

A review on genetical and environmental causes of brain tumor

Abstract

Brain tumor is a disorder that affects numerous people worldwide with a wide spectrum of symptoms. According to the provided evidence, some cases are due to inheritance of specific mutations while other cases of the disease seem to be related to environmental factors such as exposure to certain chemicals that are inevitable in specific jobs.

Keywords: brain tumor, cns, mri, cad, glioma, tumor suppressor genes

Volume 1 Issue 1 - 2018

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Received: February 04, 2018 | **Published:** February 16, 2018

Introduction

Brain and spinal cord together make up what is known as the Central Nervous System (CNS). Brain tumor is the result of abnormal cell growth. The location of brain tumors determines how the tumor influences body functions. It also indicates what symptoms will follow the tumor. For detecting and tracking the expansion of tumor, Magnetic Resonance Imager (MRI) is used. Computer-aided diagnosis (CAD) has been developed to increase the ability to diagnose primary indications of the disease such as small masses and minor calcifications.¹ Worldwide incidence of deaths due to malignant brain tumor is approximately 2.8 per 100,000 for men and 2.0 per 100,000 for women.² Common symptoms of patients with brain tumor include feeling dizzy, diplopia, blur vision or in some cases loss of vision, vomiting, nausea, bilateral papilledema, hemorrhage in the eyes which are all implications of intracranial pressure.³ Researchers are not certain about the origin of Cancer Stem Cells; they might arise from normal stem cells or from differentiated cells. However, there is proof that CSCs become more like stem cells or progenitor cells of the tissue where they arise from. For instance, brain CSCs express markers such as CD133 and Nestin that are normally expressed in neural progenitor and stem cells.⁴ Present evidence shows that malignant cancer cells originate from self-renewing, multipotent cells which are named cancer stem cells (CSCs).⁵ Researchers have shown that a number of polymorphisms are associated with glioma. A glioma is a kind of tumor that originates from glial cells of the brain or the spine. Gliomas account for about 30 per cent of all brain tumors and about 80 percent of all the malignant brain tumors. Investigators have evaluated the association of some polymorphism with gliomas. According to their findings most of the cancer-related genes are involved in DNA repair, carcinogen metabolism and immune function. However the majority of these cancer-related polymorphisms are found in DNA repair genes which are due to their key role in maintaining genomic stability and integrity.

For example, gliomas have proven to be associated with specific variants of excision repair cross-complementing 1 (ERCC1) and excision repair cross-complementing 2 (ERCC2), glioma tumor suppressor candidate of unknown function (GLTSCR1),

methylguanine-DNA methyltransferase (MGMT), PRKDC gene which is also named x-ray repair cross-complementing group 7 (XRCC7) and the chromatin assembly factor 1, subunit A gene (CHAF1A).⁶⁻⁸ According to some research, there is a significant association between certain jobs and the occurrence of brain tumor. For instance, an investigation has shown that men who were occupied in electricity-related jobs experienced a remarkably higher proportion of brain tumors.⁹

Conclusion

It can be said that brain tumor is affected by both the genetic and environmental factors. Thus, it can be inherited due to mutated genes or acquired depending on the exposure to carcinogenic factors.

Acknowledgments

We appreciate library staff of Sh. Beheshti University, Tehran and Khatam medical genetic laboratory, Qom.

Conflict of interest

Conflict of interest is not applicable for this study.

References

1. Devi MSA, Babu A, Menon AK, et al. Brain Tumor Detection. *IJIRT*. 2015;3(2):1-3.
2. Bondy ML, Scheurer ME, Malmer B, et al. Brain Tumor Epidemiology: Consensus from the Brain Tumor Epidemiology Consortium (BTEC). *Cancer*. 2008;113(7):1953-1968.
3. Dandy WE. Intracranial Pressure Without Brain Tumor: Diagnosis And Treatment. *Annals of Surgery*. 1937;106(4):492-513.
4. Galli R, Binda E, Orfanelli U, et al. Isolation and Characterization of Tumorigenic, Stem-like Neural Precursors from Human Glioblastoma. *Cancer Research*. 2004;64(19):7011-7021.
5. Al Hajj M, Wicha MS, Benito HA, et al. Prospective identification of tumorigenic breast cancer cells. *Proceedings of the National Academy of Sciences*. 2003;100(7):3983-3988.

6. Bethke L, Webb E, Murray A, et al. Comprehensive analysis of the role of DNA repair gene polymorphisms on risk of glioma. *Human Molecular Genetics*. 2008;17(6):800–805.
7. Felini MJ, Olshan AF, Schroeder JC, et al. DNA Repair Polymorphisms XRCC1 and MGMT and Risk of Adult Gliomas. *Neuroepidemiology*. 2007;29:55–58.
8. Wiencke JK, Aldape K, McMillan A, et al. Molecular Features of Adult Glioma Associated with Patient Race/Ethnicity, Age, and a Polymorphism in O6 Methylguanine-DNA-Methyltransferase. *Cancer Epidemiology Biomarkers & Prevention*. 2005;14(7):1774–1783.
9. Lin RS, Dischinger PC, Conde J, et al. Occupational exposure to electromagnetic fields and the occurrence of brain tumors. An analysis of possible associations. *J occup med*. 1985;27(6):413–419.