

# LYMPOSOMAL ACID LIPASE DEFICIT IN PATIENTS WITH HYPERCHOLESTEROLEMIA

## INTRODUCTION:

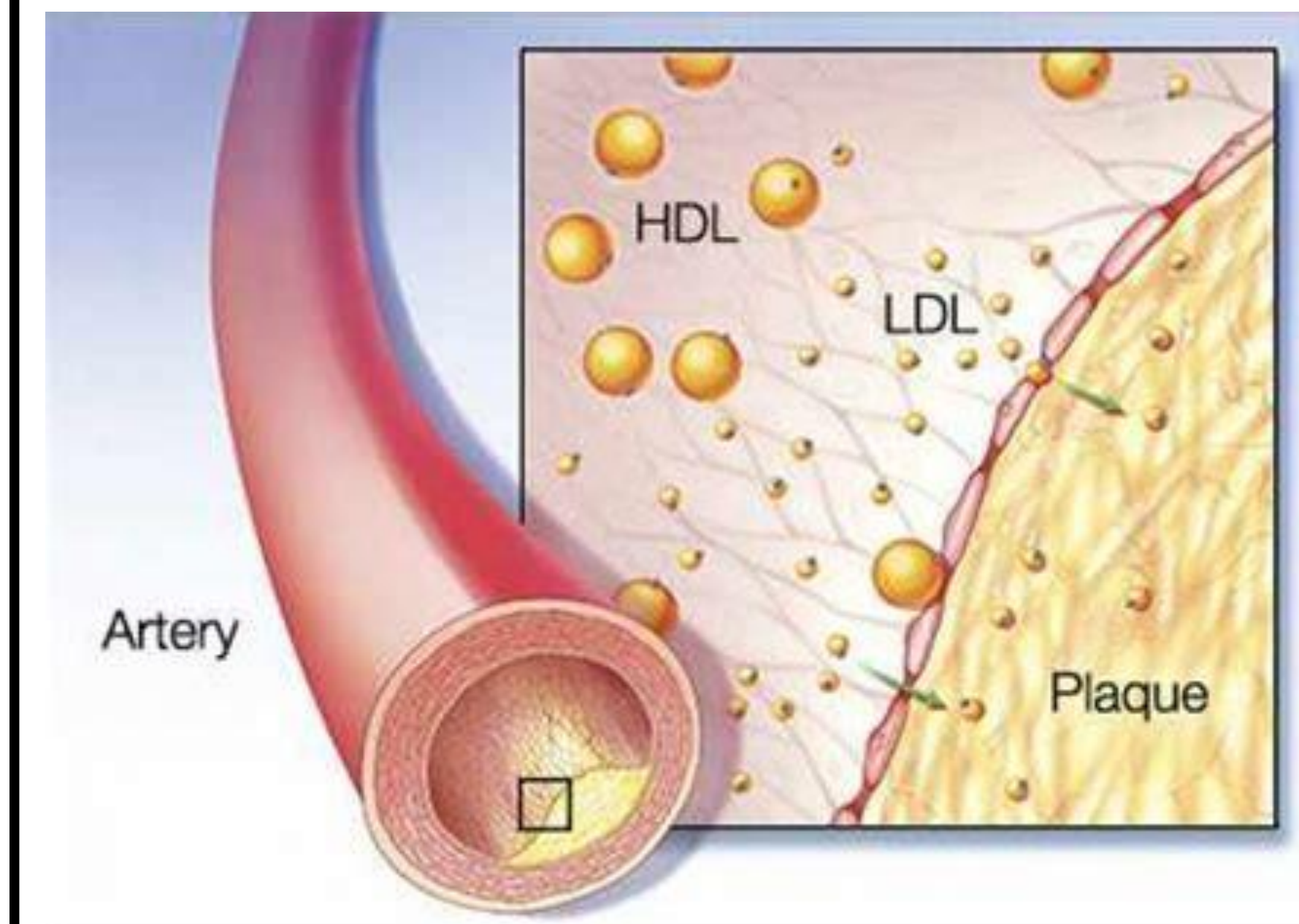
The deficit of lysosomal acid lipase (LAL) is an infrequent (1: 40,000-300,000 prevalence), autosomal recessive, monogenic pathology. It can aggressively (Wolman's disease): malabsorption and severe dyslipidemia with survival less than one year of life. The cholesterol ester storage disease (CESD) presents with dyslipidemia, liver disease and early cardiovascular disease.

