

# Novel *LRP5* loss-of-function mutation causes Osteoporosis-Pseudoglioma Syndrome

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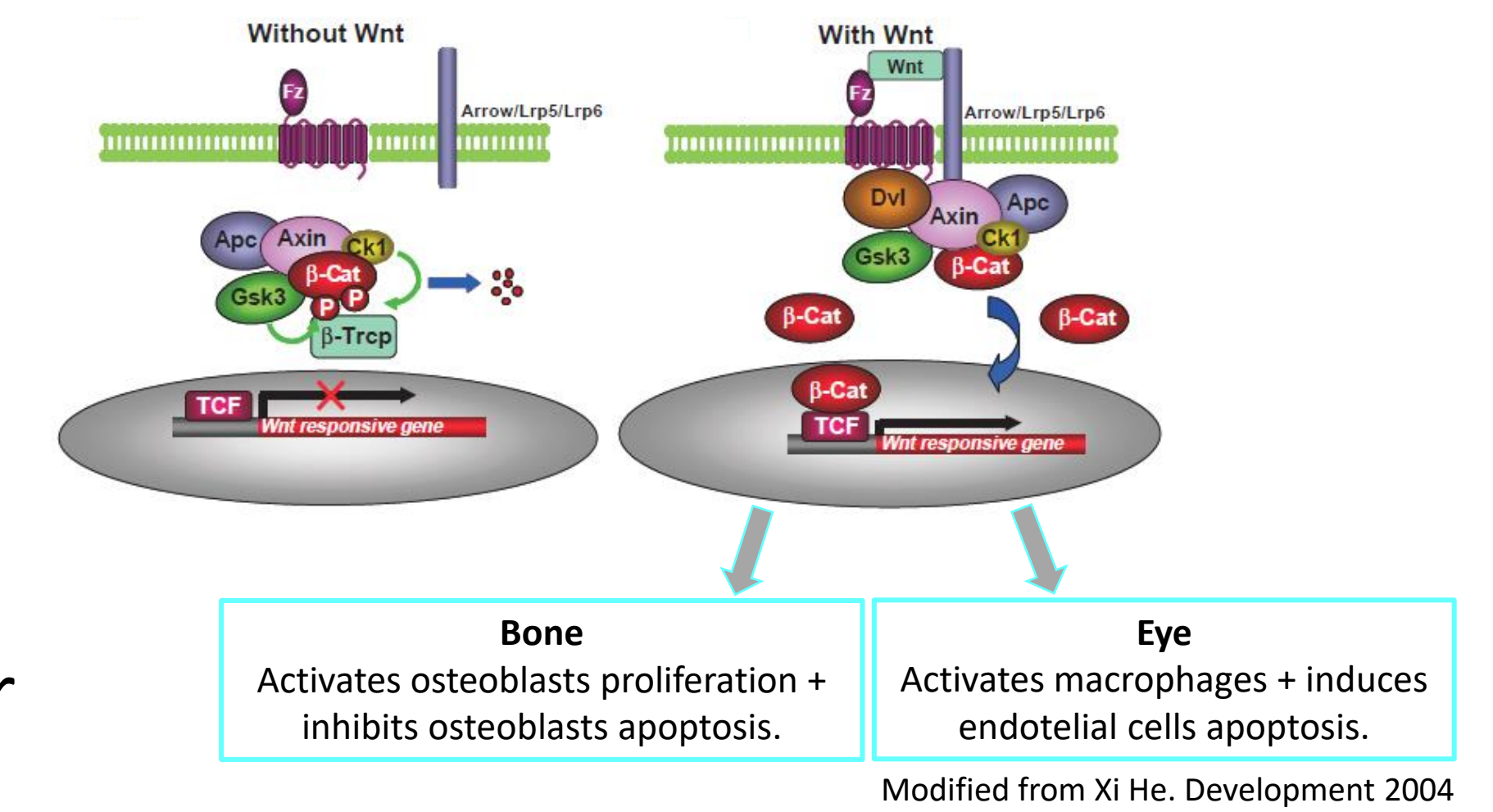
