

Contribution of *GHR* and *IGFALS* mutations to growth hormone resistance Identification of new variants and impact on the inheritance pattern

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Background

Bi-allelic *GHR* mutations are classically responsible for Laron syndrome, a severe growth hormone (GH) insensitivity syndrome. A few *GHR* missense mutations have also been implicated in mild dominant GH resistance or idiopathic short stature.

IGFALS mutations are responsible for recessive or semi-dominant short stature linked to a partial GH insensitivity. The moderate growth delay contrasts with extremely low IGF-I levels.

Objective

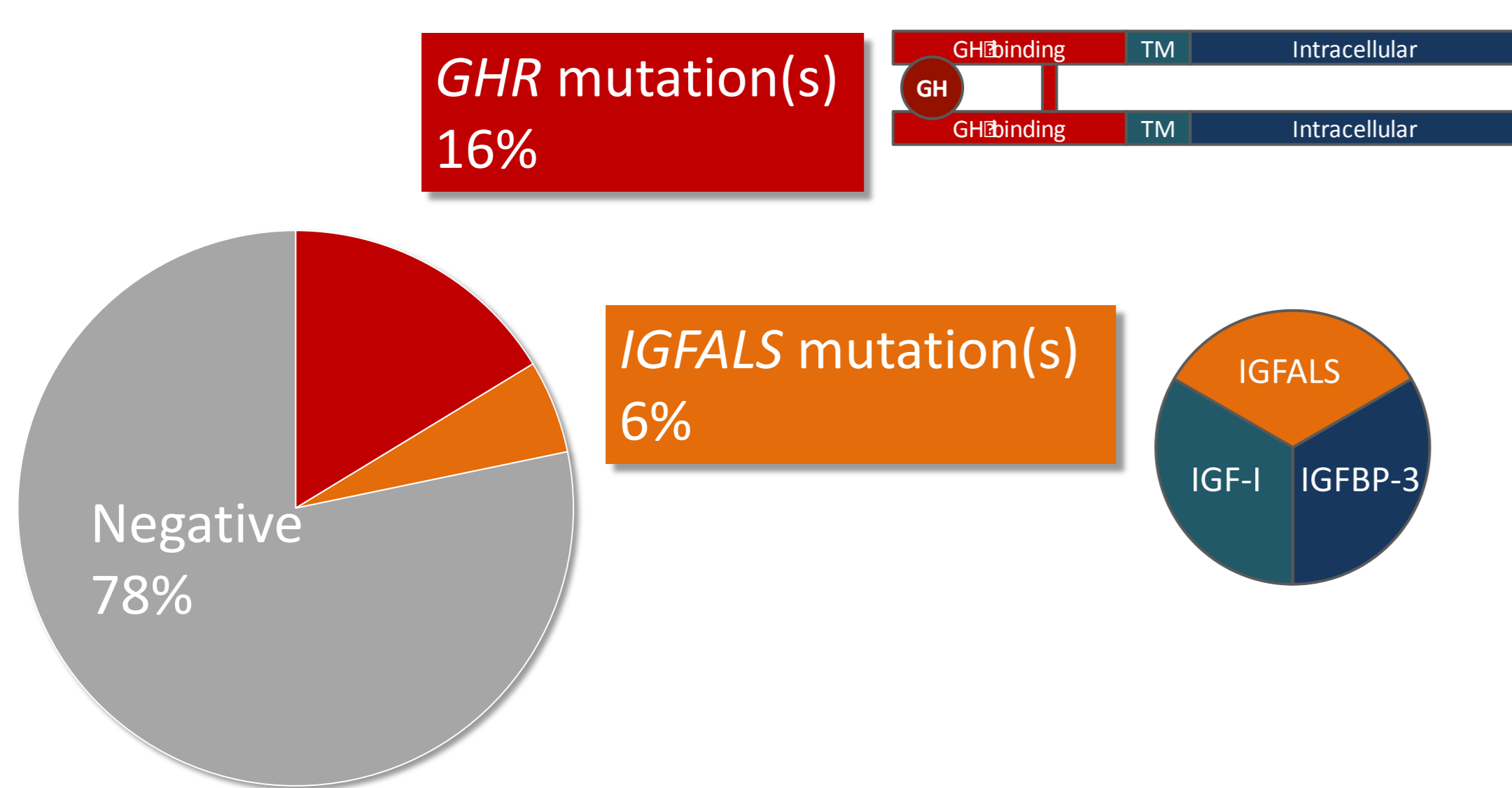
- to assess the contribution of *GHR* and *IGFALS* mutations to severe and mild non-syndromic GH insensitivity
- to study the correlation between the genotype and resistance severity

Method

All *GHR* and *IGFALS* coding regions and intronic boundaries were analyzed by Sanger sequencing in 92 independent patients with normal or high GH secretion test (>20mUI/L) associated with low IGF-I levels (<-2SD) and/or short stature.

