

Compound heterozygous C10orf2 mutations in a Japanese patient with 46, XX ovarian failure and deafness

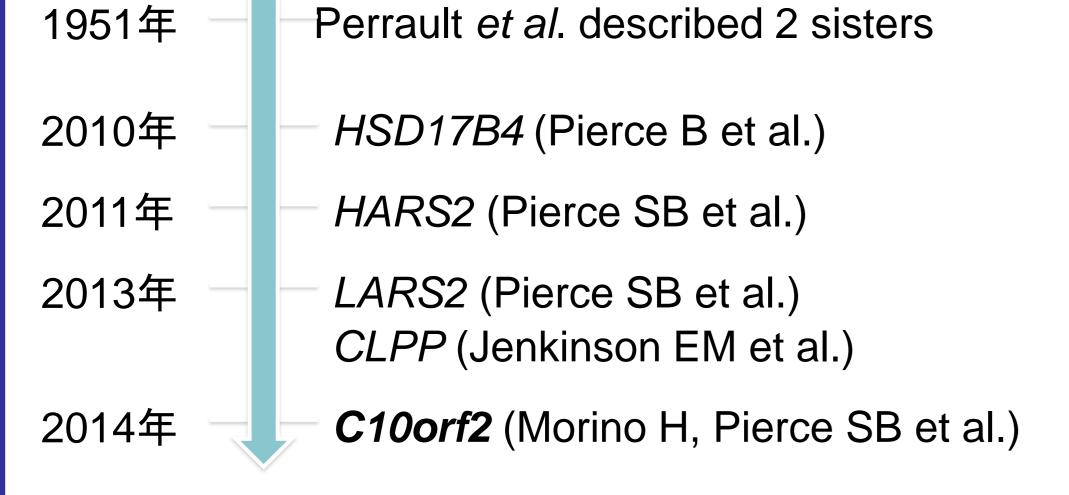


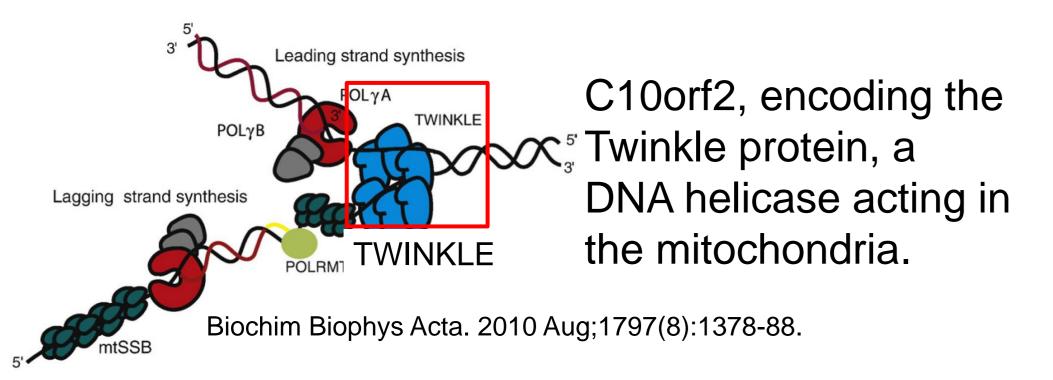
Authors: Keisuke Nagasaki, Hiromi Nyuzuki, Sunao Sasaki, Hidetoshi Sato, Yohei Ogawa, and Akihiko Saitoh

Hospital: Division of Pediatrics, Niigata University Graduate School of Medicine and Dental Sciences, Niigata 951-8122, Japan.

Background

Perrault syndrome is a rare autosomal recessive disorder characterized by sensorineural deafness in both sexes and primary ovarian failure in 46, XX karyotype females. HSD17B4, HARS2, LARS2, CLPP and C10orf2, which are associated mitochondrial function, have been reported as causative genes.