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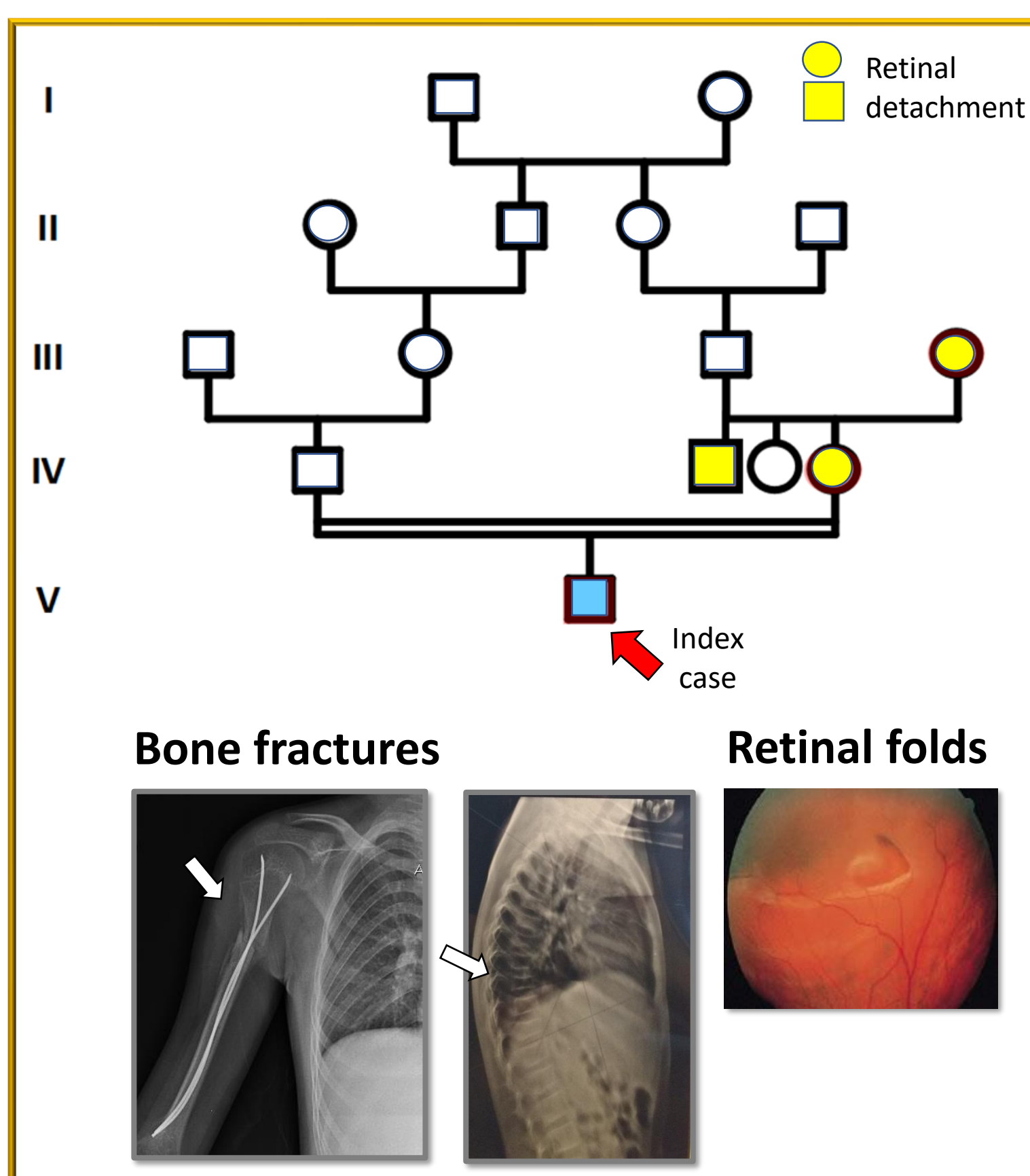
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## Background

