

The Dystroglycanopathies:
2012 Patient and Family Conference

Deciphering the genetic basis
of dystroglycanopathies:
the beginning of the story.



Genetics. The mendelian inheritance

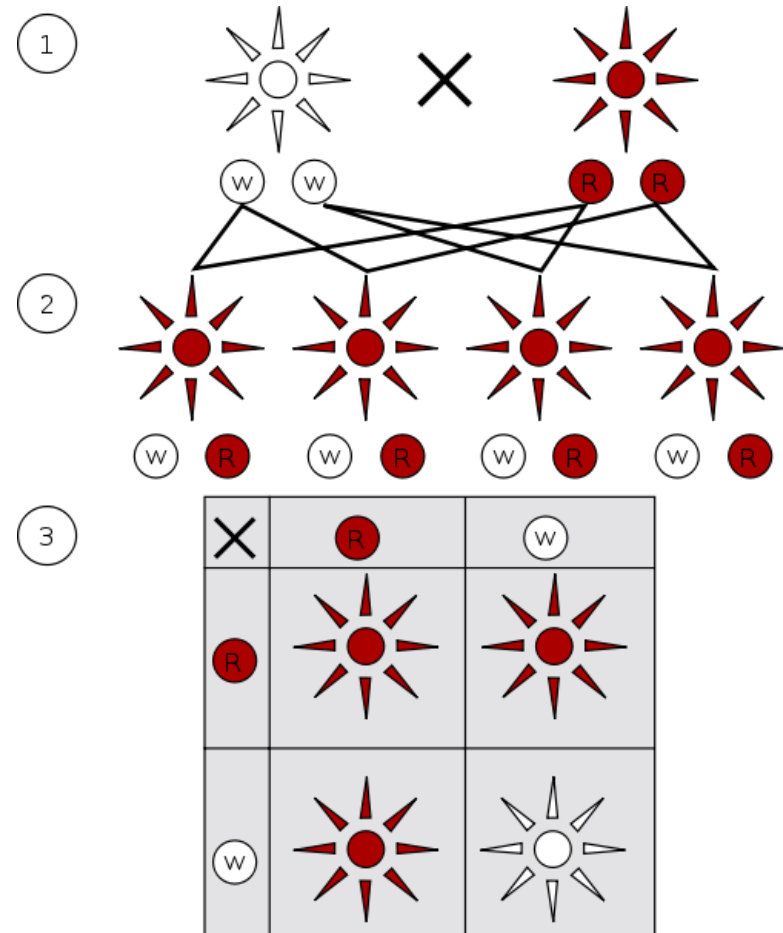


Gregor Mendel 1865.

Between 1856 and 1863 he tested some 29,000 pea plants (*i.e.*, *Pisum sativum*).

The three laws Mendel deduced seem common-sense now, but were radically new in his day:

1. **Law of Paired Factors:** Traits come in pairs (**alleles**), and each parent contributes just one of the alleles.
2. **Law of Dominance:** In a pair of genes (**genotype**), one allele will dominate the other and control the outward appearance (**phenotype**).
3. **Law of Segregation:** Traits are **inherited independently**.



Genetics. Mendel re-discovered

Gregor Mendel 1865. He was cited only 3 times in 35 years!!!

After [Charles Darwin](#) (On the Origin of Species, 1859).

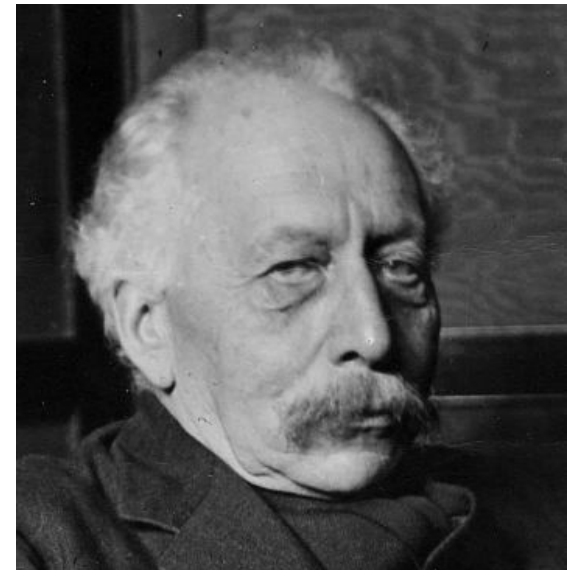
Blending inheritance generally accepted.

Saltationism vs Gradualism.

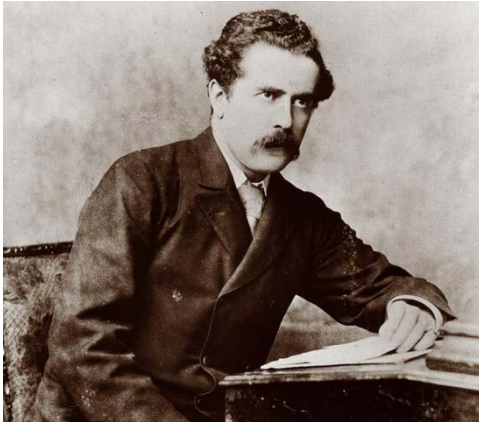
By 1900, research aimed at finding a successful theory of discontinuous inheritance rather than blending inheritance led to independent duplication of his work by [Hugo de Vries](#) and [Carl Correns](#), and the rediscovery of Mendel's writings and laws.

[Willian Bateson](#) begins to report a series of breeding experiments, conducted by his pupil, Miss E.R. Saunders, using the [alpine brassica](#) *Biscutella laevigata* in the Cambridge botanic gardens.

Bateson was the first to suggest the word "**genetics**" (from the Greek *gennō*, γεννώ; *to give birth*) to describe the study of inheritance and the science of variation in a personal letter to Alan Sedgwick, dated April 18, 1905.



Garrod. Human genetics.



1898, a woman brought her newborn baby to his clinic. It seemed healthy, but she had noticed that its diapers turned an alarming black.

Garrod identified the condition as **alkaptonuria**, an exceedingly rare and essentially harmless condition believed at the time to be caused by a microbe.

Garrod collected all the cases he could, mapped out pedigrees, and published a short note on it, suggesting that the high frequency within the families of his study could hardly be due to chance.

Bateson read his paper and collaborated with him.

Alkaptonuria was the first human condition defined as a mendelian trait.

Garrod, Archibald E. 1902. The Incidence of Alkaptonuria: A Study in Chemical Individuality. *Lancet*, vol. ii, pp. 1616-1620.

THE INCIDENCE OF ALKAPTONURIA: A STUDY IN CHEMICAL INDIVIDUALITY

ARCHIBALD E. GARROD

Physician to the Hospital for Sick Children, Great Ormondstreet,
Demonstrator of Chemical Pathology at St. Bartholemew's Hospital

“There are good reasons for thinking that alkaptonuria is not the manifestation of a disease but is rather of the nature of an alternative course of metabolism, harmless and usually congenital and lifelong.”

Garrod. Human genetics.

INBORN ERRORS OF METABOLISM

The Croonian Lectures delivered before
the Royal College of Physicians
of London, in June, 1908

By

ARCHIBALD E. GARROD

D.M., M.A. OXON.

Fellow of the Royal College of Physicians.

*Assistant Physician to, and Lecturer on Chemical Pathology
at St. Bartholomew's Hospital.*

*Physician to the Hospital for Sick Children,
Great Ormond Street*

*" ἐν πᾶσι τοῖς φυσικοῖς ἐστὶ τὴ θερμοκρασίη."
Aristotle, Περὶ τῆς ζωῆς, I. 5.*

LONDON

HENRY FROWDE HODDER & STOUGHTON

OXFORD UNIVERSITY PRESS 20, WARWICK SQUARE, E.C.

