

The Burden Of Congenital Heart Disease In Children Born To Consanguineous Parents

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Abstract

Background: Consanguineous marriages have been a longstanding tradition across various global communities for millennia. The prevalence of such marriages fluctuates among nations and is typically linked to various demographic factors including religion, educational attainment, socioeconomic status, geographic location, population density, and whether individuals reside in rural or urban environments. The prevalence of congenital heart disease among cousins' marriages has been a topic of interest due to its potential association with genetic factors. Hence, studying congenital heart disease in offspring of consanguineous couples is crucial for enhancing clinical and public health strategies.

Objective: This study aimed to determine the frequency of congenital heart disease in children born to consanguineous parents.

Material and Methods: In this cross-sectional study, a total of 100 children born to consanguineous parents were included, which was carried out Pediatric Medicine Department, Mardan Medical Complex from 20 November 2021 to 20 May 2022. Echocardiography was done in the cardiology department of all the included children to detect any congenital heart defect. Data was collected for congenital heart disease according to operational definitions.

Results: The mean age of children born to consanguineous parents was 4.25 ± 2.46 years (range: 1-15 years). Male children constituted 62% and females 38%, with no significant association between CHD prevalence and gender ($p=0.963$). Congenital heart disease was observed in 15% of children born to parents in cousin marriages. Among CHD cases, arterial septal defects (ASD), ventricular septal defects (VSD), and Tetralogy of Fallot (TOF) were most common. Stratification by age, gender, and parental education revealed a higher prevalence of CHD among children of uneducated parents (28.1%) though this was not statistically significant ($p=0.87$).

Conclusion: It was found that cousin marriage is a risk factor for congenital heart defects in children.

Keywords: consanguineous marriages, congenital heart disease

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Introduction

Consanguineous marriages have been a longstanding tradition across various global communities for thousands of years. The prevalence of such marriages fluctuates among nations and is typically linked to various

demographic factors including religion, educational attainment, socioeconomic status, geographic location, population density, and whether individuals reside in rural or urban environments¹. Blood-related marriages have

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been linked to various complications such as premature births, congenital anomalies and low weight at birth, infant mortality, abortion, cognitive impairment, heart risks, and diverse complex conditions². Communities with high consanguinity rates often prefer cousin marriages due to reasons such as preserving family lineage solidarity, facilitating partner selection, supporting female status and relationship with in-laws, minimizing marriage expenses, enhancing elderly care prospects and, ultimately fostering stronger marital stability³. The cultures characterized as protective and semi-protective are prevalent in many Middle Eastern, South Asian, West Asian, and sub-Saharan African countries, where these factors hold greater importance, explaining the high frequency of cousin marriage in these regions⁴. Congenital heart defects (CHDs) rank as the most prevalent anomalies among children⁵. The global occurrence of Congenital heart defects remains steady at approximately 8 to 10 every 1000 live births. However, this rate increases when parents are cousins or blood-related⁶. Globally, blood-related marriages amplify the likelihood of congenital heart diseases by 2 to 3 times. Research on consanguineous unions reveals an Autosomal Recessive pattern in some CHDs, affirming the potential consanguinity role in its etiology⁷. Research carried out by Fazeriandy A., et al. has shown that the frequency of congenital heart diseases was 14% in children born to consanguineous parents⁸. Anwar S, et al, in another study, found that the frequency of congenital heart diseases was 45.5% in children of consanguineous marriages⁹.

With over 96% population identifying as Muslims, Pakistan maintains a semi-conservative social fabric characterized by strong religious adherence and societal cohesion, which promotes cousin marriages (CM)¹⁰. However, there is limited data on the prevalence, scale, and clinical ramifications of CM within the nation. Hence, this study intends to ascertain the burden of congenital heart diseases in children born to consanguineous marriages in our society.

Material and Method:

Objective: To find the frequency of congenital heart diseases in children of consanguineous parents

Operational definitions:

Consanguineous marriage: A marriage between two parents who are blood-related to cousins to each other.

Congenital heart disease: It was defined as any structural heart defect present since birth and detected on the Echocardiography.