1 *GHR* and *IGFALS* contribution

92 independent probands with GH insensitivity



2 Different inheritance/severity patterns

GHR (n=15)

Recessive (n=11)

Dominant (n=4)

IGFALS (n=5)

Recessive/semi-dominant

Severe GH insensitivity
Laron syndrome

Partial GH insensitivity

Partial GH insensitivity

Normal

Normal or subnormal height

Stature at diagnosis, median [range]: -6 SD [-9;-3]

-3 SD [-4;-2.5]

-2.5 SD [-4;-2.3]

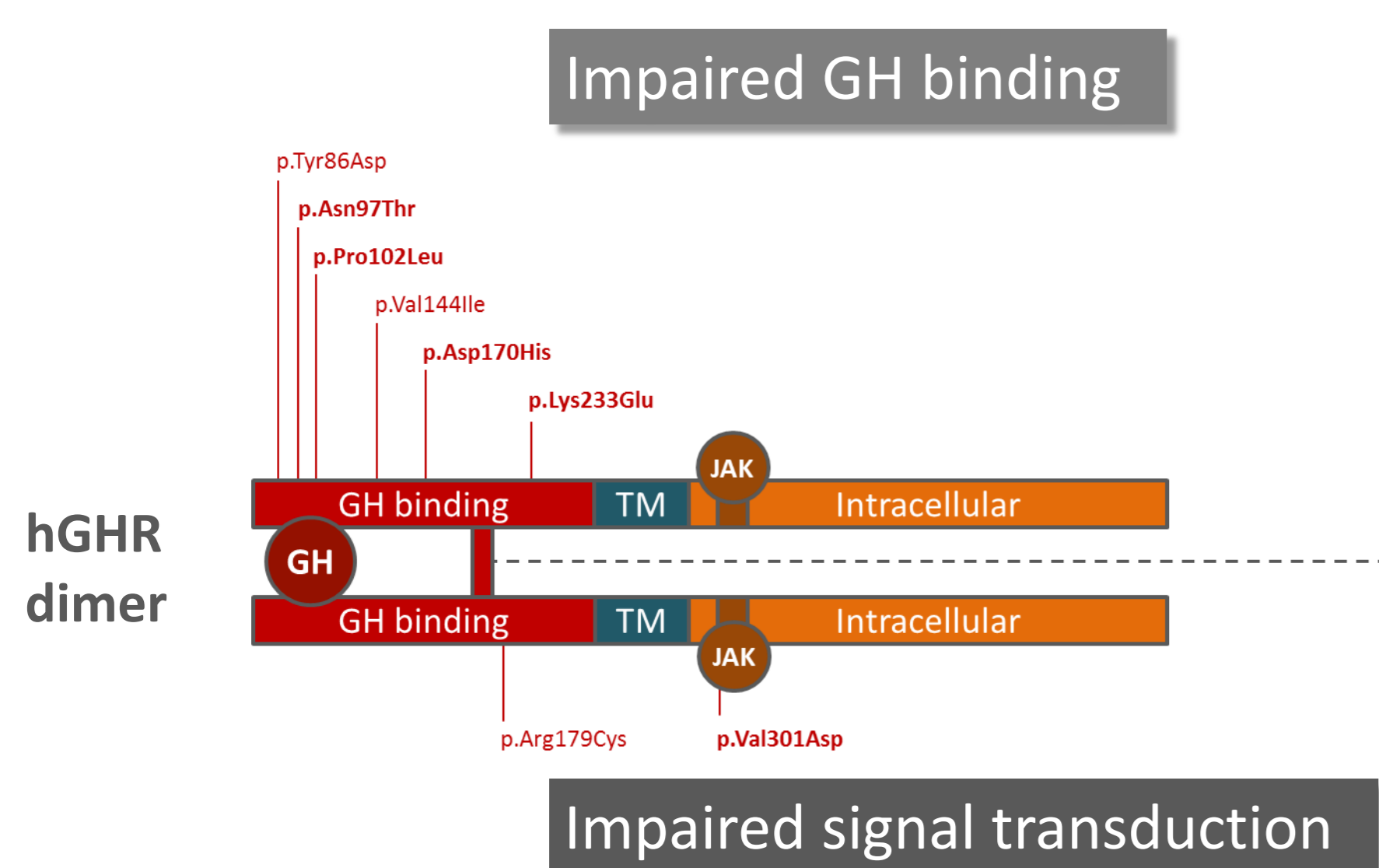
GH provocation test, mean [range]: 150 mUI/L [42;278]

22 mUI/L [16;29]

