

# The Association of Early Pregnancy Loss with Polymorphism in Xenobiotics Detoxification Genes

Elena Vladimirovna Mashkina, Konstantin Nikolaevich Saraev,  
Elena Viktorovna Butenko, Galina Ivanovna Volosovtsova and Tatyana Pavlovna Shkurat

Southern Federal University, Rostov-on-Don, Russia

## Article history

Received: 14-10-2014

Revised: 20-11-2014

Accepted: 04-03-2015

## Corresponding Author:

Elena Vladimirovna Mashkina  
Southern Federal University,  
Rostov-on-Don, Russia  
Email: lenmash@mail.ru

**Abstract:** Pregnancy loss and other pregnancy complication can be connected with environmental and lifestyle risk factor, among which effect of chemical compounds is the strongest. Effects of xenobiotics can be modified by allele variants of xenobiotic detoxification enzymes phase I or II. A total of 71 women with early pregnancy loss and 101 control patients were examined by a case-control methodology. The *Ile462Val CYP1A1*, *Arg47His ADH1B*, *Glu487Lys ALDH*, *I105V GSTP1* polymorphisms were genotyped by allele-specific polymerase chain reaction. Our data demonstrated that the heterozygous *Glu487Lys ALDH* genotypes rate were higher in the pregnancy loss patients (12.71%) compared to the control group (2.0%). There was no difference between two groups detected for other polymorphisms. However, presence of polymorphic variants of genes of 1st and 2nd detoxification phases can have additive effect and cause multifactorial pathology risk increase. It is shown, that combination of polymorphic variants of *ALDH2* и *GSTP1* genes in genotype results in 5 fold pregnancy loss risk increase. Combination of polymorphic variants of *ALDH2*, *ADH1B* и *GSTP1* genes in genotype results in 9 fold pregnancy loss risk increase. The results demonstrated that combination of allele variants of 1st and 2nd detoxification phases in woman genotype increases the risk of early pregnancy loss.

**Keywords:** Early Pregnancy Loss, Gene Polymorphism, Xenobiotics Detoxification System, *ALDH2*, *GSTP1*

## Introduction

Etiological factors of human reproduction disorders are numerous and diverse (Cramer and Wise, 2000). Pregnancy loss and other pregnancy complication can be connected with environmental and lifestyle risk factor, among which effect of chemical compounds is the strongest. Xenobiotics can affect genetic system and induce teratogenesis in fetus. Delivery of chemicals into the body causes metabolism disorders, cell and tissue physicochemical structure damage, resulting in pathological changes.

Effects of xenobiotics can be modified by allele variants of xenobiotics detoxification enzymes of phase I or II (Hirvonen, 1995; Wang *et al.*, 1998). Depending on genotype person can become resistant or conversely have high sensitivity to xenobiotics (Nebert and Carvan, 1997). Biotransformation system genes encode big group of enzymes involved in detoxification of xenobiotics. Detoxification process consist of xenobiotic activation

phase, which results in the formation of intermediate metabolites, detoxification phase when intermediate metabolites convert into water dissolved non-toxic products and excretion phase.

In phase I of detoxification pathway cytochrome P450 family of enzymes and other enzyme families such as oxidases, reductases and dehydrogenases catalyze the conjugation of new or modifying functional groups (–OH, –SH, –NH<sub>3</sub>) to xenobiotics (Conney, 1982). Unstable electrophilic products of phase I have toxic effect.

Intermediate metabolites conjugate with endogenous ligands during phase II of biotransformation that increases hydrophilicity and promotes product excretion. The second phase includes transferase family of genes, such as Glutathione-S-Transferase (GST), N-Acetyltransferase (NAT), UDF-Glucagon-Sulfotranferase (UGT). Enzymes of second phase provide transformation of electrophilic compounds into water-dissolved non-toxic metabolites which are eliminated from the organism.

