Hypothyroidism in Context of 1q44 Microdeletion Syndrome and DOLK-CDG

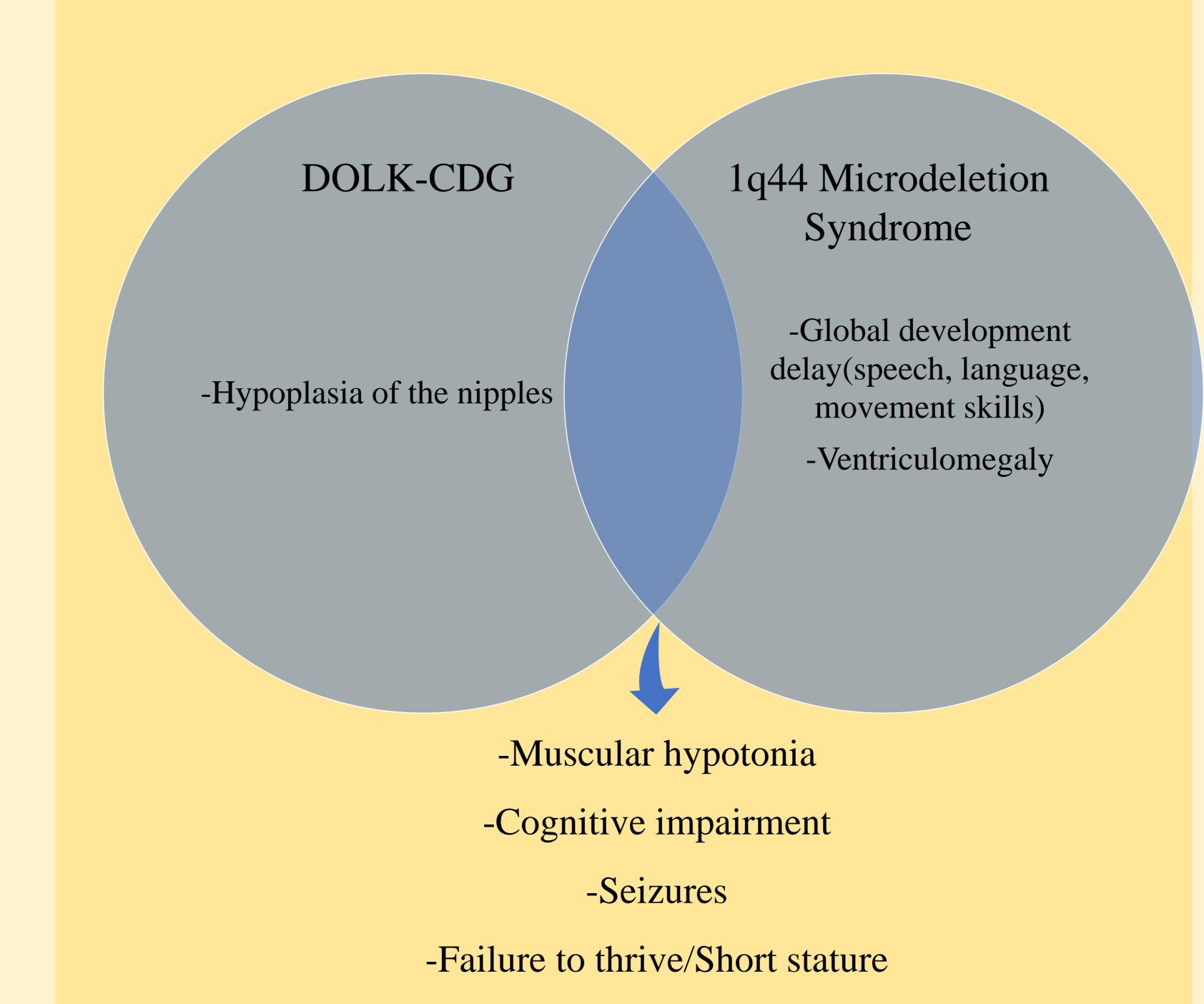
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INTRODUCTION

1q44 microdeletion syndrome has a quite variable clinical phenotype, with various degrees. DOLK-CDG is a rare condition with an autosomal recessive pattern. Neurological involvement is often noticed in both of this conditions. 1q44 microdeletion syndrome and DOLK-CDG have not yet been reported on the same patient and neither was hypothyroidism for DOLK-CDG patients. Furthermore DOLK-CDG has only been described in patients having the homozygous mutation linked to a low life expectancy.