Study Design: This was a cross-sectional study

Study Setting and Duration: This was conducted at the Pediatric Medicine department, Mardan Medical

Complex, Mardan from 20th November 2021 to 20th May 2022.

Sample size: The sample size of 100 children was determined utilizing the WHO sample size software, with a 95% confidence interval, a 7% margin of error, and an anticipated frequency of congenital heart disease at 14% in children born to consanguineous couples⁸.

Sampling technique: Nonprobability consecutive sampling

Inclusion criteria:

All children from 1 to 15 years of age of both genders born to consanguineous parents were included.

Exclusion criteria: Children with acquired heart disease, family history of congenital heart disease, and antenatal maternal drug use or commodities like diabetes mellitus, hypertension, and renal diseases, were excluded.

Data Collection Procedure: After explaining the details of the study to them, informed written consent was taken from the parents of enrolled children fulfilling the inclusion criteria and visiting the outdoor and emergency department of the Pediatric Medicine Department. Basic demographics like age, gender, and parent's education level were noted. All patients were sent to the cardiology department for Echocardiography. Data was collected for congenital heart diseases as per operational definition. Data was noted on a pre-designed proforma.

Data Analysis: The statistical analysis program IBM SPSS version 25 was used to analyze the data. Qualitative variables like gender, parent's education level, and congenital heart disease were presented as percentages. Congenital heart disease was stratified according to age, gender, and parent's education level. The Chi-square test was applied after stratification and taking p value ≤ 0.05 as significant.

Results:

The mean age was 4.250 ± 2.46 years and the age range were 1 to 15 years among children born to blood-related parents. Male children were 62% while female was 38%. However, the analysis showed no statistical significance between Congenital heart disease (CHD) prevalence and the gender of the children ($p=0.967$). Congenital heart disease was observed in 15% of children born to blood parents of cousin marriages (Table 1).

Congenital Heart disease	Percentage
Yes	15%
No	85%
Total	100%

The proportion of various congenital heart diseases (CHDs) is shown in Figure No.1

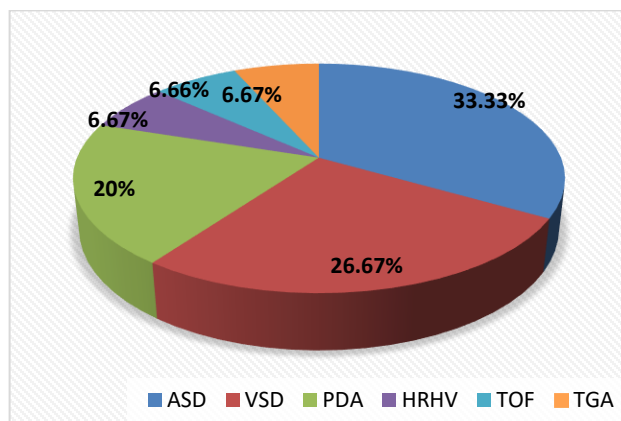


Figure 1. Proportions Of CHDs in Consanguineous Parents

*CHD (congenital heart diseases), ASD (atrial septal defects), VSD (ventricular septal defects), PDA (persistent ductus arteriosus), HRHV (hypoplastic right heart ventricle), TGA (transposition of great arteries), TOF (Tetralogy of Fallot)

Stratification of congenital heart disease concerning age, gender, and parent's education level is shown in Table 2.

Age group	Congenital Heart Disease		p-value
	Yes	No	
1-7 years	13(14.9%)	74(85.1%)	0.967
8-15 years	2(15.4%)	11(86.6%)	
Gender	Yes	No	0.327
Male	11(17.7%)	51(82.3%)	
Female	4(10.5%)	34(89.5%)	
Education level	Yes	No	0.087
Uneducated	9(28.1%)	23(71.9%)	
Primary	4(8.7%)	42(91.3%)	
Secondary	1(6.7%)	14(93.3%)	
Higher	1(14.3%)	6(85.7%)	
Total	15(15%)	85(85%)	(n = 100)

There seems to be a trend of higher CHD prevalence among children of uneducated parents, the difference was not statistically significant (p=0.087).

