

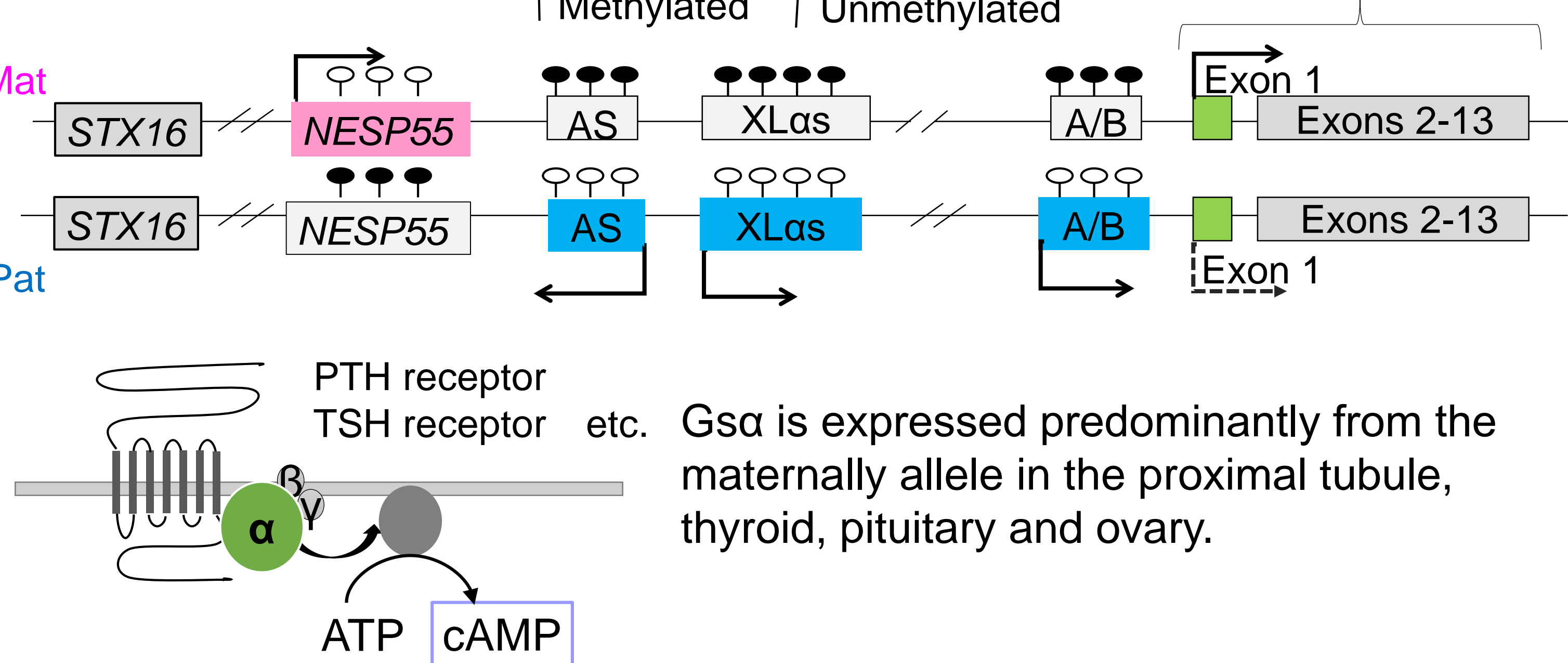
Maternal uniparental disomy for chromosome 20: physical and endocrinological characteristics of six patients

Sayaka Kawashima¹, Akie Nakamura¹, Takanobu Inoue¹, Keiko Matsubara¹, Reiko Horikawa², Keiko Wakui³, Kyoko Takano³, Yoshimitsu Fukushima³, Toshi Tatematsu⁴, Seiji Mizuno⁴, Junko Tsubaki⁵, Shigeo Kure⁶, Yoich Matsubara⁷, Tsutomu Ogata⁸, Keisuke Nagasaki⁹, Maki Fukami¹, Masayo Kagami¹