Numerous researches stated that effective functioning of biotransformation system is crucial for human reproduction (Baranova *et al.*, 1999; Hadfield *et al.*, 2001). It is known that in the first term of pregnancy placenta expresses cytochrome and glutathione-S-transferase genes (Hakkola *et al.*, 1996; Van Lieshout *et al.*, 1998; Knapen *et al.*, 1999). Effective functioning of biotransformation system in the first term of pregnancy is important for successful completing of critical stages of embryogenesis and organogenesis (Myllynen *et al.*, 2007). Detoxification enzymes inactivate reactive oxygen species which are formed during biotransformation of numerous exogenous substances. It is known that antioxidant enzyme activity in the first term of pregnancy is quite low (Hempstock *et al.*, 2003). Exposure to xenobiotics could increase the risk of oxidative stress development in the forming placenta that causes chromosome aberrations, cell lysis and finally fetus death. Xenobiotics can affect apoptosis level in syncytiotrophoblast (Marana *et al.*, 1998; Vogt Isaksen, 2004).

Optimal level of enzyme activity is very important. Genetic variability of the detoxification system enzymes can disrupt the balance between I and II phases of xenobiotics biotransformation and can result in the individual differences in efficiency of detoxification of endogenous and exogenous substances.

It is stated that *CYP1A1* gene polymorphism causes the synthesis of enzyme with increased activity that results in the accumulation of toxic electrophilic compounds formed after the first detoxification phase in the organism (Crofts *et al.*, 1994). Inactive *GSP1* alleles or alleles with lower functional activity are also associated with increased level of toxic intermediate metabolites of xenobiotics (Watson *et al.*, 1998).

Disturbance of detoxification system functioning caused by genotype can result in the intensification of toxic impact of xenobiotics detoxification products on the fetus that can be the one of the etiologies of early pregnancy loss.

Data on the association of *CYP1A1* and *GSTP1* gene polymorphism with pregnancy loss risk increase are controversial (Zusterzeel *et al.*, 2000a; Suryanarayana *et al.*, 2004). Data on the alcohol dehydrogenase and aldehyde dehydrogenase gene polymorphism effect on pregnancy loss risk are very poor.

The present study was designed to examine the frequencies of gene polymorphism in women with pregnancy loss in the first trimester.

## Materials and Methods

Prior to inclusion in the study, all subjects underwent a standard diagnostic work-up. The women were examined using transvaginal ultrasonography for the absence of uterine abnormalities and polycystic ovary syndrome. Women with previously diagnosed arterial

hypertension, diabetes, thyroid diseases, autoimmune pathology and infections during pregnancy were excluded from studied population. Women contacting with exogenous risk factors, such as alcohol, electromagnetic radiation, industrial noise, vibration, chemical pollutants were also excluded. All smokers also were excluded from studied population because there are data, that tobacco smoking is a factor that increases the risk of spontaneous abortion (Ness *et al.*, 1999). Although it is stated that there are no difference in genotype frequency of polymorphism in *CYP1A1* and *CYP2A6* genes as far as in *GSTT1* deletion frequency between smokers and non-smokers with early pregnancy loss (Aagaard-Tillery *et al.*, 2010). The study was approved by the Southern Federal University Bioethics Committee. The participants willingly signed the informed consent. After approval by institutional review board, 71 women (mean age 29) with spontaneous abortion in 6-11 week of gestation and 101 women (mean age 30) with normally progressing pregnancies and without any history of spontaneous or missed abortion were studied.

Genomic DNA was isolated from the EDTA-anticoagulated peripheral blood using the commercial kit "DNA Express" (thermo-coagulation method, Lytech, Russia).

Polymorphism *Ile462Val* of cytochrome P-450 gene *CYP1A1* (MIM \*108330), *Arg47His* (rs122) alcohol dehydrogenase gene *ADH1B* (MIM +103720), *Glu487Lys* alcohol dehydrogenase gene *ALDH2* (MIM +100650), *I105V GSTP1* gene (MIM \*134660) was detected by allele-specific polymerase chain reaction method using SNP-express reaction kits (Lytech, Russia). The PCR products were analyzed by horizontal 3% agarose gel electrophoresis. Gel images were captured using GelDoc XR system (Bio-Rad, USA). Densitometry was performed using ImageJ (NIH, USA). The background was subtracted with the rolling ball radius of 50 pixels.

