

Relevance of Plasma Homocysteine and Methylenetetrahydrofolate Reductase 677TT Genotype in Sickle Cell Disease: A Systematic Review and Meta-Analysis

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Supplementary Material

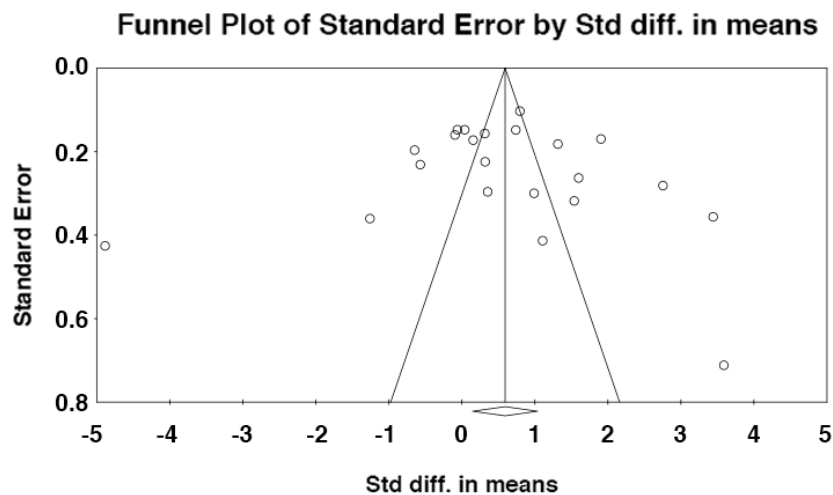


Figure S1. Funnel plot showing a non-significant asymmetry according to the Begg and Mazumdar Rank Correlation Test (Kendall's tau 0.07792, 1-tailed p -value of 0.30588) and by Egger's Test of the Intercept (Intercept 0.63946, 95% confidence interval (-5.48829, 6.76720), with $t=0.21768$; 1-tailed p -value 0.41494)

Plasma homocysteine in sickle cell disease

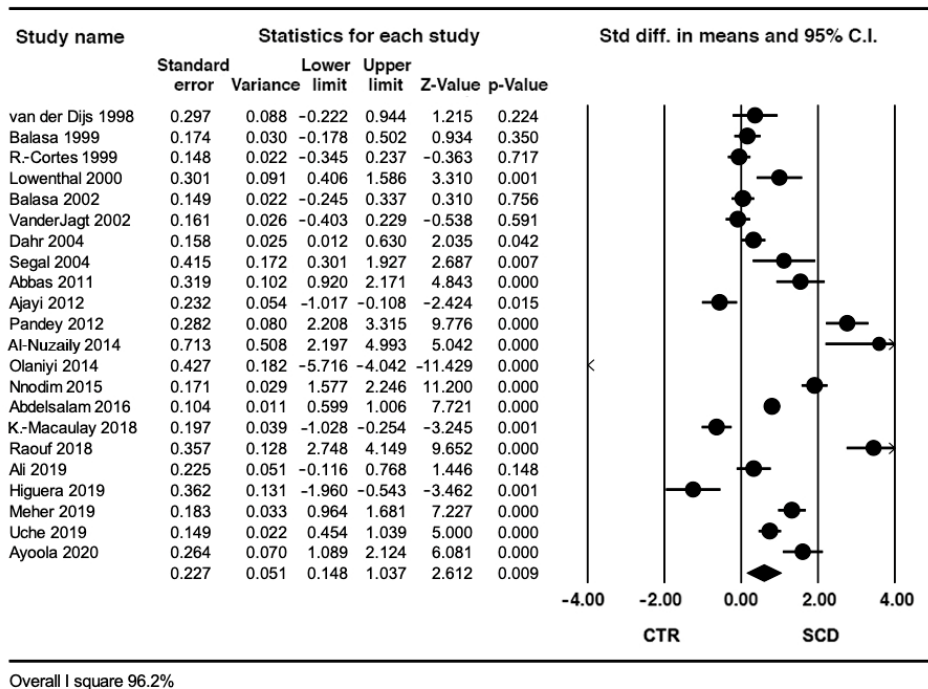


Figure S2. Effect size of studies comparing plasma homocysteine in control (CTR) and sickle cell disease (SCD).

Plasma homocysteine by vaso-occlusive crisis

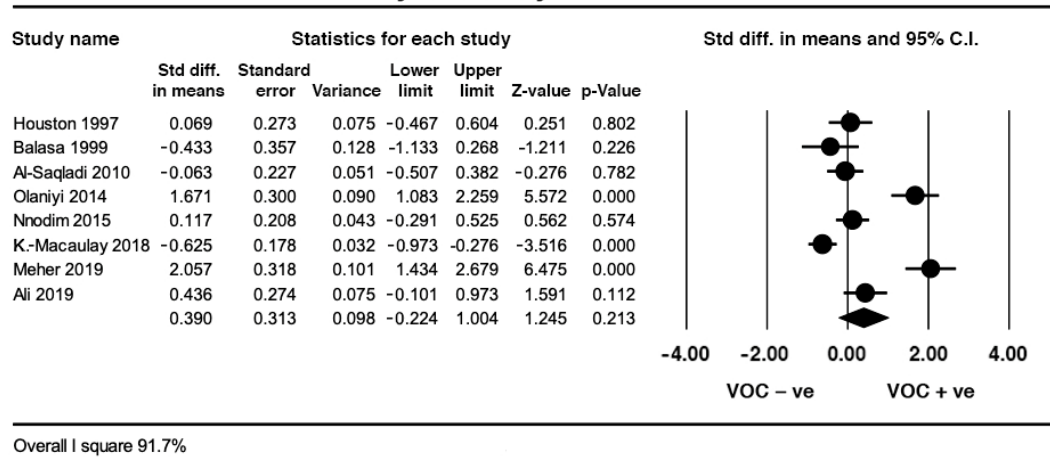


Figure S3A. Effect size of studies comparing plasma homocysteine in patients in and out vaso-occlusive crisis (VOC).