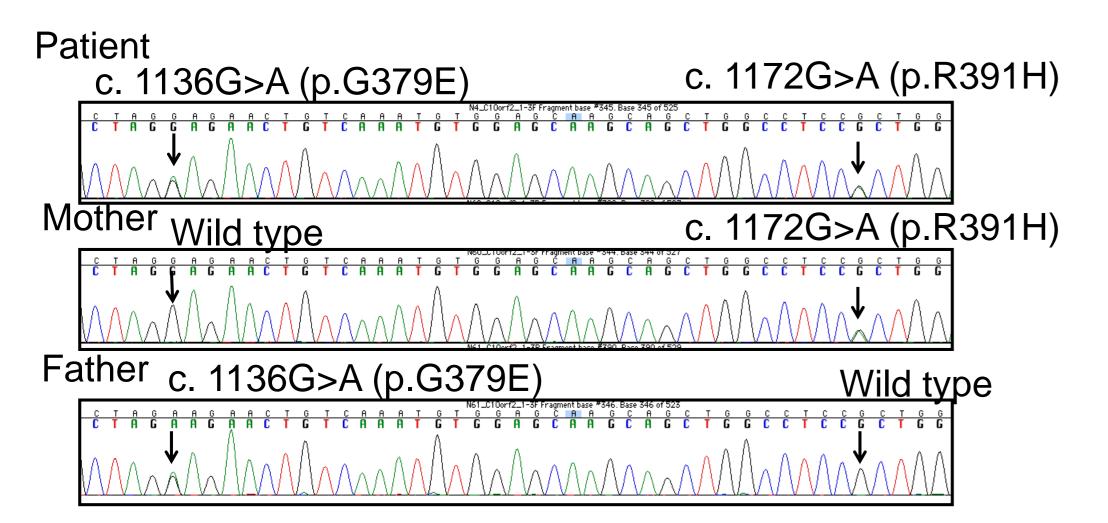


Objective and hypotheses: Here we report a Japanese patient who was identified with C10orf2 mutation with the fourth case in Perrault syndrome.

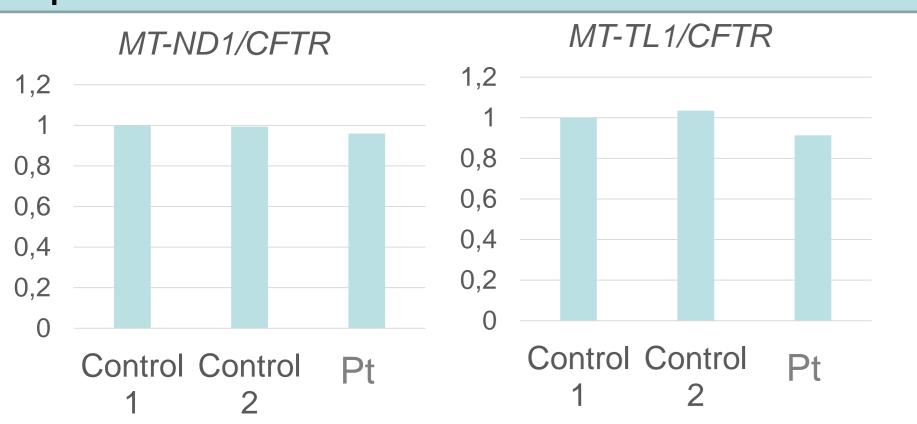
Molecular analysis

Sequence analyses (PCR-direct method)

- No mutations of HARS2, LARS2, or CLPP
- C10orf2 sequence; compound heterozygous mutations, c.[1136G>A];[1172G>A]



Relative quantification of mtDNA by qPCR in peripheral blood



mtDNA depletion was not detected in peripheral blood.

Case presentation: 13-year-old Japanese girl

Chief complaint: short stature

Family history: no consanguinity, her parents were clinically normal

History of present illness: The patient was referred to our hospital due to short stature at the age of 12 years.