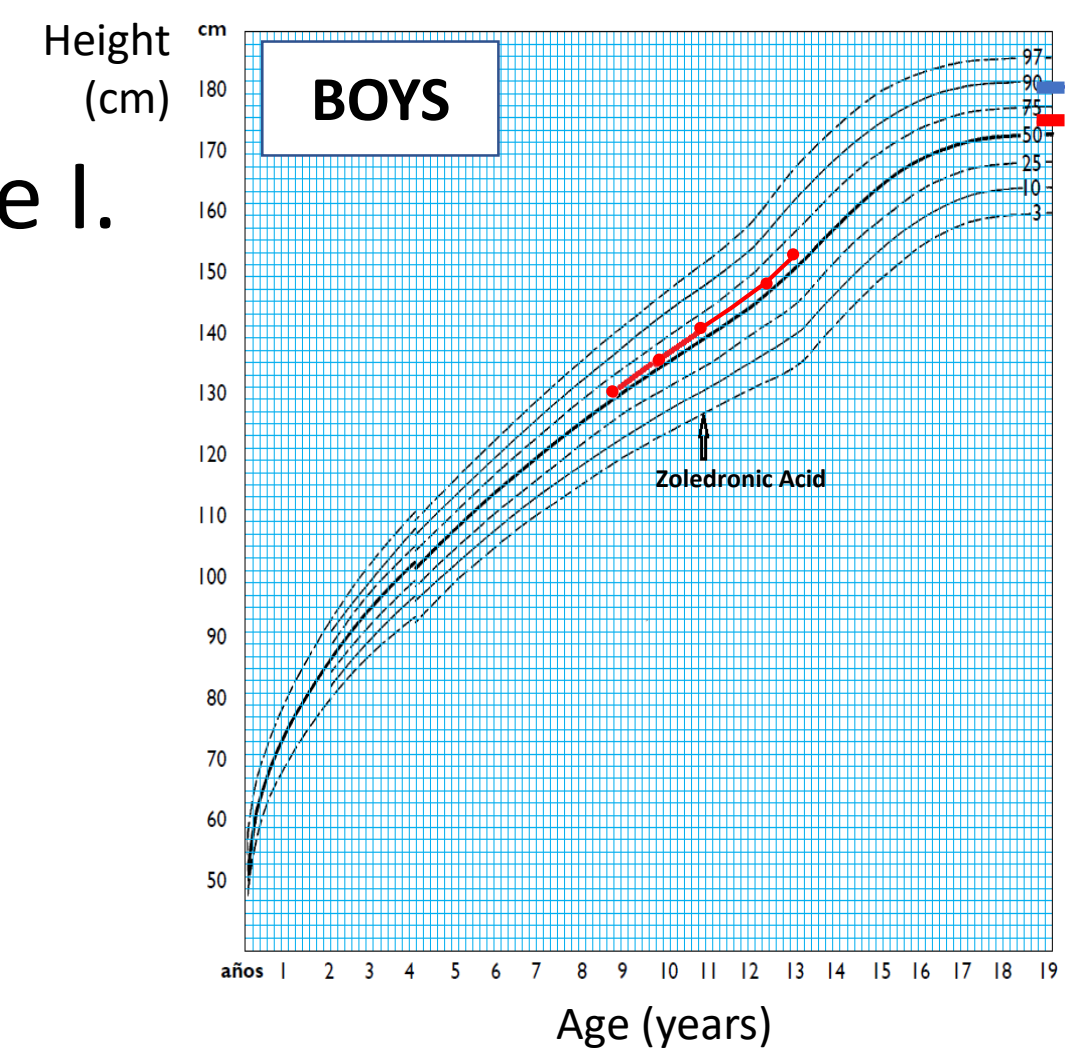
- ✓ Osteoporosis is a complex disorder, characterised by low bone mass and microarchitectural bone deterioration, influenced by both environmental and genetic factors.
- ✓ Primary osteoporosis in children is a rare early onset disorder with high morbidity and mortality.
- ✓ The treatment currently available is symptomatic, with a variable response from child to child.
- ✓ The knowledge of the underlying pathophysiological mechanisms enables the development of new therapies.
- ✓ Wnt signaling pathway has been shown to be involved in the regulation of bone remodeling.
- ✓ *LRP5* is a single-span transmembrane protein required for Wnt/ $\beta$ catenin signaling pathway, relevant for fetal and postnatal osteogenesis.