44 mUI/L [19;58]

3 *GHR* mutations expected consequences

Missense mutations:



In bold: newly described mutations

hGHR full length



Truncating mutations:

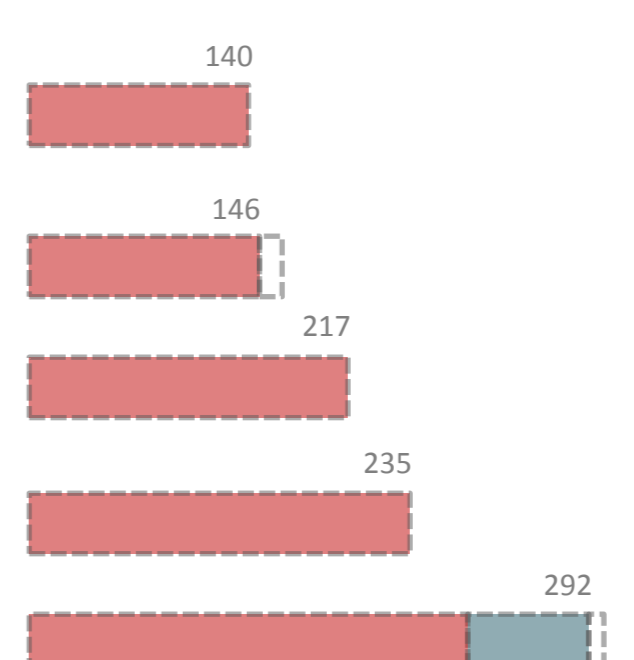
p.(Leu141*)

p.(Val147Aspfs*18)

p.(Arg217*)

p.(Arg235*)

p.(Ile293Leufs*4)



