Distribution of Kell Blood Group System Antigens Kpa, Kpb, and Phenotypes in Major Populations of Sudan

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Abstract

Objective of the study: To determine the frequency of kell blood group antigens Kpa, Kpb and their phenotypes in major Sudanese population.

Background: Kell blood group system was discovered by Coomb’s, Mournant, and Race in 1946 from child of Mrs. Kell who was suffering from HDN, and the antibody coated red blood cell of the newborn gave positive direct coomb’s test, the reason was unexplained and search for antigen lead to discovery of new antigen, named “Kell”.

Study design: This study was carried out on 1000 samples in ten major Sudanese tribes. Each sample was tested for Kpa, and Kpb using immunodiffusion gel system.

Materials and methods: This study was carried out in the period between July and December 2009. One thousand venous blood samples were collected into EDTA containers from unrelated individuals after taking consent from the health authority. The Kell Blood group antigens were detected using of gel immune-diffusion system.

Results: The results showed that the frequency of Kpa in the major populations of Sudan was 2%, when the frequency of Kpb was the highest with frequency of 99.4%.

Conclusion: The frequency of Kell blood group antigens Kpa and Kpb in the major populations of Sudan found to be similar to international frequencies.

Keywords: Kpa; Kpb; Major Sudanese population; Immunodiffusion gel technique

Introduction

Human red blood cells contain on their surface a series of glycoproteins and glycolipids which constitute the blood group antigens. The development of these antigens is genetically controlled; they appear early in fetal life and remain unchanged until death [1].

The discoveries of the various blood group systems and the conclusion drawn from the research into families have laboratory tests in cases of disputed paternity and maternity, cases of supposedly misidentified babies in hospitals and nurseries, kidnapping cases, and suit of kingship in immigration and citizenship claims, as well as an opening of new fields in anthropology and personal identification [2].

Now approximately more than 700 red blood cell antigens have been described (www.american association of blood bank.com). The clinical significant of blood groups in blood transfusion is that individual who lack a particular blood antigen may produce antibodies reacting with that antigen which may cause blood transfusion reaction.

At least fifteen well-defined red cell blood group systems of wide distribution in most racial groups have been described these are the ABO, Rh, MNSs, Kell, Duffy, Kidd, Lewis, Lutheran, P, Diego, Yt, xg, Li, Dom Brock, and Colton systems. Only two of these systems have an major importance in clinical practice these are ABO, and Rh, and six blood groups have minor clinical importance that are Kell, Duffy, Kidd, Lutheran, P, MN, Li [3].

Kell blood group system was discovered by Coomb’s, Mournant, and Race in 1946 from a child of Mrs. Kell who was suffering from HDN, and the antibody coated red blood cell of the newborn gave positive direct coomb’s test, the reason was unexplained and search for antigen lead to discovery of new antigen, named “Kell”. The propositus had an antibody which reacted with all cells except that of her sisters; both sisters were found to be K-k. The antibody was designated anti Ku. Kpb, a new antigen in kell blood group system was reported by Allen and Lewis in 1957. Later, the same workers described an anti-Kp [4].

The antigens of Kell blood group system were named after the individuals in whom the antibodies were first found. In 1961, Allen and Rosenfield proposed a numerical nomenclature. The antigens of Kell blood group system are about 22 antigens. The Kpα and Kpβ alleles are low –frequency mutations compared to their high –frequency partner Kpβ [4].

The antigen Kpα (K3) occurs approximately in 2.0 per cent of random North Americans white blood. (The gene sometimes suppresses the expression of K, K11, K14, and K18 when it is cis or trans to any kell autosomal gene [4].)

The antigen Kpβ has not been reported in blacks. The antithetical antigen Kpβ (K4) is extremely common; only two Kp (b-) samples were found by Allen and associates in 1958 in tests on 5500 whites. The antigen Kpβ was described by Yamagushi and coworkers in 1979, who described several siblings from consanguineous marriage who typed as Kp (a-b-) but otherwise had normal kell antigens. They concluded that...
both parents carried an allele that they named \( Kp' \) assuming that the children had inherited this gene from both parents [5].

