BIOCHEMICAL AND GENE EXPRESSION STUDIES ON UTERINE FIBROID PATIENTS IN IBADAN, OYO STATE, NIGERIA

OKESOLA, MARY ABIOLA (18PCP01851)

OCTOBER, 2022

BIOCHEMICAL AND GENE EXPRESSION STUDIES ON UTERINE FIBROID PATIENTS IN IBADAN, OYO STATE, NIGERIA

BY

OKESOLA, MARY ABIOLA (18PCP01851) B.Sc Information Technology, University of Education, Winneba, Ghana PG.D Biochemistry, Afe-Babalola University, Ado-Ekiti M.Sc Biochemistry, Afe-Babalola University, Ado-Ekiti

A THESIS SUBMITTED TO THE SCHOOL OF POSTGRADUATE STUDIES IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF THE DEGREE OF DOCTOR OF PHILOSOPHY (Ph.D) IN BIOCHEMISTRY IN THE DEPARTMENT OF BIOCHEMISTRY, COLLEGE OF SCIENCE AND TECHNOLOGY, COVENANT UNIVERSITY, OTA, OGUN STATE, NIGERIA

OCTOBER, 2022

ACCEPTANCE

This is to attest that this thesis is accepted in partial fulfilment of the requirements for the award of the degree of Doctor of Philosophy in Biochemistry in the Department of Biochemistry, College of Science and Technology, Covenant University, Ota.

Mrs. Oyinloye. F. Adefunke. (Secretary, School of Postgraduate Studies)

Signature and Date

Prof. Akan B. Williams (Dean, School of Postgraduate Studies)

Signature and Date

DECLARATION

I, OKESOLA, MARY ABIOLA (18PCP01851), declare that I carried out this research under the supervision of Prof. Israel S. Afolabi and Prof. Olubanke O. Ogunlana of the Department of Biochemistry, College of Science and Technology, Covenant University, Ota, Nigeria and Dr. Folasade A. Bello of the Department of Obstetrics and Gynaecology, University College Hospital, Ibadan. I attest that the thesis has not been presented either wholly or partially for the award of any degree elsewhere. All sources of data and scholarly information used in this thesis are duly acknowledged.

OKESOLA, MARY ABIOLA

Signature and Date

CERTIFICATION

We certify that this thesis, titled "**BIOCHEMICAL AND GENE EXPRESSION STUDIES OF UTERINE FIBROID PATIENTS IN IBADAN, OYO STATE, NIGERIA**", is an original research work carried out by **OKESOLA, MARY ABIOLA (18PCP01851)** in the Department of Biochemistry, College of Science and Technology, Covenant University, Ota, Ogun State, Nigeria, under the supervision of Prof. Israel S. Afolabi, Prof. Olubanke O. Ogunlana, and Dr. Folasade A. Bello. We have examined and found this work acceptable as part of the requirements for the award of a Doctor of Philosophy (Ph.D) degree in Biochemistry.

Prof. Israel S. Afolabi. (Supervisor) **Signature and Date** Prof. Olubanke O. Ogunlana. (Co-supervisor) **Signature and Date** Dr. Folasade A. Bello. (Co-supervisor) **Signature and Date** Prof. Israel S. Afolabi. (Head of Department) **Signature and Date** Prof. Adenike T. Oladiji. **Signature and Date** (External Examiner) **Prof. Akan B. Williams** (Dean, School of Postgraduate Studies) **Signature and Date**

DEDICATION

I dedicate this project to God Almighty, my help in ages past. He has been the source of inspiration throughout this programme. On His wings only, I am soaring.

ACKNOWLEDGEMENTS

I return all glory to Almighty God, my companion, help in ages past, and the assurer of the future. Without Him, this work would have been impossible.

