Low prevalence of Factor V Leiden and the prothrombin G20210A mutation in a healthy population from the central-south region of Chile

Baixa prevalência do Fator V Leiden e da mutação da protrombina G20210A em uma população sã da região centro-sul do Chile

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Introduction

Thrombosis is a result of the interaction between predisposing genetic polymorphisms and acquired risk factors. The two prothrombotic polymorphisms which are most frequently associated with thrombosis are factor V (FV) Leiden and the prothrombin (PT) G20210A mutation. The objective of this work was to investigate the prevalence of both factors in the central-south region of Chile. Determination of the frequency was carried out by means of a genetic analysis of 1200 healthy, non-native individuals. The mutation of FV Leiden was found in 1.25% of the population and the PT G20210A mutation in 1.33%. None of the individuals were homozygous or had both polymorphisms. The prevalences of FV Leiden and the PT G20210A mutation are less common in the healthy population.

Key words: Factor V Leiden; prothrombin G20210A mutation.
of FV Leiden. On the other hand, to be a carrier of both polymorphisms increases the dependent form of the thrombosis risk.

In Chile the existing information regarding these polymorphisms in the healthy population is little. Pereira et al. report a prevalence of 3.8% for FV Leiden and Palomo et al., of 1.3% for FV Leiden and 2.5% for the PT G20210A mutation, but both studies include reduced number of individuals, 159 and 160, respectively. Due to the importance of both hereditary thrombophilias as risk factors of venous thrombosis, it seems necessary to know the local prevalence of both polymorphisms in a greater number of healthy individuals.

**Patients and Method**

The study included 1200 healthy persons from the center-south region of Chile. The average age was 26±4 years; 52.5% women and 47.5% men. Nobody experienced current or past thromboses, neither had family history of arterial or venous thrombosis. Persons were selected as blood donors or healthy volunteers hailing from center-south cities of Chile, mainly from Maule region. The sampling group is not indigenous, it is made up of people from Picunche ethnicity and a low percentage of European people. Each individual signed an agreement where it was mentioned that they accepted to participate in this study. This study was conducted considering the ethical norms and was approved by the bioethical committee of Universidad de Talca.

A blood sample of 4 mL was collected from each person which was anticoagulated with EDTA in a proportion of 1mg/mL.

**Genetic analysis from G1691A mutation**

The DNA was extracted from leukocytes of a peripheral blood using the standard extraction procedure, non enzymatic. The magnification and the digestion of DNA were carried out according to what was previously described. Briefly, the PCR RFLP (Polymerase Chain Reaction, Restriction Fragment Length Polymorphism) was carried out with the primer 1: 5'- TGCC CAGT GCTTA ACAA GACCA-3' and primer 2: 5'-TGTTATCACACTGGTGCTAA-3'. The magnification was realized in a thermocycler (PRC-100 thermocycler, Mj. Research Inc.). The MnI enzyme restriction was used for digestion (New England Biolabs, Beverly, MA). The digested product of PCR was analyzed in agarose gel 3% by ethidium bromide stain.

**Nested PCR, a method reported by Poort et al. was used.** This detects the mutation using a PCR specific allele without the necessity of digestion with an enzyme restriction. Two external primers were used (1 forward: 5'-TCCGCTGAAGAAGTGGATA-3' and 2 backward: 5'-GAGTGCTCGGACTACCAGCGTCG-3') and two internal primers forward (nested) (3 forward: 5'-TTCCCAATAAAAGT GACTCTCAGCA-3' and 4 forward: 5'-TTCCCA ATAA AAGTGACTCTCAGGA-3'). The two internal primers 3 and 4 differ in the last nucleotide, for example 20210G or A. The fragment of DNA of 270 pb produced by the external primers 1 and 2 serve as a template for the primers 3 or 4 and an internal control of the PCR reaction. By using 3 or 4 primers a fragment of 148 pb is generated. The product was magnified and analyzed per protocol described above.

**Results**

Fifteen out of 1200 (1.25%) persons presented FV Leiden and 16/1200 (1.33%) presented PT G20210A mutation. The allelic frequency of polymorphism G of FV Leiden was 0.99, and for the polymorphism G of the PT G20210A mutation was 0.99. The studied polymorphisms found in every individual were heterozygous and no cases of double polymorphism were found.

**Discussion**

Our findings indicate that the prevalence of FV Leiden and PT G20210A mutations in the non-indigenous population from the center-south of Chile are of 1.25 and 1.33%, respectively, without the presence of homozygosity and double polymorphism.

In 1996, Pereira et al. described a prevalence of 3.8% of FV Leiden in Chile, this report could be falsely augmented due to the height of subjects included in the study and their ethnic characteristics; probably with a higher proportion of subjects with Caucasian ancestors. In fact, our report includes a number of participants 7.5 times taller, with a selection made at random, considering the whole population of Talca city and with the application of exclusion criteria.

The prevalence of both thrombophilias has been determined in the world, observing a variation which considers whether the population in study is Caucasian, Asian, African, or an ethnic minority.

A meta-analysis on FV Leiden that involved around 90,000 healthy controls showed a frequency of 3% in white population and 0.2% in Asian population. In African population other studies on FV Leiden had shown low frequency (<1.5%). In the United States the frequency of FV Leiden in the Caucasian population is between 5.3 and 8.6%, in the Afro-American between 1.2 and 1.4% and in the Asian 0.5%. The Australian population includes many ethnic groups among them the Asian population, Caucasian and Middle East, are those who had shown a frequency of 0.3%, 2.8% and 6.2%, respectively. On the other hand, Asian population presented a lower prevalence of this polymorphism than Thai people with 0.5% and Japanese, Chinese, Korean and Mongolian whose prevalence is closed to 0%. It is...
interesting to observe that the prevalence of FV Leiden between the healthy population of a region in Turkey is 8.7% of which 1% presents homozygosity and a Lebanese community showed a frequency of 13.8%.25

As far as the prevalence of PT G20210A mutation, it is observed a clear dependent distribution of the population. In Australia, ethnic groups of Asian, Caucasian and Middle East origin have shown a frequency of 0.3%, 1%-2.4% and 1.6%, respectively.21 The same as FV Leiden Asian population presented low prevalence of G 20210A polymorphism, thus in Thai population a prevalence of 0.5% was found,23 and in Japanese, Chinese, Korean and Mongolian population, a prevalence closed to 0% was found.3 Also, a Lebanese community showed a frequency of 3.6% of this polymorphism.25

The major prevalence of FV Leiden and PT G20210A in the Caucasian population supports the theory that both mutations emerged 21.000 to 34.000 years ago, only in the Caucasian population, after the separation of Mongols and Caucasian.6,7 The revision of 26 European and neighboring countries showed that the FV Leiden could have expanded from the region of Anatolia, Turkish peninsula,5,26 to Europe and to other continents later.

In Latin American countries as Colombia, Chile, Mexico and Brazil the prevalence of both polymorphisms are less than observed in caucasian population, both in patients with venous thromboses and in healthy population,10,11,27,28 the same as in Argentina but with a smaller difference. This information agrees with the studies mentioned above and with our findings. So, world distribution of FV Leiden and PT G20210A is dependent of race and Chilean prevalence of both is low due to a historical low immigration of Caucasian people.

References


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