Ectopic posterior pituitary, polydactyly, midfacial hypoplasia and panhypopituitarism due to a novel heterozygous IVS11-2A>C(c.1957-2A>C) mutation in GLI2 gene

Meliha Demiral¹, Edip Ünal¹, Burcu Kardaş², Hüseyin Demirbilek³, Mehmet Nuri Özbek¹

¹Gazi Yasargil Training and Research Hospital Clinics of Paediatric Endocrinology, Diyarbakır, Turkey.

²Gazi Yasargil Training and Research Hospital Clinics of Paediatric Psychiatry, Diyarbakır, Turkey.

³Hacettepe University, Faculty of Medicine, Department of Paediatric Endocrinology, Ankara, Turkey

Objective

GLI2 is an activating zincfinger transcription factor in the Sonic hedgehog (SH) signalling pathway which plays a crucial role in the development of diencephalon and distal extremities during embryogenesis. We, report a novel heterozygous IVS11-2A>C(c.1957-2A>C) mutation in GLI2 gene with an extremely distinct phenotypical expression in two siblings and their father from an unrelated family.

Sonic Hedgehog (SHH) signaling pathway Sitic not a hedgehog, but a signaling protein in human, mouse and other mammals Ventral neural tube development Limb bud development With Type Shh. -/- GS3 -/-

Conclusion

Present novel heterozygous mutation detected in the GLI2 gene suggested an extremely variable clinical phenotype in individuals with identical mutation, even in those within the same family and incomplete penetrance of GLI2 mutations.

Patients

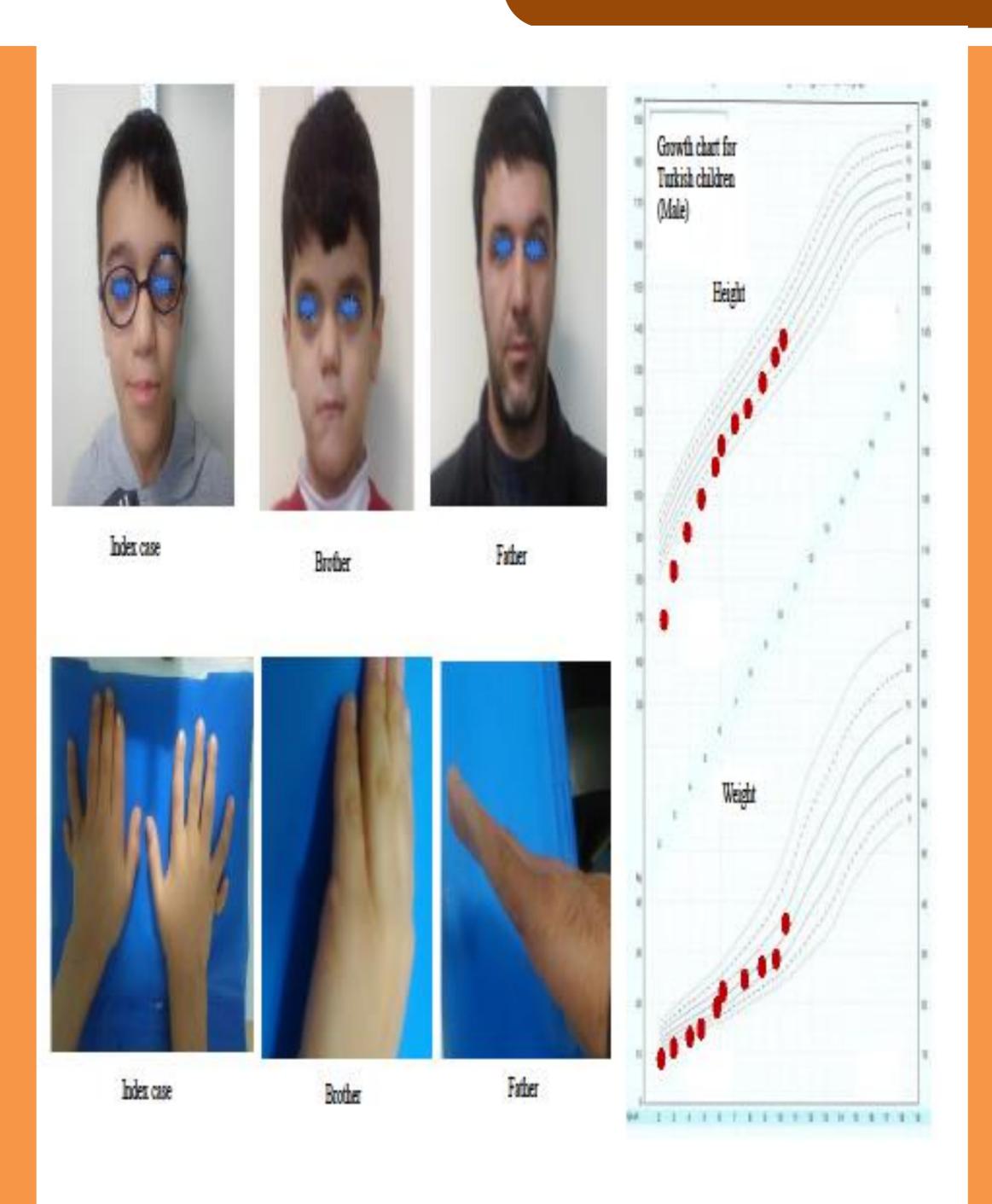


Figure 1. Facial dysmorphism and polydactyly in index case, his brother and father (a-f). Good response to rhGH therapy in index case (g).