Special thanks to the Chancellor of Covenant University, Dr. David O. Oyedepo, for allowing God to use him to establish this excellent learning institution. My gratitude goes to the Vice-Chancellor, Prof. Abiodun H. Adebayo; the acting Registrar, Mr. Emmanuel K. Igban; the Dean, School of Postgraduate Studies, Prof. Akan B. Williams; the Dean, College of Science and Technology, Prof. Timothy A. Anake; and the entire management staff of the University for their exemplary leadership that aided the actualisation of my academic dream. May His grace and favour continue to be with them all, amen.

I registered my sincere appreciation to the Head of the Department, Prof. Israel S. Afolabi who incidentally is also my lead supervisor, for his encouragement and assistance towards the speedy accomplishment of putting the thesis together. I recognise with thanks the immeasurable contributions and maturity of the entire academic and non-academic staff of my Department - Biochemistry. It is a wonderful experience to have passed through your tutelage. Thank you all for sharing your wealth of knowledge with me. I recognise and appreciate Dr. Titilope M. Dokunmu, Dr. Omolola E. Omotosho, Dr. Tolulope D. Olawole, Dr. Opeyemi C. De Campos, Dr. Omolara F. Yakubu, Dr. Oluwakemi A. Rotimi, Dr. Wisdom O. Joel, Dr. Franklin Iheagwam, Dr. Bababode I. Adelani and Mrs Gloria N. Okenze. May you all remain blessed forever.

I appreciate with all sincerity and humility the immeasurable constructive criticisms and guidance of my supervisors - Prof. Israel S. Afolabi, Prof. Olubanke O. Ogunlana and Dr. Folasade A. Bello. While Prof. Afolabi is endowed with leadership prowess that ignited some self-confidence levels that steered me in the right direction, Prof. Ogunlana was my cardinal point on whom I drove this study to a conclusion. I must especially appreciate their prompt, insightful, clear and frank feedback; foresight in identifying values, shortcomings and obstacles; aptitude for putting ideas into context; extraordinary attention to detail; and above everything, for being patient and understanding. They ultimately made the long process of this work a worthwhile endeavour for me to value the beauty of academic research.

Similarly, I am indebted to the management and staff of the obstetrics and gynaecology department, University College Hospital (UCH), Ibadan, who assisted greatly in sample collection. While Appreciating Dr. Olatunde O. Ayinde for introducing UCH to me and paddling the way to the management acceptance of my study requests, samples collections and preservation

would have been practically impossible if not for the direct impacts of the obstetrics and gynaecologists – Dr. Folasade A. Bello and Dr. Wale Lasisi. The former was more enthusiastic and would always drag me to the theatre to witness Uterine Fibroid (UF) operations and collect samples.

The following individuals deserve my acknowledgement for making my benchwork a success. Prof. Solomon O. Rotimi of Covenant University Biochemistry Department was particularly helpful and assisted remarkably, especially in making some of the reagents needed available. Thank you immensely, sir. Special thanks go to Miss. Bose E. Adegboye. She is an exceptional lady, ready to assist at any time. May God reward you bountifully. I am indebted to Mrs. Omowumi R. Afolabi, Mr. Alaba O. Adeyemi, Mr. Oluwafemi M. Familua, Mr. Rotimi T. John for standing by me each time the needs arise. I will not forget my wonderful colleague–Mr. Rufus O. Afolabi, Mrs. Ibitayo O. Ademuwagun, Miss Omoremime E. Dania and Miss Evarista Ebigwai consistent words of encouragement. May God reward you abundantly.

The following friends and family members also deserve to be mentioned for their contributions in one way or the other during the course of my study. Ayoade J. Adeyeri, Ramoni P. Adeyeri, Micheal R. Adeyeri, Adebayo, A. Oladejo, Okesola, O. Oluwafemi, Ganiyu A. Adeyeri, Funmilayo A. Oketokun, Laura O. Shekoni, Adunola A. Akindele, Basiru O. Ajiboye and Oluwafemi A. Ojo. Thank you for your prayers, love, support and words of encouragement. You made the journey less stressful for me.