¹ Department of Molecular Endocrinology, National Research Institute for Child Health and Development, ² Division of Endocrinology and Metabolism, National Center for Child Health and Development, ³ Department of Medical Genetics, Shinshu University School of Medicine, ⁴ Department of Pediatrics, Central Hospital, Aichi Human Service Center, ⁵ Department of Pediatrics, Japan Community Health Care Organization Hokkaido Hospital, ⁶ Department of Pediatrics, Tohoku University School of Medicine, ⁷ Institute Director, National Research Institute for Child Health and Development, ⁸ Department of Pediatrics, Hamamatsu University School of Medicine, ⁹ Division of Pediatrics, Department of Homeostatic Regulation and Development, Niigata University Graduate School of Medical and Dental Sciences

Introduction and objectives

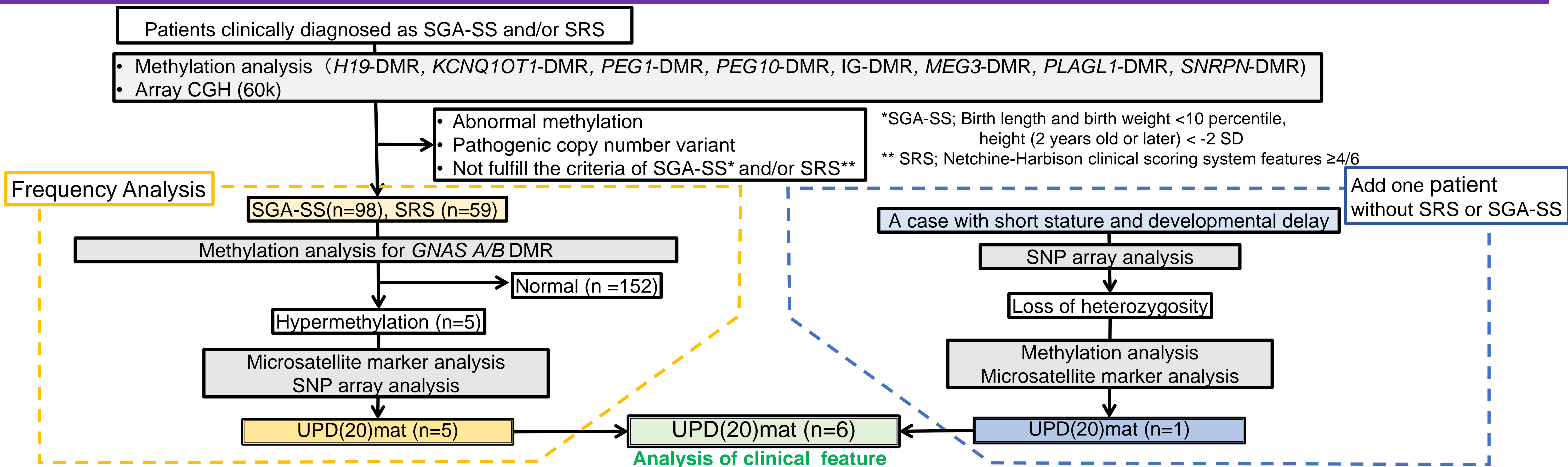
GNAS locus (20q13)



UPD(20)mat

- Maternal uniparental disomy for chromosome 20 (UPD(20)mat) is a poorly characterized condition. Only 10 non-mosaic cases have been studied clinically¹⁾²⁾.
 - The phenotype of these cases overlapped with that of Silver-Russell syndrome (SRS) and small for gestational age-short stature (SGA-SS); however, the etiological relationship between UPD(20)mat and SRS/SGA-SS remains unclear.
 - The symptoms of UPD(20)mat may be related to over expression of Gs α and decreased expression of paternally expressed gene.
 - No report has described endocrinological assessment of UPD(20)mat patients.
- ### Objectives
- To clarify the frequency of UPD(20)mat in patients with SRS and/or SGA-SS without known genetic causes
 - To clarify clinical features of UPD(20)mat.

Methods



Results

Frequency Four patients (6.7%) with UPD(20)mat were identified among 59 patients with SRS without known genetic causes. One patient (1.0%) with UPD(20)mat was identified among 98 patients with SGA-SS without known genetic causes.