Physical examination at 13 years of age:

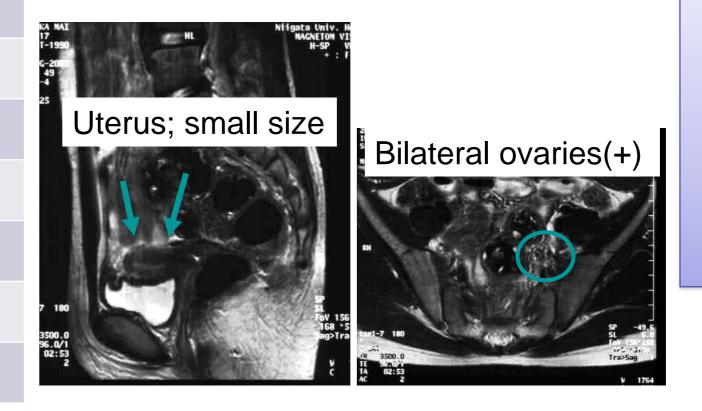
Body height (BH); 138.2 cm (-3.2 SD), Body weight (BW); 30.2 kg, %tile BMI; 3.1, Tanner stage: Breast; 1, Pubic hair; 1, No genital anomaly

No neurologic findings

Hearing test: 30~40 db bilateral sensorineural hearing loss

Bone age (TW2 methods; J-RUS); 9 years and one month

Endocrinological data		Reference
LH (mIU/mL)	37.1	<0.7
FSH (mIU/mL)	163.2	0.6-5.3
E2 (pg/mL)	<10	<10
TSH (mU/L)	2.6	0.5-5.0
FT4 (ng/dL)	1.2	0.9-1.6
IGF-1 (ng/mL)	330	193-643
Chromosome (G-banding) 46,XX		



Final height 160.8 cm Vertigo, Stagger

Diagnosis

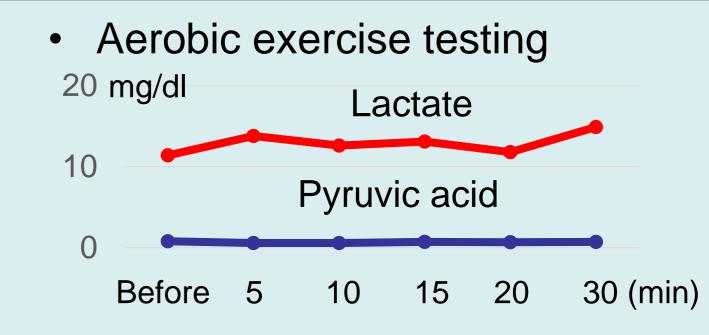
- 46,XX ovarian failure
- Sensorineural deafness
 - > Perrault syndrome

Neurological findings at 24 years of age

- Physical exam; Nystagmus, intention tremor, loss of deep tendon reflexes, incapable of standing with closed eyes
- nerve conduction study
 - ✓ Motor nerve: normal velocity and amplitude Brain MRI T2W1
 - ✓ Sensory nerve: poor amplitude

Mutations of C10orf2 and clinical phenotype

- ➤ Cerebellum ataxia
- > Peripheral sensory neuropathy of the extremities



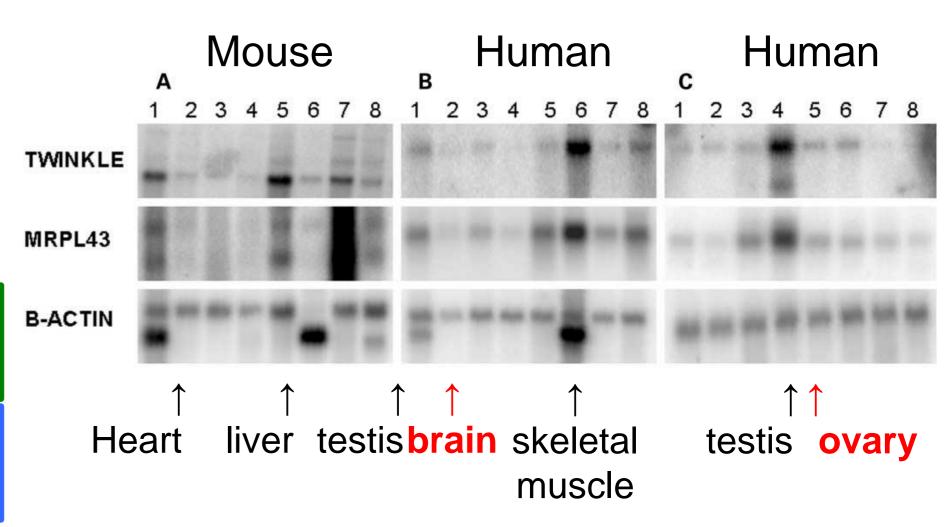
SPECT imaging of cerebral blood flow MR spectroscopy