Finally, being the spouse of a graduate student is not easy, especially at a lethargic age. A deep sense of appreciation, therefore, goes to my dear husband, Prof. Olatunji Okesola, for coping with my unpredictable schedules, for understanding the challenges in a graduate student's life, for being the first one to hear my innovative ideas, and for his wisdom and unfailing financial and moral supports. I equally appreciate my children – Omobolaji, Folakemi, Ajibola and Olatoye for their sense of humour and outstanding support whenever I was getting hot. You all make the world a better place for me despite some maternal comforts I denied you during this study period.

Writing this acknowledgement session has been like counting my blessings. I am blessed and grateful. To God alone be the glory and adoration.

TABLE OF CONTENTS

COVER PAGE

APPROVAL PAGE	ii
ACCEPTANCE	iii
DECLARATION	iv
CERTIFICATION	V
DEDICATION	vi
ACKNOWLEDGEMENTS	vii
TABLE OF CONTENTS	ix
LIST OF TABLES	xiv
LIST OF FIGURES	XV
LIST OF ABBREVATIONS	xvi
ABSTRACTS	xix
CHAPTER ONE: INTRODUCTION	1
1.1. Background to the Study	1
1.2. Study Area	3
1.3. Statement of Research Problem	4
1.4. Research Questions	5
1.5. Research Hypothesis	5
1.6. Aim and Objectives	5
1.6.1. Aim	5
1.6.2. Specific Objectives	5
1.7. Justification of the Study	6
1.8. Scope of the Study	6
CHAPTER TWO: LITERATURE REVIEW:	7
2.1. Preamble	7
2.2. Classification of Uterine Fibroid	8
2.2.1. Subserosal Fibroids	8
2.2 2. Intramural Fibroids	8
2.2.3. Submucosal Fibroids	9
2.3. Prevalence of Uterine Fibroid	9
2.4. Risk Factors and Symptoms of Uterine Fibroids	10
2.4.1. Age as a Risk Factor of Uterine Fibroid Development	11
2.4.2. Race as a Risk Factor of Uterine Fibroid	11
2.4.3. Heredity and Genetics as a Risk Factor of UF	12
2.4.4. Oestrogen and Progesterone	13
2.4.5. Life Style	14
2.5. Symptoms and Complications of Uterine Fibroid	16
2.6. Diagnosis and Treatment of Uterine Fibroids	16
2.6.1. Diagnosis of Uterine Fibroids	17
2.6.2. Management of Uterine Fibroids	17
2.6.3. Haematological Indices2.6.4. Treatment of Uterine fibroids	18 20
2.0.4. Treatment of Oterme horoids 2.7. Factors Influencing Growth of Uterine Fibroids	20 23
2.7. Factors influencing Growth of Oterine Fibroids 2.7.1. Reproductive Hormones in Uterine Fibroid Growth	23 23
2.7.1. Reproductive normones in Otennie Fibroid Orowin	23