## METHODS & MATERIAL:

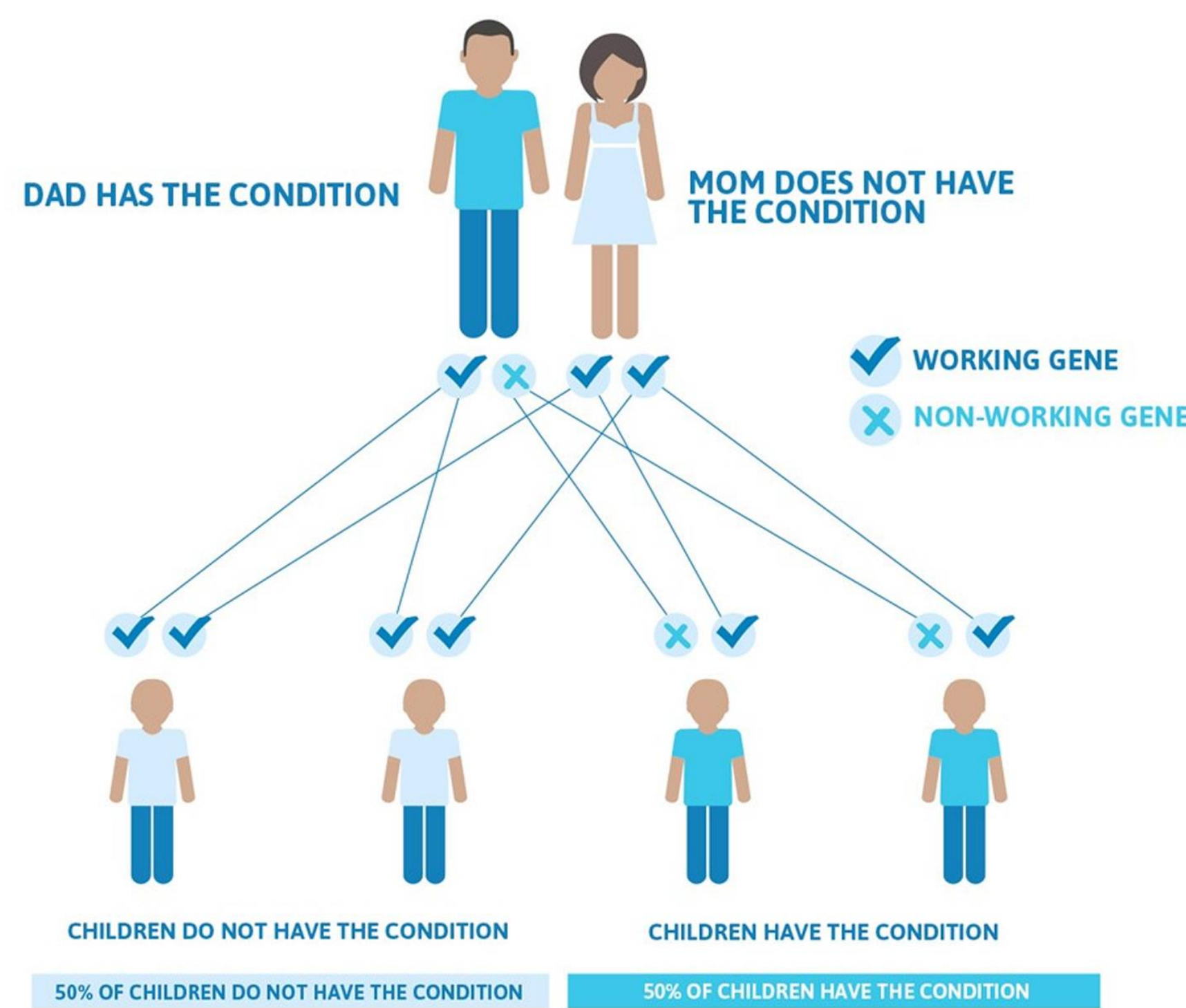
Descriptive study of the prevalence of LAL deficiency and carriers in a subsample of patients with hypercholesterolemia. Comparison with data already published