1909

4

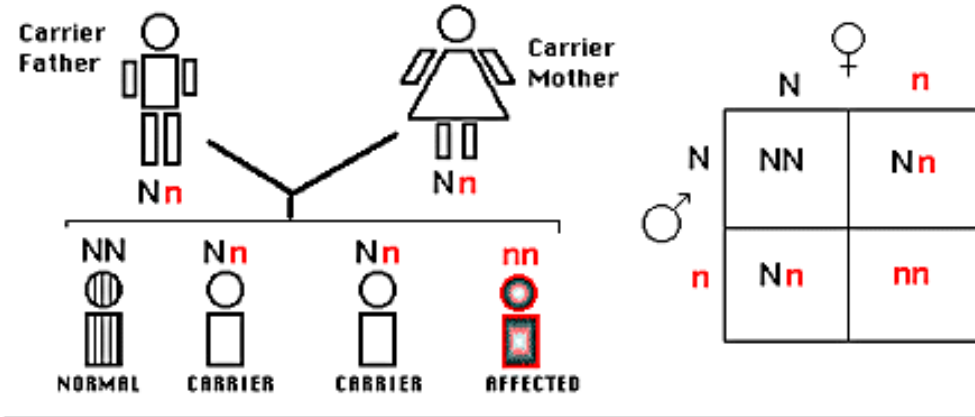
Garrod's Tetrad:

- Alkaptonuria
- Cystinuria
- Pentosuria
- Albinism

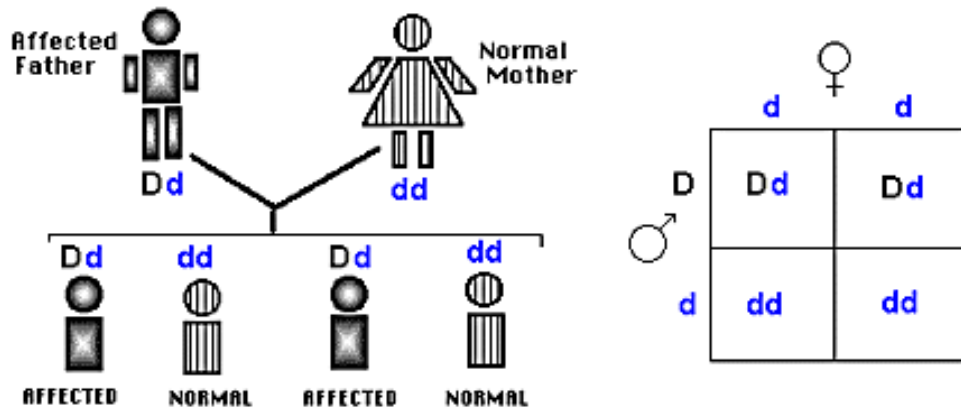
personal examination. However, one point which stands out clearly is the remarkable similarity of the modes of incidence of alkaptonuria and albinism, which suggests that the manifestation of both is governed by the same laws. Both are apt to occur in several brothers and sisters of a family whose parents do not exhibit the anomaly, and direct transmission of either from parent to child is very rare. It has been repeatedly stated that a considerable proportion of human albinos are the offspring of consanguineous marriages. Thus

Garrod. Human genetics.

Recessive inheritance



Dominant inheritance



One congenital syndrome



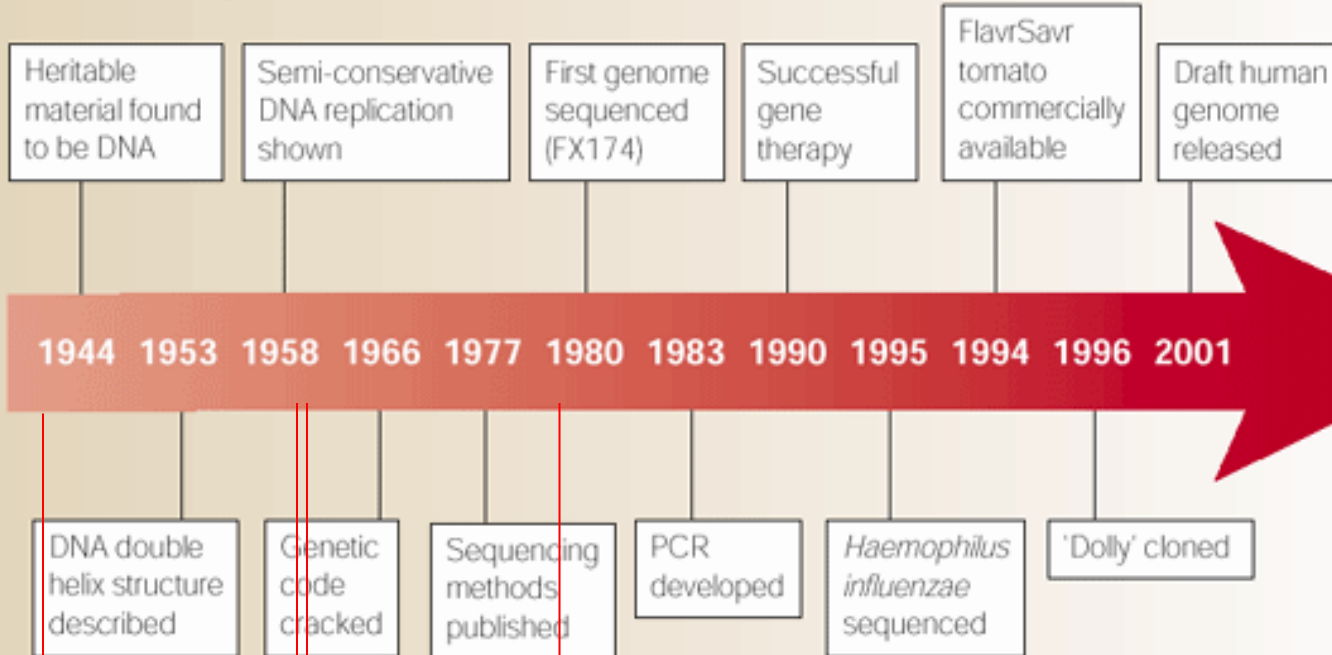
One gene



One allele (recessive)

Human Molecular Genetics.

