

Twenty Two New Mutations in Mitochondrial tRNA Genes in Patients with Alzheimer's Tabriz, Iran

Shahin Asadi¹, Ali Nazirzadeh and Saeideh Habibi

Islamic Azad University, Tabriz, Iran

¹Corresponding author: Shahin Asadi, Islamic Azad University, Tabriz, Iran, Tel: 984134474829; E-mail:shahin.asadi1985@gmail.com

Received date: October 20, 2015; Accepted date: December 18, 2015; Published date: December 20, 2015

Copyright: © 2015 Asadi S, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Abstract

Alzheimer's disease is the main form of memory, and memory loss in the elderly is the interplay of genes and environment play a role in its formation. The role of mitochondrial mutations in various neurological diseases, has effectively proven that some of these mutations of Alzheimer's disease in a non-Mendelian maternal mode of inheritance that are inherited.

All mitochondrial tRNA genes in 24 patients and 50 healthy controls using nucleotide sequences, was tested. Mitochondrial tRNA genes were found in fifteen change. The polymorphisms were eleven of them. Four changes T1633A, C1631A (in tRNA parents), T14723T, Q14704C, were classified as pathogenic mutations, such as heteroplasmy observed in patients, mutations of nucleotide sequences in different organisms has been identified. Polymorphism A12308G, eight patients were found in tRNA leucine. This change in various neurological diseases, as well as control samples has been reported.

We believe that these changes may influence the pathogenesis of Alzheimer's disease or the disease process act as a secondary injury. The percentage of heteroplasmy may be involved in the development of symptoms or onset of the disease.

Keywords: tRNA; Mitochondrial; DNA; Alzheimer's; A12308G

Introduction

Alzheimer's disease, the neurological disorder in adults is corruption. For example, the disease, with a gradual and progressive loss of consciousness and memory show [1]. Pathogenic processes, structural and functional damage in the form of neurons, neuronal connections are in place and the physiological mechanism of cell death shows [2], for example, regulate hormones and reduce impaired cell-mediated immunity and humoral immunity have been reported to increase [3]. Of genetic diversity, and environmental health and psychological processes related to aging man set that led to the weakening of the nervous system in Alzheimer's disease [4]. Epidemiology studies suggest that the risk of late model, in offspring of parents with Alzheimer's disease or inherited maternally inherited mitochondrial disease, which is fully compatible with the pattern [5]. Mitochondrial DNA mutations strong opinion, caused the disease in a non-Mendelian pattern of inheritance mother who inherited [6].

A critical factor in the creation of small memory Alzheimer's disease, reducing the activity of genes is RbAp48 shown in Figure 1. This protein increases with age and decreased physical activity and brain of man in man. Abnormal mitochondrial function in patients with Alzheimer's disease is related to all sorts of changes. Doctor Blass and his colleagues were the first ones as damage to energy metabolism, in Alzheimer's is an essential component [7]. Mitochondrial mutations may have a role in disorders of nerve damage. In Alzheimer's disease, amyloid beta can inhibit mitochondrial oxidative phosphorylation system [8].