Of 42 patients monitored in the clinic for suspected familial hypercholesterolemia but a genetic study for negative HFC, 12 patients with persistent dyslipidemia were selected despite strict dietary measures. A sample of dried blood was collected in which the enzyme activity was analyzed, with prior informed consent. Reference values were considered for LAL 0.61 -2.79 nmol / punch / h. For LAL activity values with values close to the minimum of the range in the reference population, the genetic variant c.894G> A (p.delS275\_Q298) ["Exon 8 Splice Junction Mutation", E8SJM] was studied,

We analyzed: age, sex, time since diagnosis, BMI, nutritional status, total cholesterol, HDL-cholesterol, LDL-cholesterol, triglycerides, treatment with statins / resins; family history of obesity, dyslipidemia and cardiovascular disease early. Data processing with SPSS-19.0



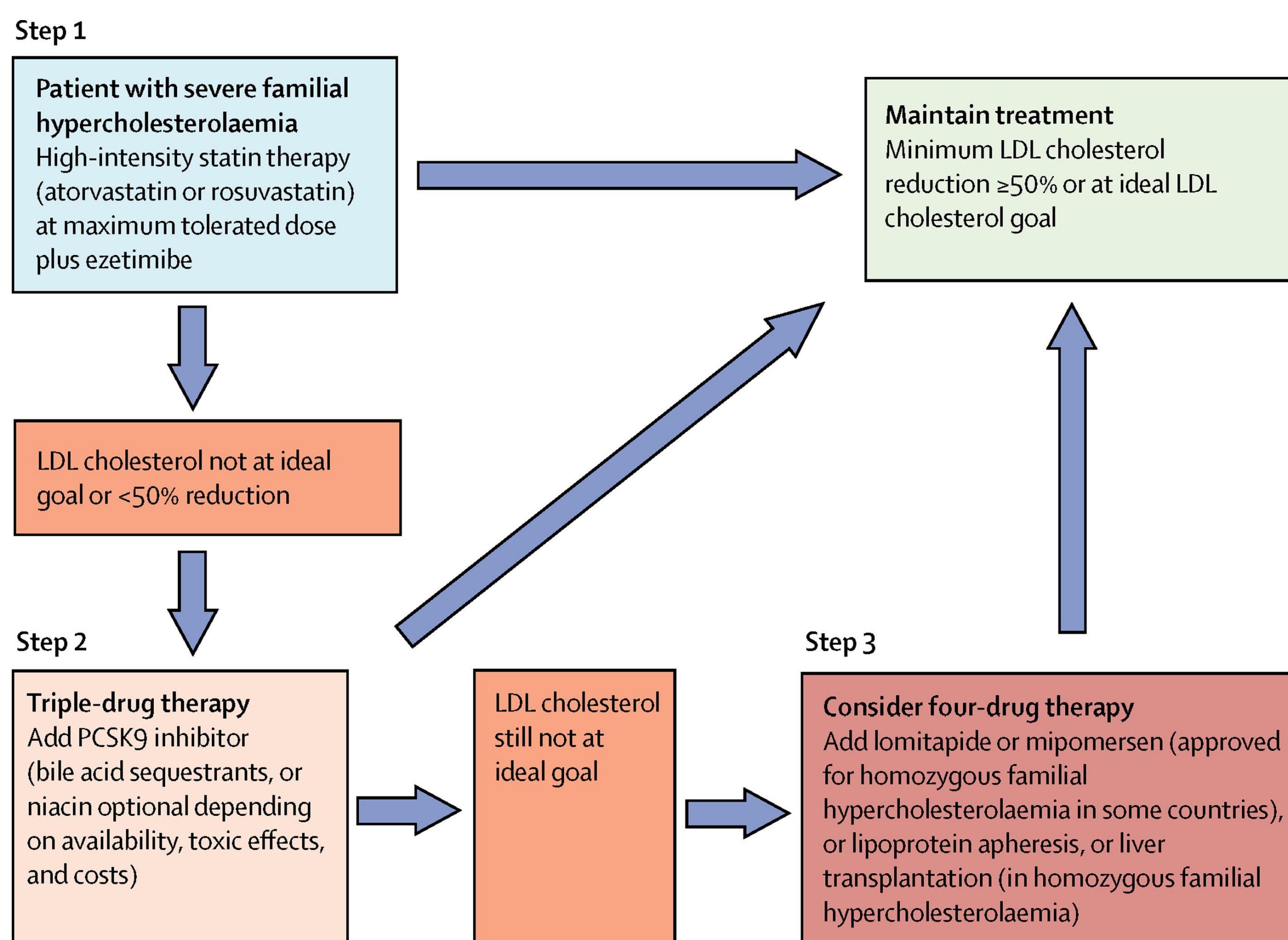
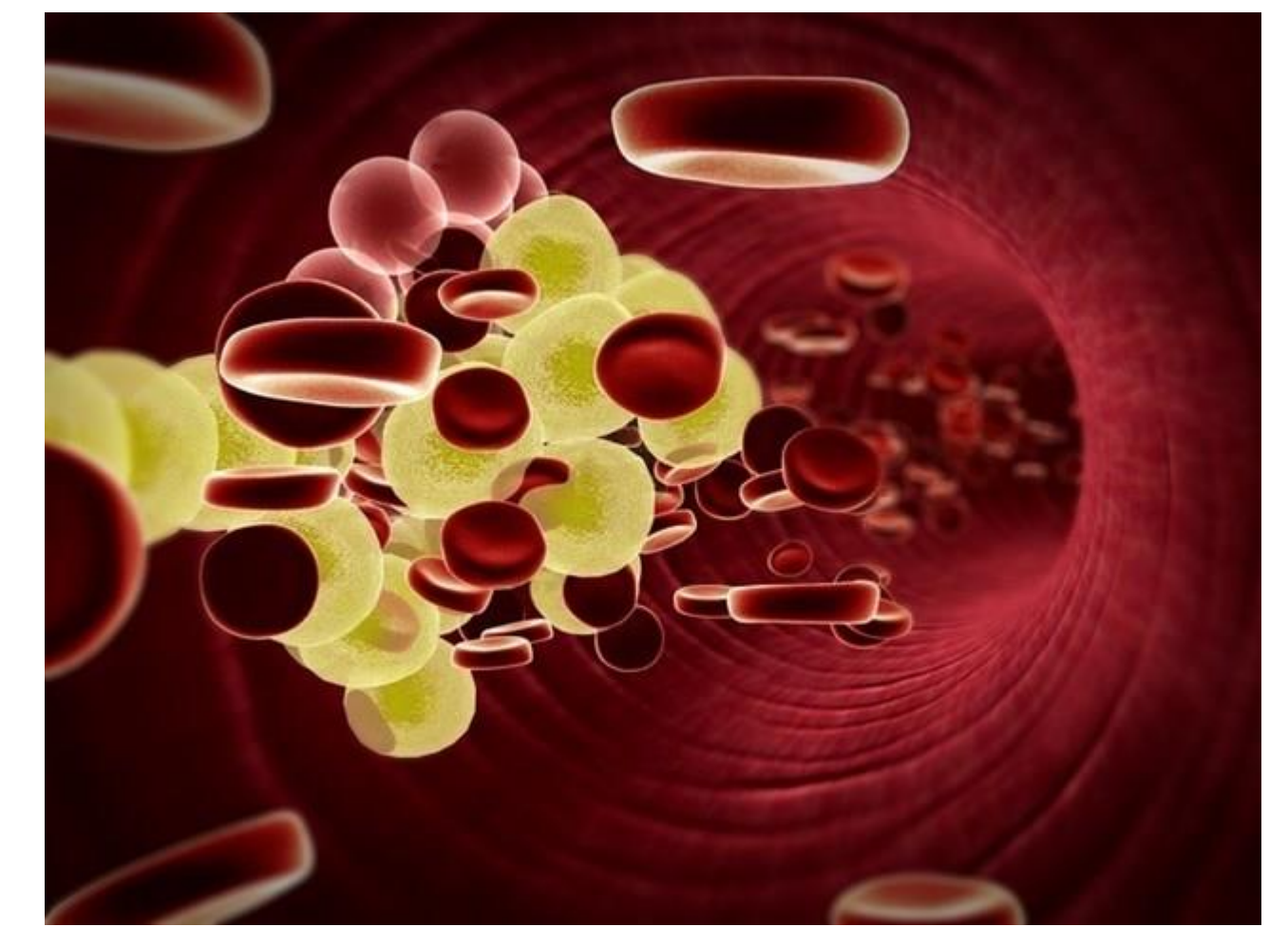
### Autosomal Dominant Inheritance Pattern



