Original Research Article

Gene Sequence Polymorphisms Mutations in PFMDR-1 and PFCRT-O Genes of Plasmodium falciparum

Gurjeet Singh*, Raksha Singh1, A.D. Urhekar2 and Kshitija Rane3

1Department of Microbiology, NC Medical College and Hospital, Israna, Panipat-132107, Haryana, India
2Department of Microbiology, MGM Medical College and Hospital, Kamothe, Navi Mumbai-410209, Maharashtra, India
3Central Research Laboratory, MGM Medical College and Hospital, Kamothe, Navi Mumbai-410209, Maharashtra, India

*Corresponding author

Abstract

Malaria still causes severe infection in human being and responsible for high mortality in the world. Different approaches have been developed to monitor the extent of antimalarial drug resistance and to determine the biologic mechanisms by which the parasite has evaded the action of the drug. The aim of this study was to find the mutations (N86Y and K76T) in chloroquine drug resistance genes in Plasmodium falciparum from human blood. Total 22 positive samples of Plasmodium falciparum were included in this study. Chloroquine drug sensitivity testing was performed using method as per WHO III plate (micro test). Nested PCR was done for detection of pfcrt-o (Plasmodium falciparum chloroquine resistance transporter-o) and pfmdr-1 (Plasmodium falciparum multidrug resistance-1) genes of P. falciparum. Gene sequencing was done using Sanger method to find the mutations (N86Y) Pfmdr-1 and Pfcrt-o (K76T) associated with chloroquine drug resistance. Out of 22 P. falciparum 15 (68.18%) samples were Chloroquine resistance by method similar to (micro test) WHO III plate method and nested PCR which were also showed N86Y mutation in Pfmdr-1 (Plasmodium falciparum multidrug resistant-1) gene, and same number K76T mutation was seen in pf-crt-o gene of Plasmodium falciparum. Gene sequencing is highly sensitive and specific molecular method and it could be able to differentiate between wild type and mutant type gene hence we recommend this method for point mutation which is most useful for detection of exact point where mutation occurred.

Keywords
Malaria drug resistance testing, Plasmodium falciparum, polymerase chain reaction, Navi Mumbai, Gene sequencing, microtitre plate.

Accepted: 17 September 2016
Available Online: 10 October 2016

Introduction

Malaria is a life-threatening disease caused by parasites that are transmitted to people through the bites of infected female mosquitoes. According to WHO about 3.2 billion people (almost half of the world’s population) are at risk of malaria, approximate 300-500 million malaria cases occurred every year, 90% of the total cases occurred in Africa and Asia. 700,000 to 2.7 million cases mortality occurred worldwide (Kumar et al., 2007). According to UNICEF a child dies at every minute from malaria in
Africa (http://www.unicef.org/prescriber/eng_p18.pdf). 1.2 billion cases are at risk of malaria, most of whom live in India. However, Southeast Asia contributed 2.5 million cases to the global burden of malaria. Of this, India alone contributed 76% of the total cases (Kumar et al., 2007). 1.5 million cases of malaria are reported annually in India, out of which 50% cases are due to Plasmodium falciparum alone. Chloroquine has been the most effective drug in the treatment of non-complicated malaria.

A sudden rise in P. falciparum cases has been caused by resistance towards chloroquine, which was used for a long time as the first line of treatment of malaria cases (Kumar, 2013). Drug resistance may lead to high morbidity and mortality in P. falciparum cases. Drug chloroquine acts by interfering with heme metabolism in the digestive vacuole of the parasite P. falciparum and resulting chloroquine resistance due to reduced accumulation of the drug by the parasites (Fitch, 1970; Douki et al., 2011; Sanchez et al., 2010). Various genetic alterations have been shown to be associated with chloroquine resistance. Mainly, two genes known as P. falciparum multidrug resistance gene Pfmdr1, which codes for Pgh1, a Pglycoprotein homologue, and the chloroquine resistance transporter gene Pfcrt, which codes for chloroquine resistance transporter protein have been identified as potential candidates of chloroquine resistance.

There are several point mutations occurred in Pfmdr1 gene at positions 754, 1049, 3598, 3622 and 4234 result in amino acid changes at codons 86, 184, 1034, 1042 and 1246, respectively. These amino acid changes have been shown to be associated with chloroquine resistance (Foote et al., 1990; Cox-Singh et al., 1994; Duraisingh et al., 1997; Chaijaroenkul et al., 2011; Atroosh et al., 2012). Out of the several mutations described, the mutation in codon 86 (from asparagine to tyrosine, N86Y), involved in the substrate specificity of the gene product (P- glycoprotein), appears to be the most important as this may alter the transport activity of the protein.

