P3-1117

TWO NOVEL MUTATIONS IN GLI2 GENE IN TWO UNRELATED ARGENTINEAN

PREPUBERAL PATIENTS, ONE WITH ISOLATED GROWTH HORMONE DEFICIENCY AND

ANOTHER WITH MULTIPLE PITUITARY HORMONE DEFICIENCY, BOTH WITH

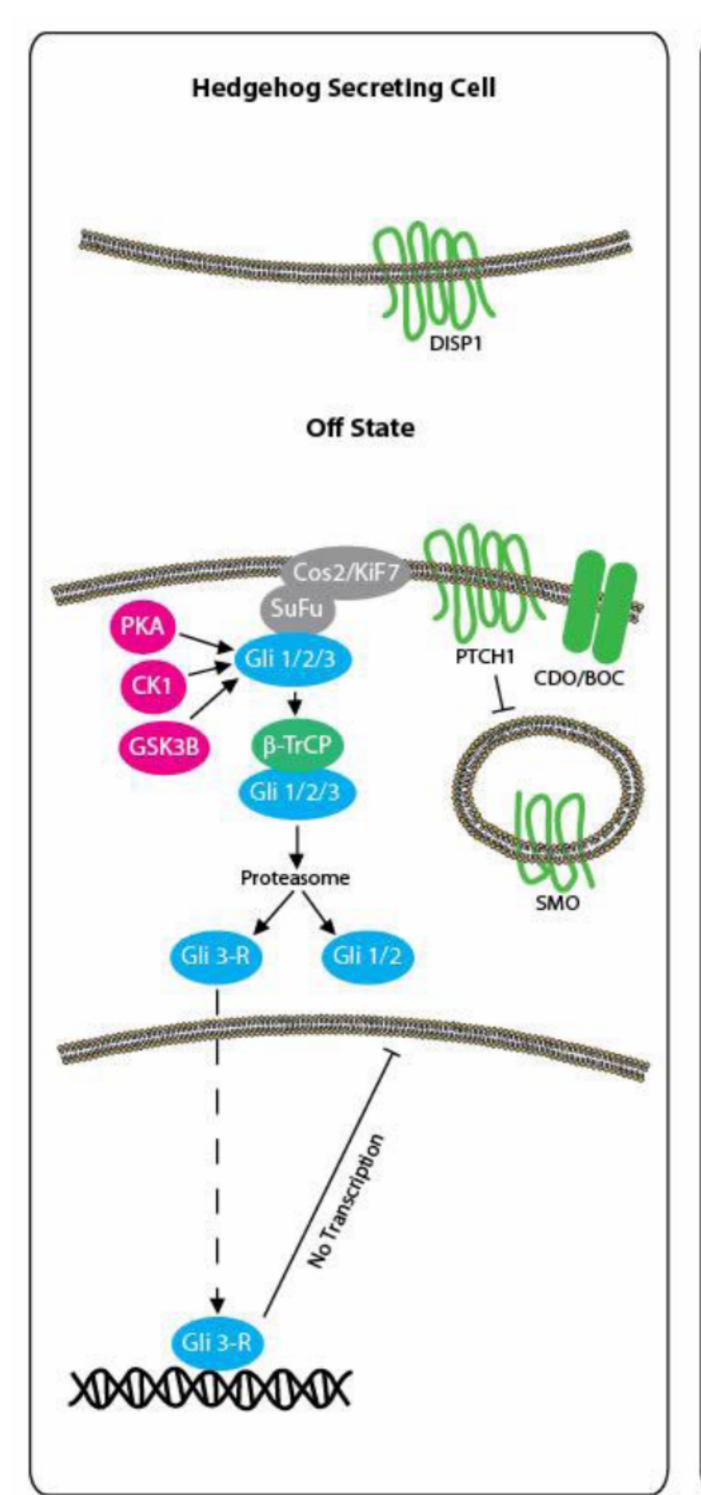
DEVELOPMENTAL DEFECTS IN POSTERIOR PITUITARY GLAND

