 |
| 4.1.1 Sex & age frequency of the patients  | 50 |
| 4.1.2 Family History of the patients with thyroid diseases                       | 51 |
| 4.1.3 Diagnosis of the patients  | 52 |
| 4.1.4 Tribes of the patients   | 55 |
| 4.2 Thyroid Function Test  | 58 |
| 4.3 Anti-Thyroid Antibodies  | 64 |
| 4.4 Graves' Disease  | 68 |
| 4.5 DNA Concentration & Ratio  | 75 |
| 4.6 Gel electrophoresis of PCR-SSP product                                       | 76 |
| 47 HI A Allolos  | 77 |

| 4.7.1 HLA Alleles (Risk & protective)       | 81   |
|---|------|
| 4.7.2 HLA Alleles & Family History          | 87   |
| 4.7.3 HLA Alleles & Anti-Thyroid Antibodies | 88   |
|   |      |
| Chapter Five: Discussion & Conclusio        | on   |
| 5.1 Discussion                              | 98   |
| 5.2 Conclusion                              | 104  |
|   | 4.0= |
| 5.3 Recommendations                         | 105  |
| 5.3 RecommendationsReference List           |      |

### **Abbreviations**

 $T_4$ : Thyroxine

 $T_3$ : Triiodothyronine

rT<sub>3</sub>: reverse Triiodothyronine

TSH: Thyroid-Stimulating Hormone

TRH: Thyrotropin Releasing Hormone

TRAb: Thyrotropin Receptor Antibody

TPO: Thyroid Peroxidase

TPOAb: Thyroid Peroxidase Antibody

Tg: Thyroglobulin

TgAb: Thyroglobulin Antibody

ATA: Anti Thyroglobulin Antibody

AMA: Anti Microsomal Antibody

AID: Autoimmune Disease

AITD: Autoimmune Thyroid Disease

GD: Grave's Disease

HT: Hashimoto's thyroiditis

AH: Autoimmune Hypothyroidism

IDD: Iodine Deficiency Disorder

WHO: World Health Organization

MHC: Major Histocompatibility Complex

HLA: Human Leukocyte Antigen

TSHR: Thyroid Stimulating Hormone Receptor

CTLA 4: Cytotoxic T-Lymphocyte-Associated antigen 4

MIT: Monoiodotyrosine

DIT: Diiodotyrosine

H<sub>2</sub>O<sub>2</sub>: Hydrogen Peroxidase

MZ: Monozygotic

DZ: Dizygotic

APC: Antigen Presenting Cell

RR: Relative risk

OR: Odd ratio

# List of Tables

| Table   | Page |
|---|------|
| 4.1 Age of patients   | 55   |
| 4.2 Family history of patients                                | 55   |
| 4.3 Diagnosis of patient                                      | 56   |
| 4.4 Tribes of patients  | 59   |
| 4.5 Thyroid hormones results                                  | 62   |
| 4.6 Thyroid-stimulating hormone results                       | 66   |
| 4.7 Anti-TPO antibody in thyroid disease patients             | 68   |
| 4.8 Anti-Tg antibody in thyroid disease patients              | 69   |
| 4.9 Anti-TPO antibody in different types of thyroid disease   | 70   |
| 4.10 Anti-Tg antibody in different types of thyroid disease   | 71   |
| 4.11 Anti-TPO in Graves' disease                              | 76   |
| 4.12 Anti-Tg in Graves' disease                               | 76   |
| 4.13 Onset age of Graves' disease                             | 77   |
| 4.14 DNA concentration & ratio                                | 78   |
| 4.15 HLA alleles in patients with thyroid disease             | 82   |
| 4.16 HLA alleles in patients with Graves' disease             | 83   |
| 4.17 DRB1*0301 in Graves' disease & control group             | 84   |
| 4.18 DRB1*0301 in Graves' disease & non-AITD                  | 84   |
| 4.19 DQB1*0201 in Graves' disease & control group             | 85   |
| 4.20 DQB1*0601 in Graves' disease & control group             | 85   |
| 4.21(A) Anti-TPO in patients with Graves' disease & DRB1*0301 | 89   |
| 4.21(B) Anti-TPO in patients with Graves' disease & DQB1*0201 | 90   |
| 4.21(C) Anti-TPO in patients with Graves' disease & DQB1*0601 | 91   |
| 4.21(D) Anti-Tg in patients with Graves' disease & DRB1*0301  | 92   |
| 4.21(E) Anti-Tg in patients with Graves' disease & DQB1*0201  | 93   |

| 4.22 Anti-TPO in patients with AITD & control group                 | 94   |
|---|------|
| 4.23 Anti-TPO in patients with AITD & control group                 | 95   |
| 4.24 HLA alleles in Graves' disease among tribes                    | 96   |
| List of Figures   |      |
| Figure  | Page |
| 2.1 Thyroid hormones  | 09   |
| 2.2 Stimulation & feedback mechanism of thyroid hormones production | 12   |
| 2.3 HLA class I & II  | 17   |
| 2.4 HLA class II gene region  | 17   |
| 2.5 Effect of auto-antibodies on thyroid hormones production        | 26   |
| 2.6 Pathogenic mechanism of Hashimoto's thyroiditis                 | 37   |
| 2.7 Autoimmune events in Hashimoto's thyroiditis                    | 38   |
| 4.1 Proportion of patient's sex                                     | 54   |
| 4.2 Frequency of thyroid diseases                                   | 57   |
| 4.3 Proportion of sex in different types of thyroid diseases        | 58   |
| 4.4 Percentage of sex in tribes of patients                         | 60   |
| 4.5 Onset of thyroid disease  | 61   |
| 4.6 Relation of serum TSH and FT4                                   | 63   |
| 4.7 Relation of serum TSH and FT3                                   | 64   |
| 4.8 Relation of serum FT3 and FT4                                   | 65   |
| 4.9 Sex proportion in patients with Graves' disease                 | 72   |
| 4.10 Family history of patients with Graves' disease                | 73   |
| 4.11 Onset of Graves' disease                                       | 74   |
| 4.12 Onset of Graves' disease in three age groups                   | 75   |
| 4.13 Gel electrophoresis result of HLA alleles                      | 79   |
| 4.14 Frequency of HLA-DR alleles                                    | 80   |
| 4.15 Frequency of HLA-DQ alleles                                    | 81   |
| 4.16 HLA alleles in association with Graves' disease onset          | 86   |
| 4.17 HLA alleles proportion in males & females                      | 87   |

4.21(F) Anti-Tg in patients with Graves' disease & DQB1\*0601-----93

| 4.18 HLA alleles in patients with Graves' disease                  | -88 |
|--|-----|
| 4.19 HLA alleles & family history association with Graves' disease | -97 |
|  |     |