Discussion:

Although the burden of congenital heart diseases varies among various regions, a notable association emerged between consanguinity and the likelihood of congenital heart disease (CHD) occurrence in the offspring. In a sample of 100 children born of consanguineous

marriages, 15 were found to have CHD. This finding mirrors similar observations in various countries Saudi Arabia¹¹, Iran^{13,14}, China¹⁵, India¹⁶, Lebanon¹⁷, and Canada¹⁸. The similarity among these populations lies in shared demographic, religious, and cultural characteristics. Notably, this study did not delve into the degree of relatedness within the consanguineous unions or explore specific genetic factors contributing to the risk of CHD.

Consanguinity emerges as a notable risk factor for CHD occurrence, with the most prevalent types being ventricular septal defects, atrial septal defects, and Tetralogy of Fallot across all populations. Our study revealed that among children born from consanguineous parents, CHDs were predominantly atrial septal defects (33.33%), ventricular septal defects (26.67%), persistent ductus arteriosus (20%), hypoplastic right heart ventricle (6.67%), transposition of great arteries (6.67%) and Tetralogy of Fallot (6.66%). These proportions closely align with a study conducted in Iraq, with similarly identified atrial septal defect (66%) as the most common CHD type, followed by persistent ductus arteriosus, ventricular septal defect, and transposition of great arteries¹⁰. Atrial septal defect (49%) was identified as the most common CHD in the United Arab Emirates¹¹, while similar predominance was observed in research from South India¹⁸. However, unlike previous studies in Iraq, Saudi Arabia, and South India, our study did not examine the degree of consanguinity such as first cousin.

A similarity between our study and another local study was the higher prevalence of non-cyanotic CHD compared to cyanotic ones with transposition of great arteries emerging as the most frequent cyanotic CHD in both investigations¹².

An Egyptian study documented Congenital heart defects along with dysmorphic features associated with chromosome disorders such as trisomy 21 and trisomy 2119. Conversely, our study did not observe any dysmorphic features among the study subjects.

Our study found a slightly elevated occurrence of CHD among males, aligning with findings in various studies from Iraq¹⁰, Saudi Arabia¹¹, and Pakistan¹². However, a study from China reported a higher prevalence of CHD in girls¹⁵.

Ethnic relations and cultural customs often shape the prevalence of consanguineous marriages. In our investigation, a significant portion of CHD cases occurred within the Muslim community, likely reflecting the predominantly Muslim population in Pakistan. This trend is consistent with the studies conducted in Iran¹³, Lebanon¹⁷, and Saudi Arabia¹¹, where Muslim populations are in the majority. However, in a region like India, where Hinduism prevails, the distribution of CHD may differ.

Studies conducted in Pakistan and South India suggest that not all children from consanguineous parents are at risk of CHD^{12,18}. These findings align with our study where a small portion (2.5%) of children born to blood-related parents did not develop CHD.

Advancements in genetic technology now enable the detection of genetic mutations linked to congenital heart diseases (CHD), considering the intricate involvement of various genes in cardio genesis. Techniques like single nucleotide polymorphisms (SNPs) offer insights into a person's genetic profile. An Egyptian study indicated the Autosomal Recessive mechanism underlying CHD occurrence in children born from consanguineous parents, except in the case of persistent ductus arteriosus¹⁹. In our study, we utilized Echocardiography for CHD diagnosis and conducted interviews to ascertain the parents' consanguinity. However, due to equipment limitations, genetic assessment via SNPs in CHD cases associated with consanguinity was not possible. Therefore, the potential role of Autosomal recessive pattern CHD occurrence among children in this study remains a plausible consideration.

Conclusion:

In summary, consanguineous marriage emerges as a risk factor for congenital heart disease (CHD) among offspring.