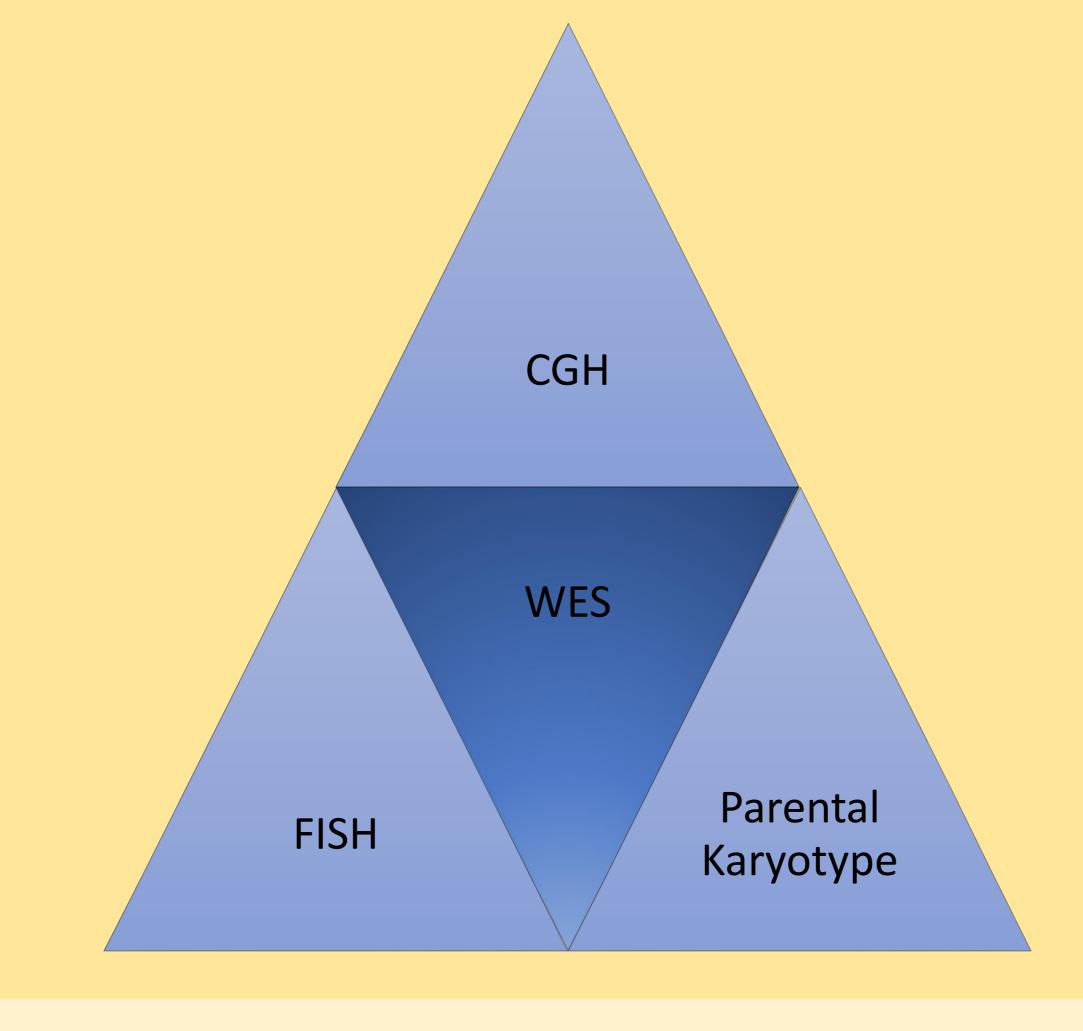
CASE PRESENTATION

- 2 months-old girl with persistent hypotonia arising shortly after birth \rightarrow Diagnosis: Central mild hypotonia
- Recurrent febrile convulsions \rightarrow Diagnosis: Febrile seizures
- 1y-old: Delayed motor skills and language acquisition, failure to thrive, mild facial dysmorphism
- Personal medical history:
- -Amniocentesis and fetal MRI \rightarrow corpus callosum normally developed, borderline lateral ventriculomegaly
- -Born at 39 week, 3540g, Apgar Score:7, perinatal asphyxia
- -Newborn neurological examination: normal for the GA, TFUS: corpus callosum and ventricles in normal range
- Family history: sibling 1 with normal development and no consanguineous parents; mother: HBsAg
- Interdisciplinary collaboration was required for further investigations