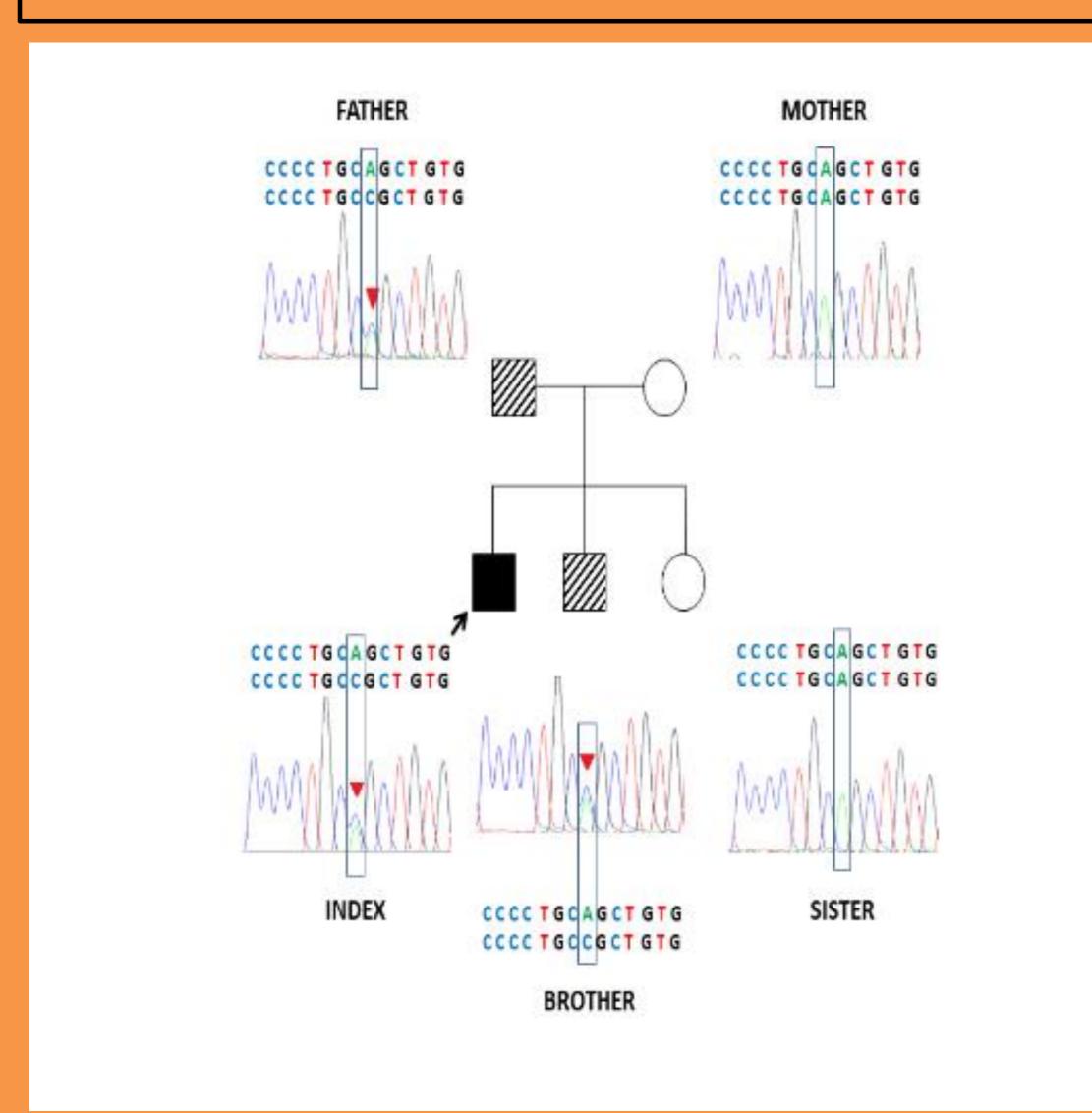


Figure 2.Family pedigree and electropherogram of heterozygous IVS11-2A>C(c.1957-2A>C) mutation in GLI2 gene

A male who was born to nonconsanguineous parents after a 40 weeks gestation and birth weight was 3700 gr. He had postaxial polydactyly, midfacial hypoplasia, high palatal arch, micropenis and bilateral cryptorchidism. He developed cholestasis and hypoglycaemia episodes during follow up. Critical blood samples revealed a diagnosis of congenital panhypopituitarism. He had severe anterior pituitary hypoplasia, absent pituitary stalk and ectopic posterior pituitary with no any other midline structural abnormality. Na-L-T4, hydrocortisone and GH replacement therapies were commenced. The response to the GH replacement was excellent (Figure 1). At his most recent follow up visit his height was 133.5 cm (-0,46), weight was 28.7kg (-0.51 SD) and body mass index was 16.1 kg/m2 (-0.4 SD). He had moderate developmental delay. One of his brother, father and paternal grandfather had polydactyly and/or atypical facial appearance with no any





hormonal disorders.