References:

1. Fareed M, Kaisar Ahmad M, Azeem Anwar M, Afzal M. Impact of consanguineous marriages and degrees of inbreeding on fertility, child mortality, secondary sex ratio, selection intensity, and genetic load: a cross-sectional study from Northern India. *Pediatric research*. 2017 Jan;81(1):18-26.
2. Fareed M, Afzal M. Increased cardiovascular risks associated with familial inbreeding: a population-based study of an adolescent cohort. *Annals of Epidemiology*. 2016 Apr 1;26(4):283-92.
3. Oliveira LF, Chaves TF, Baretto N, de Luca GR, Barbato IT, Barbato Filho JH, Ocampos M, Maris AF. Etiology of intellectual disability in individuals from special education schools in the south of Brazil. *BMC Pediatrics*. 2020 Dec;20:1-2.
4. Bhinder MA, Sadia H, Mahmood N, Qasim M, Hussain Z, Rashid MM, Zahoor MY, Bhatti R, Shehzad W, Waryah AM, Jahan S. Consanguinity: A blessing or menace at population level?. *Annals of human genetics*. 2019 Jul;83(4):214-9.
5. Sun PF, Ding GC, Zhang MY, He SN, Gao Y, Wang JH. Prevalence of congenital heart disease among infants from 2012 to 2014 in Langfang, China. *Chinese medical journal*. 2017 May 5;130(09):1069-73.
6. Hussain S, Sabir MU, Afzal M, Asghar I. Incidence of congenital heart disease among neonates in a neonatal unit of a tertiary care hospital. *JPMA. The Journal of the Pakistan Medical Association*. 2014 Feb 1;64(2):175-8.
7. Van Buren F, Van Gordon W. Emirati women's experiences of consanguineous marriage: a qualitative exploration of attitudes, health challenges, and coping styles. *International Journal of Mental Health and Addiction*. 2020 Aug;18(4):1113-27.
8. Fazeriandy A, Ali M, Saing JH, Tobing TC, Adriansyah R. Consanguinity and congenital heart disease in offspring. *Paediatrica Indonesiana*. 2018 Apr 30;58(2):75-9.
9. Anwar S, Taslem Mouroosi J, Arafat Y, Hosen MJ. Genetic and reproductive consequences of consanguineous marriage in Bangladesh. *PloS one*. 2020 Nov 30;15(11):e0241610.
10. Hoffman JI, Kaplan S. The incidence of congenital heart disease. *Journal of the American college of cardiology*. 2002 Jun 19;39(12):1890-900.
11. Jaber L, Merlob P, Bu X, Rotter JI, Shohat M. Marked parental consanguinity as a cause for increased major malformations in an Israeli Arab community. *American journal of medical genetics*. 1992 Sep 1;44(1):1-6.
12. Haq FU, Jalil F, Hashmi S, Jumani MI, Imdad A, Jabeen M, Hashmi JT, Irfan FB, Imran M, Atiq M. Risk factors predisposing to congenital heart defects. *Annals of pediatric cardiology*. 2011 Jul 1;4(2):117-21.
13. Stoltenberg C, Magnus P, Lie RT, Daltveit AK, Irgens LM. Birth defects and parental consanguinity in Norway. *American journal of epidemiology*. 1997 Mar 1;145(5):439-48.
14. Liu F, Yang YN, Xie X, Li XM, Ma X, Fu ZY, Chen BD, Huang Y, Shan CF, Ma YT, Gao XM. Prevalence of congenital heart disease in Xinjiang multi-ethnic region of China. *PloS one*. 2015 Aug 28;10(8):e0133961.
15. Sastroasmoro S, Epidemiologi MB. Etiologi Penyakit Jantung Bawaan. Dalam: Sastroasmoro S, Madiyono B, penyunting. *Buku Ajar Kardiologi Anak*. Binarupa Aksara. 1994:165-7.
16. Fahed AC, Gelb BD, Seidman JG, Seidman CE. Genetics of congenital heart disease: the glass half empty. *Circulation research*. 2013 Feb 15;112(4):707-20.
17. Chehab G, Chedid P, Saliba Z, Bouvagnet P. Congenital cardiac disease and inbreeding: specific defects escape higher risk due to parental consanguinity. *Cardiology in the Young*. 2007 Aug;17(4):414-22.
18. Ramegowda S, Ramachandra NB. Parental consanguinity increases congenital heart diseases in South India. *Annals of human biology*. 2006 Jan 1;33(5-6):519-28.
19. Settin A, AlMarsafawy H, AlHussieny A, Dowaidar M. Dysmorphic features, consanguinity and cytogenetic pattern of congenital heart diseases: a pilot study from Mansoura locality, Egypt. *International journal of health sciences*. 2008 Jul;2(2):101.