2.7.2. Cytokines and Chemokines Roles in Uterine Fibroid Development	25
2.7.3. Genetics and Epigenetics Influence in UF	28
2.7.4. Extracellular Matrix and Uterine Fibroids	29
2.8. Uterine Fibroids and Nutritional Influence	30
2.8.1. Calcium	31
2.8.2. Magnesium	31
2.8.3. Potassium	32
2.8.4. Iron	33
2.8.5. Zinc and Selenium	33
2.9. Correlation Between Vitamins and Uterine Fibroids	34
2.9.1. The Role of Vitamin A in Uterine Fibroid Growth	34
2.9.2. Vitamin C and Uterine Fibroids	35
2.9.3. Vitamin E (Tocopherol) and Uterine Fibroids	35
2.9.4. Vitamin D and Uterine Fibroids	36
2.9.5. Vitamin K and Uterine Fibroids	37
2.10. Environmental Factors and Uterine Fibroids	38
2.11. Correlation of Uterine Fibroid and Other Disorders	39
2.11.1. Uterine Fibroids and Iron Deficiency Anaemia	39
2.11.2. Uterine Fibroids and Oxidative Stress	40
2.11.3. Molecular Characterisation	43
2.11.3.1. Uterine Fibroids and Growth Factors	44
2.12. Uterine Fibroids, Infertility and Pregnancy Complications	47
2.13. Relationship Between Uterine Fibroid, Hypothyroidism and Keloid	48
2.14. Economic Burden of Uterine Fibroid	48
2.15. Related Studies on Uterine Fibroids	49
2,15.1. Gaps in the Literatures	56
CHAPTER THREE:MATERIALS AND METHODS	57
3.1. Preambles and Materials Used	57
3.1.1. Equipment	57
3.1.2. Reagents and Chemicals	57
3.1.3. Other Materials	58
3.2. Methods	58
3.2.1. Study Location	58
3.2.2. Sample Size Determination	58
3.2.3. Inclusion and Exclusion Criteria	59
3.2.4. Ethical Application Process and Informed Consent	59
3.2.5. Experimental Design	59
3.2.6. Preparation of Biological Samples	60
3.2.7. Haematological Analysis	61
3.3. Biochemical Analysis	61
3.3.1. Determination of Estradiol	62
3.3.2. Determination of Progesterone	62
3.3.3. Determination of Total Cholesterol	63
3.3.4. Determination of Serum Total Protein	64
3.3.5. Determination of Micronutrients (Vitamins and Mineral Element)	65
3.4. Antioxidant Enzymes	70
3.4.1. Determination of Glutathione Peroxidase (GPx)	70
3.4.2. Determination of Reduced Glutathione (GSH)	70
3.4.3. Determination of Glutathione-S- Transferase (GST)	71
3.4.4. Determination of Catalase (CAT) Activity	71
considered and the contract of	12

3.4.5. Determination of Superoxide Dismutase (SOD)	72
3.5. Determination of Inflammatory Cytokines	73
3.5.1. Determination of Serum Interleukin-1 Alpha (IL-1α)	73
3.5.2. Determination of Serum Interleukin-2 (IL-2)	74
3.5.3. Determination of Serum Cyclooxygenase-1 (CoX-1) in the Sample	75
3.5.4. Determination of serum Cyclooxygenase-2 (CoX-2) in the Sample	76
3.5.5. Determination of Serum TNF- α in the Sample	76
3.6. Tissue Homogenisation and Extraction of RNA	77
3.6.1. cDNA Synthesis and Expression of Growth Regulatory Genes	78
3.6.2. Gel Electrophoresis	78
3.6.3. Preparation of Agarose Gel	78
3.6.4. Histopathology	80
3.7. Statistical Analysis	80
CHAPTER FOUR: RESULTS	82
4.1. Phase One: Case-Control Design Model	82
4.1.1. Sociodemographic Characterisation of the Participants	82
4.1.2. Anthropometry Characterisation of UF and Non-UF Participants	82
4.1.3. Haematological Result of UF and Non-UF Participants	82
4.1.4. Vitamins Concentrations in UF and Non-UF Participants	82
4.1.5. Concentration of Micronutrient Elements	87
4.1.6. Hormones and Cholesterol Concentrations	87
4.1.7. Activities of Tissue Antioxidant Markers in UF and Non-UF	87
4.1.8. Activities of Serum Antioxidant Markers	87
4.1.9. Concentration of Inflammatory Market	87
4.1.10. Expression Pattern of Growth and House-Keeping Genes	87
4.1.11. The Concentration of Selected Growth Genes	88
4.1.12. Histological Pattern of UF and Normal Adjacent Myometrium	88
4.2. Phase Two: Case-Control Stratified by Age	96
4.2.1. Anthropometry Outcome	96 96
4.2.2. Age-Stratified Haematological Result	96 06
4.2.3. Concentrations of Vitamins in UF and Age-Matched Non-UF	96 00
4.2.4. Concentrations of Micronutrient Elements Stratified by Age 4.2.5. Concentrations of Serum Hormone and Cholesterol	99 99
4.2.5. Concentrations of Serum Hormone and Cholesteron 4.2.6. Antioxidant Enzymes in Tissue of UF and Age-Matched Non-UF	100
4.2.0. Antioxidant Enzymes in Fissue of UF and Age-Matched Ron-OF 4.2.7. Antioxidant Enzymes in Serum of UF and Non-UF Participants	100
4.2.8. Inflammatory Markers Mean Concentration Levels Classified by Age	100
CHAPTER FIVE: DISCUSSION	106
5.1. Preamble	100
5.2. Sociodemographic Characteristic of Participants	100
5.3. Anthropometry Outcome	100
5.4. Blood Count and UF Progression	100
5.5. Association of Micronutrients on UF Growth	108
5.6. Hormonal and Cholesterol Level	111
5.7. Antioxidant Status in Tissue of Uterine Fibroid Patients	112
5.7.1. Assessment of Antioxidant Status in Serum	112
5.8. Inflammatory Cytokines in Uterine Fibroid	112
5.9. The Expression Pattern of Growth Genes	113
5.10. Histological Pattern of UF and Adjacent Myometrial Tissue Sample	115