Timeline | DNA milestones



Walker 1942 **WWS**

Chung and Morton 1959 **LGMD**

Fukuyama 1960 **FCMD**

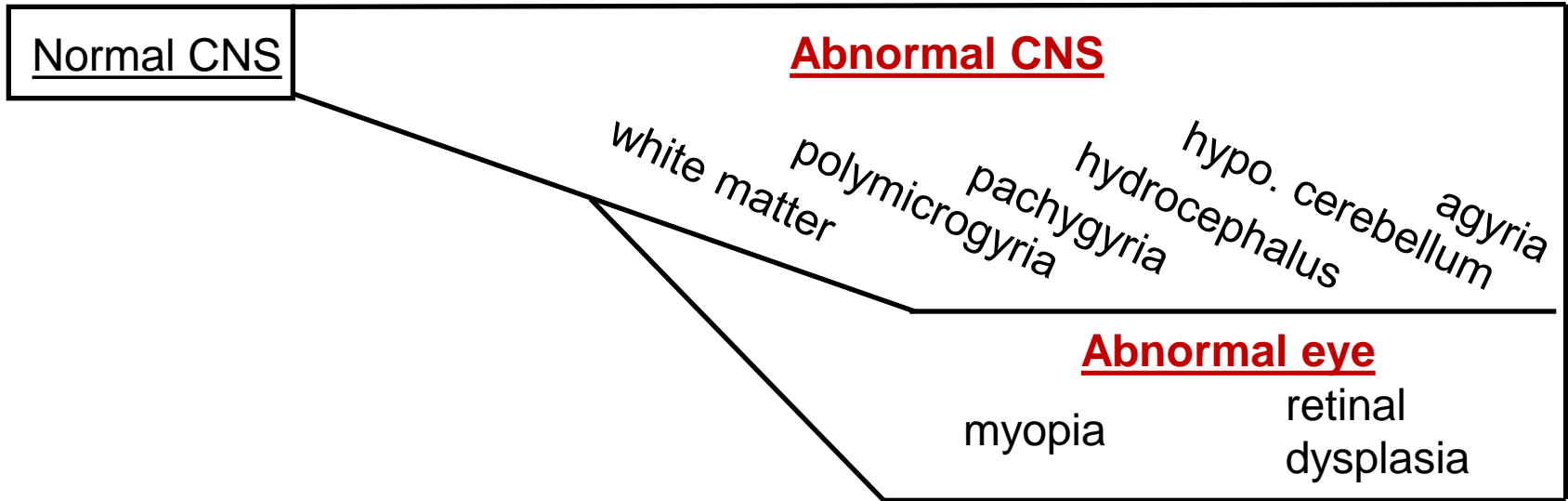
Raitta et al 1978 **MEB**

Warburg 1978 **WWS**

Congenital Muscular Dystrophies

One gene, one syndrome dogma

Congenital muscular dystrophy

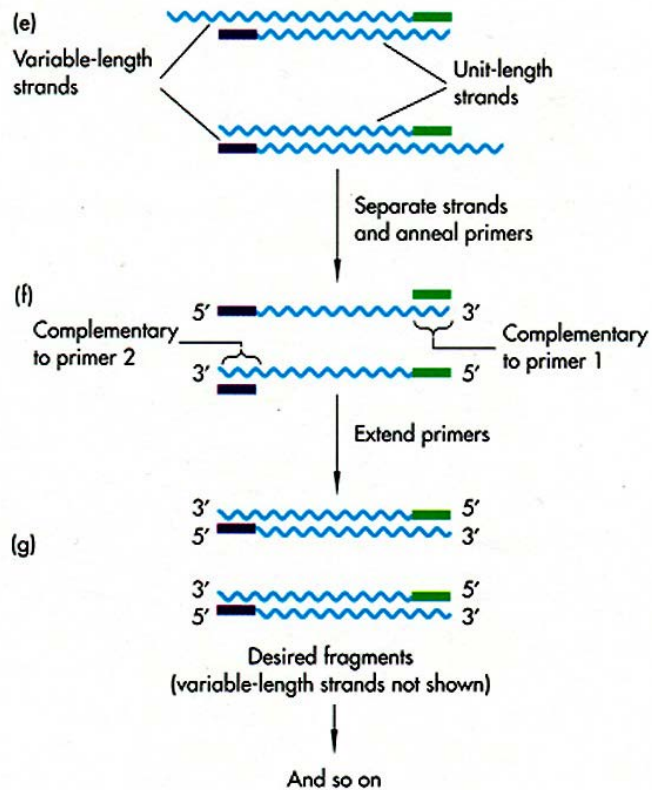


MDC1C/1D	Fukuyama CMD (FCMD)	muscle-eye-brain (MEB)	Walker-Warburg (WWS)
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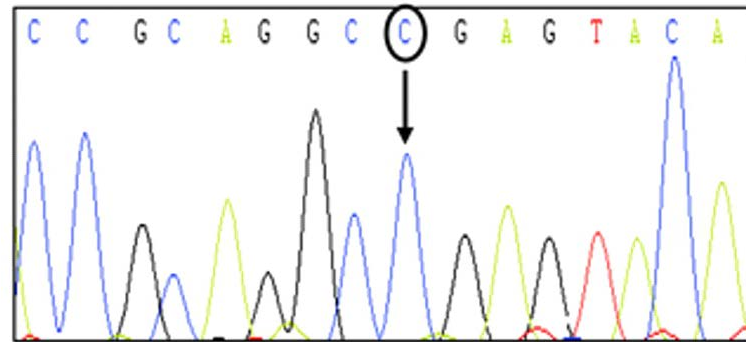
clinical severity

Mutations identification.

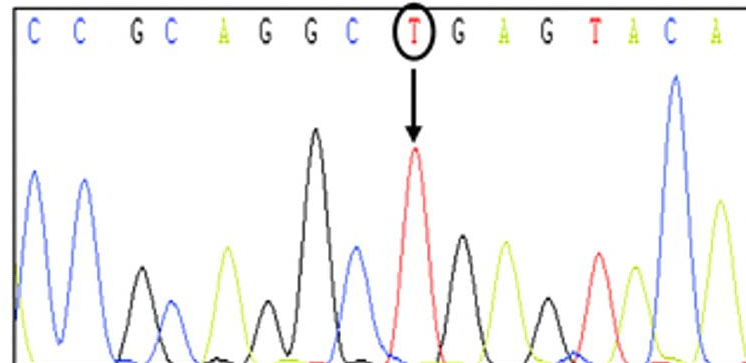
How do we identify the mutations?



Control



LD122-4

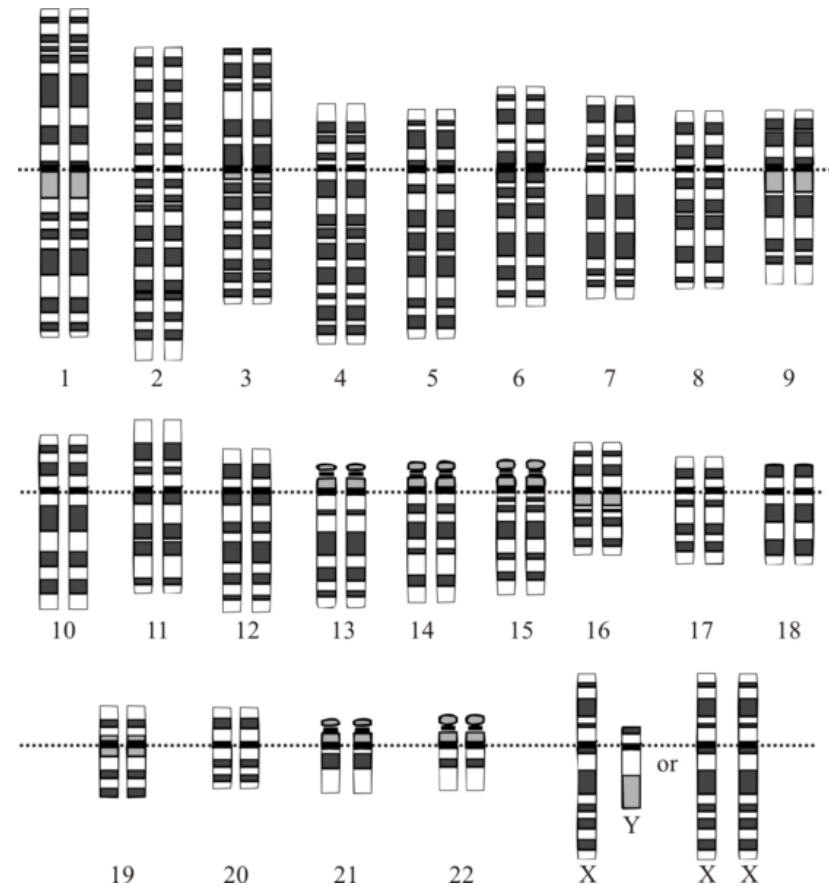


The Human Genome.

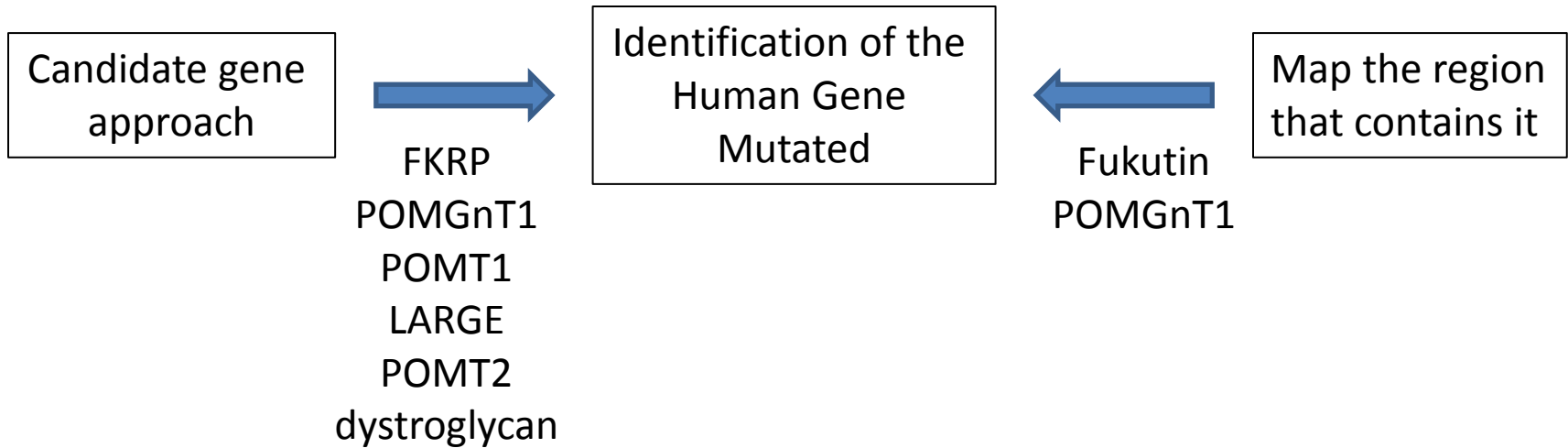
The haploid human genome is 3.2 billion base pairs long and contains about 23,000 distinct protein-coding genes.