Clinical features

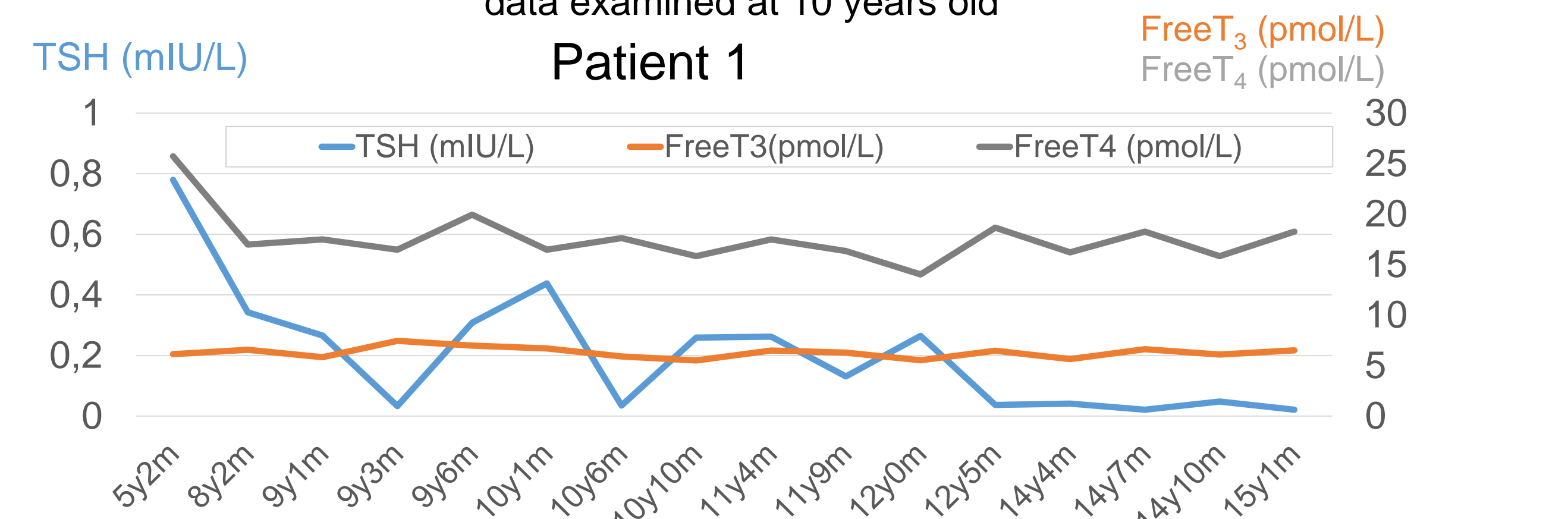
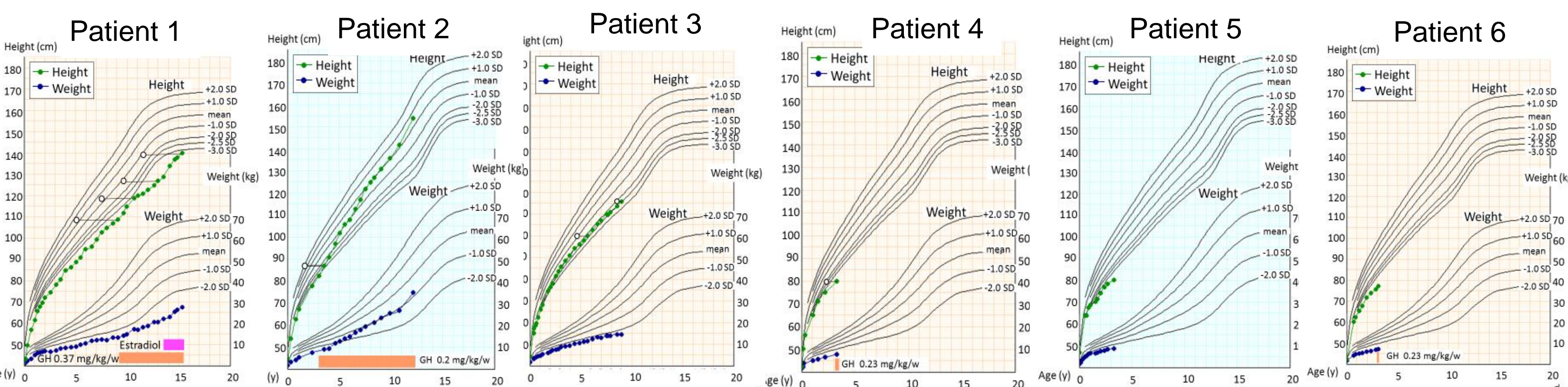
Patient	1	2	3	4	5	6
Sex	F	M	F	F	M	F
Age at last evaluation (y:m)	14:10	12:1	8:11	3:3	3:3	3:1
Birth length SDS	-2.7	-1.6	-1.4	-2.3	0.2	-2.6
Birth weight SDS	-4.1	-2.8	-1.9	-2.2	-1.5	-2.4
Birth OFC SDS	-1.7	-1.1	-1.9	-1.2	-1.2	-0.8
Present height SDS	-3.5	0.6	-2.5	-4.0	-4.1	-3.6
Present weight SDS	-3.1	-0.8	-2.4	-3.3	-3.1	-3.9
Height SDS at start of GH therapy	-3.7	-3.0	-	-4.0	-	-3.6
NH-CSS *	4	5	4	3	3	5
Feeding difficulty	+	-	+	+	+	+
Tube feeding or gastrostoma	gastrostoma (~10y)	-	-	tube feeding	-	-
Hypotonia	-	-	-	+	+	+
Developmental delay	+	-	-	+	+	+