### CAUSE:

- chromosome 19  
**LDLR, APOB, LDLRAP1, PCSK9**

Pseudo-Jehers syndrome  
 Diabetes mellitus  
 Atherosclerosis  
 Familial hypercholesterolemia  
 Familial hemiplegic migraine  
 CADASIL  
 Hemorrhagic telangiectasia (HHT)  
 Multiple epiphyseal dysplasia  
 Pseudochondroplasia  
 Hemolytic anemia  
 Congenital nephrotic syndrome  
 Central core disease  
 Malignant hyperthermia  
 Polio susceptibility  
 Xeroderma pigmentosum (X)  
 Cockayne's  
 DNA ligase I deficiency  
 Mullerian duct syndrome  
 Lymphoid fistulosis  
 Myotonic dystrophy (DM)  
 Myotonic dystrophy (DM)  
 Myotonic dystrophy (DM)  
 Myotonic dystrophy (DM)  
 Myotonic dystrophy (DM)  
 Myotonic dystrophy (DM)  
 Myotonic dystrophy (DM)



## RESULTS:

We studied 10 patients, 60% males, average age at diagnosis  $8 \pm 2.5$  years, mean time from diagnosis  $4.5 \pm 1.2$  years. Mean BMI  $20.2 \pm 3.1$  Kg / m<sup>2</sup>, overweight 20%, obesity 10%. Average values of: total cholesterol  $225 \pm 29$ mg / dl, HDL-cholesterol  $50 \pm 18$  mg / dl, LDL-cholesterol  $161 \pm 27$ mg / dl, triglycerides  $101 \pm 72$  mg / dl. Hepatic echo 2/10 mild steatosis. Statin treatment: 20%, 30% ezetrol, 50% resins. Family history of: obesity 2/10, dyslipidemia 7/10 and early cardiovascular disease in the father of 1 patient. Mean values of: LAL  $1.32 \pm 0.58$  nmol / punch / h and enzymatic activity  $98.1 \pm 52\%$ . Values close to the minimum range in 2 patients, both with normal E8SJM and 1 below with genetic heterozygosis mutation

## CONCLUSIONS:

LAL deficiency is an infrequent entity, detecting a carrier (10%)  
LAL deficit screening may be beneficial in patients with diliphemia not affiliated  
The data coincide with other nearby Spanish region (Navarra)