Only 1.5% of human genome codes for proteins, the rest consists of:

- non-coding RNA genes,
- regulatory sequences,
- introns,
- and noncoding DNA (once known as "junk DNA").



Causative Gene Identification.



Limb-Girdle MD
LGMD

MDC1C/1D

Fukuyama CMD
FCMD

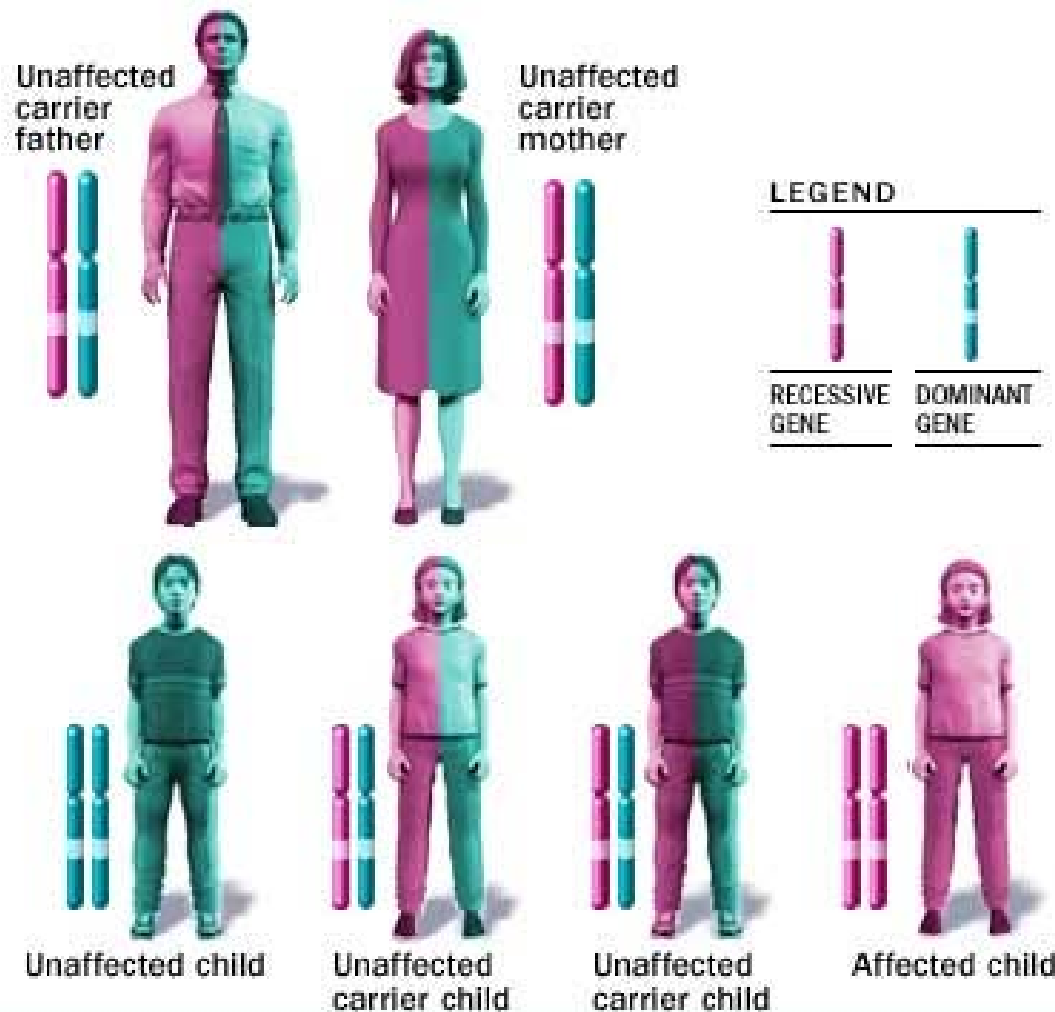
Muscle-Eye-Brain
MEB

Walker-Warburg
WWS

clinical severity

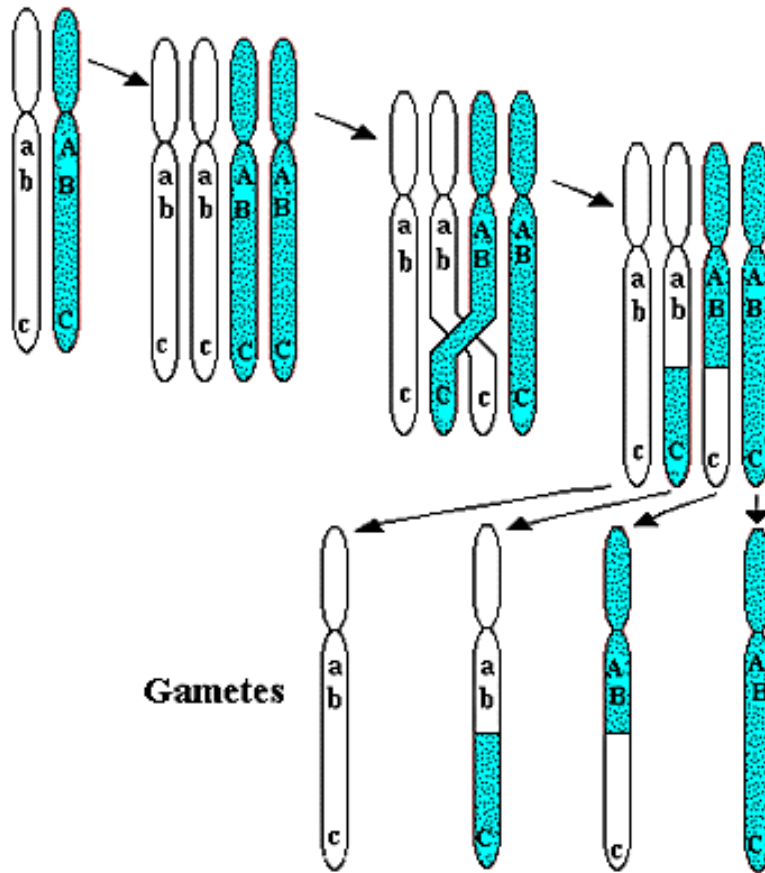
Recombination and positional cloning.

But... how do we find them????



Recombination.

But... how do we find them???