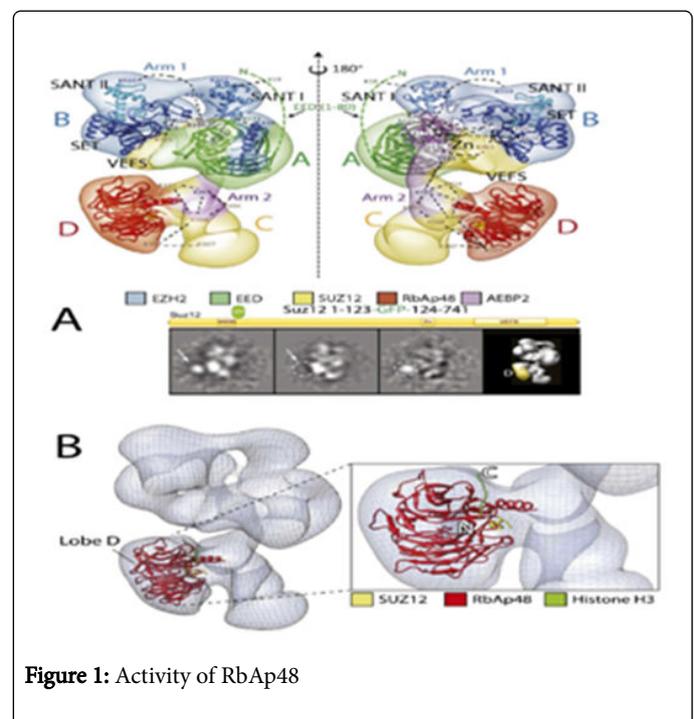


Figure 1: Activity of RbAp48

Human suffering, exclusive of certain mutations in the mitochondrial genome is inherited defect that causes the electron transport chain, the chain is damaged, causing a cascade of damaging processes in the mitochondria functions such as the production of

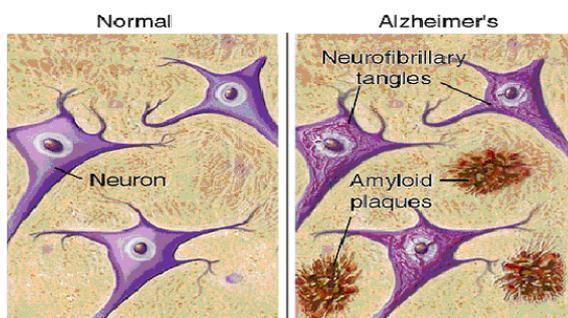


Figure 5: Difference in neuron structure between normal and Alzheimer's patient

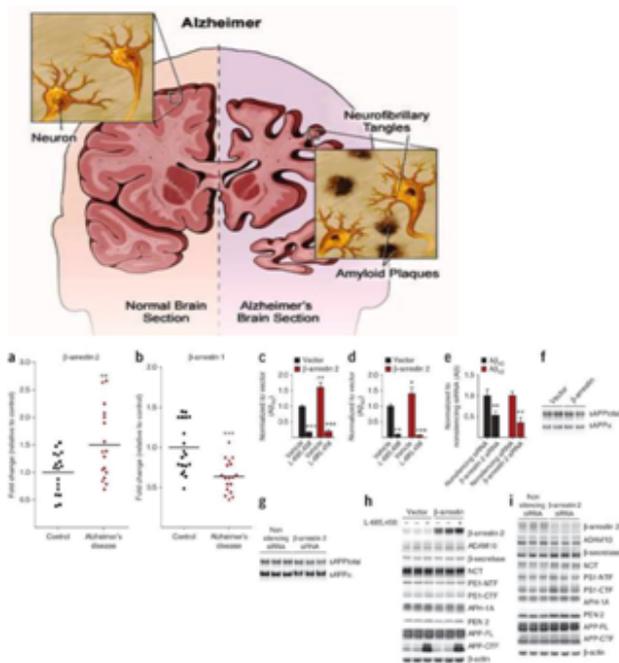


Figure 6: DNA banding pattern of Alzheimer's patients and control groups were formed in the PCR reaction

*	-	*	-	*	N	H	G12172A	9
*	-	*	-	*	N	L(CUN)	A12308G	10
-	*	-	*	-	N	E	T14704C	11
-	*	-	*	-	N	E	T14723C	12
*	-	*	-	*	N	T	A15924G	13
*	-	*	-	*	N	T	A15951G	14
*	-	*	-	*	N	-	G16129A	15

Table 1: C.AA: change of amino_acids, N: none, P: polymorphism, M: mutation, Ho: hemoplasmy, He: heteroplasmy, reported

C1631A and T1633A for heteroplasmy mutations in six patients, but was not seen in the control samples. T14704C and T14723C mutations and mutations A14704G and A14723G (Figure 7) for heteroplasmy in a patient, but were not seen in the control samples (Table 2). Other changes in the patient and control samples were found to be Hemoplasma (Figure 8).