**Sudanese Population Linguistics Groups:**

- **Nilotics**
  - Denka, Neuer, Shulu & Baria
- **Nilo-Saharan**
  - Nuba
  - Massalit
  - Mahas, Sukoot, Danagla & Halaween
  - Husa
  - Nomadic: Misseria & Hawazm
- **Afro-Asiatic**
  - Arab
  - Rivarian: Gualeen, Shaigea, Halaween & Bataheen
  - Beja: Hadandowa, Bani Amer
- **Niger-Kordofanian**
  - Nuba
  - Zandi
- **(West Africa)**
  - Fulan
  - Nyala
  - Beja: Hadandawa, Bani Amer
  - Zandi
  - Nilo-Saharan
  - Nuba
  - Misseria
  - Mahas, Sukoot, Danagla & Halaween
  - Husa
  - Nomadic: Misseria & Hawazm
  - Arab
  - Rivarian: Gualeen, Shaigea, Halaween & Bataheen
  - Beja: Hadandowa, Bani Amer
  - Beja: Hadandowa, Bani Amer

**Materials and Methods**

One thousand samples were collected from Sudanese unrelated individuals from both genders belonging to the major Sudanese ethnic populations. One hundred samples were collected from the following tribes, Danagla, Denka, Halaween, Hadandawa, Jalieen, Misseria, Mahas, Nuba, Shaigea, and Zaghawa. Sample size was calculated using the approximate proportion to population size in Sudan. The study was done in over six months. Each participant, who accepted to participate in the study, received three sheets, (consent form, finger puncture form and questionnaire).

**Immunodiffusion gel system (ID-Gel System) reagents**

- **ID-Cards”Anti-K”** with 6 microtubes containing anti-K of human origin within the gel matrix. Preservatives < 0.1% NaN₃
- **ID-Cards”Anti-k”** with 6 microtubes containing anti-k of human origin within the gel matrix. Preservatives < 0.1% NaN₃
- **ID-Cards”Anti-Kpa”** with 6 microtubes containing anti-Kp⁰ of human origin within the gel matrix. Preservatives < 0.1% NaN₃
- **ID-Cards”Anti-Kpb”** with 6 microtubes containing anti-Kp⁰ of human origin within the gel matrix. Preservatives < 0.1% NaN₃
- **ID-Cards”LISS”/Coombs”** with 6 microtubes containing polyspecific anti-human globulin, within the gel matrix.

**Procedure**

5% of red blood cell suspension was prepared by dispensed of 0.5 ml of DI-Diluent 1 into clean test tube.

50 μL of whole blood or 25 μL of packed red cells was added to the same test tube, and mixed gently. Test tube was incubated for 10 minutes at room temperature (18-25°C). The micro tubes of the ID-Cards were identified with the donor's name and/or number, and the aluminum foils were removed from as many microtubes as needed. 10 μL or 12 μL of the red cell suspension was added to the appropriated microtubes (one for K1, and other for K2. ID-Cards were centrifuged for 10 minutes in the ID Centrifuge.

**Results**

The distribution of Kell blood group antigens and Kp⁰ in major Sudanese populations are shown in Table 1. Overall Kpa antigen was the commonest kell antigen (99.8%), followed by Kp b antigen (2.3%). The frequency of Kpb antigen was 100% in tribes of Danagla, Denka, Jalieen, Mahas, Nuba, and Zaghawa, but in tribes of Misseria, and Shaigea was 99%. The frequency of Kp⁰ antigen in Danagla, Denka, Halaween, Hadandawa, Jalieen, Misseria, Mahas, Nuba, Shaigea, and Zaghawa were 4%, 2%, 1%, 1%, 3%, 1%, 1%, 1%, 1%, respectively (Table 1).