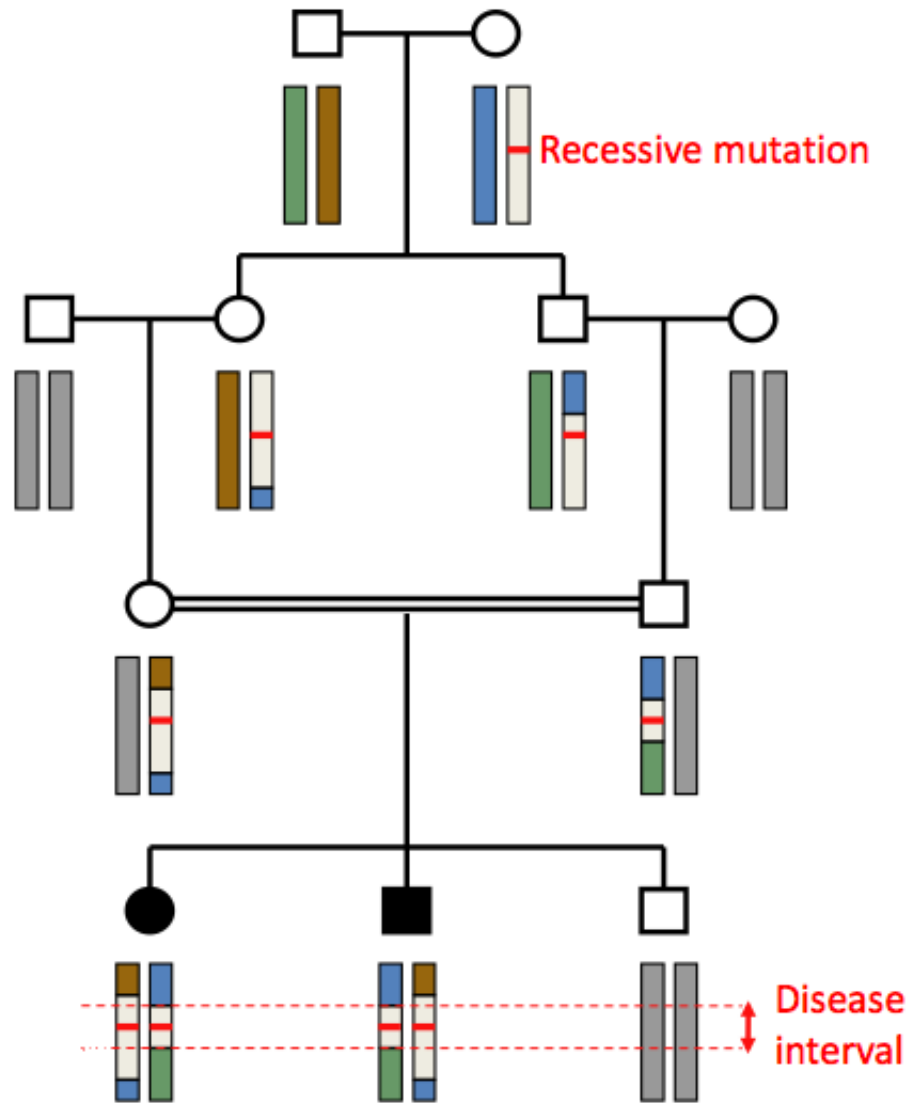


Let's play a game:

- Consanguineous family
- Recombination
- Positional cloning
- polymorphisms

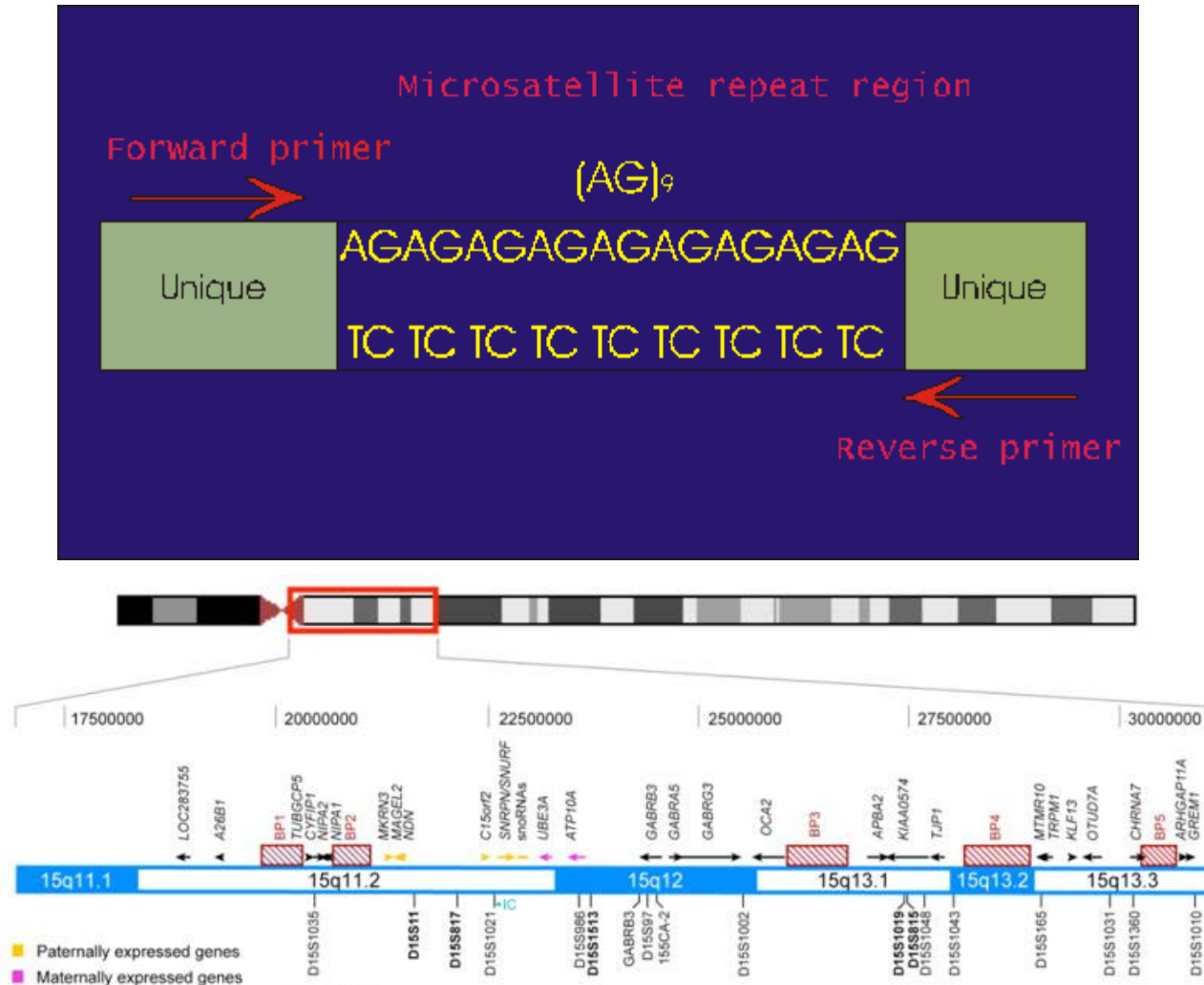
Crossing-over and recombination during meiosis

Positional cloning.

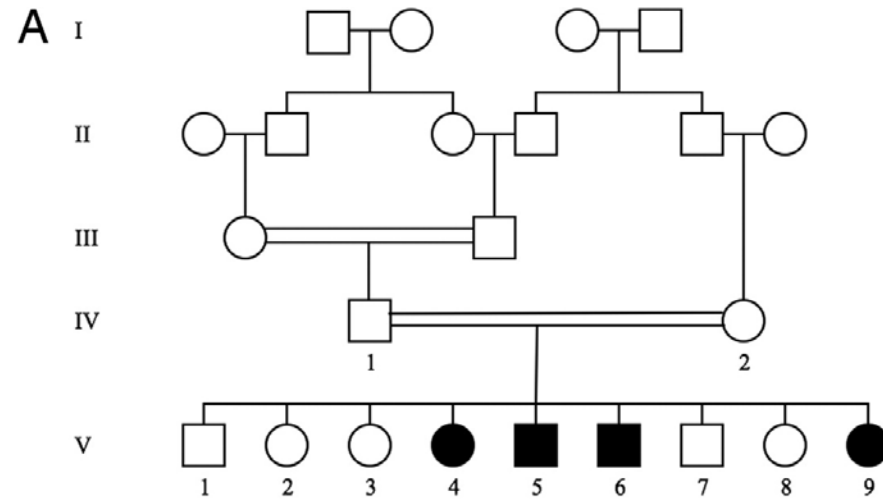


Positional cloning.

They are polymorphisms



Positional cloning.