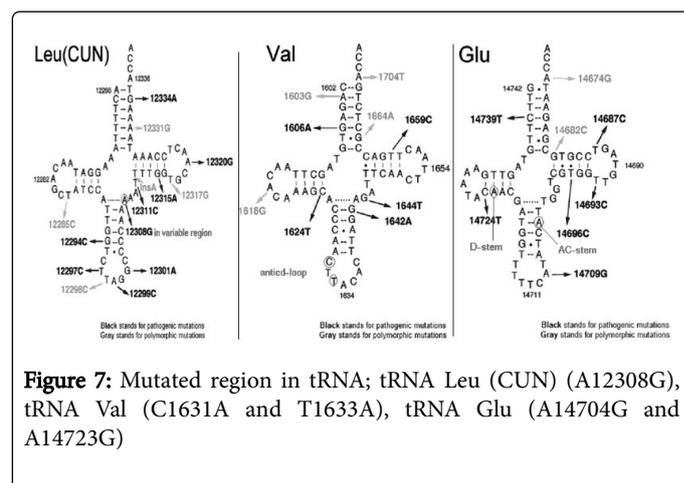


Figure 7: Mutated region in tRNA; tRNA Leu (CUN) (A12308G), tRNA Val (C1631A and T1633A), tRNA Glu (A14704G and A14723G)

5'CCCAACTTACACCTTAGG3'	HUMAN
5'CCCAAATAACACTTAGG3'	PATIENT
5'CCCAACTTACACTTAGG3'	GORILLA
5'CCTAGCTTACACTGAGA3'	XENOPUS
5'TCTACCTTACACTGAGA3'	ANGUILLO
5'CAACGATGGTTTTCATATCAT3'	HUMAN
5'CGACGATGGTTTTCATATCGT3'	PATIENT
5'CAACGATGGTTTTCATATCAT3'	GORILLA
5'CAACGATGGTTTTCATATCAT3'	LEMUR
5'CAACGATGGTTTTCATATCAT3'	CATTLE
5'CAACGATGGTTTTCATATCAT3'	RHINOCEROS

Table 2: Conserved sequences; Up: Conserved sequence in tRNA Val. (C1631A and T1633A) Down: Conserved sequence in tRNA Glu. (A14704G and A14723G)

Reported	He	Ho	M	P	C.AA	tRNA	Allele	No.
*	-	*	-	*	N	F	G709A	1
-	*	-	*	-	N	V	C1631A	2
-	*	-	*	-	N	V	T1633A	3
*	-	*	-	*	N	V	T1700C	4
*	-	*	-	*	N	V	G1719A	5
*	-	*	-	*	N	V	A1811G	6
*	-	*	-	*	N	S(UCN)	C5583T	7
*	-	*	-	*	N	G	T10034C	8

