Novel mutation in the HNF4-alpha gene and reclassification of diabetes in a family?

<u>Maria Miguel Gomes^{1,2,3}, Manuel Carlos Lemos⁴, Olinda Marques⁵, Sofia Martins^{1,2}, Ana Antunes^{1,2}</u>

¹Pediatric Department, Braga Hospital, Portugal; ²Pediatric Endocrinology Unit, Braga Hospital, Portugal; ³School of Medicine, University of Minho, Portugal;

⁴CICS-UBI, Health Sciences Research Centre, University of Beira Interior, Portugal; ⁵Endocrinology Department, Braga Hospital, Portugal.

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Case Report

Past Medical History

Family History

73 years

Female

First child of non-consanguineous parents

- Born at full term by vaginal delivery
- Uneventful pregnancy without diagnosis of gestational diabetes
- Apgar score of 10/10 at 1st and 5th minute
- Weight 3760g (p90)
- Uneventful neonatal period
- Adequate growth and development
- Weight between p85-97 since the age of 5 years <u>overweight</u>
- No previous hospitalizations or surgery
- Father and grandmother with Diabetes



- 1-month evolution of mild symptoms: polydipsia, polyuria, sporadic abdominal pain and nocturia;
- She was admitted to the emergency room due to postprandial hyperglycemia measured on her father's

43 years 42 years T2D since 10-years-old (detected in routine laboratory tests but without symptoms). Initially he was treated with oral antidiabetic drugs (metformin and glibenclamide). He started insulin therapy at the age of 23 years due to persistent hyperglycemia, polydipsia and polyuria. He was never overweight and currently he has diabetic retinopathy. T2D since 50-years-old. She is currently under insulin therapy.

- glucometer;
- Glucose 350 mg/dL; HbA1c 12.0%; no ketosis or acidosis Normal lipid profile and thyroid function Insulin 28.5 uUI/mL (reference value: 6-27) C-peptide 2.22 ng/mL (reference value: 0.8-6.0)
- Negative auto-immunity:

Islet Cell Cytoplasmic Ab (ICA), Insulin AutoAb (IAA), Glutamic Acid Decarboxylase Ab (GADA), Zinc transporter AutoAb, Endomysial Ab (EMA), HLADQ2/DQ8, Thyroglobulin Ab (TGab), Thyroid Peroxidase Ab (TPO)

Presumptive diagnosis of Maturity-Onset Diabetes of the Young (MODY)

- Multiple daily insulin injections therapy (4 times/day) Total Daily Insulin 0.5 U/kg/day
- Metformin 500 mg twice a day

Genetic study was requested -> The variant c.602A>C (p.His201Pro) in the HNF4-alpha gene was found in heterozygosity

Subsequently, a genetic study was also performed on the father, and the same variant was found.

Currently 9 months later

- Assymptomatic
- HbA1c 8.1%

Multiple daily insulin injections therapy (4 times/day) ✓ Total Daily Insulin 0.6 U/kg/day



CONCLUSIONS

- The authors decided to present this case since this genetic variant is not described in the literature.
- The diagnosis of this adolescent also allowed the reclassification of the father's diagnosis of diabetes.
- A correct classification of diabetes is important because it can predict the clinical course of the disease, clinical orientation and pharmacological treatment. \checkmark