Hardy-Weinberg equilibrium analyses were performed using Hardy-Weinberg equilibrium calculator in [www.oege.org/software/Hardy-Weinberg](http://www.oege.org/software/Hardy-Weinberg) (Rodriguez *et al.*, 2009). Differences in distribution of allele variants between studied groups were assessed by  $\chi^2$ -analyses. To evaluate pregnancy loss risk we calculated Odd Ratios (OR).

## Results

The frequencies of genotypes of studied groups are shown in Table 1. The distributions of all genotypes in each group were in Hardy-Weinberg equilibrium. The distributions of genotype and allele frequency between women with early pregnancy loss and the controls were equal for *CYP1A1*, *ADH1B* and *GSTP1* gene polymorphism.

Table 1. Distribution of *CYP1A1*, *ALDH2*, *ADH1B* and *GSTP1* genotypes among 71 cases with Early Pregnancy Loss (EPL) and 101 controls

Genotype, allele	Controls (n = 101)	EPL (n = 71)	OR (95% CI)	$\chi^2$ (p)
<b><i>CYP1A1 Ile462Val</i></b>				
<i>Ile/Ile</i>	85 (84.2%)	63 (88.7%)	1.48 (0.6-3.68)	0.73
<i>Ile/Val</i>	16 (15.8%)	8 (11.3%)	0.67 (0.27-1.67)	-0.7
<i>462Val</i> allele	0.056	0.079	0.69 (0.29-1.67)	0.67 (0.41)
<b><i>ALDH2 Glu487Lys</i></b>				
<i>Glu/Glu</i>	99 (98.0%)	62 (87.3%)	0.14 (0.03-0.67)	7.97
<i>Glu/Lys</i>	2 (2.0%)	9 (12.7%)	7.19 (1.5-34.36)	-0.02
<i>487Lys</i> allele	0.01	0.063	6.77 (1.44-31.8)	7.7 (0.006)
<b><i>ADH1B Arg47His</i></b>				
<i>Arg/Arg</i>	92 (91.1%)	58 (81.7%)	0.44 (0.18-1.09)	3.38
<i>Arg/His</i>	8 (7.9%)	11 (15.5%)	2.13 (0.81-5.6)	-0.18
<i>His/His</i>	1 (1.0%)	2 (2.8%)	2.9 (0.26-32.6)	
<i>47His</i> allele	0.05	0.106	2.27 (0.99-5.21)	3.9 (0.05)
<b><i>GSTP1 Ile105Val</i></b>				
<i>Ile/Ile</i>	42 (41.6%)	25 (35.2%)	0.76 (0.41-1.43)	1.15
<i>Ile/Val</i>	48 (47.5%)	35 (49.3%)	1.07 (0.58-1.97)	-0.56
<i>Val/Val</i>	11 (10.9%)	11 (15.5%)	1.5 (0.61-3.68)	
<i>105Val</i> allele	0.347	0.401	1.26 (0.81-1.97)	1.08 (0.3)

Table 2. A combined analysis of distribution of *ALDH2*, *GSTP1*, *ADH1B* genotypes among 71 cases with early pregnancy loss and 101 controls

Genotype	Controls, n (%)	EPL, n (%)	OR (95% CI)	p
<i>ALDH2 Glu487Lys</i> or <i>487LysLys/GSTP1 Ile105Val</i> or <i>105ValVal</i>	2 (1.9)	7 (9.9)	5.4 (1.1-26.9)	0.034
<i>ALDH2 Glu487Lys</i> or <i>487LysLys/ADH1B Arg47His</i> or <i>47HisHis</i>	1 (0.9)	6 (8.4)	9.2 (1.1-78.5)	0.020
<i>GSTP1 Ile105Val</i> or <i>105ValVal</i>	2 (1.9)	9 (12.7)	7.2 (1.5-34.4)	0.008

For *ALDH2* gene polymorphism genotype and allele frequency differed significantly between controls and EPL group (Table 1). Occurrence rate of the *Glu487Lys* heterozygous genotype were 6 times higher among women with early pregnancy loss. Women with heterozygous *ALDH2 Glu487Lys* genotype have 7 fold early pregnancy loss risk increase. The *487Lys* allele frequency was 6 times higher among women with early pregnancy loss compared to controls.