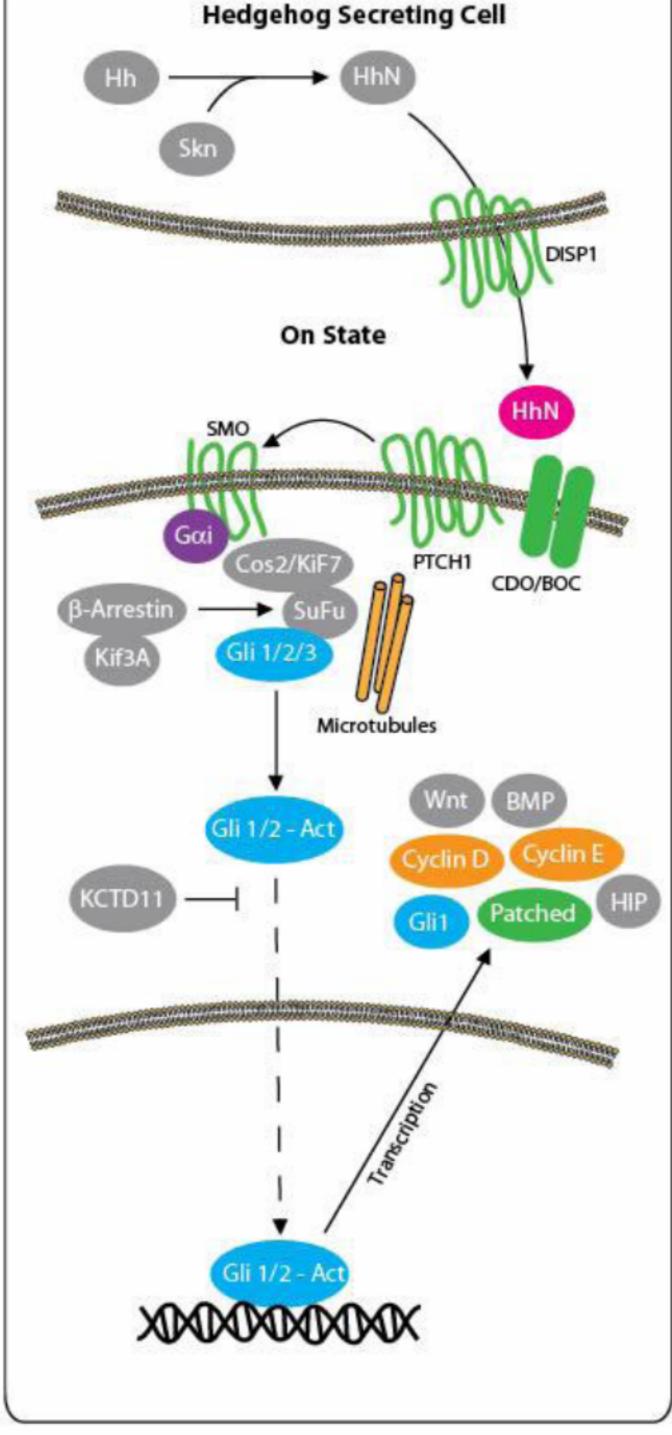
Marino R., Juanes M., Di Palma I., Ciaccio M., Ramirez P ., Perez Garrido N., Pasqualini N., Maceiras M., Lazzati JM., Rivarola MA., Belgorosky A. Endocrine Service, Hospital de Pediatría Garrahan



INTRODUCTION

- Congenital growth hormone deficiency (CGHD) may be isolated (IGHD) or multiple pituitary hormone deficiency (MPHD).
- •The Sonic Hedgehog signaling (SHH) pathway has an important role in the pituitary development and growth, acting early in ventral forebrain. The SHH signaling mediates its effects through three zinc fingers proteins (Gli1, Gli2 and Gli3), which lead to activation or repression of target genes.
- In the last years, several reports showed variants in *GLI2* as a frequent cause of CGHD, especially in patients with ectopic posterior lobe (*Bear KA et al 2014*).
- •Mutations in *GLI2* have been described associated with a diverse range of phenotypes, including holoprosencephaly and polydactyly.





