

HYPERINSULINEMIC HYPOGLYCEMIA DUE TO BIALLELIC MUTATIONS IN THE DNAJC3 GENE

Busra Gurpinar Tosun¹, Tuba Seven Menevse¹, Nisa Esen², Serap Turan¹, Ahmet Yesilyurt², Tulay Guran¹, Abdullah Bereket¹

Marmara University, School of Medicine, Department of Pediatrics, Division of Pediatric Endocrinology, Istanbul, Turkey. 2. Acıbadem Labgen Genetic Diagnosis Center, Istanbul

INTRODUCTION

- DNAJC3,

CASE REPORT

- ✓ A 6.5 month-old boy was presented with growth retardation and hypothyroidism
- ✓ The parents were first degree cousins
- \checkmark He was born at 27⁺³ gestational weeks because of preeclampsia
- ✓ Birth weight was 610 g (-1.8 SDS)
- \checkmark He had been hospitalized for 5 months in a neonatal care unit
- \checkmark At presentation, his height, weight and head circumference was 51 cm (-4.4 SDS), 3120 g (-4.3 SDS) and 33.5 cm (-6 SDS), respectively
- \checkmark Biochemistry, echocardiography and abdominal ultrasonography were normal
- Anterior pituitary hormones were normal
- ✓ Neurodevelopmental milestones were significantly delayed for age

CONCLUSIONS

Endoplasmic reticulum (ER) co-chaperone involved in folding/processing of secretory and transmembrane proteins The defect impairs adaptive ER responses and leads to apoptosis, impairment of organ function with multisystemic involvement Biallelic mutations in the DNAJC3 Biallelic mutations in the DNAJC3, described in a limited number of cases cause multiple endocrine dysfunction and neurodegeneration of nervous system. • Herein, we report a new patient with severe growth retardation, microcephaly, early-onset hypothyroidism, hyperinsulinemic hypoglycemia and neuromotor retardation due to a novel homozygous mutation