No lactate peak

Mild atrophy of upper cerebellum

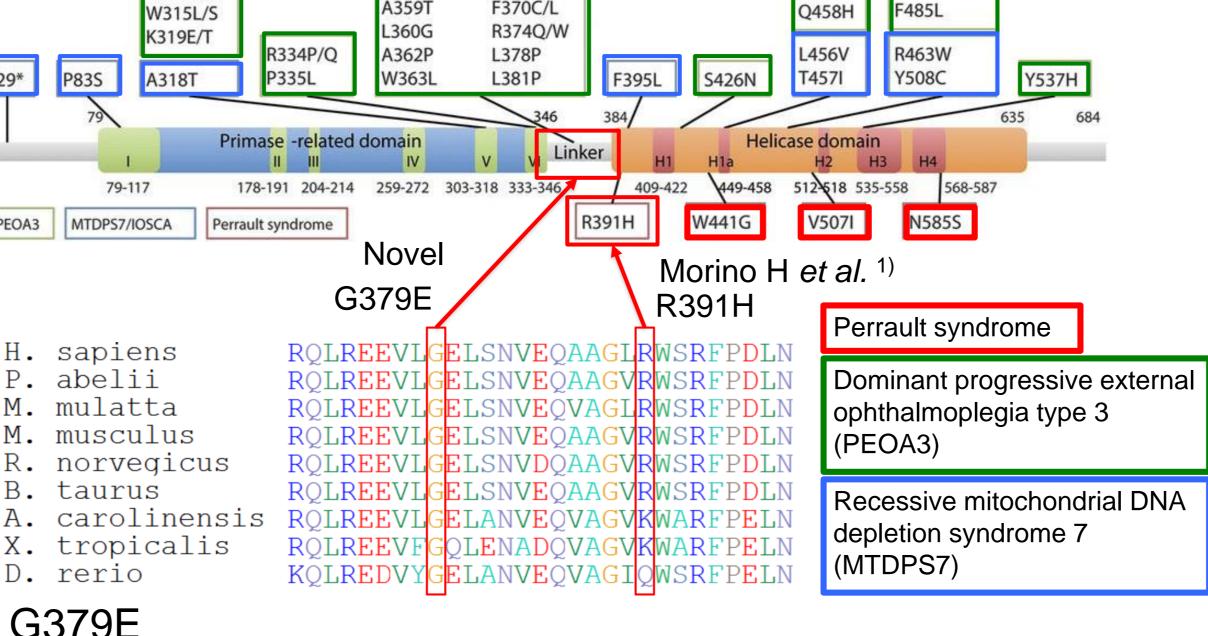
Multiple northern blots of mouse and human

tissues probed with Twinkle, MrpL43 and βactin cDNAs. (Hum Mol Genet. 2004 Dec 15;13(24):3219-27.)



The associations between C10orf2 gene expression levels and clinical features are poor.

F370C/L R374Q/W R334P/Q W363L L381P T4571 P83S S426N



G379E

- > G379 is highly conserved among species.
- > G379E might be pathogenic mutation based on the *in-silico* analyses. (PolyPhen-2: damage score 0.48, POSSIBLY DAMAGING; Mutation Tester: disease causing)
- This mutation, which is located in the linker domain, was the first reported for Perrault syndrome.

CONCLUSIONS

C10orf2 mutations should be considered in patients with ovarian failure and

sensorineural deafness. This is the first report of a mutation in the linker domain in a patient with Perrault syndrome.

References

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- 2) Demain LA. et al. Clin Genet. 2016 Mar 11. doi: 10.1111
- 3) Pierce SB. et al. Am J Hum Genet. 13;87(2):282-8, 2010
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- 6) Pierce SB. et al. Am J Hum Genet. 4;92(4):614-20, 2013