## Case Report



- Native Argentinean boy born from a consanguineous family.
- Delivered at term, birth weight 2900 g (-0.95 SDS), birth length 50.5 cm (0.06 SDS), microcephaly (-1.93 SDS).
- **Bilateral congenital retinal folds** caused him progressive irreversible vision loss and acquired microphthalmia.
- Since the age of 5 y he suffered four low trauma **long bone fractures** and two **vertebral fractures**.
- **Physical examination** when referred at 8.6 y:  
Weight 27kg (50<sup>th</sup> Pc), height 129 cm (50<sup>th</sup> Pc), normal growth velocity, Tanner stage I. Microcephaly, bulky vision, white sclera, normal teeth, absence of hyperlaxity, slight kyphosis and adequate neurodevelopment were observed.
- **Bone metabolism markers fell within normal range** calcium 10.3 mg/dL; phosphate 4.9 mg/dL; magnesium 1.9 mg/dL; ALP 195 IU/L; bone ALP 61.5 ng/L; PTH 54 pg/ml; 25OH vitamin D 24 ng/ml; CTX 1231 pg/ml; urine Calcium/Creatinine ratio 0.2; PTR 91%.
- Known secondary causes of osteoporosis were ruled out.
- **Dual-energy X-ray absorptiometry (DXA)** Total body -3.9 SDS.
- **Family History:** No history of fractures, parents have normal BMD. Retinal detachment in maternal line.



## DIAGNOSIS: Primary Osteoporosis + congenital retinal folds

- **Treatment:** Zoledronic acid 0.0125 mg/kg/dose every six months for 2 years, then 0.05 mg/kg/dose once/year, exercises & appropriate nutrition
- **Follow-up** after 3 years:
  - ✓ BMD has improved 2.1 SDS
  - ✓ Affected vertebrae slightly reshaped
  - ✓ No new fractures
  - ✓ Started puberty at 11.2 years

DXA (Lunar) L2-L4	Basal	1 <sup>st</sup> year treatment	2 <sup>nd</sup> year treatment	3 <sup>rd</sup> year treatment
g/m <sup>2</sup>	0.370	0.495	0.522	0.570
Z-Score (SDS)	-3.9	-2.3	-2.2	-1.8