CHAPTER SIX: CONCLUSION AND RECOMMENDATION	
6.1. Summary	116
6.2. Conclusion	116
6.3. Contribution to Knowledge	117
6.4. Recommendation for Further Study	117
6.5. Limitation	117
REFERENCES	118
APPENDICES	139
Appendix I: Informed Consent Form	139
Appendix II: Participant Questionnaire Form	141
Appendix III: CHREC Ethical Permit Certificate	144
Appendix IV: UI/UCH Ethical Permit Certificate	145
Appendix V: Sample Collection and Homogenisation	146
Appendix VI: Molecular Characterisation of the Genes	147
Appendix VII: Suggested Pathways of Fibroid Occurrence	150

LIST OF TABLES

TABLES	LIST OF TABLES	PAGES
2.1A: Some of the Related S	Studies Around the World	50
2.1B: Some Related Studies	on Uterine Fibroids in Nigeria	54
2.2: Gaps in the Literature		56
3.1: Age Distribution		61
3.2: Selected Expressed Gro	wth Genes in Uterine Fibroid	79
3.3: List of the Primers used	in the Study	80
4.2: Concentration of Inflam	nmatory Markers	92
4.3: Anthropometry Outcom	e in UF and Non-UF Participants	97
4.4: Haematological Marker	s in UF and Age-Matched Non-UF Subjects	98
4.5: Concentration of Vitam	ins in UF and Age-Matched Non-UF Groups	99
4.6: Concentration of Micro	nutrient Elements in UF and Age-Matched Non-UF	101
4.7: Hormone and Cholester	ol Levels in UF and Non-UF Groups	102
4.8: Age stratified Antioxida	ant Enzymes in UF and Non-UF Participants	103
4.9: Antioxidants in UF and	Age-Matched Non-UF Subjects	104
4.10: Inflammatory Markers	in UF and Non-UF Participants	105
7.9: Classification of selecte	d Genes	147

