

Association between SNPs of Cytotoxic T-lymphocyte-associated protein 4 (CTLA-4), programmed cell death 1 (PD-1) and the susceptibility to chronic Hepatitis C infection in virus C-infected patients

العلاقة بين تعدد اشكال النوكليوتيدات المفردة (SNPs) في بروتين الخلايا التائية السامه للخلايا (CTLA-4) وبرمجة موت الخلية 1 (PD-1) والقابلية للإصابة بالتهاب الكبد المزمن لدى المرضى المصابين بالفيروس الكبدي

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Abstract

Background: Cytotoxic T-lymphocyte-associated protein 4 (CTLA-4) and programmed cell death 1 (PD-1) are immune inhibitory factors that provide inhibitory signals to T cells. Methods: A case-controlled genetic association study was conducted in 478 patients (160 patients with chronic Hepatitis C virus (HCV) and diabetes mellitus (DM) and 156 patients with chronic HCV without DM) and 162 healthy controls. We genotyped selected single nucleotide polymorphisms (SNPs) of rs10204525 and rs231775 using real-time-polymerase chain reaction (RT-PCR). Results: Our study revealed that the rs10204525 CT genotype was significantly associated with a high susceptibility to chronic HCV infection and to HCV+DM (adjusted odds ratio (OR) 7.531, 95% confidence interval (CI): 4.099–13.836, $P < 0.0001$ and adjusted OR 7.791, 95% CI: 4.244–14.303, $P < 0.0001$, respectively). In addition, the frequency of CT+TT genotypes versus the CC genotype and the T allele versus the C allele were elevated in non-responder patients to antiviral therapy compared with responder patients ($P < 0.0001$) in HCV group. For rs231775, the AG genotype was significantly associated with a high susceptibility to chronic HCV infection and HCV infection with DM (adjusted OR 5.124, 95% CI: 3.150–8.334, $P < 0.0001$ and adjusted OR 20.594, 95% CI: 11.026–38.467, $P < 0.0001$, respectively). Furthermore, the frequency of AG+GG genotypes versus the CC genotype and the G allele versus the A allele was elevated in non-responder patients to antiviral therapy when compared with responder patients in the HCV and HCV+DM groups ($P < 0.05$). Conclusions: Both rs10204525 and rs231775 are associated with a risk of chronic HCV, with or without DM.