

## Genetic polymorphisms cyp2j2 7 and cyp2c8 3 and effects on the level of risk for coronary artery disease

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**Purpose:** In the present study we have analyzed the impact of a genetic variant in CYP2C8 on CAD in Bulgarian population. We conducted a case-control study to determine whether the common genetic variation rs890293 (CYP2J2\*7) in CYP2J2 gene was associated with the risk of CAD.

**Methods:** We analyzed 99 patients with CAD and 377 controls for a potential correlation of the CYP2J2 Polymorphism G-50T. 96 of these 99 patients were tested for the presence of polymorphisms CYP2C8 To

Evaluate the genotypes of the samples in real time PCR with predesigned TaqMan SNP Genotyping Assays (Applied Biosystem) for rs890293 was used. Studied the variation of allele polymorphism CYP2J2 \* 7 and CYP2C8 \* 3 on the balance of Hardy-Weinberg (Hardy-Weinberg) and the frequency of the T allele with  $\chi^2$  test.

**Results:** The resulting p-values for both polymorphisms (for CYP2C8 \* 3,  $p = 0.7901$  and  $p = 0.0670$  CYP2J2 \* 7) indicates that the distribution of T allele CYP2C8 \* 3 with high probability closer to balance Hardy Weinberg, than in the CYP2J2 \* The chances for people with T-allele polymorphism in the CYP2C8 \* 3, CAD occur on average 1.7 times higher than those who did not carry this allele. CI of OR (2,87461,0334) with 95% probability. CI indicated that it could be argued with a 95% probability that the presence of the T allele in CYP2C8 \* 3 increases the Risk of CAD.

The analysis of data obtained  $p=0.9489$ , OR=0,9717, CI (0,4034;2,3404) showed no indications T allele CYP2C8 \* 3 has completely different chances for the occurrence of CAD in men and women.

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