

A NOVEL MUTATION IN THE TTF-1 GENE IN A CHILD WITH BENIGN HEREDITARY CHOREA



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INTRODUCTION

✓ Benign hereditary chorea (BHC) is a rare autosomal dominant disorder described as a non-progressive chorea of early onset

 Clinical manifestations of BHC can be single neurologic disorder (13%), brain and thyroid diseases (30%), or "brain-lung-thyroid syndrome" including neurological disorders, thyroid dysfunction and neonatal respiratory distress syndrome (50%) (Fig. 1).



CASE REPORT

- XY, 18 months–old, was admitted to the Pediatric outpatient clinic because of motor delay and gait disorder
- He was the second son of healthy and non-consanguineous parents. Family history was uneventful
- Perinatal history was unremarkable for pulmonary problems and screening test for congenital hypothyroidism was normal

Clinical Findings

- He had short stature (-1.99 SDS), normal weight (BMI 19.4 kg/m²), without significant dysmorphic features
- Neurological evaluation showed hypotonic and joint laxity, axial dystonia and choreic movements

Laboratory and instrumental data

No inherited metabolic disease was shown, array-CGH were normal, and IGF–1 levels (35 ng/ml) were at the normal lower range Thyroid function evaluation was suggestive of subclinical hypothyroidism (TSH 8.46 µIU/ml and fT4 11.1 pg/ml) Brain MRI showed mild abnormalities in peripheral regions, a large cistern and hippocampus' dysmorphisms

Fig. 1 Phenotypic presentations of the "Brain-thyroid-lung syndrome"



Fig. 2 TTF-1 regulates the expression of surfactant apoproteins (A,B,C)

Neurological signs associated to thyroid dysfunction led us to hypothesize BHC

The thyroid transcription factor 1 gene (TTF-1, cr.14q13.3.) molecular test identified a heterozygous substitution (Pro291Arg)



TTF-1 protein organization The N- and C-terminal activation



CONCLUSIONS

The TTF-1 gene is essential for the organogenesis of lungs (Fig. 2), thyroid, and development of the basal ganglia Genotype/phenotype association can be extremely variable because of many clinical features of the disease Thyroid dysfunction associated with hypotonia and choreic jerks induced to suspect this rare condition Our clinical case is peculiar because of a "de novo" mutation and choreic jerks were subtle and were not the main clinical feature

domains (AD), the homeodomain (HD) and the inhibitor domain (ID).



Authors have nothing to disclose