

Variable phenotype and genetic findings in a cohort of patients with pseudohypoparathyroidism.



Nadezhda Makazan^a, Elizaveta Orlova^{a,b}, Maria Kareva^a, Natalia Kalinchenko^a, Elena Tozliyan^c, Ivan Dedov^a, Valentina Peterkova^a

^aEndocrinology Research Centre, Moscow, Russia; ^bI.M.Sechenov First Moscow State Medical University, Moscow, Russia; ^cResearch & Clinical Institute for Pediatrics n.a. acad. Y.E.Veltishev, Moscow, Russia

Background

Pseudohypoparathyroidism is a group of rare disorders characterized by tissue insensitivity to multiple hormones (PTH, TSH, GHRG, LH, FSH) and Albright hereditary osteodystrophy (AHO) due to inactivating mutations or epigenetic defects of the *GNAS*.

Materials and methods

Hormone resistance

- •PTH, Ca, P
- •TSH. fT4
- •IGF-1
- •FSH/LH

28 patients from 27 families with PHP

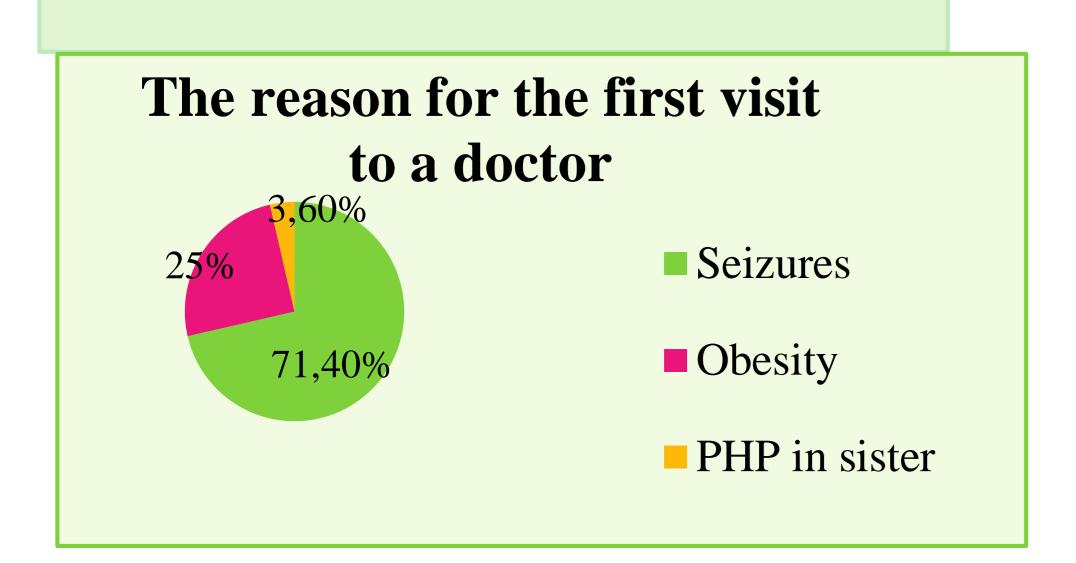
AHO-features

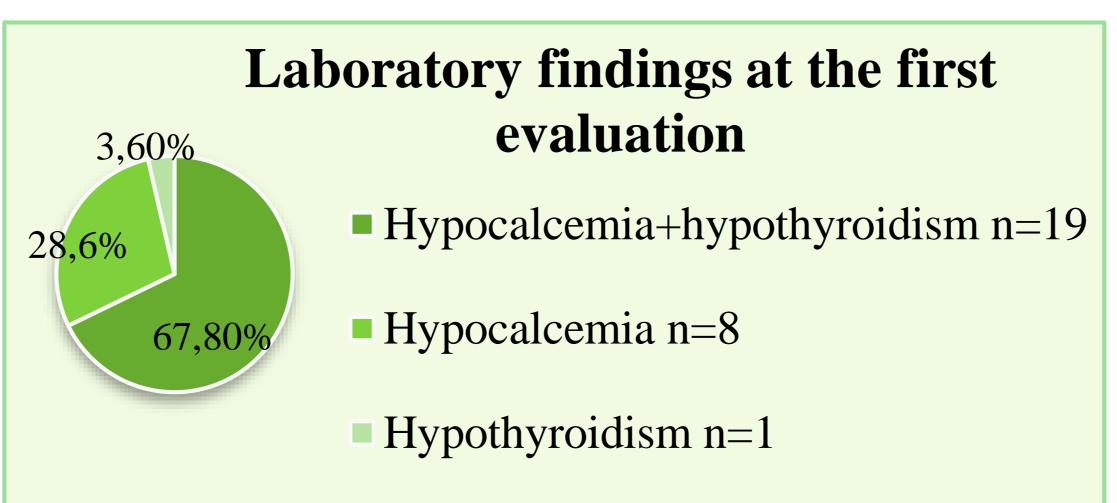
- brachydactyly,
- •short stature,
- •obesity
- •round face
- •subcutaneous ossifications
- •mental retardation