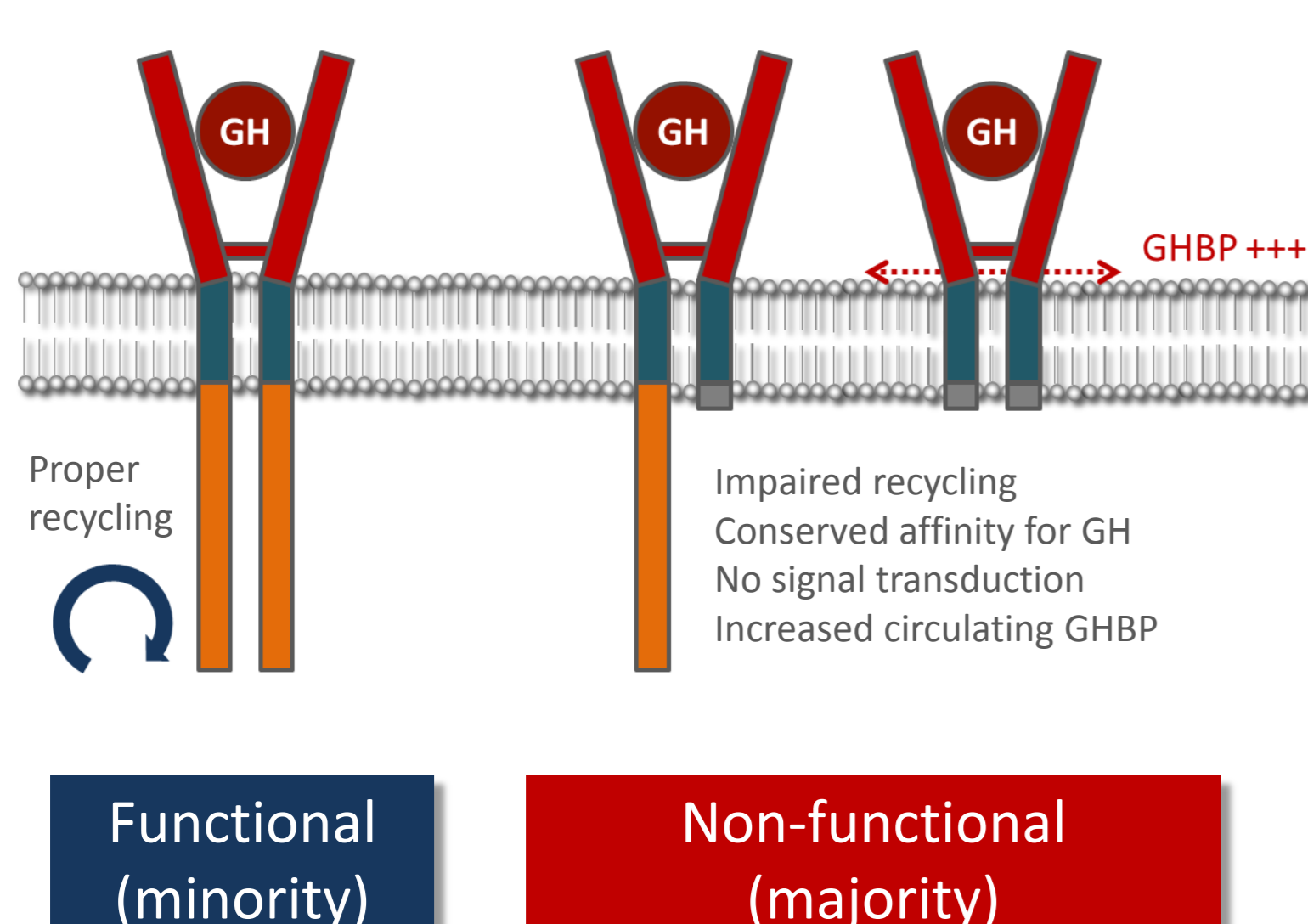
mRNA-decay: no protein

p.Arg292Serfs*7

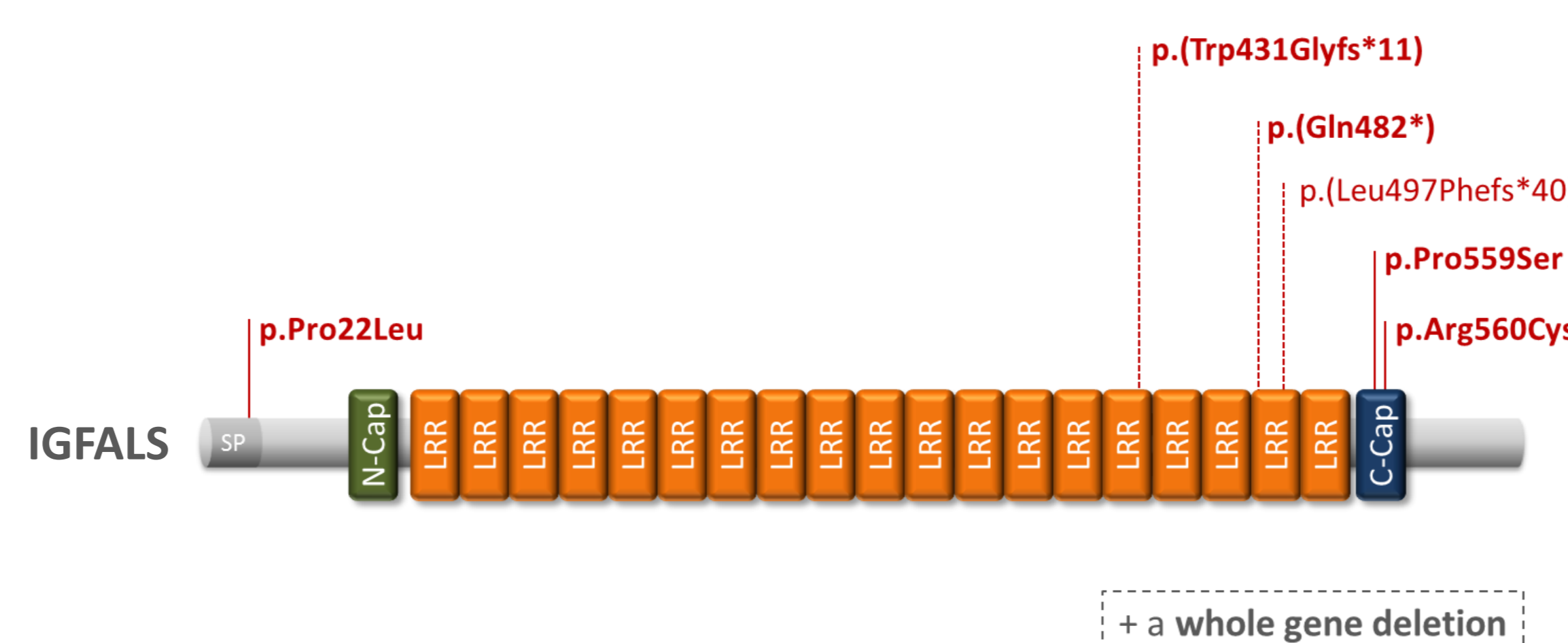


No mRNA-decay: dominant negative effect

4 *GHR* mutation with dominant negative effect



5 *IGFALS* mutations



Conclusion

In a large cohort of patients with GH resistance (n=92), we identified molecular defects in *GHR* or *IGFALS* in 22% of the independent probands.

Noteworthy, 2 neighboring *GHR* mutations, p.(Ile293Leufs*4) and p.Arg292Serfs*7 were respectively responsible for a recessive and a dominant form of GH resistance, underlining the impact of a complex alternative splicing pattern on nonsense-mediated mRNA decay.