

Evaluation of Three Patients with 46,XY Gonadal Dysgenesis Due to Desert Hedgehog Gene Mutations

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Background: Desert Hedgehog (*DHH*) gene acts on early testicular development, testis cord formation and differentiation of fetal Leydig cells. It also has a role in nerve sheath formation. *DHH* gene mutations are very rare causes of 46,XY gonadal dysgenesis (GD). Gonadal tumors and peripheral neuropathy have been associated with *DHH* mutations.

Aims and Objectives: To present three patients with 46,XY GD due to novel homozygous *DHH* mutations.

Methods: Targeted next-generation sequencing of three patients by in-house designed DSD gene-panel.

RESULTS: Three patients (two siblings- patient 1 and 2- and a 3rd patient) with *DHH* mutations were reviewed (Table 1).

Table 1. Clinical and laboratory findings in 3 patients who have mutations in *DHH* gene

| | Patient 1 | Patient 2 | Patient 3 |
|--|--|---|--|
| Age (year) | 14.5 | 12.8 | 1.8 |
| Presentation | Ambiguous genitalia | Sibling has ambiguous genitalia | Ambiguous genitalia |
| Age at presentation | 1 year | 14 days | 19 days |
| External genitalia | Phallus 1.2 cm, penoscrotal hypospadias, bilateral inguinal testis | bilateral inguinal testes, phallus 0.5 cm, normal female | Phallus 2 cm, penoscrotal hypospadias, bilateral inguinal testes |
| Karyotype | 46,XY | 46,XY | 46,XY |
| Assigned sex | Female at birth converted to male at 5 years of age | Female | Female at birth converted to male at 6 months of age |
| Consanguinity | Yes | Yes | Yes |
| Family history | - | - | Elder brother has hypospadias |
| Mullerian structure | Remnant of Mullerian structure evident on biopsy | No | No |
| LH (IU/mL) | 1.33 | 1 | 4.68 |
| FSH (IU/mL) | 1.97 | 15.6 | 3.13 |
| Basal testosterone (ng/ml) | 0.05 | 0.33 | 1.48 |
| Testosterone response following HCG test (ng/ml) | 0.3 | 3.8 | - |
| AMH (ng/ml) | 5.34 (N:1.12-143.64) | - | 27.7 ng/ml (N:37.7-262.69) |
| Inhibin B (pg/ml) | 552 (N:<480) | 20 (N:<480) | - |
| Cortisol (mcg/dl) | 31.2 | 35.5 | 34.9 |
| Gonadectomy | - | Bilateral gonadectomy (5.2 years old) | - |
| Testicular histology | - | Gonadal dysgenesis with loss of Leydig cell, Sertoli only cell, with intratubular germ cell neoplasia, atypic Germ cell positive for PLAP, OCT3/4, C-KI | - |
| Nucleotide | Homozygous, Exon 3 c.1146G>A | Homozygous, Exon 3 c.1146G>A | Compound Heterozygous [Exon 1];[Exon3] c.[71G>C];[1063C>T] |
| Protein | p.Trp382* | p.Trp382* | p.[Gly24Ala];[Arg355Cys] |
| Mutation type | Nonsense | Nonsense | [Missense];[Missense] |
| Mutation taster | Disease causing | Disease causing | [Disease causing];[Disease causing] |
| Polyphen 2 score | - | - | [Probably damaging];[Probably damaging] |
| SIFT | - | - | Damaging tolerated |
| Reference | Novel | Novel | [Novel];[Novel] |
| Neurological examination | Decreased vibratory sensation in the lower limbs | Decreased vibratory sensation in the lower limbs, bilateral pes cavus | Normal |
| Neuropathy | Yes | Yes | No |
| Electromyography | Sensory-motor neuropathy in distal of lower extremities | Sensory-motor neuropathy in distal of lower extremities | - |

Conclusions:

- *DHH* gene mutation should be analyzed in patients with 46,XY GD for diagnosis and the presence of potential neuropathy and gonadal tumors.
- *In vivo* studies are needed to further delineate the phenotype-genotype relation.