AIM

 To analyze the presence of GLI2 gene alterations in two patients, one with IGHD and another with MPHD, both with developmental defects in posterior pituitary gland.

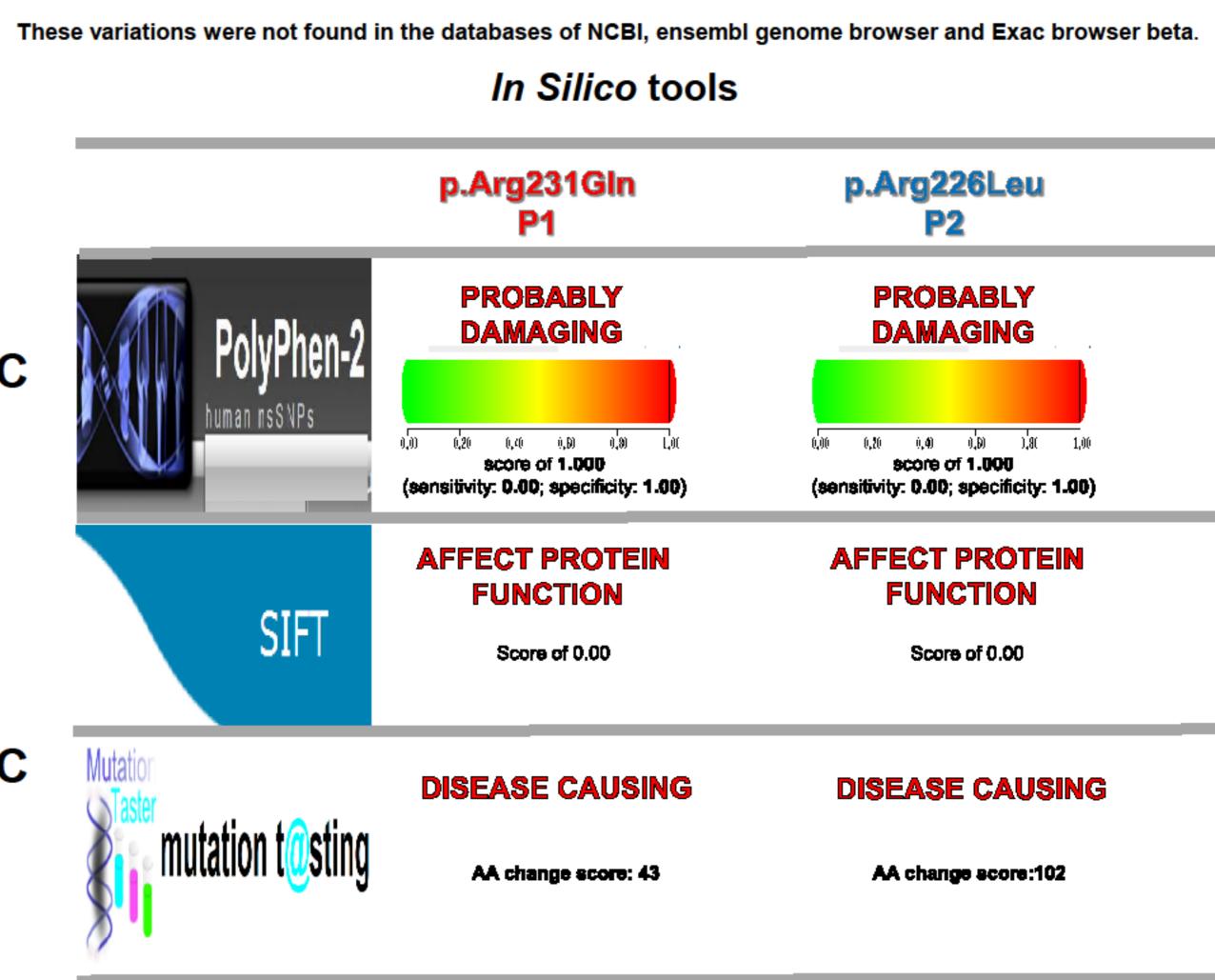
METHODS

- Molecular Analysis: Genomic DNA was isolated from mononuclear cells of the affected subjects and relatives according to standard procedures. The coding sequence (exon 1-13) and flanking intronic regions of GLI2 gene were PCR amplified from genomic DNA, using specific primers (Marcela M. Franca et al 2010).
- •Each purified product was automated sequenced using BigDye Terminator version 3.1 cycle sequencing kit (Applied Biosystems, Buenos Aires, Argentina) and 3130 Genetic Analyzer capillary DNA sequencer (Applied Biosystems). The nucleotide sequences obtained were compared with those from GenBank accession number: NG_009030.1.
- •In silico assays: online tools such as SIFT, PolyPhen2 and Mutation Taster were applied to identify the potential functional impact of newly found variants.

PATIENTS

| AT BIRTH | P1 | P2 |
|--|--|--|
| Sex | Female | Male |
| GESTATIONAL AGE (weeks) | 40 | 38 |
| WEIGHT Kg (SDS) | 3.180 (-0.1) | 3.420 (0.5) |
| FIRST EXAMINATION | | |
| CRONOLOGICAL AGE (years) | 2 | 0.64 |
| BONE AGE (years) | 1.3 | |
| Length / Height cm (SDS) | 74.4 (-3.5) | 64.8 (-1.96) |
| WEIGHT Kg (SDS) | 9.15 (-2.14) | 7.53 (-1.17) |
| HEAD CIRCUMFERENCE cm (SDS) | 44.5 (-2.5) | 42.5 (-2) |
| NEUROLOGICAL DEVELOPMENT | Mild neurodevelopmental delay at the language area | Neurodevelopmental delay (probably associated with seizures) |
