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Epigenetic modification in TNFa-gene

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Introduction

Periodontitis is characterized as a chronic inflammatory disease of the periodontal supporting tissue of teeth induced by periodontotpathogens. That's why several factors of the immune response have been proposed as potential markers for the development of this disease.

Cytokines, including the potent proinflammatory TNF-a, may be regarded as markers of the progression and severity of periodontitis as well as indicators of an appropriate response to treatment.

The expression of genes involved in inflammatory processes is influenced among others by genetic and epigenetic modifications. Moreover, many risk factors associated with periodontitis, including bacterial occurrence, smoking, or diabetes are known to induce epigenetic changes.

Epigenetic modification may occur at DNA level (methylation of CpG islands) or at histone level.

Despite TNF-a does not contain a classical CpG island a region of the promoter exhibits CpG rich sequences. Therefore, its presumably that the TNF-a is under epigenetic regulation via DNA methylation.



Fig. 1: Epigenetic modifications for finetuning of gene expression Fig. 2: Genomic structure of TNFa

Objectives

The aim of the present clinical study was to establish methods for evaluating the DNA methylation status of TNF-a. Furthermore, in first experiments the methylation status of CpGs -668, -73, -50 in TNF-a promoter was investigated in gingival biopsies and blood of patients with generalized periodontitis as well as periodontitisfree controls.

Material and Methods

DNA-Isolation

Preparation of genomic DNA from human venous EDTA-blood was carried out using the blood extraction kit (Qiagen).

200 μ I EDTA-blood and 20 μ I protease were mixed in a 1,5 ml tube.

After adding of 200 μl denaturation buffer AL and pulse-vortexing for 15 sec the samples were incubated at 56°C for 10 min.

200 µl of ethanol was added to the samples, vortexed and the samples were applied to a QIAamp Spin Column were the DNA is bound. After two washing steps (buffer AW1 and AW2) the DNA bound to the column is dried by centrifugation.

200 µl distilled water is added to the samples, incubated at room temperature for 5 min and then centrifuged. The solved DNA is now in the filtrate.

Long-term storage of DNA is possible at -20°C.

DNA-isolation from gingival biopsies

During periodontal surgery gingival biopsies were obtained and were immediately frozen in liquid nitorgen Preparation of genomic DNA from biopsies were carried out using the QIAamp® DNA Micro Kit (Qiagen).

- The frozen tissue sample was transferred into a tube and 180µl buffer ATL was added immediately
- After equilibration to room temperature 20µl Proteinase K was added and vortexed.

After overnight incubation at 56°C the same procedure as described above for EDTA-blood samples was carried out.

Bisulfite conversion (EpiTect® Bisulfite Conversion (Qiagen))



Combined bisulfite restriction analysis (COBRA)



Fig. 4a-b: Combined bisulfite restriction analysis (COBRA)

inclusion criteria of the probands

Generalized aggressive periodontitis (AP): clinical manifestation before 35th year of life attachment loss in at least 30% of the teeth with a minimum pocket depth of 4 mm severity of attachment loss was inconsistent to the amount of mineralized plaque more vertical than horizontal approximal bone loss was visible in the radiographs

Generalized chronic periodontitis (CP):

attachment loss in at least 30% of the teeth with a minimum pocket depth of 4 mm The amount of the attachment loss was consistent with the presence of mineralized plaque More horizontal than vertical approximal bone loss was visible in the radiographs.

Periodontitisfree controls

probing depth \leq 3.5 mm, no gingival recession due to periodontitis Clinical attachment loss > 3.5mm as a consequence of traumatic tooth brushing, overhanging dental fillings, orthodontic therapy etc. was not considered as a case of periodontitis. Probands:

Generalized aggressive periodontitis (AP): n=8 mean age: 42.7+6.3y male: n=5

Generalized chronic periodontitis (CP): n=11 mean age: 55.2+7.7y male: n=6

Periodontitisfree controls: n=9 mean age: 34.0+12.2y male: n=6

 $\frac{Validation of COBRA-analysis}{Methodological error} \\ 2 x 10 DNA samples of the same proband were analysed using bisulfite conversion followed by COBRA The evaluated methodological error was < 5%$



Fig. 5: Example for PAAG-analysis of CpG - $668\ using\ ALFexpress$

CpG-site	Enzyme	detected fragments in ALF express analysis	
		methylated DNA	unmethylated DNA
-668	Hinf I	383bp	444bp
-73	Aci I	32bp	124bp
-50	Aci I	55bp	124bp
		6 00000	

Tab. 1: Restriction enzymes for COBRA

Epigenetic evaluation

In first experiments differences in DNA methylation pattern were investigated at CpG-site -668 of TNF-a promoter.

It could be shown, that in patients suffering from severe periodontitis the methylation level in gingival biopsies was significantly decreased compared to venous blood.

Furthermore, a significant reduction in DNA-methylation was assessed comparing the results of gingival biopsies of the patients with periodontitisfree controls.





Fig. 6: Epigenetic evaluation: DNA-methylation at CpG -668 $\,$

Fig. 7: Epigenetic evaluation: DNAmethylation at CpG - 73 and - 50

Conclusions

A quantitative method for evaluating DNA-methylation of TNF-a CpG sites -668, -73 an -50 was established and validated using COBRA and detection via ALFexpress (pharmacia biotech).

For the first time a change of epigenetic pattern in TNF-a gene was assessed comparing inflamed gingival tissue and venous blood at CpG site -668. In biopsies of patients with generalized periodontitis (AP as well as CP) a significant reduction in DNA-methylation was obviously comparing to methylation status in blood as well as in biopsies of periodontitisfree controls. The reduction in DNA-methylation could be an indicator for an elevated TNF-a gene expression already described for inflamed gingival tissue. However, for the CpG sites -73 and -50, which are shown to be regulated in unison, no significant differences could be evaluated. Both CpG sites are little methylated, suggesting a stable TNF-a expression regardless the inflammatory periodontal disease.

This Poster was submitted by Dr. Susanne Schulz.

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