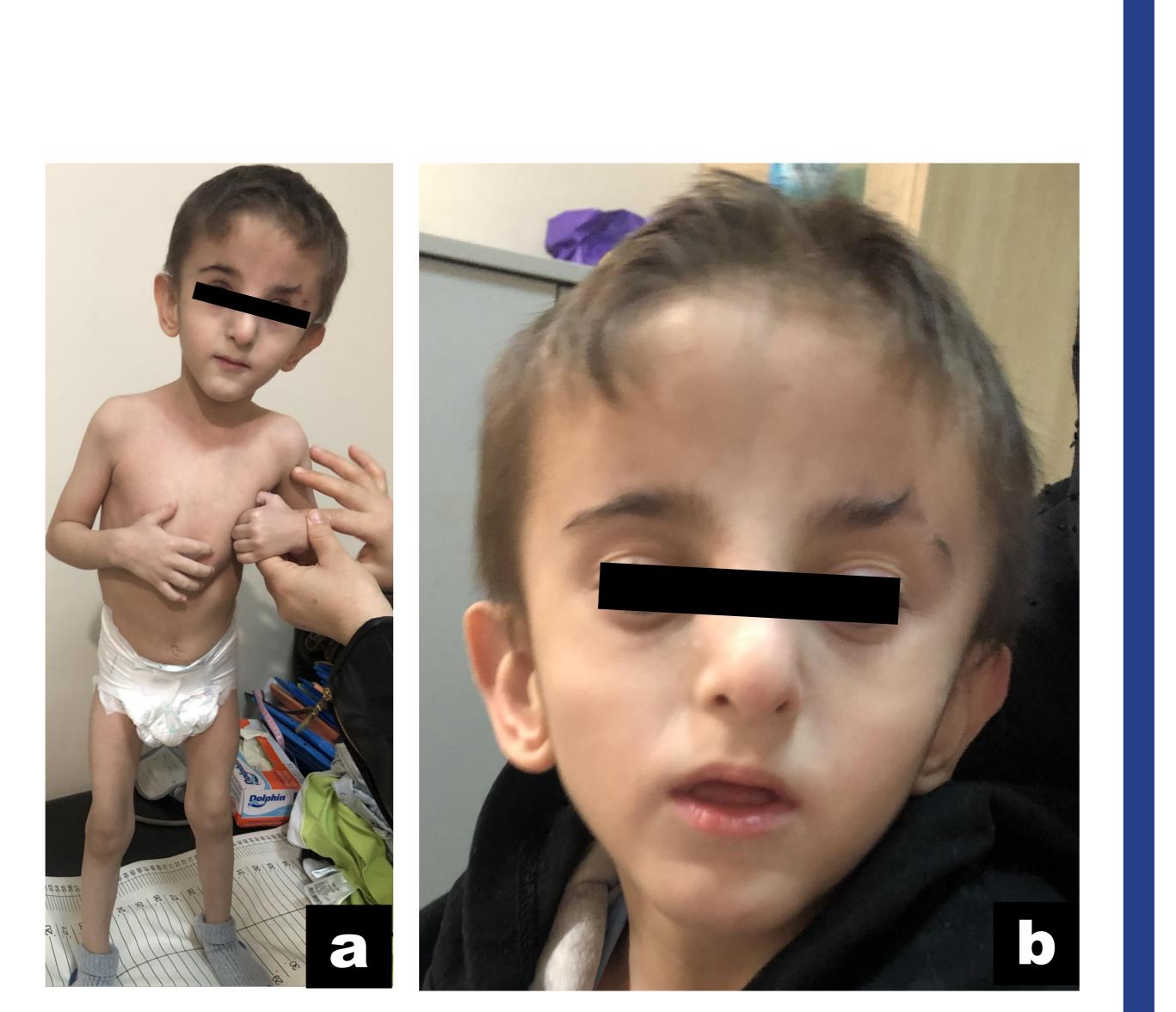
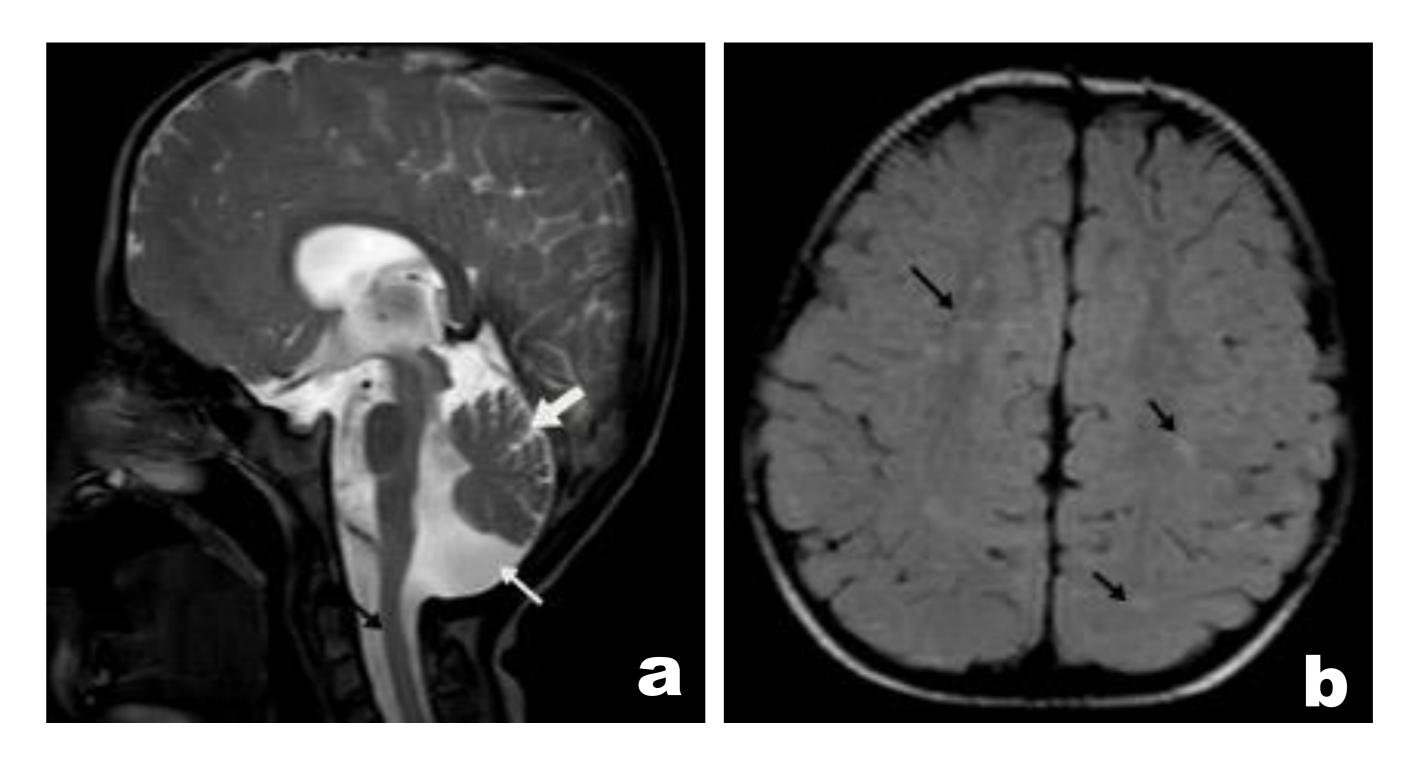


Figure 1. Body stature (a) and facial view (b) of the patient.

He had a triangular face, antevert prominent ears, prognathism, clinodactyly, pectus carinatum and upturned eyebrows

✓ Hyperinsulinemic hypoglycemia is associated with increased morbidity and poor neurodevelopmental outcomes in patients with DNAJC3 gene mutations Impaired glucose metabolism should be considered and investigated in patients with molecular defects affecting endoplasmic reticulum



- ✓ Whole exome sequencing revealed a novel homozygous frameshift variant (c.1314dupG; p.F439Vfs*3) in DNAJC3
- ✓ An OGTT was performed after the molecular diagnosis revealed previously undiagnosed and clinically asymptomatic hyperinsulinemic hypoglycemia by a glucose level of 34 mg/dl and insulin 2.5 mIU/L at 180 minutes of the test
- Blood glucose remained stable on frequent feeding and corn starch at night time without any other intervention



Figure 2. Brain magnetic resonance imaging of the patient at 4.5 years.

showed cerebellar and brainstem MRI atrophy (a) and in axial FLAIR examination, hyperintensities were there IN frontoparietal, subcortical areas (b).

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