*NH-CSS; Netchine-Harbitson clinical scoring system. SRS ≥ 4 out of 6 NH-CSS criteria.

Endocrinological features

Patient	1	2	3	4	5	6
Age at examination (y:m)	15:1	12:1	8:11	3:3	2:8	3:0
Calcium (mmol/L)	2.37 (2.17-2.55)	2.42 (2.17-2.55)	2.47 (2.17-2.55)	2.74 (2.20-2.65)	2.67 (2.20-2.65)	2.47 (2.20-2.65)
Inorganic phosphate (mmol/L)	1.23 (0.90-1.86)	1.87 (1.22-1.99)	1.48 (1.22-1.99)	1.54 (1.22-1.99)	1.67 (1.22-1.99)	1.36 (1.22-1.99)
Intact PTH (pmol/L)	3.7 (1.5-8.3)	4.3* (1.5-8.3)	1.8 (1.5-8.3)	1.1 (1.5-8.3)	2.4 (1.5-8.3)	3.1 (1.5-8.3)
1,25 (OH) ₂ vitamin D (pmol/L)	157 (48-167)	145* (48-167)	88 (48-167)	175 (48-167)	79 (48-167)	119 (48-167)
TSH (mIU/L)	<0.02 (0.4-4.0)	0.69 (0.4-4.0)	0.63 (0.4-4.0)	1.80 (0.4-4.0)	1.31 (0.4-4.0)	0.74 (0.4-4.0)
Free T ₃ (pmol/L)	5.8 (3.5-6.7)	7.8 (3.9-7.4)	5.0 (3.9-7.0)	7.2 (3.4-6.7)	6.0 (3.5-7.1)	6.6 (3.4-6.7)
Free T ₄ (pmol/L)	17.5 (12.2-23.6)	11.6 (11.6-25.1)	18.2 (13.4-25.9)	18.0 (13.0-25.1)	14.3 (12.9-25.1)	18.1 (13.0-25.1)

* data examined at 10 years old



Discussion

- Growth failure and feeding difficulty could be attributable to deficiency of paternally expressed GNAS transcripts including XLas, because mice lacking XLas on the paternal allele showed poor sucking and growth failure³⁾⁴⁾.
- Hypercalcemia with low or low-normal intact PTH in patients 4 and 5 can be explained by increased sensitivity of the PTH receptor due to Gs α overexpression.
- Low TSH in patient 1 may reflect TSH receptor hypersensitivity. TSH levels of patient 1 progressively decreased after 8 years of age, the hormone hypersensitivity associated with UPD(20)mat may gradually develop with age.

Conclusions

- This study suggest that UPD(20)mat underlies severe growth failure and feeding difficulties and may account for more than 6% of cases of SRS of unknown etiology, and small percentages of SGA-SS. One patient indicate that UPD(20)mat can also underlie SS without SGA.
- Most importantly, this study provides the first indication that UPD(20)mat is associated with hypersensitivity of Gs α -mediated hormone receptors, which may gradually develop with age.

References

1) Mulchandani S et al. *Genet Med*. 2016;18(4):309-315. 2) Azzi S et al. *J Med Genet*. 2015;52(7):446-453. 3) Plagge A et al. *Nat Genet*. 2004;36(8):818-826. 4) Xie T et al. *J Biol Chem*. 2006;281(28):18989-18999.

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Growth and syndromes (to include Turner syndrome)

Sayaka Kawashima

Poster presented at:



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