The combination of polymorphic variants of genes of first and second detoxification phase has additive effect and results in multifactorial pathology risk increase. Table 2 represents the results of analysis of gene polymorphism combinations.

Among women with early pregnancy loss the percentage of those who had the combination of polymorphisms of both first and second detoxification phases in genotype was increased (Table 2). In case of combination of both *ALDH2* and *GSTP1* genes polymorphisms in genotype the early pregnancy loss risk increases 5 times. In case of combination of *ALDH2*, *ADH1B* and *GSTP1* genes polymorphisms in genotype the early pregnancy loss risk increases 9 times.

## Discussion

Metabolic activation of xenobiotics leads to the formation of reactive metabolites that occurs the one of

the main causes of genotoxicity of many environmental substances. In human organism individual resistance to toxins depends on xenobiotic detoxification gene system functioning. The data about biotransformation system gene polymorphisms influence on pregnancy complication development remain controversial.

Cytochrome *CYP1A1* is active towards polycyclic aromatic hydrocarbons, ethanol, acetone, several drugs and biologically active compounds, including estrogens (Martucci and Fishman, 1993). It is known that *A2455G (Ile462Val)* mutation leads to “fast” enzyme type formation, that can cause intermediate toxic metabolites concentration increase in tissues and biological fluids. This event may result in activation of biochemical reactions, which can modulate hormonal activity. Some researches stated that polymorphic variants of *CYP1A1* are associated with higher risk of spontaneous abortion (Suryanarayana *et al.*, 2004). In the same time there are controversial data (Saijo *et al.*, 2004; Aagaard-Tillery *et al.*, 2010). In our study we found no differences between genotype and allele frequencies of *CYP1A1* gene in study groups of women.

Alcohol dehydrogenase catalyses the oxidation of primary and secondary alcohols to aldehydes and ketones. Non-typical enzyme form which is coded by polymorphic variant of *ADH1B* gene has higher alcohol oxidation speed (Warren and Li, 2005; Edenberg, 2007).

Aldehydes also are formed during lipid peroxidation. Aldehydes are reactive compounds that inhibit many metabolic reactions and cellular growth. That's why fast aldehydes detoxification is important for cell survival. Enzymatic elimination of aldehydes is a function of NAD-dependent alcohol dehydrogenase. *ALDH2* gene polymorphism studied in our work causes enzyme activity decrease (Yoshida *et al.*, 1984). In combination with low alcohol dehydrogenase activity this results in acetaldehydes tissue concentration increase. Acetaldehyde is known to be a compound with high reactivity, which causes DNA damage. Lack of *ALDH2* enzyme has negative effect on mammal embryo development (Langevin *et al.*, 2011).

Glutathione S-transferase enzymes group catalyze the detoxification of wide spectrum of electrophilic substances. Detoxification can be achieved by binding of xenobiotics to glutathione, which facilitates the neutralization of electrophilic center by SH group. Binded xenobiotics can be eliminated from the body with the urine or during proceeding the next stages of the bitransformation process in which N-acetylase and transpeptidase take part.

Glutathione S-transferases are presented in many tissues including genital tract and placenta. *GSTP1* is a main enzyme type in fetoplacental system (Zusterzeel *et al.*, 1999; 2000b). *GSTP 105Val* variant has low specific activity and affinity to electrophilic substances (Ali-Osman *et al.*, 1997). Presence of this polymorphism in genotype leads to the accumulation of insoluble toxic activated electrophilic metabolites in cells (Hu *et al.*, 1998). It is known that low functional activity of glutathione S-transferases is associated with preeclampsia risk increase. Furthermore, many investigations demonstrated the association between mutant allele and genotype frequencies and severity index, for example with increased platelet aggregation (Zusterzeel *et al.*, 2000a).

