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# The association between thrombophilic gene mutations and recurrent pregnancy loss

Ahmad Poursadegh Zonouzi · Nader Chaparzadeh ·  
Saeid Ghorbian · Mahzad Mehrzad Sadaghiani ·  
Laya Farzadi · Alieh Ghasemzadeh · Taiebeh Kafshdooz ·  
Masoud Sakhinia · Ebrahim Sakhinia

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## Abstract

**Purpose** To determine whether the Factor V (1691G/A), Factor V HR2 (4070A/G), Prothrombin (20210G/A), PAI-1 (-675 I/D, 5G/4G), ACE (intron 16 I/D), Factor VII (Gln353Arg), Factor XIII (Val34Leu),  $\beta$ -fibrinogen (-455G/A), Glycoprotein Ia (807C/T), tPA (intron 8 D/I) gene mutations could be risk factors for recurrent pregnancy loss (RPL).

**Capsule** It seems that our selected thrombophilic gene mutations is not significantly associated with recurrent pregnancy losses in North western Iranian women.

A. Poursadegh Zonouzi · N. Chaparzadeh  
Department of Cellular and Molecular Biology, Faculty of Science,  
Azarbaijan Shahid Madani University, Tabriz, Iran

A. Poursadegh Zonouzi  
Biotechnology Research Center, Tabriz University of Medical  
Sciences, Tabriz, Iran

S. Ghorbian  
Department of Biology, Science and Research Branch,  
Islamic Azad University, Tehran, Iran

M. M. Sadaghiani · L. Farzadi · A. Ghasemzadeh  
Department of Obstetrics and Gynecology and Women's  
Reproductive Health Research Center, Tabriz University of Medical  
Science, Tabriz, Iran

T. Kafshdooz  
Department of Medical Genetic, Faculty of Medicine, Tabriz  
University of Medical Science, Azadi Street, Tabriz, PO Box:  
5165638465, Iran

M. Sakhinia  
Faculty of Medicine, University of Liverpool, Liverpool, UK

E. Sakhinia (✉)  
Department of Medical Genetic, Faculty of Medicine, Tabriz Genetic  
Analysis Centre (TGAC), Tuberculosis and Lung Diseases Research  
Centre, Azadi Street, Tabriz, PO Box: 5165638465, Iran  
e-mail: esakhinia@yahoo.co.uk

**Methods** Genotyping of thrombophilic gene mutations were carried out by amplification Refractory Mutation System-PCR (ARMS-PCR) method after DNA extraction.

**Results** We found that the mutant allele frequencies of Factor V (1691G/A), Factor V HR2 (4070A/G), Prothrombin (20210G/A), PAI-1 (-675 I/D, 5G/4G), Factor XIII (Val34Leu) and  $\beta$ -fibrinogen (-455G/A) were more seen in the case group compared with the healthy control; However, the difference between the two group is not statistically significant ( $p > 0.05$ ). Whilst the mutant allele frequencies of other studied genes were lower in the case in comparison to the fertile control women ( $p > 0.05$ ).

**Conclusion** Taken together, our data has shown that the prevalence of thrombophilic gene mutations was similar in women with RPL and healthy controls. Therefore, it appears that further studies on large-scale population and other genetic variants will be needed to conclusively find candidate genes for RPL unknown etiology in the future.

**Keywords** Recurrent pregnancy loss · Thrombophilia · Thrombophilic gene mutations

## Introduction

Recurrent Pregnancy Loss (RPL), defined as two or more consecutive pregnancy losses, is a serious reproductive problem, affecting 1–5 % of reproductive-age woman [29, 31]. There is a strong belief that RPL is a multifactorial condition that many factors affect such as chromosomal abnormalities, uterine anatomic malformation, endocrine dysfunction, immunologic factors, infections, and environmental factors [17, 18, 25]. However, the etiology of RPL remains unknown in ~50 % of cases [1].

In an attempt to find candidate genes for RPL, various genetic investigations have been performed on diverse genetic variants. The several studies focused on thrombophilic gene mutations that lead to maternally inherited thrombophilia and their association with RPL [12, 20, 40]. Of note, the possible