Materials and Methods

This prospective and analytical study was conducted at Department of Microbiology and Central Research Laboratory, MGM Medical College and Hospital, Navi Mumbai, India and Eurofins Genomics India over a period of one year from January 2014 to December 2014. Total of 22 Plasmodium falciparum positive blood samples were included in the study. The control ATCC Plasmodium falciparum (3D7) chloroquine sensitive strain was procured from Haffkine Institute for Training, Research & Testing, Mumbai and Indian Institute of Technology Bombay, Powai, Mumbai, India. Parasitic index was determined before antimalarial drug sensitivity test.

Ethical clearance

The study protocol was reviewed and approved by the Ethical Review Committee of MGM Institute of Health Sciences (Deemed University), Navi Mumbai. Informed written consent was obtained from the patients before start the study.

Inclusion criteria: All patients with clinical suspicion of malaria.

Exclusion criteria: Patients on antimalarial treatment were excluded from study.

For drug sensitivity and molecular analysis, approximately 5 ml of venous blood was collected from the malaria suspected patients (2 ml for thick and thin smear and 3
ml for DNA extraction) who were tested positive for *Plasmodium falciparum* using thick and thin blood smear and stained with Leishman’s stain.

**In vitro sensitivity testing**

Antimalarial drug sensitivity testing was performed in vitro micro test (Mark III) according to Singh *et al*. The chloroquine drug sensitivity test was performed immediately after the collection of blood. The test was considered valid and interpretable if 10% of the parasites in the control well (drug free well) had developed into the schizonts after 24–36 hours incubation. Isolates were considered resistant if they showed schizont maturation at chloroquine concentrations 8 pmol/well (1.6 mmol/L blood). To evaluate the drug-parasite response, the EC50 value (50% inhibition) was calculated by HN Non Lin (V. 1.01 Beta) Software.

The 3 ml blood was stored in cryo vials and stored in at –20°C for DNA extraction and molecular study.

**DNA extraction**

The DNA extractions of above samples were performed by using DNA Mini Kit (Invitrogen) spin column method.

**Primer Design**

Primers used in this study were design from published articles. Primers were procured from Eurofins Genomics India. Primers for nested PCR for detection of drug resistant gene in malaria parasites were selected from published articles (Purfield *et al*., 2004; Sidhu *et al*., 2002; Singh *et al*., 2015.) *P. falciparum* -Pfmdr1 forward primer – 5’-TGTATGTGCTGTATTTACGGAGGA AC-3’, reverse primer-5’-AATTGTACTA AACCTATAGATAATGATAATATT ATAGG-3’ (gene accession No.JN578609.1), pfcrト-0 forward primer – 5’-TGAGAATTAGAT AATTTAGTACAA GAAGGAA-3’ (gene accession No. JF520758.1), reverse primer-CGTGAGC CATCTGTTAAGGTC (gene accession No.AF030694.2)

**Polymerase Chain Reaction**

DNA was extracted from 200 ml of EDTA blood with the DNA extraction kit (Invitrogen, USA) according to the manufacturer’s instructions and stored at 4°C until PCR could be completed. Nested PCR amplifications were performed in accordance to a standard procedure within the cycling parameters by using a PeqSTAR 96xx Universal Gradient PCR thermal cycler (Peqlab, Germany). Known positive and negative samples from previous malaria diagnosed or uninfected individuals were used as controls. DNA bands were documented by gel documentation system (BioEra, India).

**Purification of amplified product**

5 volumes Buffer PB was added to 1 volume of the PCR reaction and mix. If the color of the mixture is orange or violet, add 10 μl 3 M sodium acetate, pH 5.0, and mix. The color of the mixture will turn yellow. Place a QIAquick column in S a provided 2 ml collection tube or into a vacuum manifold. To bind DNA, apply the sample to the QIAquick column and S centrifuge for 30–60 s or apply vacuum to the manifold until all the samples have passed through the column. Discard flow-through and place the QIAquick column back in the same tube. To wash, add 0.75 ml Buffer PE to the QIAquick column S centrifuge for 30–60 s or apply vacuum. S Discard flow-through and place the QIAquick column back in the same tube. Centrifuge the QIAquick column once more in the provided 2 ml collection
tube for 1 min to remove residual wash buffer. Place each QIAquick column in a clean 1.5 ml microcentrifuge tube. To elute DNA, add 50 µl Buffer EB (10 mM Tris Cl, pH 8.5) or water (pH 7.0–8.5) to the center of the QIAquick membrane and centrifuge the column for 1 min. For increased DNA concentration, add 30 µl elution buffer to the center of the QIAquick membrane, let the column stand for 1 min, and then centrifuge. If the purified DNA is to be analyzed on a gel, add 1 volume of Loading Dye to 5 volumes of purified DNA. Mix the solution by pipetting up and down before loading the gel.