| ADITIONAL FINDINGS | Right cleft lip and palate with a nasal tooth. Low nasal bridge. Left eye strabismus | Neonatal Hypoglycemia Micropenis. |
| POSTERIOR LOBE | Ectopic | Absent |
| ANTERIOR PITUITARY | Hypoplastic anterior pituitary and absent pituitary stalk. | Hypoplastic anterior pituitary and absent pituitary stalk. |
| GH DEFICIENCY | IGHD | MPHD |
| BIOCHEMICAL MEASUREMENTS | | |
| BASAL GH ng/ml | 0.28 | 0.55 |
| GH PEAK ng/ml | 2.57 | 0.75 |
| IGF1 ng/ml (SDS) | 10.8 (-3.94) | |
| TSH (mUI/mI)/T4(mcg/dI)/T4L(ng/dI)/T3(ng/mI) | 3.98/8/1.14/1.39 | 3.84/4.6/0.36/1.88 |
| ACTH(pg/ml)/cortisol(mcg/dl) | 16.3/10.8 | -/3.4 |
| KARYOTYPE | 46,XX | 46,XY |
| MOLECULAR ANALYSIS | p.[Arg231Gln];[=] | p.[Arg226Leu;Met1444lle;Leu1445Phe]; [Met1444lle;Leu1445Phe]* |

*Met1444lle;Leu1445Phe Rs146467786;rs146207623 SNP



CONCLUSION

MOLECULAR ANALYSIS

• We report two novel heterozygous missense mutations in the *GLI2* gene that affect the repressor domain of the protein and two homozygous missense mutations in the activator domain of the protein in two affected non related patients with different clinical phenotype. Our study suggests that GLI2 gene would be one of the candidate genes to analyze when developmental defects in posterior pituitary gland are present. The highly variable phenotype found suggests the presence of additional unknown factors that could contribute to the phenotypic variation observed in these patients.



Roxana Ma

p.Arg226Leu p.Arg231Gln