B

	IV-1	IV-2	V-1	V-2	V-3	V-4	V-5	V-6	V-7	V-8	V-9
	□	○	□	○	○	●	■	■	□	○	●
GATA163E04	1 1	2 1	12	12	1 1	1 1	1 1	1 1	1 1	12	1 2
GATA27B07	2 1	1 1	21	21	2 1	1 1	1 1	1 1	2 1	21	1 1
GGAA16D02	1 5	1 5	11	11	1 5	5 5	5 5	5 5	1 5	11	5 1
D9S177	2 3	1 3	21	21	2 3	3 3	3 3	3 3	2 3	21	3 1
GGAT11B01	2 2	1 2	21	21	2 2	2 2	2 2	2 2	2 2	21	2 1
GGAT2B03	1 2	1 2	11	11	1 2	2 2	2 2	2 2	1 2	11	2 2
ATA42G04	2 1	2 1	22	22	2 1	1 1	1 1	1 1	2 1	22	1 1
GATA61E12	2 1	6 1	26	26	2 1	1 1	1 1	1 1	2 1	26	1 1
D9S1802	3 3	1 3	31	31	3 3	3 3	3 3	3 3	3 3	31	3 3
D9S1811	2 3	1 3	21	21	2 3	3 3	3 3	3 3	2 3	21	3 3
GT(23)	1 7	5 7	15	15	1 7	7 7	7 7	7 7	1 7	15	7 7
GATA116F11	1 4	3 4	13	13	1 4	4 4	4 3	4 4	1 4	13	4 4
GGAA23B10	1 2	1 2	11	11	1 2	2 2	2 1	2 2	1 2	11	2 2
D9S103	1 3	1 3	11	11	1 3	3 3	3 1	3 3	1 3	11	3 3
D9S116	1 4	6 4	16	16	1 4	4 4	4 6	4 4	1 4	16	4 4
D9S123	2 2	1 2	21	21	2 2	2 2	2 1	2 2	2 2	21	2 2
GATA154A06	2 3	3 3	23	23	2 3	3 3	3 3	3 3	2 3	23	2 3

BBS11 pedigree and shared haplotype.

Chiang A P et al. PNAS 2006;103:6287-6292

FCMD and Fukutin

Localization of a gene for Fukuyama type congenital muscular dystrophy to chromosome 9q31–33

T. Toda^{1,2}, M. Segawa¹, Y. Nomura¹, I. Nonaka⁴, K. Masuda², T. Ishihara⁴, M. Suzuki², I. Tomita⁴, Y. Origuchi³, K. Ohno¹⁰, N. Misugi¹¹, Y. Sasaki¹¹, K. Takada¹¹, M. Kawai¹⁴, K. Otani¹⁵, T. Murakami¹⁶, K. Saito¹⁷, Y. Fukuyama¹⁷, T. Shimizu¹⁸, I. Kanazawa² & Y. Nakamura¹

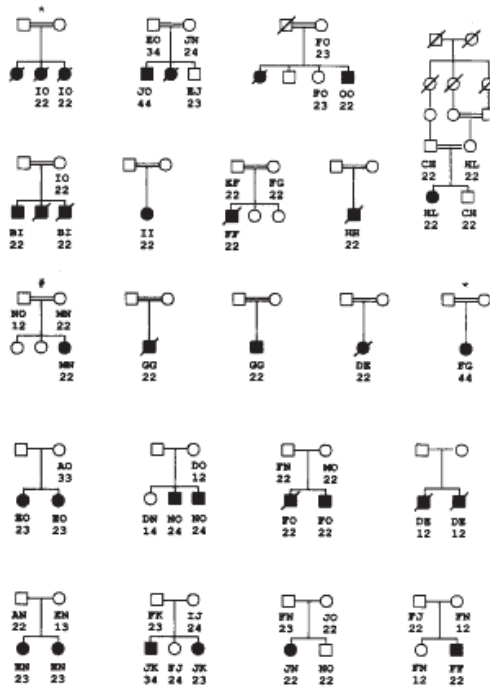
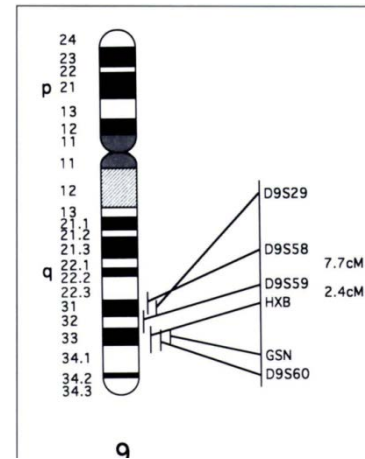


Fig. 2 Pedigrees of 21 FCMD families showing disease status and segregation of the two closest markers, D9S58 (top) and D9S59 (bottom). Alleles for D9S58 are: A, 147 bp; B, 145 bp; C, 143 bp; D, 137 bp; E, 135 bp; F, 133 bp; G, 131 bp; H, 129 bp; I, 127 bp; J, 125 bp; K, 123 bp; L, 121 bp; M, 119 bp; N, 117 bp; O, 115 bp. Alleles for D9S59 are: 1, 116 bp; 2, 114 bp; 3, 112 bp; 4, 96 bp. Solid symbols, affected subjects; slash, subject deceased. *, Second-cousin marriage; #, first and half-cousin marriage; other consanguineous marriages are first-cousins.

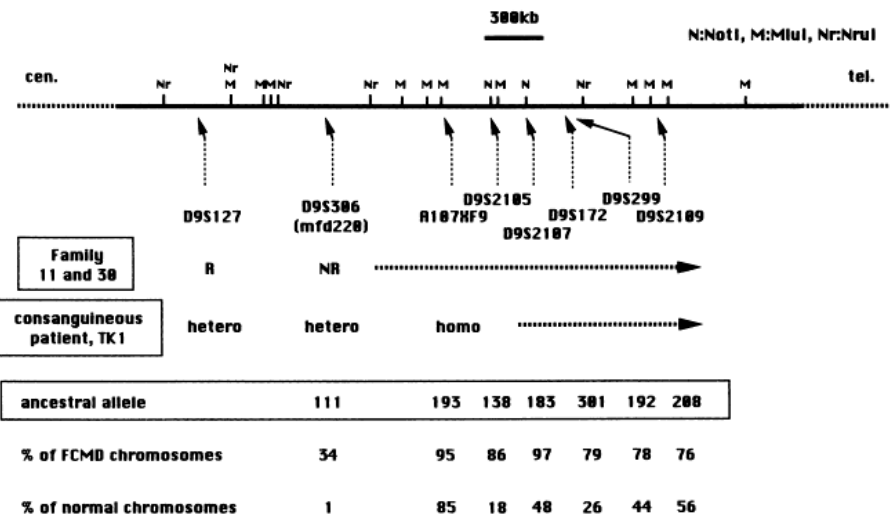


More than 500 genes

Linkage-Disequilibrium Mapping Narrows the Fukuyama-Type Congenital Muscular Dystrophy (FCMD) Candidate Region to <100 kb

Tatsushi Toda,¹ Masashi Miyake,¹ Kazuhiro Kobayashi,¹ Kunihiko Mizuno,¹ Kayoko Saito,⁴ Makiko Osawa,⁴ Yusuke Nakamura,³ Ichiro Kanazawa,² Yasuo Nakagome,¹ Katsushi Tokunaga,¹ and Yutaka Nakahori¹

Departments of ¹Human Genetics and ²Neurology, University of Tokyo, and ³Laboratory of Molecular Medicine, Institute of Medical Science, University of Tokyo, and ⁴Department of Pediatrics, Tokyo Women's Medical College, Tokyo

