

INTRODUCTION

In this study we investigated mortality in children with monogenic diabetes (neonatal DM (NDM) and MODY).

METHOD

Within the Ukrainian Pediatric Diabetes Register (UPDR) the number of children 0-17 y.o. in 2019 with:

DM1 was 9860 (1 in 769), DM2 - 36 (1 in 210,547), NDM - 65 (1 in 115,000), MODY - 40 cases (1 in 114,844).

We used targeted next generation sequencing (tNGS) of all known NDM genes in any child diagnosed in the first 9 months of life and all known MODY genes in those who was diagnosed after 9 months of life.

Ukrainian Scientific and Practical Center of Endocrine Surgery, Transplantation of Endocrine Organs and Tissues of the Ministry of Health of Ukraine, Kyiv ² University of Exeter Medical School, Exeter, UK RESULTS Among 106 children with monogenic diabetes 9 patients died to date (8.5%). Eight of them (88.8%) had NDM. Neonatal DM in Ukraine We found 3 patients with autoimmune monogenic diabetes mellitus (ADM) with mutations N=65 in AIRE, FOXP3 and LRBA, two of whom had NDM (hemizygous FOXP3 p.R347H and homozygous LRBA p.Glu946Ter). 2 children with ADM/NDM died before age 1 year, and Manifestation <6 mo, the patient with AIRE p.Cys311fs/p.Arg257Ter died at 15 years. He was admitted to ECU n=29 (44.6%), with hypoparathyroidism and died due to severe dyselectrolythemia (Ca 1,2 mmol/l), n=36 (55.4%), ischemic stroke and myocardial infarction. The patients with FOXP3 and LRBA died due (+) Variants in 17,2% (+) Variants in 89% to respiratory insufficiency and intestinal gangrene respectively. In both NDM cases GLIS 3, 6q24 ABCC8 INS KCNJ11 results of genetic testing were obtained after death. GCK IPF-1, KCNJ11 INS n=1 The patient with a homozygous *IPF1* c.1A>G mutation, was diagnosed with NDM at the LRBA, n=10 n=4 n=5 n=3 n=1 n=3 FOXP3, age of 6 days and died at 6 months due to cytolysis syndrome, cholestatic hepatitis, (11,1%) (28%) (8,3%) (14%) (10,3%) (3,4%) INSR sepsis and systemic multiple organ failure. (n=5) The patient with INSR p.Tyr94*/p.Arg1020* was diagnosed with NDM at the age of 1 GCK month and died at age 4 months and 13 days due to systemic multiple organ failure. (n=2) Two NDM patients with *EIF2AK3* (p.D164fs/p.E421fs and homozygous p.G1010V) died at an early age. The patient with EIF2AK3 p.D164fs/p.E421fs was diagnosed with EIF2AK3 (n=3) diabetes at the age of 13 weeks and died at 3 months due to cerebral edema. The

Whilst ADM, EIF2AK3 and INSR are described as a well known cause of death in patients with monogenic diabetes, the cause of death in patients with *IPF1* and *ABCC8* has not yet been widely described.



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patient with EIF2AK3 p.G1010V had multiple inpatient admissions due to cytolysis syndrome and died at age 2y 2 months due to systemic multiple organ failure. Two siblings with NDM and ABCC8 p.149F died at the age 5 and 9 y.o., where 5 y.o. girl died because of pneumonia (had also severe rickets and curvature of the chest) and her 9 y.o. brother died within 1 day after admission to the ECU because of hypertermia, cytolysis syndrome and systemic multiple organ failure.

CONCLUSIONS





E. Globa, N. Zelinska, D.J.G. Mackay, Karen I. Temple, Jayne A.L. Houghton, Andrew T. Hattersley, Sarah E. Flanagan and Sian Ellard.. Neonatal diabetes in Ukraine: incidence, genetics, clinical phenotype and treatment. J. Pediatr Endocrinol Metab. – 2015. – Nov; 28(11-12). – P. 1279-86.





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