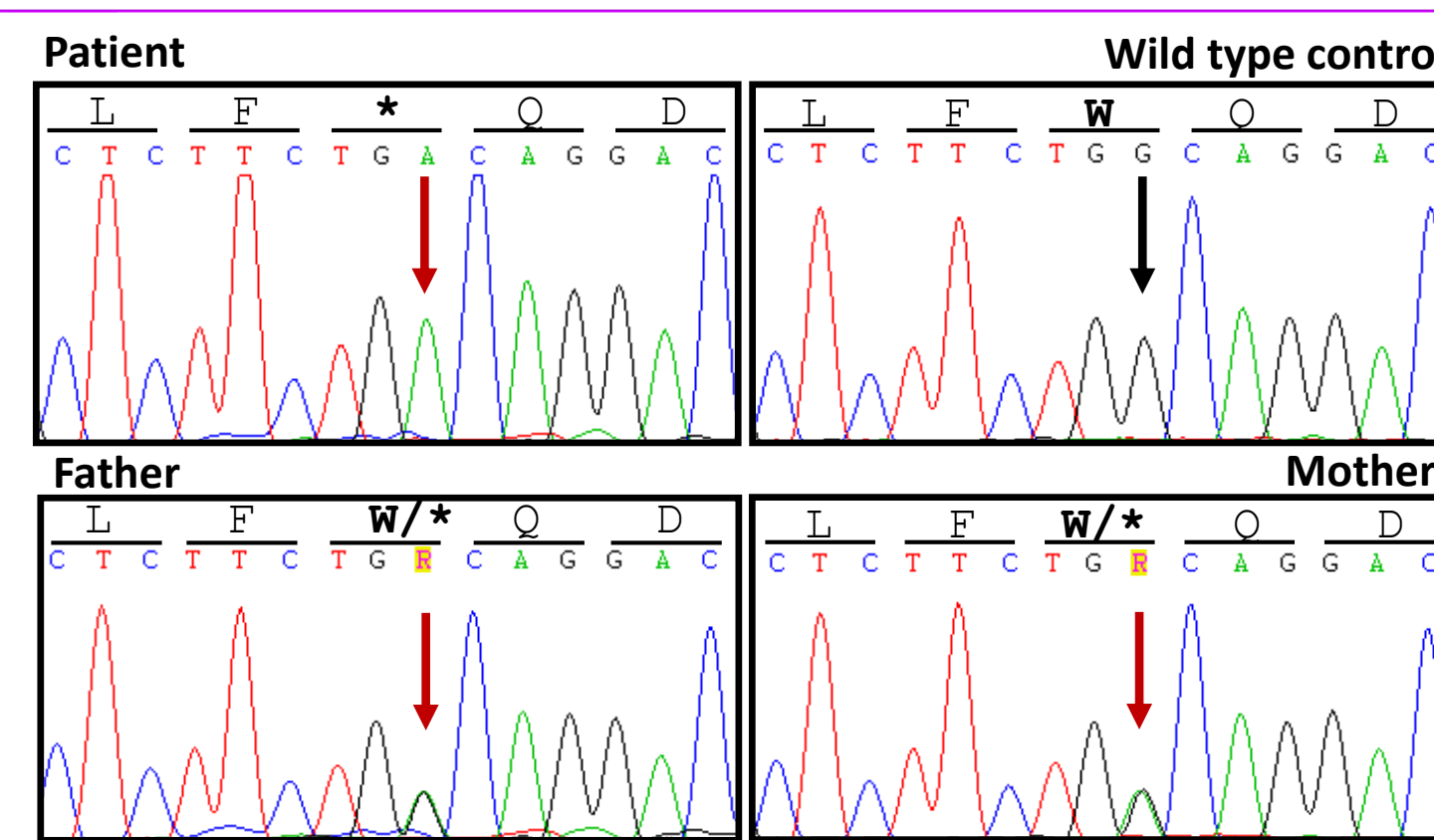


## Study strategy & results

1. **SNP array** (850k, Illumina) → Loss of heterozygosity in 11p15.1-11q13.3 → Contains **low-density lipoprotein receptor-related protein-5 gene** *LRP5* is expressed in fetal ocular macrophages & osteoblasts, thus, our first candidate gene.

2. **Skeletal dysplasia NGS panel** (SkeletalSeq.V7).

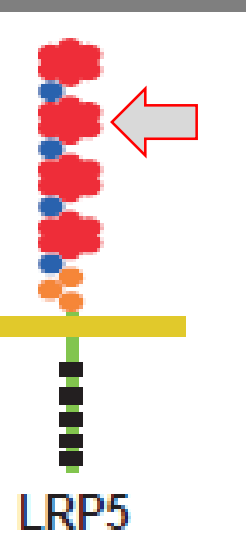
**Novel homozygous nonsense variant** NM\_002335.3 (*LRP5*):c.441G>A, (p.Trp147Ter)  
Both parents are heterozygous for this variant.



Classified as **Pathogenic** according to the ACMG guidelines:

- ✓ **PVS1** Null variant in a gene where LOF is a known mechanism of disease (OPPG)
- ✓ **PM1** Located in 'Beta-propeller 1', a region in *LRP5* with 18 pathogenic out of 22 classified variants
- ✓ **PM2** Absent from available databases (GnomAD).
- ✓ **PP3** Predicted as pathogenic by different bioinformatic tools (CADD, DANN, GERP, Mutation taster).

**LRP-5**  
✓ 1615 aminoacid protein  
✓ Wnt ligand  
Trp 47 located in the 2<sup>nd</sup> domain of the extracellular region of the receptor.



## Osteoporosis - Pseudoglioma Syndrome (OPPG)

## Conclusions

- ✓ We identified a novel homozygous *LRP5* loss-of-function mutation, which causes autosomal recessive Osteoporosis-pseudoglioma syndrome (OPPG, MIM 259770).
- ✓ Scarce information exists regarding the treatment of OPPG in children. Thus, understanding the molecular mechanisms underlying primary osteoporosis is important for improving screening for co-morbidities, genetic counselling and the development of novel therapies.

- ✓ Poster number: P1-P036
- ✓ Topic: **Bone, growth plate and mineral metabolism 2**
- ✓ First author: **Déborá Braslavsky**

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Bone, growth plate and mineral metabolism  
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