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Background

➤ The global prevalence of vitamin D (vitD) deficiency appears to be increasing, and it has been linked to skeletal abnormalities, extra-skeletal diseases and other adverse outcomes. [1-2]

The immunomodulatory effects of vitD have been extensively studied in the context of autoimmunity. Multiple studies have demonstrated Low levels of vitD in patients with Gougerot-Sjögren's syndrome (SS). [3]

SS is one of the most common autoimmune disorders. Around 90% of cases are in females. Despite its impact on quality of life and physical function, no disease-modifying drugs have been approved. [4]

Objectives

Study of potential variables involved in vitD deficiency in patients with SS.

Investigate the possible association between genetic polymorphisms that affect key genes within the vitD metabolic pathway with SS through a case-control study.

Study Population

> A total of 153 subjects were included: 51 with SS matched in gender to 102 controls of similar ages (1 patient/2 controls).

Recruited from the internal medicine departments of CHU Sahloul and CHU Hached Sousse.

Methods

Genotyping(PCR-RFLP): We screened six key genes within the vitD metabolic pathway using 12 SNPs markers: DBP (rs 4588, rs 7041), CYP2R1 (rs2060793, rs10741657, rs12794714), NADSYN1 (rs12785878), CYP27B1 (rs 10877012), CYP24A1 (rs 6013897) et VDR (rs1544410, rs731236, rs7975232, rs2228570)

Statistical analysis: SPSS v26 software

Results and discussion

Vitamin D and SS

The concentration of vitD in patients was significantly lower compared to the controls (13,2[3-57,4] vs 17,65[3-76,4]ng/mL; p=0.038).

The study of various environmental and biological factors revealed significant differences between controls and patients (p<0.05) in terms of sun exposure, HbA1C, insulin, total protein, alkaline phosphatase, cholesterol, phosphorus, and magnesium levels. All factors with p<0.25 were considered as potential confounding factors to which we adjusted all genotypic analysis.

After adjusting for confounding factors, OR of SS associated to vitD deficiency was 1,44 (IC95% [1,03-5,75]; p=0,047).

Vitamin D and genotypes

The genotypic and allelic distribution of the studied SNPs were in Hardy-Weinberg equilibrium.

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According to dominant model and after adjustment by binary logistic regression, we noted that there was a significant association of vitD deficiency for two SNPs (DPBrs4588 and VDR-rs2228570): OR* of vitD deficiency associated with homozygote variant genotypes were 2.16 (IC95%:1.7-5.87; p<0.001)] and 2.19 (IC95%:1.15-7.3; p=0.024)] respectively.

SS and genotypes

➤The study of adjusted OR for SS associated to the variant allele for the studied SNPs revealed that the variant alleles of DPB-rs4588 and VDR-rs1544410 were associated with a higher risk of SS, with OR* of 2.12 and 2.25, respectively. Conversely, the variant allele of rs2228570 appears to have a protective effect, with an OR of 0.131. (Table1)

Table 1: OR and CI of SS associated with various SNPs						
SNP	Allele	IC [95%]	р	Adjusted OR*	IC	р
rs4588	N	-		1	-	0,014
-DBP	V	[1,38- 5,90]	0,006	2,12	[1,234- 19,24]	
rs	Ν	-		1	-	0,013
1544410 -VDR	V	[1,09- 5,19]	0,02	2,25	[1,21- 6,3]	
rs	N	-		1	-	0,021
2228570 -VDR	V	[0,054- 0,59]	0,004	0,13	[0,005- 0,807]	

Conclusion

Patients with vitD deficiency had 1.44 times the risk of developing SS compared to those with recommended levels which consolidate the incrimination of vitD as an environmental factor involved in the triggering of SS.

Through the genetic study we found that:

- ✓ VDR-rs1544410 and especially DBP-rs4588 variant alleles seem to be candidate genetic markers for SS.
- **V** DBP variant allele appear to be linked with both vitD deficiency and the onset of SS.
- ✓ VDR variant seems to be associated with the onset of SS, likely through a reduction of vitD activity and sensibility.

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vitD **supplementation**, especially for carriers of these variations, could help prevent SS which will be confirmed by an upcoming interventional study.

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