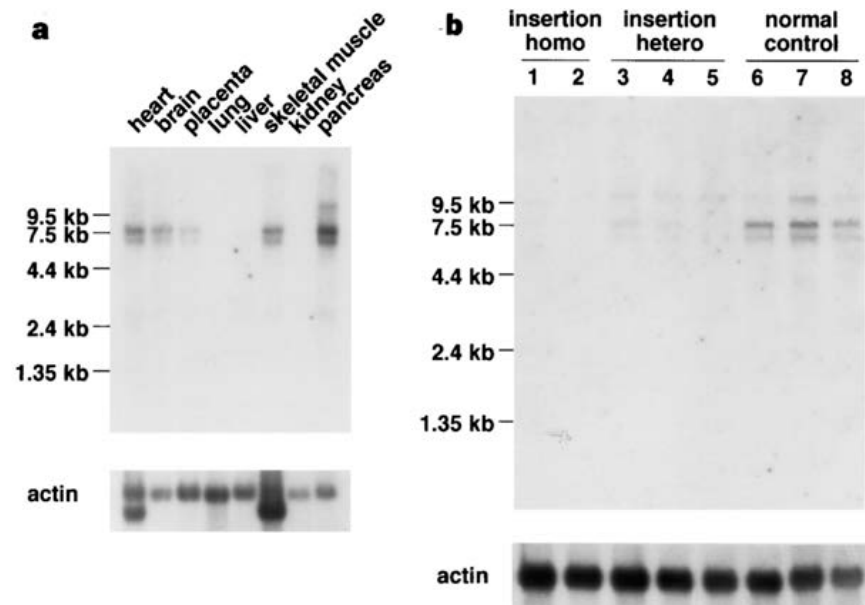
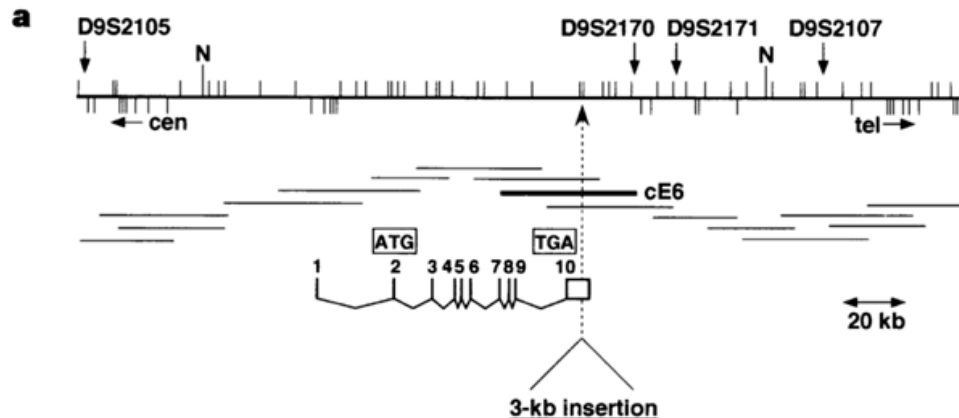


FCMD and Fukutin

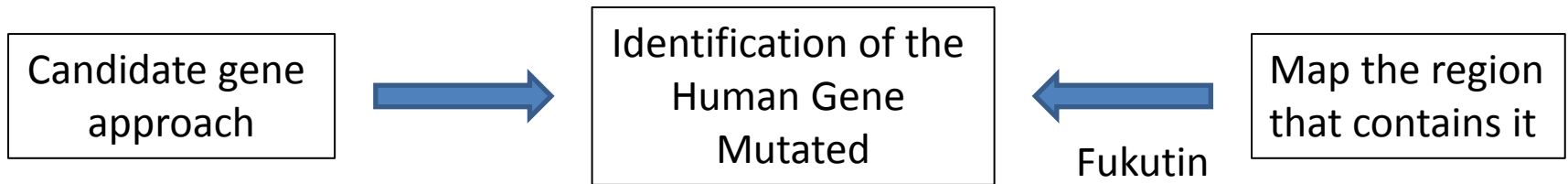
1998. Nature, 394:388-392.

An ancient retrotransposal insertion causes Fukuyama-type congenital muscular dystrophy

Kazuhiro Kobayashi^{1†}, Yutaka Nakahori^{2‡}, Masashi Miyake¹, Klichiro Matsumura³, Eri Kondo-Iida^{4||}, Yoshiko Nomura⁵, Masaya Segawa⁶, Mieko Yoshioka⁷, Kayoko Saito¹, Makiko Osawa¹, Kenzo Hamano^{8*}, Youichi Sakakihara^{9††}, Ikuya Nonaka^{1††}, Yasuo Nakagome¹, Ichiro Kanazawa^{1‡‡}, Yusuke Nakamura¹⁰, Katsushi Tokunaga¹ & Tatsushi Toda¹



Causative Gene Identification.



Fukutin

Limb-Girdle MD
LGMD

MDC1C/1D

Fukuyama CMD
FCMD

Muscle-Eye-Brain
MEB

Walker-Warburg
WWS

clinical severity

A horizontal bar with a gradient from yellow on the left to red on the right, indicating increasing clinical severity from left to right.

FKRP and CMD1D/LGMD

Am. J. Hum. Genet. 69:1198-1209, 2001

© 2001 Oxford University Press

Human Molecular Genetics, 2001, Vol. 10, No. 25 2851-2859

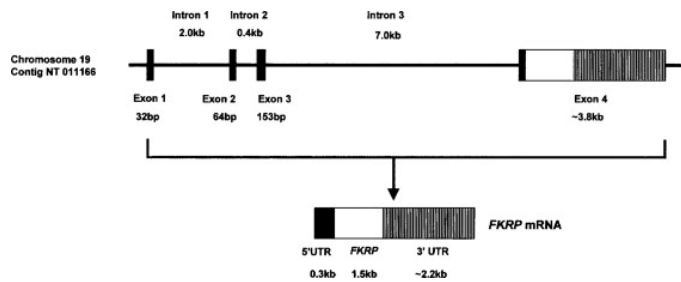
Mutations in the Fukutin-Related Protein Gene (*FKRP*) Cause a Form of Congenital Muscular Dystrophy with Secondary Laminin α 2 Deficiency and Abnormal Glycosylation of α -Dystroglycan

Martin Brockington,^{1,*} Derek J. Blake,^{3,*} Paola Prandini,¹ Susan C. Brown,¹ Silvia Torelli,^{1,4} Matthew A. Benson,³ Chris P. Ponting,⁷ Brigitte Estournet,⁵ Norma B. Romero,⁵ Eugenio Mercuri,¹ Thomas Voit,⁷ Caroline A. Sewry,^{1,8} Pascale Guicheney,⁵ and Francesco Muntoni¹

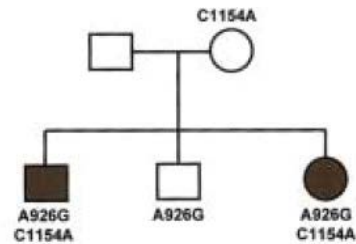
ARTICLE

Mutations in the fukutin-related protein gene (*FKRP*) identify limb girdle muscular dystrophy 2I as a milder allelic variant of congenital muscular dystrophy MDC1C

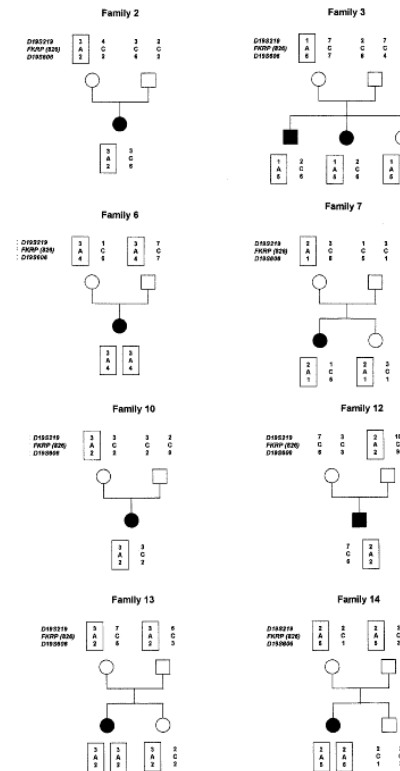
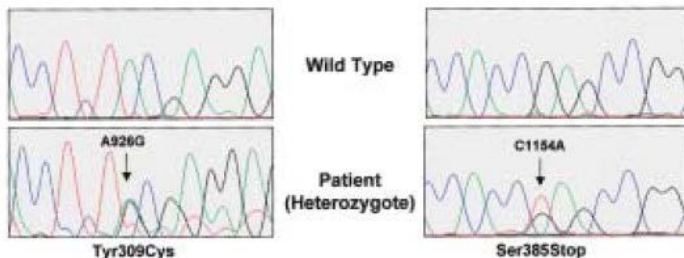
Martin Brockington¹, Yeliz Yuva¹, Paola Prandini¹, Susan C. Brown¹, Silvia Torelli^{1,2}, Matthew A. Benson³, Ralf Herrmann⁴, Louise V.B. Anderson⁵, Rumaisa Bashir⁶, Jean-Marc Burgunder⁷, Shari Fallett⁸, Norma Romero⁹, Michel Fardeau⁹, Volker Straub⁴, Gillian Storey⁶, Christine Pollitt⁵, Isabelle Richard⁵, Caroline A. Sewry^{1,10}, Kate Bushby⁵, Thomas Voit⁴, Derek J. Blake³ and Francesco Muntoni^{1,*}



