Clinical and Genetic Analysis of Five Patients with Vitamin D-Dependent Rickets Type 1A



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Introduction

 \triangleleft The CYP27B1 gene encodes 25-hydroxyvitamin D-1 α -hydroxylase. Mutations of this gene cause vitamin D-dependent rickets type 1A (VDDR-IA, OMIM 264700), which is a rare autosomal recessive disorder.

Method

We studied 5 patients from 3 families who diagnosed as 1α -hydroxylase deficiency genetically.

Results

In All patients had hypocalcemia, hypophosphatemia, hyperphosphatasemia, elevated serum PTH, normal or high vitamin D levels, and low or inappropriately normal calcitriol levels at presentation (Table).

Patients were diagnosed less than 18 months years old. All patients had a family history of consanguinity.

Homozygous mutations in the CYP27B1 gene were found in all the patients.

Four of them have splice donor site mutation in intron 1 (c.195 + 2 T>G), causing partial retention of the intron and a shift in the reading frame.

	Calcium (mg/dl)	Phosphorus (mg/dl)	PTH (pg/ml)	25-OHD (ng/ml)	1-25-OHD (pg/ml) N: 25-153	Mutation analyses for CYP27B1 gene
Patient 1	8.0	2.3	441	26	15	Homozygous mutation on intron 1 (c.195 + 2 T>G)
Patien 2	5.9	3.41	925	41	<1.3	Homozygous mutation on egzon 8 p.Phe443Profs*24
Patient 3	6.2	2.8	980	120	12	Homozygous mutation on intron 1 (c.195 + 2 T>G)
Patient 4	7.8	3.0	625	45	6	Homozygous mutation on intron 1 (c.195 + 2 T>G)
Patient 5	8.0	2.9	546	50	11	Homozygous mutation on intron 1 (c.195 + 2 T>G)



Initially, all the patients required calcium and calcitriol initially and then continuously calcitriol treatment. Autosomal recessive diseases are common in countries where the consanguineous marriages are common. VDDR-IA should be kept in mind patients with vitamin D resistant rickets.