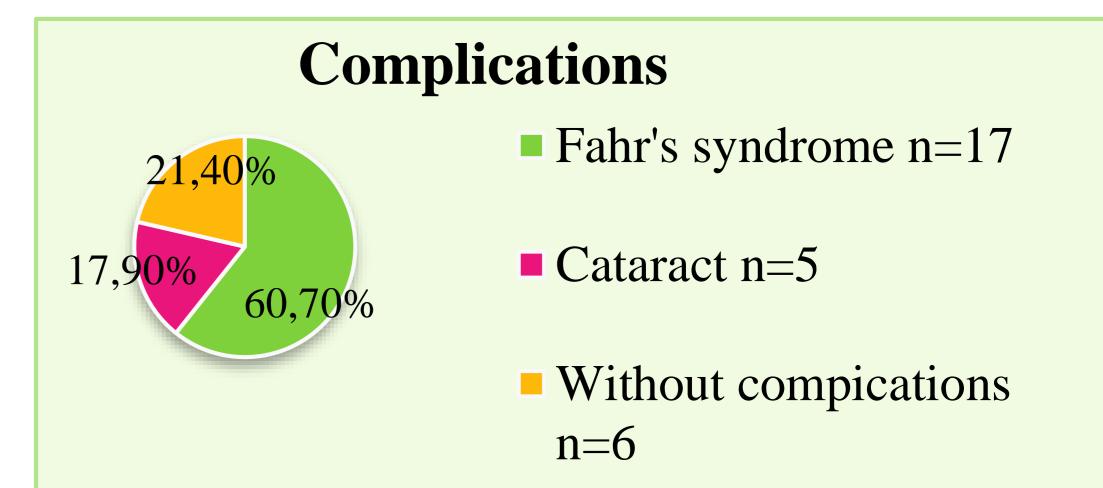
Molecular analysis
GNAS gene sequencing for patients with AHO-features