LIST OF FIGURESS

FIGURES	LIST OF FIGURES	PAGES
1.1: Study Area in the Province of Ib	adan	4
2.1: Types of Uterine Fibroids		9
2.2: Risk Factors of Uterine Fibroid		11
2.3: Role of Estrogen and Progestero	ne in Uterine Fibroid Development	14
2.4: Treatment of UF using Medical,	Non-Surgical and Surgical Methods	20
2.5: Hormonal Role in the Growth ar	d Development of UF	25
2.6: Initiator and Promoters of UF		30
2.7: Vitamin A and Its Preformed De	rivatives	35
2.8: Vitamin D Synthesis		37
4.1: Anthropometry Output of Fibroi	d and Non-Fibroid Participants	84
4.2: Haematological Features of Fibr	oid Patients and Non-Fibroid Participants	85
4.3: Concentration of Selected Vitam	ins (a, b, c, d, & e)	86
4.4: Concentration of Micronutrient I	Elements in Both UF and Non-UF Participants	88
4.5: Concentration of the Hormones	and Cholesterol in UF and Non-UF Participants	89
4.6: Activities of Tissue Antioxidant	Enzymes in UF Patients and Non-UF Participants	90
4.7: Activities of Antioxidant Enzym	es in Serum of UF and Non-UF Participants	91
4.8: The PCR Amplification Band Pa	attern of Transforming Growth Factor-β1 (TGFβ1)	93
4.9: Expression of Some Selected Gr	owth Genes in UF Patients	94
4.10: Photomicrography of UF and A	djacent Myometrial Tissue Samples	95
7.1: The Estrogen Receptor Alpha (E	SR-α) Gene Expression in Uterine Fibroids	147
7.2: Expression of Insulin Growth Fa	ctor Receptor (IGF-IR)	148
7.3: Expression of Vascular Endothe	lial Growth Gene (VEGF)	148
7.4: Expression of Transforming Gro	wth Factor (TGF)	149
7.5: Expression of Actin, the House-	Keeping Gene	149

LIST OF ABBREVIATIONS

AAS	Atomic Absorption Spectrophotometer
ACP	Acid Phosphatase
ACT	Actin
BHD	Birt-Hogg Double syndrome
BMI	Body Mass Index
BSA	Bovine Serum Albumin
$C_4H_{11}NO_3$	Tris (hydroxymethyl) aminomethane
Ca ²⁺	Calcium
CAT	Catalase
CBC	Complete Blood Count
cDNA	Complementary deoxyribonucleic acid
CDNB	Chloro-dinitrobenzine
Cox-1 &-2	Cyclooxygenase-1 & -2
CHREC	Covenant Health Research and Ethics Committee
DTNB	Di-thio-nitrobenzol
ECM	Extra Cellular Matrix
EDTA	Ethylene-Diamine Tetraacetic Acid
EGCG	Epigallactocatehin Gallate
EGF	Epidermal Growth Factors
EGFR	Epidermal Growth Factor Receptor
ELISA	Enzyme-Linked Immunosorbent Assay
ER	Estrogen Receptor
FDA	Food and Drug Administration
FH	Fumarase Hydratase
GAPDH	Glyceraldehyde-3-phosphate dehydrogenase
GnRHa	Gonadotropin-releasing hormone agonists
GPx	Glutathione Peroxidase
GR	Glutathione Reductase
GRAN	Granulocytes
GSH	Reduced Glutathione
GSP	Gene Specific Primer
GST	Glutathione-S-Transferase
Hb	Hemoglobin

HMGA2	High Motility Group AT Hook -2
IGF	Insulin Growth Factor
ILs	Interleukins
\mathbf{K}^+	Potassium
КОН	Potassium Hydroxide
LYM	Lymphocytes
MeCN	Acetonitrile
MED 1 2	Mediator Complex Subunit 12
MeOH	Methanol
Mg^{2+}	Magnesium
MRgFUS	Magnetic Resonance Guided Focused Ultrasound
Na ⁺	Sodium
NADPH ⁺	Nicotinamide Adenine Dinucleotide Phosphate
NIEHS	National Institute of Environmental Health Sciences
PBS	Phosphate Buffer Saline
PCA	Perchloric Acid
PLT	Platelets
PR	Progesterone Receptor
RBC	Red Blood Cell
RNA	Ribonucleic Acid
RQ	Research Questions
RT-PCR	Reverse Transcriptase-Polymerase Chain Reaction
SOD	Superoxide Dismutase
TBA	Total Bile Acid
TBARs	Thiobarbituric Acid Reactive Substances
TCA	Trichloro-Acetate
TCEP	1- octanol and tris (2-carboxyethyl) phosphine hydrochloride
TGF-α	Transforming Growth Factors Alpha
TGF-β	Transforming Growth Factor–β
TNF-α	Tumor Necrosis Factor-Alpha
TSC-2	Tuberous Sclerosis Complex-2
UAE	Uterine Artery Embolization
UCH	University College Hospital
UF	Uterine Fibroid