Number of researches had shown *105Val GSTP1* homozygous genotype frequency increase among women with Recurrent Pregnancy Loss (RPL) and no significant relationship between RPL and *CYP1A1* gene polymorphism (Zusterzeel *et al.*, 2000b). Suryanarayana *et al.* (2004) demonstrated controversial data: *CYP1A1* gene polymorphism is related to RPL risk while GST gene family polymorphisms are not associated with recurrent miscarriage.

Our study has shown that *GSTP1* gene polymorphism is not associated with first trimester pregnancy loss risk. However, women with polymorphic variants of genes of the first and second xenobiotics detoxification phases (*ADH1B* and/or *ALDH2* in combination with *GSTP1* gene polymorphism) have the increased early pregnancy loss risk. Such genotype affects the equilibrium between the reaction speeds during I and II phase of

biotransformation that results in the longer preservation of toxic intermediate compounds, including the products of lipid peroxidation, in cells. Such conditions can activate free radical reactions and pathological processes. Furthermore, it may affect the apoptosis. Other study examined that *GSTP1* is a transcriptional target of p53 suppressor, which affects p53-binding motif in exon 4 of *GSTP1* gene increasing its expression. This mechanism is a part of genome protection system (Lo *et al.*, 2008) which can be disrupted in case of enzyme isoforms presence.

## Conclusion

The present research revealed that multifactorial pathology risk increase is the result of combination of multiple polymorphic variants of first and second xenobiotics detoxification phases.

## Acknowledgement

This study was supported by the federal assignment № 6.98.2014/K from Russian Ministry of Science and Education. Research was performed with use of the equipment of Centers for collective use of Southern Federal University "High Technology", grant RFMEFI59414X0002.

We would like to express our appreciation to Rostov-on-Don City Hospital №8 for assistance in collecting the clinical material.

## Funding Information

This study was supported by the federal assignment № 6.98.2014/K from Russian Ministry of Science and Education. Research was performed with use of the equipment of Centers for collective use of Southern Federal University "High Technology", grant RFMEFI59414X0002.

## Author's Contributions

**Elena Vladimirovna Mashkina:** Conception and design, Acquisition of data, Analysis and interpretation of data, Drafting or revising the article.

**Konstantin Nikolaevich Saraev:** Acquisition of data, Analysis and interpretation of data.

**Elena Viktorovna Butenko:** Analysis and interpretation of data, Drafting or revising the article.

**Galina Ivanovna Volosovtsova:** Analysis and interpretation of data, Contributed unpublished essential data or reagents.

**Tatyana Pavlovna Shkurat:** Conception and design, Analysis and interpretation of data, Drafting or revising the article.

## Ethics

We confirm that this manuscript has not been published elsewhere and is not under consideration by another journal. Each author confirms the manuscript represents honest work. All authors have approved the manuscript. Each author agrees with the order in which his name appears on the title page. Study design and methods were approved by Ethics Committee of Southern Federal University.