Compications
Cataract
Fahr's syndrome
Nephrocalcinosis

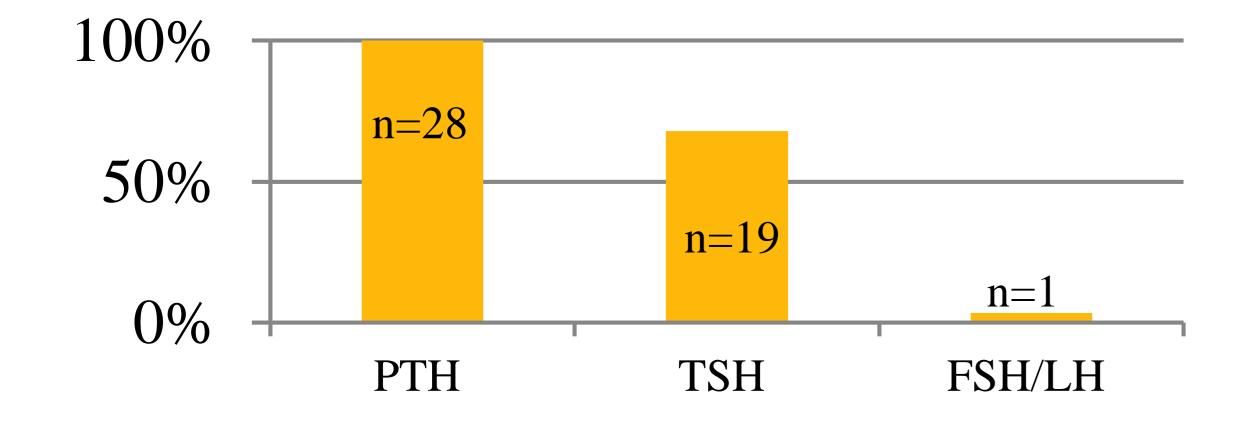
Results



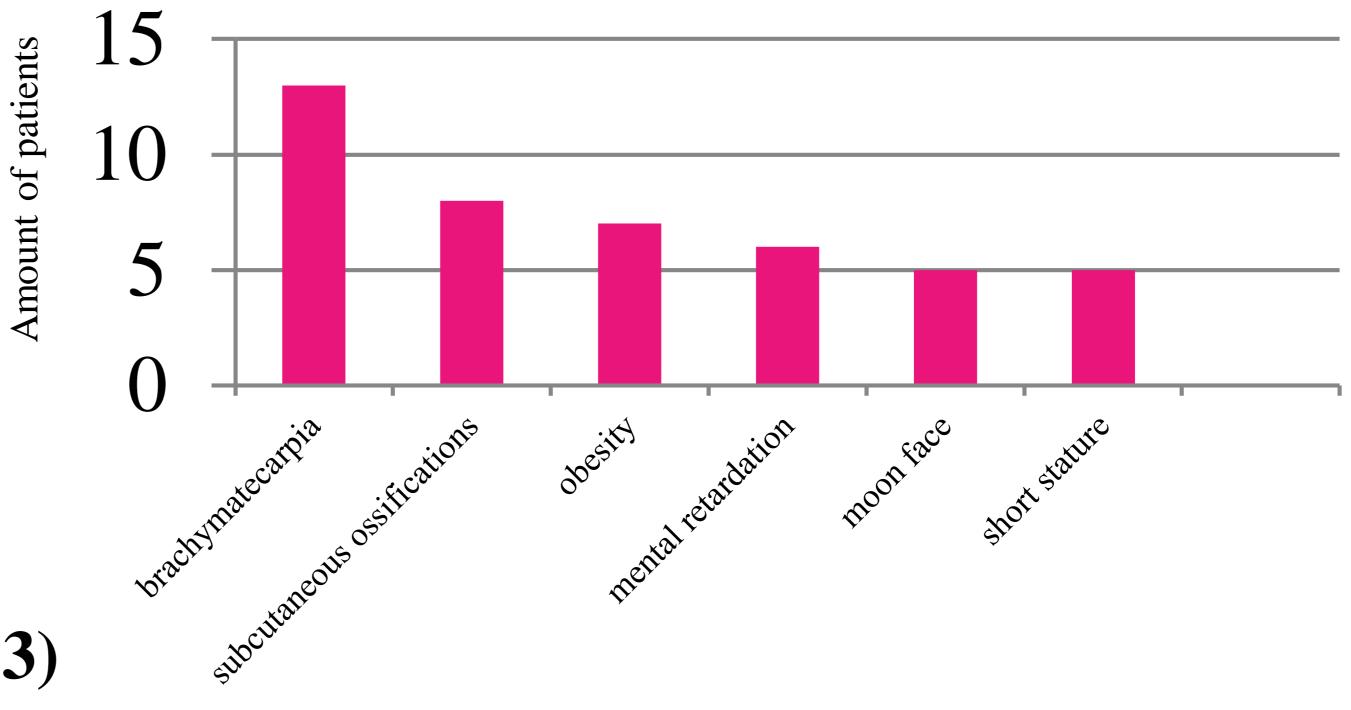




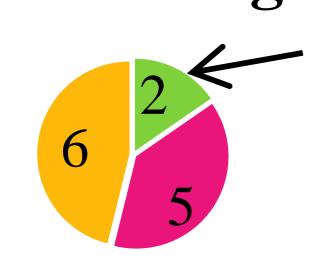
Hormone resistance



Patients with AHO-features n=13



Genetic findings in patients with AHO-phenotype (n=13)



Sister and brother, mother – without any AHO-signs and HR

Maternally inherited GNAS mutation

■ De novo GNAS mutations

■ No GNAS mutations

Conclusion

Obesity or hypothyroidism can precedes hypocalcaemia in PHP. Evaluation of serum Ca is important for all patients with seizures to avoid misdiagnosing. Absence of *GNAS* mutation in patients with AHO indicates overlap between PHPIa and PHPIb. Further investigations including MS-MLPA assay are planned to explore potential phenotype-genotype correlations in PTH.

The authors have nothing to disclose



Poster presented at:





