

Short stature in Protein Arginine Methyltransferase 7 (PRMT7) Mutations: first evidences of growth response to GH treatment

G. RODARI^{1,2}, F. GIACCHETTI², R. VILLA³, G. SCUVERA³, S. GANGI⁴, M. PORRO⁵, M.F. BEDESCHI³, E. PROFKA¹, A. DALL'ANTONIA², M. AROSIO^{1,2}, C. GIAVOLI^{1,2}

1. Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, Endocrinology Unit, Milan, Italy
2. Department of Clinical Sciences and Community Health, University of Milan, Milan, Italy
3. Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, Medical Genetic Unit, Milan, Italy
4. Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, Neonatal Intensive Care Unit, Milan, Italy
5. Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, Pediatric Physical Medicine & Rehabilitation Unit, Milan, Italy

INTRODUCTION

Protein arginine methyltransferase 7 (PRMT7) is a member of a family of enzymes that catalyzes the transfer of methyl groups from S-adenosyl-L-methionine to nitrogen atoms on arginine residues involved in multiple biological processes, such as signal transduction, mRNA splicing, transcriptional control, DNA repair and protein translocation.

Currently, 12 patients with homozygous/compound heterozygous mutations in PRMT7 gene have been described defining the human disorder known as SBIDDS syndrome (OMIM #617157).

AIM

Short stature is a pathognomonic feature of SBIDDSs, observed in all patients reported to date, although growth hormone deficiency (GHD) has never been described before.

We report the endocrine manifestations and rGH (recombinant growth hormone) response of two female dizygotic twin sisters (Twin A and Twin B), born small for gestational age, with novel biallelic variants in PRMT7 and features consistent with a diagnosis of SBIDDSs

Whole exome sequencing analyses showed the same compound heterozygous mutation in PRMT7 gene (p.Cys407Tyr of maternal origin; c.1323+2T>G of paternal origin) in both twins.

CASE REPORTS

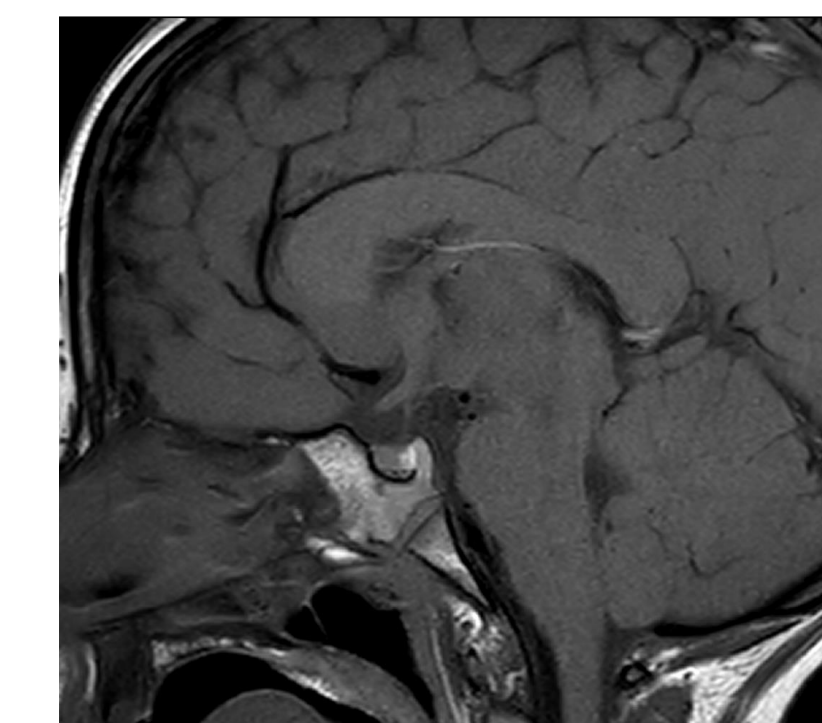
Due to severe short stature and growth impairment endocrine investigations to rule out GHD were performed:

Twin A

peak GH at arginine test: 4.61 µg/L;
peak GH at glucagon test: 5.14 µg/L; → **GHD 0.025 mg/kg/day**
IGF-I 47 ng/mL, -2.19 SDS.

MRI

normal hypothalamic-pituitary region
corpus callosum thickening

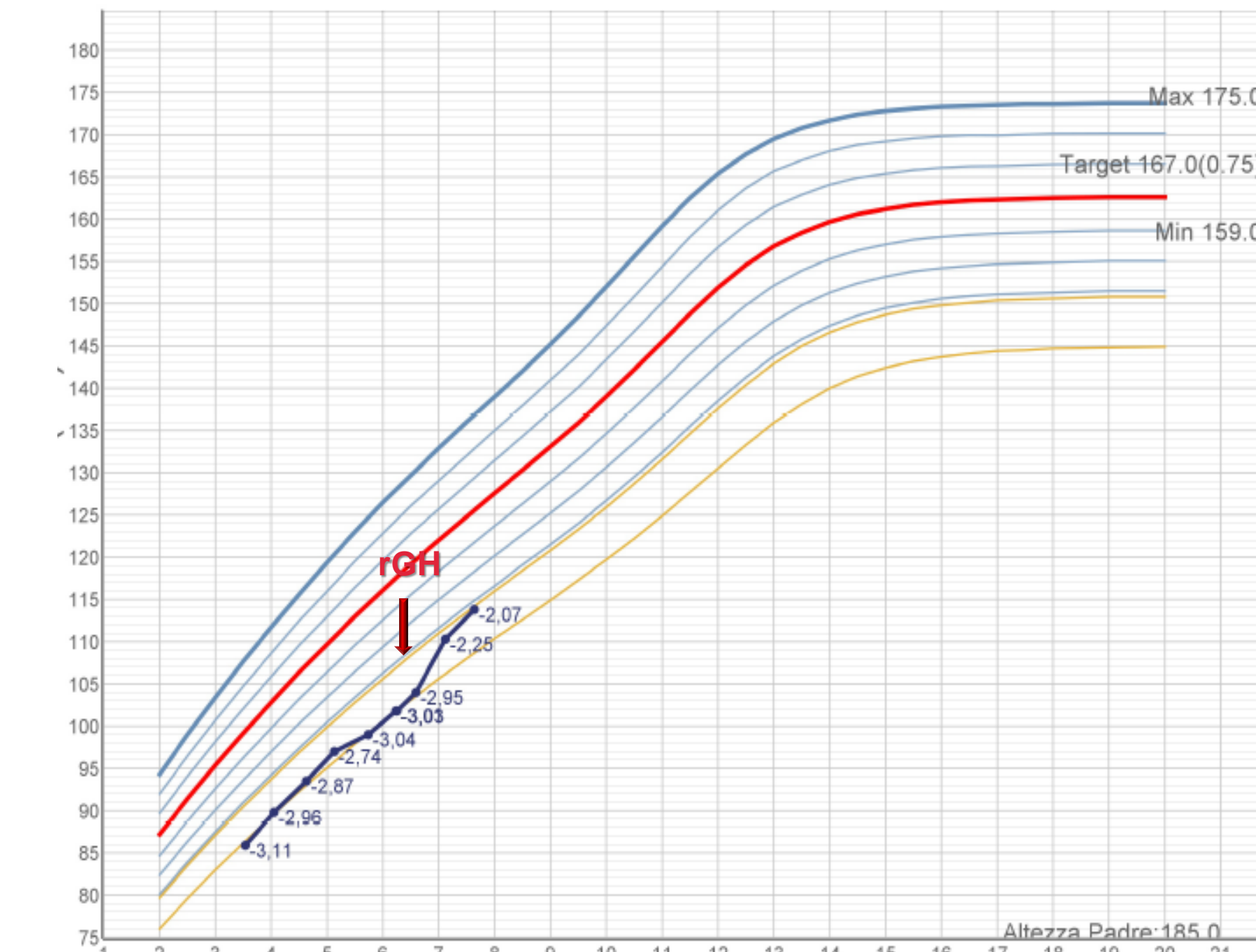
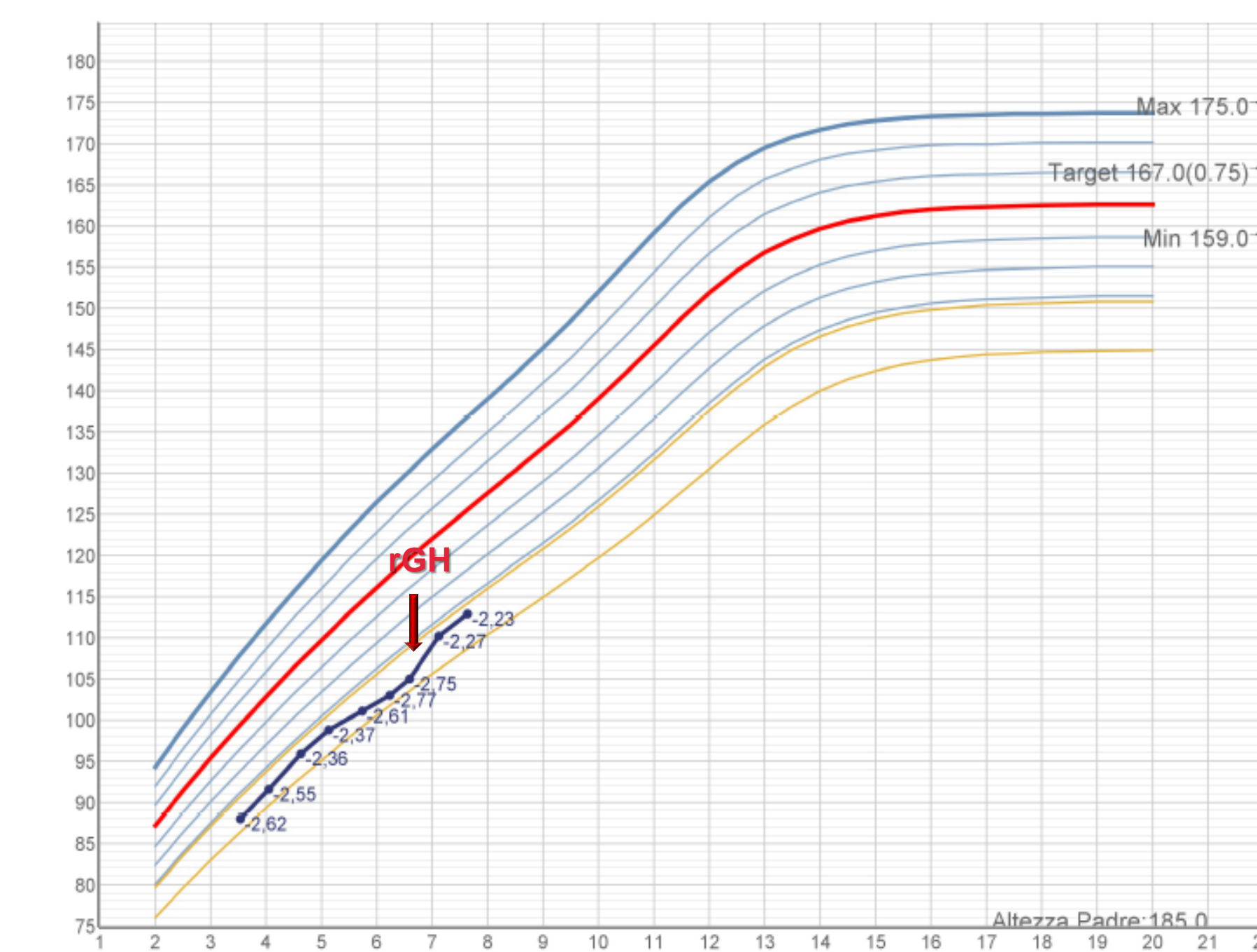
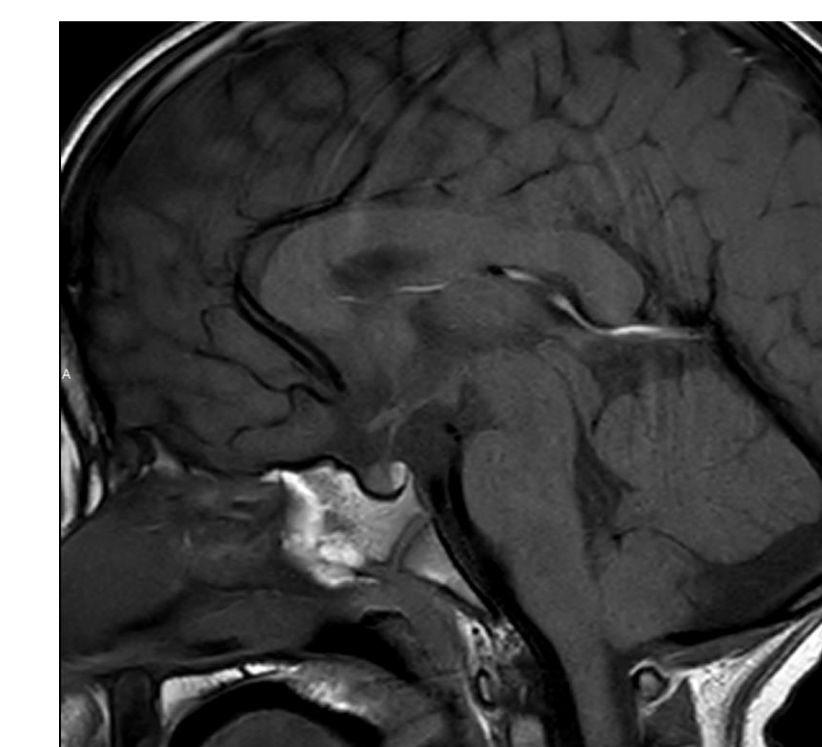


Twin B

peak GH at arginine test: 11.8 µg/L;
IGF-I 52 ng/mL, -2.05 SDS. → **SGA 0.035 mg/kg/day**

MRI

dysmorphic features of corpus callosum
and cerebellar vermis
pars intermedia cyst



| Twin A | baseline | 12 months |
|---------------------------|----------|-----------|
| Chronological age (years) | 6.6 | 7.6 |
| Bone Age (years) | 6.3 | 6.7 |
| MPH ¹ (SDS) | +0.67 | - |
| HT ² (cm) | 105 | 112.3 |
| HT ² (SDS) | -2.75 | -2.23 |
| GV ³ (cm/year) | 3.8 | 7.5 |
| GV ³ (SDS) | -2.51 | +2.06 |
| IGF-I (SDS) | -2.19 | 0.66 |

| Twin B | baseline | 12 months |
|---------------------------|----------|-----------|
| Chronological age (years) | 6.6 | 7.6 |
| Bone Age (years) | 6.7 | 7.9 |
| MPH ¹ (SDS) | +0.67 | - |
| HT ² (cm) | 104 | 113.8 |
| HT ² (SDS) | -2.95 | -2.07 |
| GV ³ (cm/year) | 4.3 | 9.5 |
| GV ³ (SDS) | -2.03 | +4.1 |
| IGF-I (SDS) | -2.05 | 0.1 |

¹MPH: Mid-parental Height; ²HT: Height; ³GV: Growth Velocity

CONCLUSIONS

Our findings provide further clinical data and expand the knowledge of endocrine manifestations associated with PRMT7 homozygote/compound heterozygote mutations including GHD.

Considering short-term good response to rGH, further studies are needed to confirm long-term outcomes at adult height and establish whether SBIDDSs could be considered among those syndromes treatable with rGH.

REFERENCES

- Akawi N et al.** Discovery of four recessive developmental disorders using probabilistic genotype and phenotype matching among 4,125 families. *Nature Genetics*. 2015; 47, 1363–1369.
- Kernohan KD et al.** Loss of the arginine methyltransferase PRMT7 causes syndromic intellectual disability with microcephaly and brachydactyly. *Clin Genet*. 2017 May;91(5):708-716.
- Agolini E et al.** Expanding the clinical and molecular spectrum of PRMT7 mutations: Three additional patients and review. *Clinical Genetics*. 2018; 93, 675–681.
- Valenzuela I et al.** Further delineation of the phenotype caused by loss of function mutations in PRMT7. *Eur J Med Genet*. 2019; 62(3):182-185.
- Birnbaum R et al.** Prenatal and postnatal presentation of PRMT7 related syndrome: Expanding the phenotypic manifestations. *Am J Med Genet A*. 2019 Jan;179(1):78-84.

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CONTACT INFORMATION

Endocrinology Unit, Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico; Department of Clinical Sciences and Community Health, University of Milan, Via Francesco Sforza 35, 20122, Milan, Italy.
giulia.rodari@unimi.it; rodarigiulia@gmail.com