## References

- Aagaard-Tillery, K., C. Spong, E. Thom, B. Sibai and G. Jr. Wendel *et al.*, 2010. Pharmacogenomics of maternal tobacco use: Metabolic gene polymorphisms and risk of adverse pregnancy outcomes. *Obstetrics Gynecol.*, 115: 568-577. PMID: 20177288
- Ali-Osman, F., O. Akande, G. Antoun, J. Mao and J. Buolamwini, 1997. Molecular cloning, characterization and expression in *Escherichia coli* of full-length cDNAs of three human glutathione S-transferase Pi gene variants. Evidence for differential catalytic activity of the encoded proteins. *J. Biology Chemistry*, 272: 10004-10012. DOI: 10.1074/jbc.272.15.10004
- Baranova, H., M. Canis, T. Ivaschenko, E. Albuissou and R. Bothorishvilli *et al.*, 1999. Possible involvement of arylamine N-acetyltransferase 2, glutathione S-transferases M1 and T1 genes in the development of endometriosis. *Mol. Hum. Reprod.*, 5: 636-641. DOI: 10.1093/molehr/5.7.636
- Conney, A., 1982. Induction of microsomal enzymes by foreign chemicals and carcinogenesis by polycyclic aromatic hydrocarbons: G.H.A. Clowes Memorial Lecture. *Cancer Res.*, 42: 4875-4917. PMID: 6814745
- Cramer, D. and L. Wise, 2000. The epidemiology of recurrent pregnancy loss. *Semin. Reprod. Med.*, 18: 331-340. PMID: 11355791
- Crofts, F., E. Taioli, J. Trachman, G. Cosma and D. Currie *et al.*, 1994. Functional significance of different human CYP1A1 genotypes. *Carcinogenesis*, 15: 2961-2963. PMID: 8001264
- Edenberg, H., 2007. The genetics of alcohol metabolism: Role of alcohol dehydrogenase and aldehyde dehydrogenase variants. *Alcohol Res. Health*, 30: 5-13. PMID: 17718394
- Hadfield, R., S. Manek, D. Weeks, H. Mardon and D. Barlow *et al.*, 2001. Linkage and association studies of the relationship between endometriosis and genes encoding the detoxification enzymes GSTM1, GSTT1 and CYP1A1. *Mol. Hum. Reprod.*, 7: 1073-1078. PMID: 11675474
- Hakkola, J., H. Raunio, R. Purkunen, O. Pelkonen and S. Saarikoski *et al.*, 1996. Detection of cytochrome P450 gene expression in human placenta in first trimester of pregnancy. *Biochem. Pharmacol.*, 52: 379-383. PMID: 8694864
- Hempstock, J., Y. Bao, M. Bar-Issac, N. Segaren and A. Watson *et al.*, 2003. Intralobular differences in antioxidant enzyme expression and activity reflect the pattern of maternal arterial bloodflow within the human placenta. *Placenta*, 24: 517-523. DOI: 10.1053/plac.2002.0955
- Hirvonen, A., 1995. Genetic factors in individual responses to environmental exposures. *J. Occup. Environ. Med.*, 37: 37-43. PMID: 7620941
- Hu, X., H. Xia, S. Srivastava, A. Pal and Y. Awasthi *et al.*, 1998. Catalytic efficiencies of allelic variants of human glutathione S-transferase P1-1 toward carcinogenic anti-diol epoxides of benzo[c]phenanthrene and benzo[g]chrysene. *Cancer Res.*, 58: 5340-5343. PMID: 9850062
- Knapen, M., P.L. Zusterzeel, W. Peters and E. Steegers, 1999. Glutathione and glutathione-related enzymes in reproduction. A review. *Eur. J. Obstetr. Gynecol. Reprod. Biol.*, 82: 171-184. PMID: 10206412
- Langevin, F., G.P. Crossan, I.V. Rosado, M.J. Arends and K. Patel, 2011. Fancd2 counteracts the toxic effects of naturally produced aldehydes in mice. *Nature*, 475: 53-58. DOI: 10.1038/nature10192
- Lo, H., L. Stephenson, X. Cao, M. Milas and R. Pollock *et al.*, 2008. Identification and functional characterization of the human glutathione S-transferase P1 gene as a novel transcriptional target of the p53 tumor suppressor gene. *Mol. Cancer Res.*, 6: 843-850. PMID: 18505928
- Marana, H., J. Andrade, G. Martins, J. Silva and M. Sala *et al.*, 1998. A morphometric study of maternal smoking on apoptosis in the syncytiotrophoblast. *Int. J. Gynecol. Obstet.*, 61: 21-27. PMID: 9622168
- Martucci, C. and J. Fishman, 1993. P450 enzymes of estrogen metabolism. *Pharmacol. Ther.*, 57: 237-257. PMID: 8361994
- Myllynen, P., M. Pasanen and K. Vähäkangas, 2007. The fate and effects of xenobiotics in human placenta. *Expert Opin. Drug Metab. Toxicol.*, 3: 331-346. PMID: 17539742
- Nebert, D. and M. Carvan, 1997. Ecogenetics: From biology to health. *Toxicol. Indus. Health*, 13: 163-192.
- Ness, R.B., J.A. Grisso, N. Hirschinger, N. Markovic and L. Shaw *et al.*, 1999. Cocaine and tobacco use and the risk of spontaneous abortion. *New Eng. J. Med.*, 340: 333-339. PMID: 9929522
- Rodriguez, S., T.R. Gaunt and I.N. Day, 2009. Hardy-Weinberg equilibrium testing of biological ascertainment for mendelian randomization studies. *Am. J. Epidemiol.*, 169: 505-514. PMID: 19126586