Plasma homocysteine by vaso-occlusive crisis

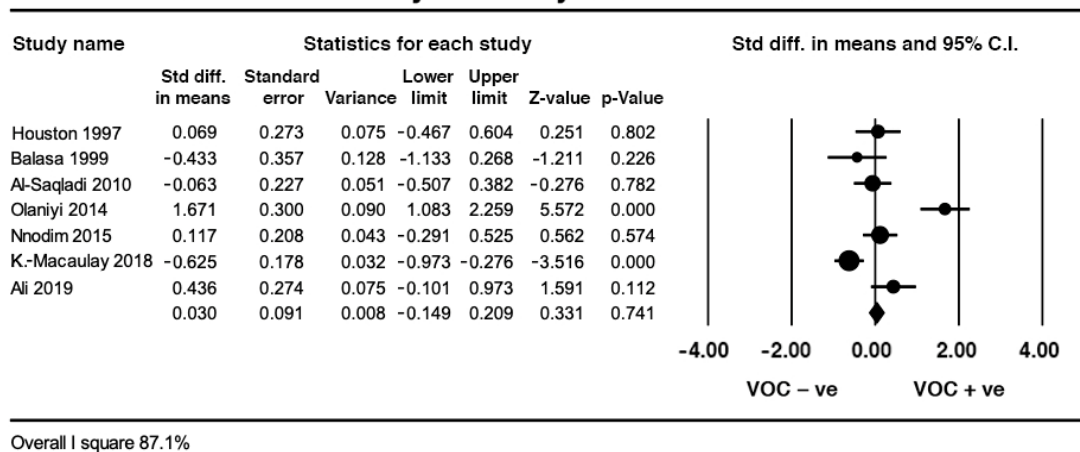


Figure S3B. Effect size of studies comparing plasma homocysteine in patients out and in vaso-occlusive crisis (VOC) excluding one study from India (Meher 2019).

Plasma homocysteine by vaso-occlusive crisis

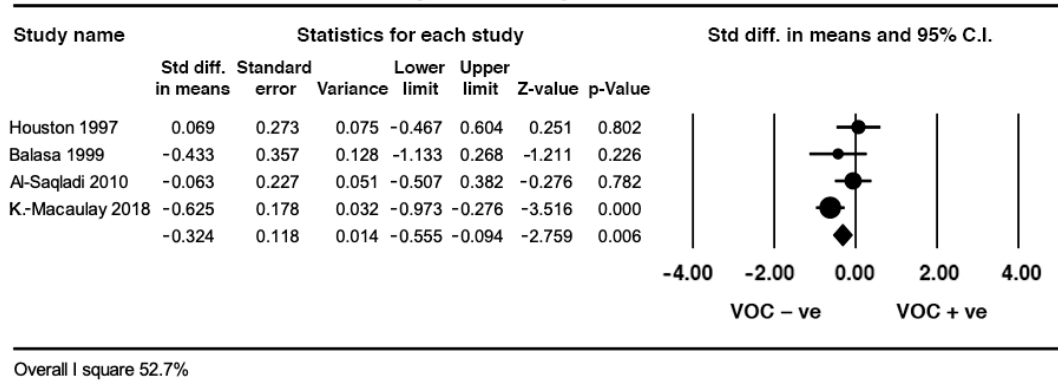


Figure S3C. Effect size of studies comparing plasma homocysteine in patients out and in vaso-occlusive crisis (VOC) excluding one study from India (Meher 2019) and three studies from Nigeria (Olaniyi 2014, Nnodim 2015, Ali 2019)

Methylenetetrahydrofolate reductase 1298CC in sickle cell disease

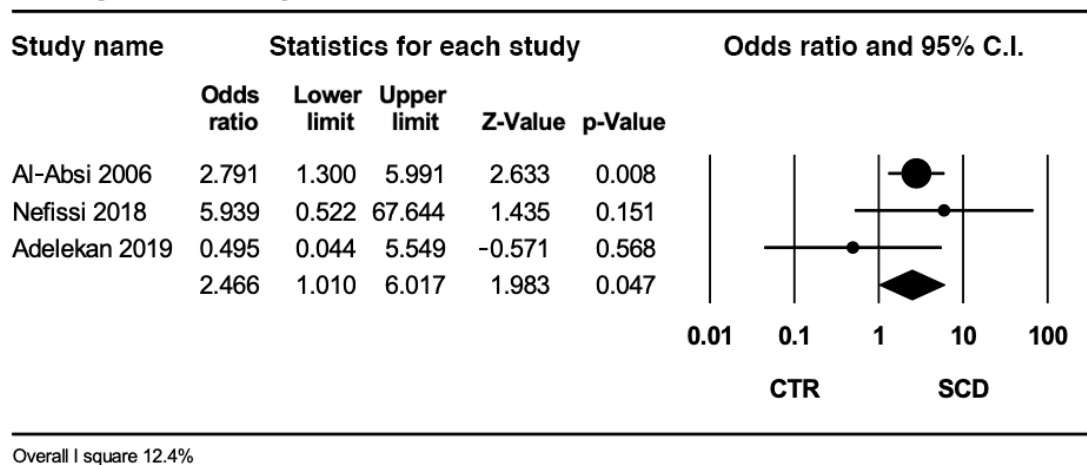


Figure S4. Effect size of the pooled prevalence of the methylenetetrahydrofolate reductase 1298CC in controls (CTR) and in sickle cell disease (SCD).