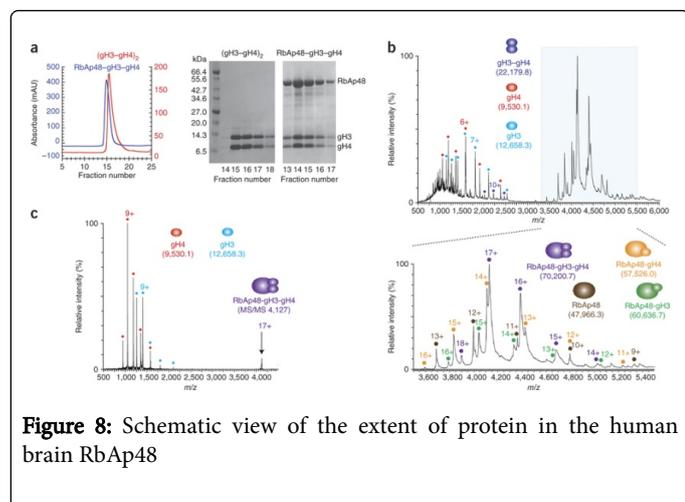


Figure 8: Schematic view of the extent of protein in the human brain RbAp48

Discussion and Conclusion

Mutations in mitochondrial tRNA genes have been reported in various neurological diseases and the risk of developing Alzheimer's disease revealed by mitochondrial mutations. Cutler and colleagues documented evidence that the basic defect in mitochondrial enzyme activity increases with age and occurs in the mitochondria of cells. And the mitochondria may play a role in Alzheimer's disease. Kasakan and colleagues showed that 65% of patients with mutations in the brain, but the T414G mutation was observed. NADH dehydrogenase subunit 331 second key point mutations in the brains of Alzheimer's patients, there were 10 cases of 19, while in 11 healthy subjects was 11. The mtDNA defects associated with the aging process, specific mutations in mitochondrial genes have been identified that are fields and infrastructure for Alzheimer's disease [12]. A12308G polymorphism was found in 8 patients with leucine tRNA, the change in the number of control samples and a number of diseases have been reported, such as illness CPEO, illness Storke, Parkinson's disease and cardiomyopathy. A12308G polymorphisms associated with increased risk of developing the disease and retinal pigment abnormalities, short stature, discomfort in swallowing and heart conduction defects [13]. This haplo groups of mtDNA may regulate mitochondrial between clinical Encephalomyocarditis myopathy large deletions in mtDNA that is due.

Acknowledgement

Of all the partners who have helped us in this project, particularly from respected families of patients to collaborate in the project and appreciate.

References

- Mucke L (2009) Neuroscience: Alzheimer's disease. *Nature* 461: 895-897.
- Heininger K (1999) A unifying hypothesis of Alzheimer's disease II. Pathophysiological processes. *Human psychopharmacology* 14: 525-581.
- Chan-Palay V, Lang W, Allen YS, Haesler U, Polak JM (1985) Cortical neurons immunoreactive with antisera against neuropeptide Y are altered in Alzheimer's-type dementia. *J Comp Neurol* 238: 390-400.
- Touitou Y, Haus E (1994) Ageing of the human endocrine and neuroendocrine time structure. *Ann N Y Acad Sci* 719: 378-397.
- Martel JC, Alagar R, Robitaille Y, Quirion R (1990) Neuropeptide Y receptor binding sites in human brain; possible alteration in Alzheimer's disease. *Brain Res* 519: 228-235.
- Jacques D, Dumont Y, Tong Y, Shen SH, Quirion R (1996) Neuropeptide Y receptors in the human brain gene expression, anatomical localization and possible alteration in Alzheimers disease. *Soc Neurosci Abstr* 22: 1549.
- Antonaci S, Garofalo AR, Chicco C, Polignano AV, Pugliese P, et al. (1990) Senile dementia, Alzheimer type: a distinct entity in the immunosenescence?. *J Clin Lab Anal* 4:16-21.
- Satoh M, Kuroiwa T (1991) Organization of multiple nucleoids and DNA molecules in mitochondria of a human cell. *Experimental Cell Research* 196: 137-140.
- Deadman WJ (1964) The Identification of Human Remains. *Can Med Assoc J* 91:808-811.
- Sharp SJ, Schaack J, Cooley L, Burke DJ, Soll D (1985) Structure and transcription of eukaryotic tRNA genes. *CRC Crit Rev Biochem* 19: 107-144.
- Rogers TE, Ataide SF, Dare K, Katz A, Seveau S, et al. (2012) A Pseudo-tRNA Modulates Antibiotic Resistance in *Bacillus cereus*. *PLoS ONE* 7: e41248.
- Telonis AG, Loher P, Kirino Y, Rigoutsos I (2014) Nuclear and Mitochondrial tRNA-lookalikes in the human genome. *Frontiers in Genetics* 5: 00344.
- White RJ (1997) Regulation of RNA polymerases I and III by the retinoblastoma protein: a mechanism for growth control?. *Trends in Biochemical Sciences* 22: 77-80.