- Saijo, Y., F. Sata, H. Yamada, K. Suzuki and S. Sasaki *et al.*, 2004. Ah receptor, CYP1A1, CYP1A2 and CYP1B1 gene polymorphisms are not involved in the risk of recurrent pregnancy loss. *Mol. Hum. Reprod.*, 10: 729-733. PMID: 15299091
- Suryanarayana, V., M. Deenadayal and L. Singh, 2004. Association of CYP1A1 gene polymorphism with recurrent pregnancy loss in the South Indian population. *Hum. Reprod.*, 19: 2648-2652. DOI: 10.1093/humrep/deh463
- Van Lieshout, E.M., M.F. Knapen, W.P Lange, E.A. Steegers and W.H. Peters, 1998. Localization of glutathione S-transferases alpha and pi in human embryonic tissues at 8 weeks gestational age. *Hum. Reprod.*, 13: 1380-1386. PMID: 9647576
- Vogt Isaksen, C., 2004. Maternal smoking, intrauterine growth restriction and placental apoptosis. *Pediatr. Developm. Pathol.*, 7: 433-442. PMID: 15568214
- Wang, X., M. Wang, T. Niu, C. Chen and X. Xu, 1998. Microsomal epoxide hydrolase polymorphism and risk of spontaneous abortion. *Epidemiology*, 9: 540-544. PMID: 9730034
- Warren, K. and T. Li, 2005. Genetic polymorphisms: Impact on the risk of fetal alcohol spectrum disorders. *Birth Defects Res. Part A, Clin. Mol. Teratol.*, 73: 195-203. PMID: 15786496
- Watson, M.A., R.K. Stewart, G.B. Smith, T.E. Massey and D.A. Bell, 1998. Human glutathione S-transferase P1 polymorphisms: Relationship to lung tissue enzyme activity and population frequency distribution. *Carcinogenesis*, 19: 275-280. PMID: 9498276
- Yoshida, A., I.Y. Huang and M. Ikawa, 1984. Molecular abnormality of an inactive aldehyde dehydrogenase variant commonly found in Orientals. *Proc. National Acad. Sci. United States Am.*, 81: 258-261. PMID: 6582480
- Zusterzeel, P.L., W.L. Nelen, H.M. Roelofs, W.H. Peters and H.J. Blom *et al.*, 2000a. Polymorphisms in biotransformation enzymes and the risk for recurrent early pregnancy loss. *Mol. Hum. Reprod.*, 6: 474-478. PMID: 10775653
- Zusterzeel, P.L., W.H. Peters, M.A. De Bruyn, M.E. Knapen and H.M Merkus *et al.*, 1999. Glutathione S-transferase isoenzymes in decidua and placenta of preeclamptic pregnancies. *Obstetr. Gynecol.*, 94: 1033-1038. PMID: 10576196
- Zusterzeel, P.L., W. Visser, W.H. Peters, H.W. Merkus and W.L. Nelen *et al.*, 2000b. Polymorphism in the glutathione S-transferase P1 gene and risk for preeclampsia. *Obstetr. Gynecol.*, 96: 50-54. PMID: 10862841