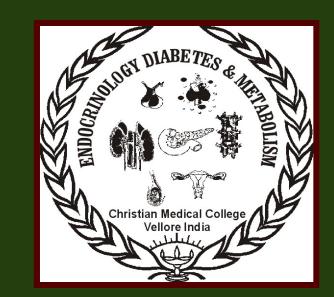


THE FLSYNDROME



Next Generation Sequencing for Molecular Genetic Diagnosis

Thomas N¹, Mahesh D M¹, Aaron C¹, Asha H S¹, Lydia M², Srinath S¹, Sahana S¹, Renu G², Paul TV¹ ¹Department of Endocrinology, Diabetes & Metabolism, ²Department of Dermatology, Christian Medical College, Vellore, India.

BACKGROUND

Output A series of the seri group of hereditary disorders characterized by a clinical and biological inflammatory syndrome without evidence of autoimmunity.

The mutated proteins are involved in the altered regulation of inflammation.

CLINICAL IMAGES



RESULTS OF GENETIC TESTS

The next generation sequencing of SLC29A3 gene was performed on the Ion torrent personal genome machine (PGM) using 314 chips and lon PGM[™] 200 Sequencing Kit (Ion Torrent, Life Technologies).

The 'H' syndrome has been recently described as monogenic auto-inflammatory autosomalа recessive genodermatosis with several systemic manifestations.

It is caused by mutations in the solute carrier family 29 (SLC29A3) gene, which encodes the human equilibrative nucleoside transporter-3 (hENT3).

OBJECTIVES

To study the clinical features and establish the genetic diagnosis of a subject with young onset of diabetes.

SUBJECTS AND METHODS

Utilizing next generation sequencing we carried out mutational analysis of SLC29A3 gene in the chr.10q22.1 and selectively investigated this patient for various other features of this genodermatosis.

To summarize she had the following features of "H-syndrome"

- •Hyperpigmentation,
- •Hypertrichosis,
- •Hypertelorism
- •Hyperglycemia,

SLC29A3 [1] c.400C>T **R134C**

Homozygous mutation of SLC29A3 gene by next generation sequencing

Sequencing revealed a previously reported homozygous mutation c.400C>T, p.R134C, which was further confirmed by Sanger sequencing.

DISCUSSION

The subject was evaluated for young onset diabetes mellitus with a peculiar feature involving the skin namely hyperpigmentation with hypertrichosis involving trunk and lower limb. This led to the suspicion of a genodermatosis, 'H' syndrome, that refers to the major clinical and laboratory findings starting with the letter "H". The presence of hypothyroidism, hearing loss, hypogonadism, low height and hyperglycemia led us to suspicion of this entity.

The elevated inflammatory markers (CRP,ESR) added to the clue and targeted genetic

CLINICAL PRESENTATION

- A 20 year girl born to parents of nonconsanguineous marriage developed diabetes at the age of 6 years, with ketosis at onset.
- On Insulin from the time of diagnosis.
- Noticed progressively increasing hyperpigmented lesions and generalised hypertrichosis from age 6 years.
- Hypothyroidism and hearing loss at 9 years of age.
- She also has delayed puberty with short stature.

ON EXAMINATION

Hyperpigmented patches over the lower abdominal wall.

•Hypothyroidism,

•Height low (short stature)

•Hypogonadotropic hypogonadism •Hearing loss (sensori-neural) •Heart anomaly (bicuspid aortic valve)

BIOCHEMICAL	INVESTIGATIONS	
PARAMETERS	PATIENT	NORMAL
HbA1c (%)	8.5 & 6.3	< 6.5
C-PEPTIDE (ng/ml)	< 0.10	> 0.6
GAD (U/ml)	< 5	< 5
TSH (ulU/ml)	13.6	0.3 – 4.5
IGF-1 (ng/ml)	48.5	127-424
FSH (mIU/ml)	6	0.5-7
CRP (ng/ml)	56.1	< 6
ESR (mm 1 st hr)	109 & 120	< 20
TG (mg/dl)	139	< 150

sequencing of the implicated gene SLC29A3 confirmed the diagnosis.

The peculiar features in our subject were icthyosis, arcus juvenilis, clinodactyly and arthrogryposis of the ankle.

CONCLUSIONS

- H-syndrome must be considered in any subject with young onset of diabetes and the dermatological phenotype of pigmentary hypertrichosis.
- Next generation sequencing (NGS) forms a useful platform in genetic testing of monogenic disorders and would aid in the diagnosis and further counseling.

- Symmetrical large hyperpigmented, indurated plaques with terminal hair [hypertrichosis] over the lower limbs with characteristic sparing the face, buttocks and knees, face. Ferriman Galleway Score (FGS) 12/36.
- Ichthyosis of the feet with non-pitting pedal edema.
- Short stature, hypertelorism, no acanthosis nigricans
- Arcus juvenilis, clinodactyly, arthrogryposis at the ankles.

HbA1c – Glycosylated haemoglobin

- GAD Glutamic Acid Decarboxylase antibodies
- TSH Thyroid Stimulating Hormone
- IGF Insulin like Growth Factor
- FSH Follicular Stimulating Hormone
- CRP C-Reactive Peptide
- ESR Erythrocyte sedimentation rate
- TG Triglycerides

REFERENCES

1. Touitou et al. Orphanet Journal of Rare Diseases 2013, 8:162

2. Senniappan S, Hughes M, Shah P, Shah V, Kaski JP, Brogan P, Hussain K: Pigmentary hypertrichosis and non-autoimmune insulin-dependent diabetes mellitus (PHID) syndrome is associated with severe chronic inflammation and cardiomyopathy, and represents a new monogenic autoinflammatory syndrome. J Pediatr Endocrinol Metab 2013, 1:6.

- 3. Prendiville, J., Rogers, M., Kan, A., de Castro, F., Wong, M., Junker, A., Becknell, C., and Schultz, K. (2006). Pigmented hypertrichotic dermatosis and insulin dependent diabetes: Manifestations of a unique genetic disorder? Pediatr. Dermatol.24, 101–107.
- 4. Mohanan S et al Int J Dermatol 2013, 52:820-823.

<u>E-mail</u>- nihal_thomas@yahoo.com