UPA	Uplistrial Acetate
VDR	Vitamin D Receptor
VDREs	Vitamin D Response Elements
VEGF	Vascular Endothelial Growth Factor

ABSTRACT

Uterine fibroids (UF) are benign, non-carcinomatous growths that reside in the smooth layer of the uterus and cause many gynaecological problems among reproductive-age women worldwide. Their occurrence infringes on women's biological, sociological, physiological status and quality of lifestyle with an added financial burden, especially in black women. The actual cause of the phenomenon remains undiagnosed despite numerous studies, thereby prompting further investigation on its relationship to some biochemical and molecular markers of cellular growth and development. One hundred and ninety (190) reproductive-aged women (95 each for UF patients and age-matched non-UF participants) were recruited for the study. The experimental design was divided into two phases - Case-control model, and Case-control age-related model [16-25 years (group A), 26-35 years (group B), 36-45 years (group C), 46-55 years (group D) and 56 & above (group E)]. A portion of 5g each of the excised fibroid tissues and normal tissue samples from the adjacent myometrium were collected and sectioned into three parts. The first part was preserved using RNAlater® and kept at -80° C for molecular analysis. The second portion was preserved with 10 % formalin solution for histological examination, while the last portion was rinsed with normal saline and frozen for biochemical analysis. The blood samples (10mL) were also collected; a 2mL portion was used for haematological analysis and the remaining 8mL for biochemical tests. Vitamins A, D, and K concentrations, the female reproductive hormones, and inflammatory markers (oestrogen, progesterone, IL-1, IL-2, CoX-1, CoX-2, and TNF-a respectively) were assessed using Enzyme-linked immunosorbent assay kits. Concentrations of mineral elements in UF and non-UF were examined using atomic absorption spectrophotometry. The supernatant obtained from tissues and serum was utilised to assess the antioxidant status, and vitamins E and C concentrations were investigated spectrophotometrically. Age, reproductive hormones, antioxidant enzymes and micronutrients were identified as contributing factors promoting the incidence or occurrence of the UF. The micronutrient examination in the phase one design model revealed that selenium of all the examined mineral elements and vitamins A, D, and E were significantly reduced while Vitamin K increased significantly in UF cases at (p<0.05) promoting the occurrence of tumour. There was a significant increase (p<0.05) in the level of vitamin K, sodium, magnesium, iron, zinc and IL-2 in group C; Ca in group E, progesterone in groups B and C, reduction of progesterone in group D, estrogen, and cholesterol in group D; the activities of glutathione-s-transferase and over expression of transforming growth factor gene in the fibroid tissues. Conversely, there was a significant reduction of (P<0.05) in the levels of reduced glutathione in groups B, C and E, and SOD and selenium in groups E and D respectively. Similarly, there was a significant (P<0.05) decrease in the levels of vitamin A in groups B and C, vitamin D in groups D, vitamin E in groups D and E, sodium and cholesterol in group B in UF cases. The UF incidence or occurrence were associated with the nutritional influence of vitamin E, A = D, and selenium deficiencies in decreasing order, excess vitamin K intake and with overexpression of TGF-B. Thus, biochemical and molecular processes related to dietary lifestyle are strongly associated factors facilitating the occurrence of UF in most Black women.

Keywords: Antioxidant, ELISA Kits, Gene expression, Inflammation, Uterine fibroids, Vitamins.