

# From Pseudohypoparathyroidism to inactivating PTH/PTHrP Signalling Disorder (iPPSD) a novel classification proposed by the European EuroPHP-network

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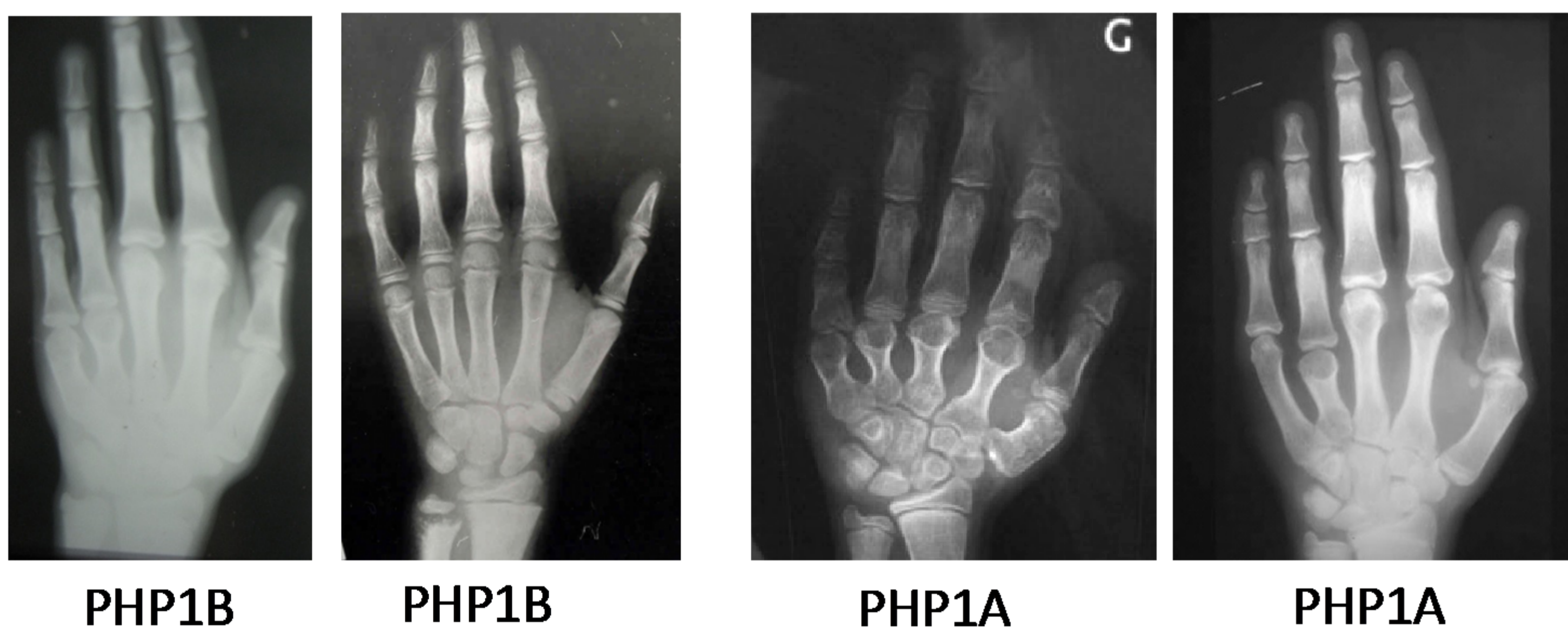
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Disorders caused by impairments in the parathyroid hormone (PTH) signalling pathway are historically classified under the term pseudohypoparathyroidism (PHP), that encompasses rare, related but highly heterogeneous diseases with demonstrated (epi)genetic causes. A defect in the response of the proximal renal tubule to PTH is the hallmark of all forms of PHP. AHO comprises heterogeneous clinical findings such as brachydactyly, rounded face, short stature, stocky build and subcutaneous ossifications likely mediated by the resistance to PTHrP at the growth plate during fetal and post-natal growth.

## The EuroPHP network

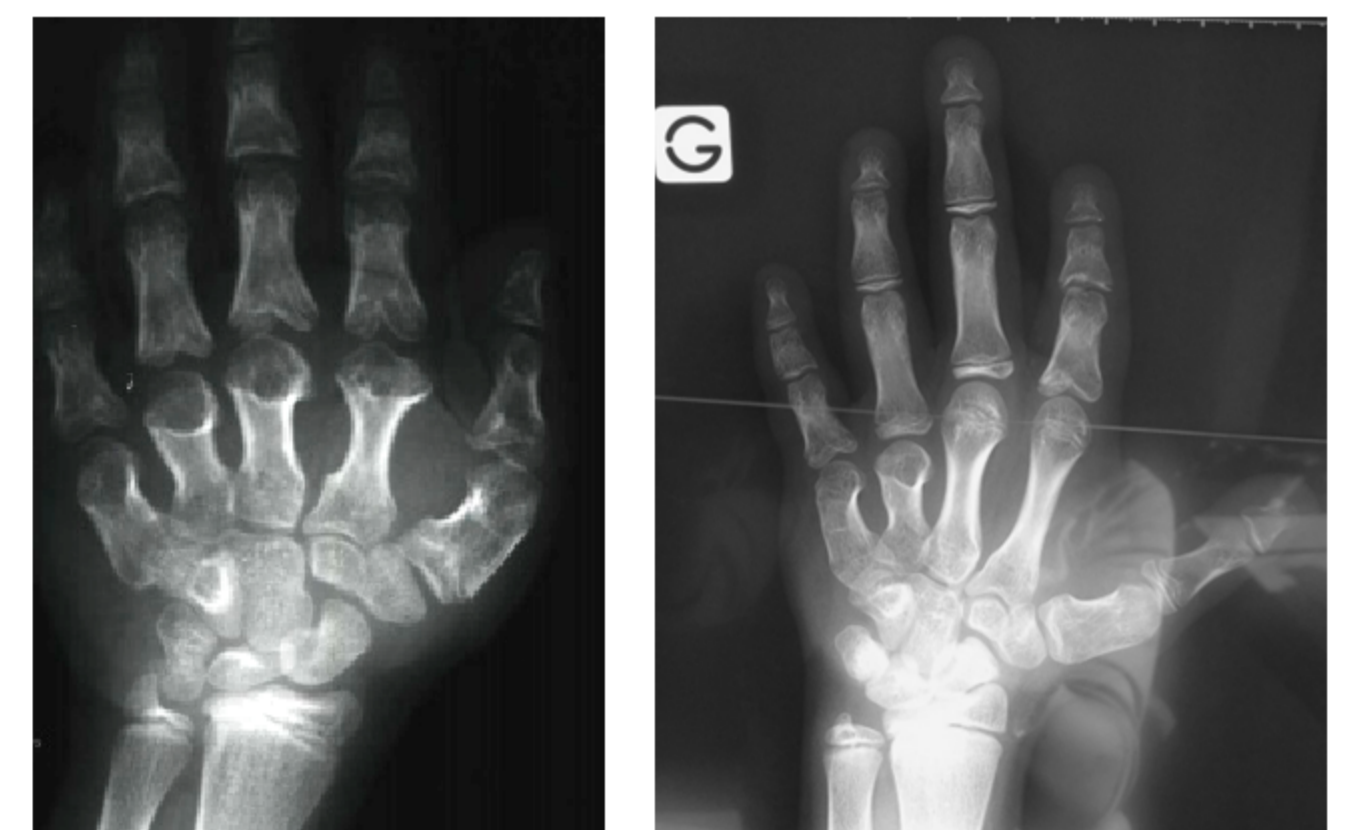


One objective of our network was to review the limitations and challenges of the current nomenclature and recommend a novel classification for disorders impairing the PTH/PTHrP signalling pathway.



PHP1B PHP1B

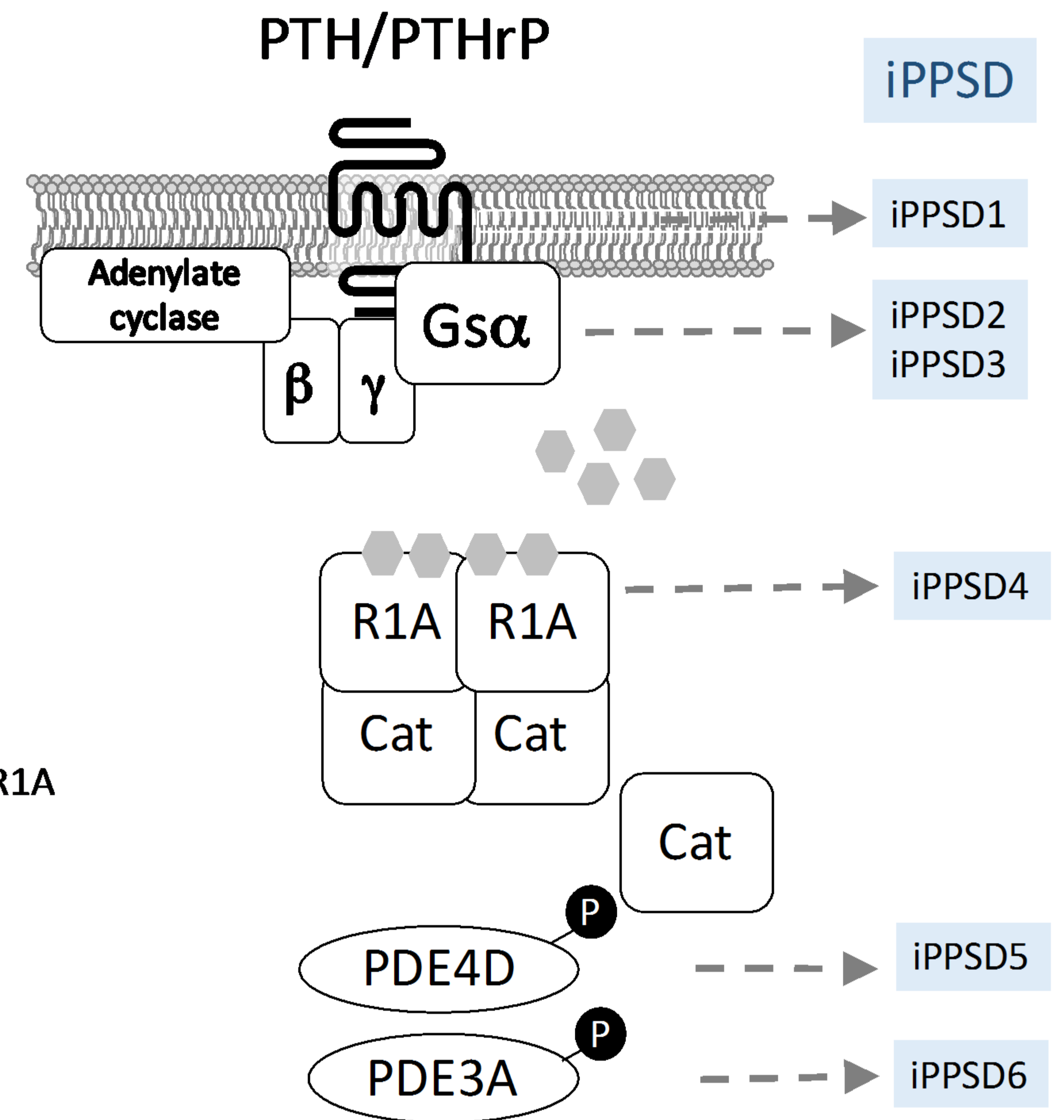
PHP1A PHP1A



ACRODYSOSTOSE, mutation PRKAR1A



ACRODYSOSTOSE, mutation PDE4D



### Main limits of the current classification

- fails to stratify PHP and AHO
- Does not include acrodysostosis, POH and PTH1R-related chondrodysplasia
- Does not incorporate the genetics

### Main demands for a new classification

- Simple and flexible
- Define the common mechanism of the disease
- Non ambiguous
- Based on the clinical Dg, but includes genetics

- Comprehensive review of the literature
- Identification of the limitations
- Methodologies of other classifications
- Mandatory criteria

• 3 Meetings

- Proposal for a new name
- Nomenclature and classification

### Major criteria

- PTH resistance
- Subcutaneous ossifications
- Brachydactyly type E\*

### Minor Criteria

- Thyroid Stimulating Hormone (TSH) resistance
- Other hormone resistances
- Motor and cognitive retardation or impairment
- IUGR and post-natal growth retardation
- Obesity/overweight/hyperphagia
- Flat nasal bridge and/or maxillar hypoplasia and/or round face

*Minor criteria need to be combined with one or more major criteria to establish the diagnosis of iPPSD.*

*\*Brachydactyly should be combined with at least one major or two minor criteria to trigger the diagnosis of iPPSD*

	PHP1A	PPHP	ADPHP1B and sporPHP1B	PHP1C
Clinical signs	AHO	AHO	no	AHO
PTH-Resistance	yes	no	yes	yes
In-vitro Gsα-activity	diminished	diminished	normal	normal

**Table 1:**  
**Current classification**

ADPHP1B: autosomal dominant form of PHP1B  
SporPHP1B: sporadic form of PH1B