Gene Sequencing

Gene sequencing of drug resistance genes (Pfmdr-1 and Pfcrt-o) of malarial parasites was done using Sanger method, [Chemistry-Big dye terminator, Gel - Pop 7 polymer, Machine- 3730XL DNA Analyzer (Applied Biosystems®)].

Results and Discussion

The present study was conducted to find out the drug resistance in patients attending a Tertiary care Hospital, Navi Mumbai. Out of 22 samples of Plasmodium falciparum 15 samples (68.18%) showed drug resistance by in vitro drug sensitivity phenotypic method and by PCR method. The nested PCR products of pvcrt-o and pvmdr-1 from the above samples were directly sequenced in both directions i.e. forward and reverse. Gene sequencing of 15 samples were showed N86Y mutation in all 15 samples and no samples were showed wild type in Pfmdr-1 (Plasmodium falciparum multidrug resistant-1) gene, and same number K76T mutation was seen in pfcrt-o gene of Plasmodium falciparum. Whereas Plasmodium falciparum 3D7 which is a known chloroquine sensitive strain was used as control and neither mutant type nor wild type (Pfmdr-1 and Pfcrt-o) seen. Patients samples were showed mutation wild type and mutant type which is associated with chloroquine drug resistance (Table 1) (Figure 1 & 2).

The Plasmodium falciparum isolates in this study derive from Navi Mumbai, India where malaria is endemic; the confirmation of P. falciparum was confirmed by both clinical and laboratory testing.

The emergence of drug-resistance poses a major obstacle to the control of malaria. A homolog of the major multidrug-transporter in mammalian cells was identified i.e. pfmdr1. Several studies have demonstrated strong, although incomplete, associations between resistance to the widely used antimalarial drug chloroquine and mutation of the pfmdr1 gene in both laboratory and field isolates. Genetic studies have confirmed a link between mutation of the pfmdr1 gene and chloroquine-resistance.

<table>
<thead>
<tr>
<th>Sample</th>
<th>In vitro drug sensitivity status</th>
<th>Codon-86 pfmdr-1</th>
<th>Codon-76 pfcrt-o</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Allele N86</td>
<td>Allele 86Y</td>
</tr>
<tr>
<td>3D7 strain (n=1)</td>
<td>CQS* (n=1)</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Allele K76</td>
<td>Allele 76T</td>
</tr>
<tr>
<td>3D7 strain (n=1)</td>
<td>CQS* (n=1)</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Allele K76</td>
<td>Allele 76T</td>
</tr>
<tr>
<td>Patient samples (n=22)</td>
<td>CQR* (n=15)</td>
<td>07</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>CQS* (n=07)</td>
<td>07</td>
<td>15</td>
</tr>
</tbody>
</table>

CQR* = Chloroquine resistance
CQS* = Chloroquine sensitive
Fig. 1 Mutant allele 86Y mutation in pfmdr-1 gene

![Fig.1](image1)

Fig. 2 Mutant allele 76Y mutation in pfcrt-o gene

![Fig.2](image2)
Although not essential for chloroquine-resistance, pfmdr1 plays a role in modulating levels of resistance. At the same time it appears to be a significant component in resistance to the structurally related drug quinine. A strong association has been observed between possession of the pfmdr-1 and pfcrto.

Chloroquine drug is the drug which also taken during prophylaxis from malaria.

Polymorphism in pfmdr1 and gene amplification has been observed throughout the world and their usefulness in predicting resistance levels is influenced by the history of drug selection of each population.

In our study 68.18% detection of 86Y mutant in codon 86 of pfmdr-1 is closer to findings of other workers (Shrivastava et al., 2014; Sutar et al., 2011; Jalousian et al., 2015; Sutar et al., 2011; Shrivastava et al., 2014; Jalousian et al., 2015;
In our study 68.18% samples showed presence 76T mutant in codon 76 of pfcrto. This finding is closer to work reported by other workers (Shrivastava et al., 2014; Sutar et al., 2011; Jalousian et al., 2008).

In conclusion, the molecular methods are highly useful to monitor chloroquine drug resistance, assessing in vitro chloroquine. 86Y mutant in codon 86 of pfmdr-1 Pfmdr-1 along with 76T mutant in codon 76 of pfcrto can be useful detect chloroquine drug resistance in Plasmodium falciparum.

Acknowledgement

Authors thankful to thank Dr. Saroj Bapna Scientific Officer, Haffkine Institute for Training, Research and Testing, Parel, Mumbai and Prof. Swati Patankar, Department of Biosciences and Bioengineering, IIT Bombay, Powai, Mumbai for providing 3D7 ATCC strain of Plasmodium falciparum.

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National Drug Policy on Malaria


How to cite this article: