

Endocrinology and multisystemic diseases Poster P1-688

Thyrotoxicosis, nephrogenic syndrome of inappropriate antidiuresis, tall stature and mental retardation caused by a novel GNAS gain of function mutation FROUSSEAU Houang M (1), Kottler ML(2,3), Bensman A (4), Haymann JP (5), Richard N (2,3), Dunand O(4), Bastepe M (6), Silve C (7), Ulinski T(4), Coudray N (3), Netchine I (1), Linglart A (8,9) **1** AP-HP, Hôpital Armand Trousseau Explorations Fonctionnelles Endocriniennes, 26 av du Dr A Netter 75012 Paris, France, 2 CHU, département de génétique, Centre Hospitalier et Universitaire Clemenceau, av Clemenceau, 14033Caen, France CHU **3** INSERM, UMR 1075, CHU Av de la côte de Nacre, 14033 Caen, France, Hopitaux **4** AP-HP, Hôpital Armand Trousseau, service de néphrologie pédiatrique, universitaires 🗖 **5** AP-HP, Hôpital Tenon, Explorations Fonctionnelles Néphrologiques, 4 rue de la Chine 75020 Paris, France. aris-Sud 6 Massachussetts General Hospital, Endocrine Unit, 50 Blossom street, Boston, Massachussets, 02114, USA. 7 AP-HP, Hôpital Cochin, Laboratoire de Biologie moléculaire 27 rue du faubourg Saint-Jacques 75679 Paris cedex 14. DE PARIS 8 AP-HP, Hôpital Bicêtre-Paris-Sud, Service d'Endocrinologie et Diabétologie de l'enfant, 94270 Le Kremlin-Bicêtre, France,

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<u>Results</u>: We speculated that the patient could have a constitutional activation of the cAMP/PKA pathway and we searched for mutations in candidate genes downstream of AVPR2 and the TSH receptor. We found a de novo S250I mutation in *GNAS*, encoding the alpha-subunit of the stimulatory G protein (Gs α).

Background: Nephrogenic syndrome of inappropriate antidiuresis (NSIAD) is a very rare clinical condition. Patients suffer from hyponatremia, hypo-osmolality with inappropriately elevated urinary osmolality and undetectable AVP levels. Activating mutations of AVPR2, the vasopressin receptor type 2 (V2R), induce a prolonged signaling of the intracellular cAMP/PKA pathway and cause NSIAD in patients.

Objective and hypotheses: To describe a new phenotype in a patient with symptoms suggestive of increased activity of several GPCRs, a pattern reminiscent of Mc Cune Albright syndrome (MAS), yet with a different phenotype including the phenocopy of the V2R constitutive activation.



genomic DNA exon 10





Patient: A 4-years old tall girl had persistent hyponatremia (118 to 128 mmol/L) and antidiuresis. Her plasmatic osmolarity was low (260 mosmol/lkg) while the urinary osmolarity was inadequately elevated (1020mOsmol/kg). The AVP level was undetectable. No variant was identified in the AVPR2 gene. She also had symptoms of androgen secretion (mild clitoral enlargement, pubic hair and advanced bone age, slightly elevated testosterone and sDHA levels). Adrenals were of normal size and shape on the CT-scan. At the age of 5 years, she developed a non-immune thyrotoxicosis. At the age of 6, a café au lait spot appeared on the tight.



Transfection of the mutated S250I-Gs α in Gnas null cells demonstrated a greater accumulation in cAMP compared to the wild-type Gs α (p=0.0004) but a lesser cAMP production than that we observed upon R201-Gs $\alpha\alpha$ transfection (the activating mutation responsible for MAS) (p<0.0001).

AMPc

Stimulated c AMP production



Gnas null cells cotransfected with plasmids encoding the TSH receptor and wt-Gs α or Ile250-Gs α , were submitted to escalating concentration of TSH (0.1, 1 and 10 UI/L). Measured levels of cAMP were normalized to the basal cAMP production obtained through wt-Gs α expression to generate ratios of fold of increase over basal wt-Gs α cAMP (mean +/-SEM). In these experimental conditions, the cAMP accumulation upon TSHR stimulation did not differ between wt-Gs α and Ile250-Gs α transfected cells (p=0.89, paired t-test). The Ser to Ile substitution in position 250 generates a gain in Gs α constitutive activity, without modifying its agonist-induced cAMP production

Our tall patient (+3.5 SD) with hyperlaxe joints, when she was five

The authors have nothing to disclose

Conclusion: We describe a novel form of constitutive Gsα activation responsible for NSIAD and thyrotoxicosis