**Distribution of Kell blood group system antigens Kp a, and Kp b in Sudanese population are not far away from other populations throughout the world. Kell blood group antigen Kpa was most frequent in Sudanese population (99.8%), in compared with American population the frequencies of Kpa (4%), and Kpb (100%) antigens were in agreement with their frequencies in white and black American [6]. The frequency of Jsb antigen was close to white American (99%), but higher than black American (80%) (Neville, 1994). Kp (a-b+) phenotype was detected in high frequency (93%) which was near to white (98%), and black Americans (99%) [7]. Frequency of K (a+b-), was encountered**

**Discussion**

Distribution of Kell blood group system antigens Kp⁰, and Kp⁰ in Sudanese population are not far away from other populations throughout the world. Kell blood group antigen Kp⁰ was most frequent in Sudanese population (99.8%), in comparison with American population the frequencies of Kp⁰ (4%), and Kp⁰ (100%) antigens were in agreement with their frequencies in white and black American [6]. The frequency of Js antigen was close to white American (99%), but higher than black American (80%) [Neville, 1994]. Kp (a-b+) phenotype was detected in high frequency (93%) which was near to white (98%), and black Americans (99%) [7]. Frequency of K (a+b-), was encountered

<table>
<thead>
<tr>
<th>Tribe</th>
<th>Kp⁰(K3)</th>
<th>Kp⁰(K4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Danagla</td>
<td>4</td>
<td>100</td>
</tr>
<tr>
<td>Denka</td>
<td>2</td>
<td>100</td>
</tr>
<tr>
<td>Halaween</td>
<td>1</td>
<td>99</td>
</tr>
<tr>
<td>Hadandawa</td>
<td>1</td>
<td>99</td>
</tr>
<tr>
<td>Jalieen</td>
<td>3</td>
<td>100</td>
</tr>
<tr>
<td>Misseria</td>
<td>1</td>
<td>99</td>
</tr>
<tr>
<td>Mahas</td>
<td>1</td>
<td>100</td>
</tr>
<tr>
<td>Nuba</td>
<td>1</td>
<td>100</td>
</tr>
<tr>
<td>Shaigea</td>
<td>1</td>
<td>100</td>
</tr>
<tr>
<td>Zaghawa</td>
<td>1</td>
<td>100</td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
<td>997</td>
</tr>
<tr>
<td>%</td>
<td>1.6</td>
<td>99.7</td>
</tr>
</tbody>
</table>

**Tables 1: Frequency of Kell Blood Group Antigens among Sudanese Tribes.**

<table>
<thead>
<tr>
<th>Tribe</th>
<th>Kp (a+b+)</th>
<th>Kp (a-b+)</th>
<th>Kp (a+b-)</th>
<th>Kell null</th>
</tr>
</thead>
<tbody>
<tr>
<td>Danagla</td>
<td>4</td>
<td>96</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Denka</td>
<td>2</td>
<td>98</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Halaween</td>
<td>0</td>
<td>99</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Hadandawa</td>
<td>0</td>
<td>99</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Jalieen</td>
<td>3</td>
<td>97</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Misseria</td>
<td>0</td>
<td>99</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Mahas</td>
<td>1</td>
<td>99</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Nuba</td>
<td>2</td>
<td>98</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Shaigea</td>
<td>1</td>
<td>99</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Zaghawa</td>
<td>1</td>
<td>99</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>14</td>
<td>983</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>%</td>
<td>1.4</td>
<td>98.3</td>
<td>0.3</td>
<td>0</td>
</tr>
</tbody>
</table>

**Tables 2: Frequency of Kell Blood Group Phenotypes among Sudanese Tribes.**
in low frequency of (0.3). This study proved that there is no significant differences between the frequencies of Kell blood group antigens, Kpa and Kpb and their phenotypes in different Sudanese populations which may be explained due living in the same geographical area that increases like hood of the interaction between them. Any similarity between Sudanese populations and other populations throughout world purely is a matter of chance.

References