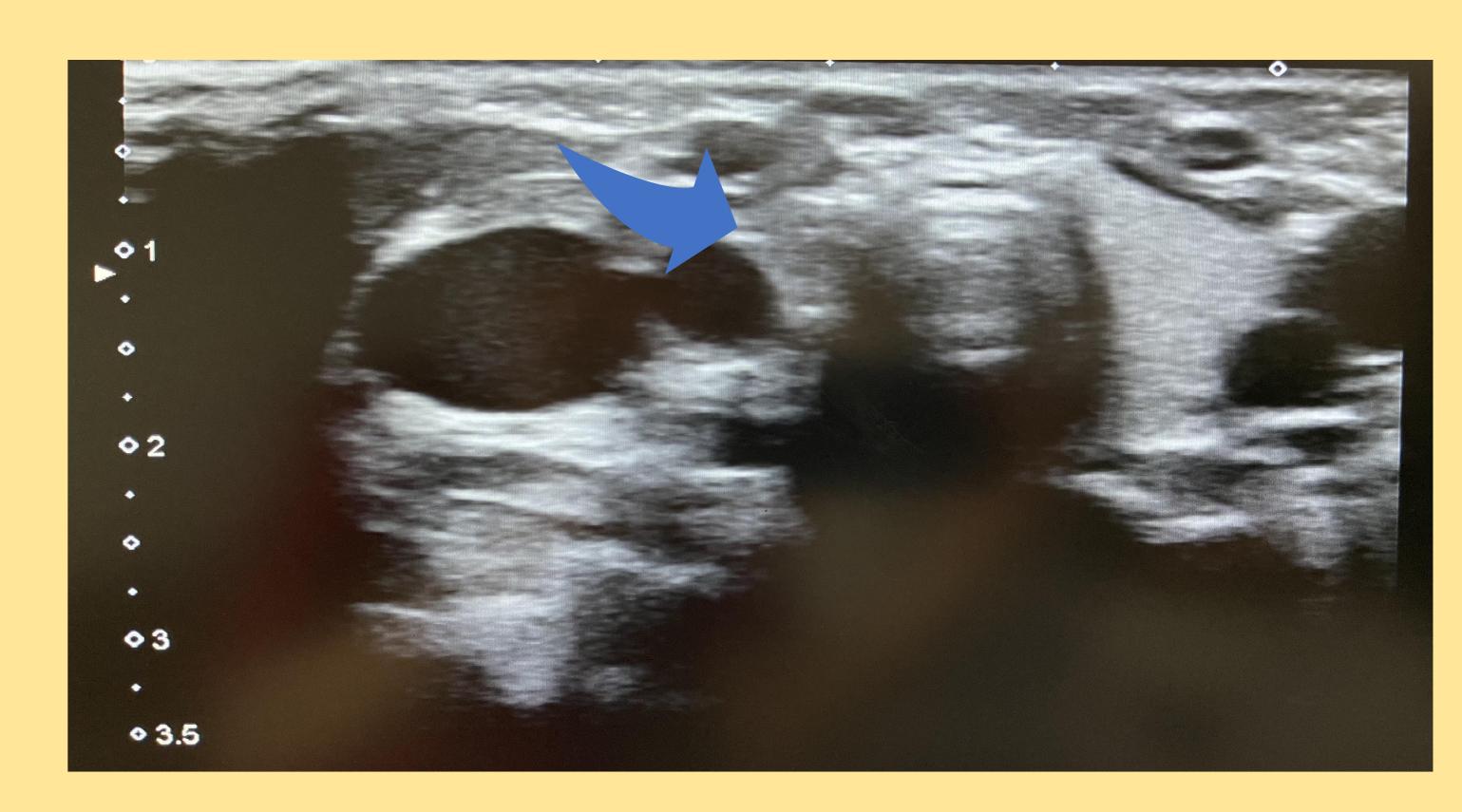


LABORATORY, IMAGING AND GENETICS STUDIES

1y4m-old → Thyroid hemiagenesis Hypothyroidism treatment with Levothyroxine 25mcg was initiated. The hormonal therapy normalized the TSH level and improved the clinically appearance of the child.



- WES A likely pathogenic 1734kb-large one copy loss within chromosomal region 1q44
- Two heterozygous variants of uncertain significance (Class 3) were identified in the DOLK gene
- $FISH \rightarrow Uncertain$
- Parental Karyotype→ Normal
- Brain MRI -> Mild lateral ventriculomegaly and a reduction in the thickness of the corpus callosum
- $Array-CGH \rightarrow 1q44$ microdeletion syndrome



DISCUSSION

The pattern and severity of DOLK-CDG vary among affected individuals. 1q44 microdeletion syndrome is a newly described syndrome with various degrees of development delay. Thyroid hemiagenesis is a rare form of thyroid dysgenesis, with a prevalence about 0.05-0.2% in normal population. In our case a multidisciplinary and complex approach was needed, including a pediatrician, endocrinologist, neurologist and a geneticist. Long term followup and treatment are essential.

REFFERENCES

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