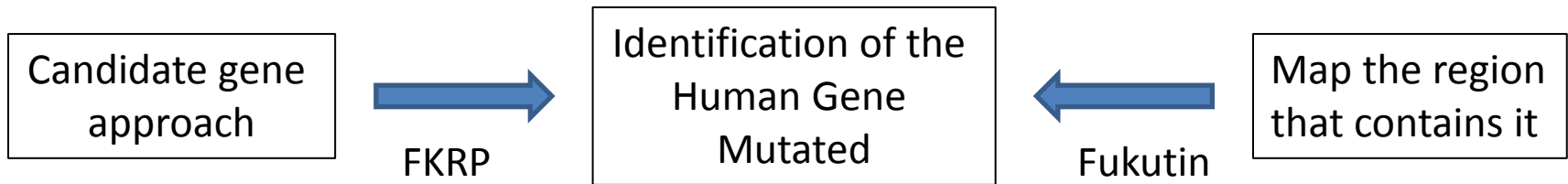
a



b



Causative Gene Identification.



FKRP

Fukutin

Limb-Girdle MD
LGMD

MDC1C/1D

Fukuyama CMD
FCMD

Muscle-Eye-Brain
MEB

Walker-Warburg
WWS

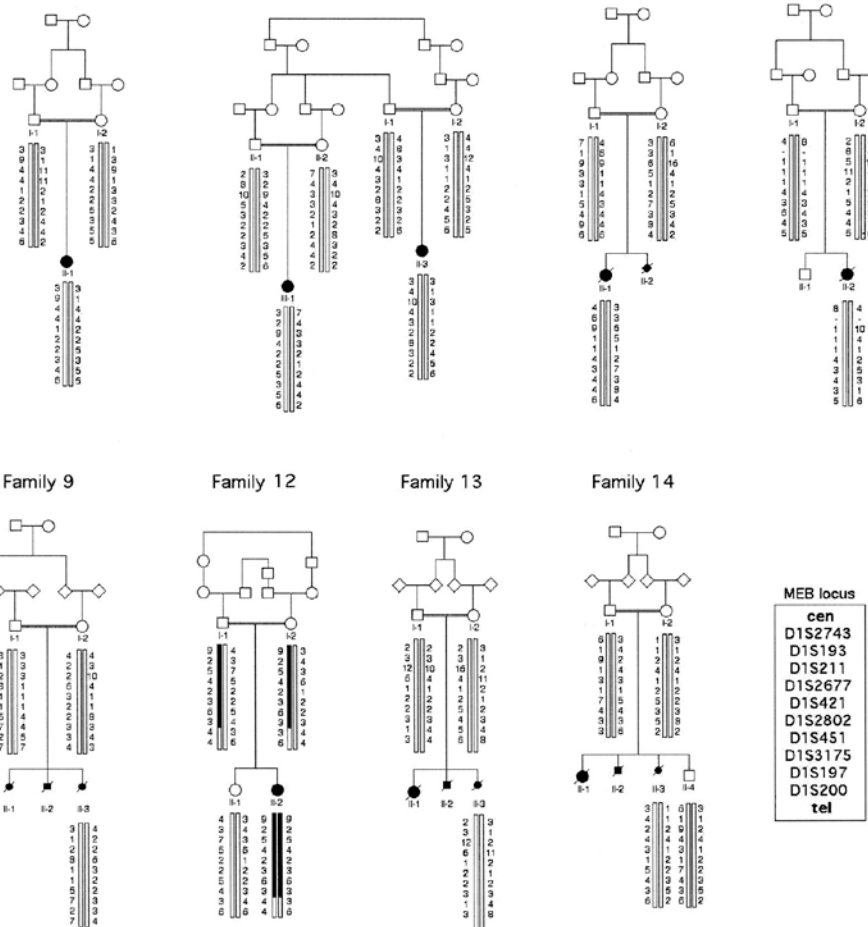
A horizontal bar with a gradient from yellow on the left to red on the right, indicating increasing clinical severity. The text 'clinical severity' is written in white on the red portion of the bar.

clinical severity

POMGnT1 and MEB

Clinical and genetic distinction between Walker-Warburg syndrome and muscle-eye-brain disease

B. Cormand, PhD; H. Pihko, MD, PhD; M. Bayés, PhD; L. Valanne, MD, PhD; P. Santavuori, MD, PhD; B. Talim, MD; R. Gershoni-Baruch, MD; A. Ahmad, MD; H. van Bokhoven, PhD; H.G. Brunner, MD, PhD; T. Voit, MD; H. Topaloglu, MD; W.B. Dobyns, MD; and A.-E. Lehesjoki, MD, PhD



POMGnT1 and MEB

Developmental Cell, Vol. 1, 717-724, November, 2001, Copyright ©2001 by Cell Press

Muscular Dystrophy and Neuronal Migration Disorder Caused by Mutations in a Glycosyltransferase, POMGnT1

Aruto Yoshida,^{1,9} Kazuhiro Kobayashi,^{2,9}
Hiroshi Many,³ Kiyomi Taniguchi,² Hiroki Kano,²
Mamoru Mizuno,⁴ Toshiyuki Inazu,⁴
Hideyo Mitsuhashi,¹ Seiichiro Takahashi,³
Makoto Takeuchi,¹ Ralf Herrmann,⁵
Volker Straub,⁶ Beril Talim,⁶ Thomas Voit,⁶
Haluk Topaloglu,⁷ Tatsushi Toda,^{2A,10}
and Tamao Endo^{2A,10}

Introduction

Since the discovery of the Duchenne muscular dystrophy gene product dystrophin (Hoffman et al., 1987), many studies have focused on understanding the pathophysiology of muscular dystrophies and on developing therapeutic approaches. Dystroglycan is a component of the dystrophin-glycoprotein-complex (DGC) in skele-

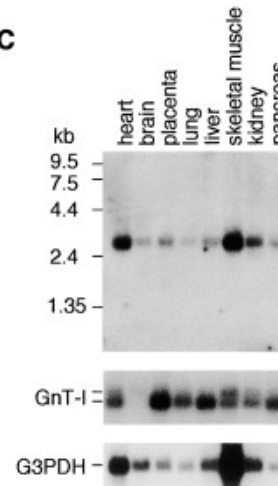
B

Acceptor Substrate Specificity of the Human POMGnT1 and GnT-I

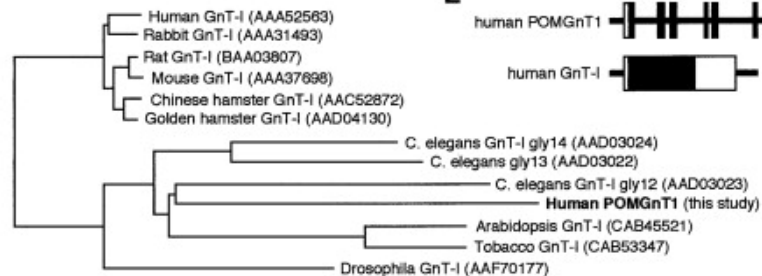
Acceptors	Specific activity (pmol/h/μg protein)	
	sPOMGnT1	sGnT-I
<u>mannosylpeptide</u>		
Ac-Ala-Ala-Pro-Thr-Pro-Val-Ala-Ala-Pro-NH ₂	1.09	ND
<u>M5-PA</u>		
Man α1→6Man α1→6Man α1→3Man β1→4GlcNAc β1→4GlcNAc-PA	ND	1.70
<u>M3-PA</u>		
Man α1→6Man β1→4GlcNAc β1→4GlcNAc-PA	ND	0.77

ND: not detected.

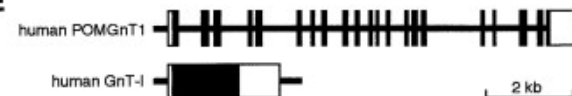
C



D

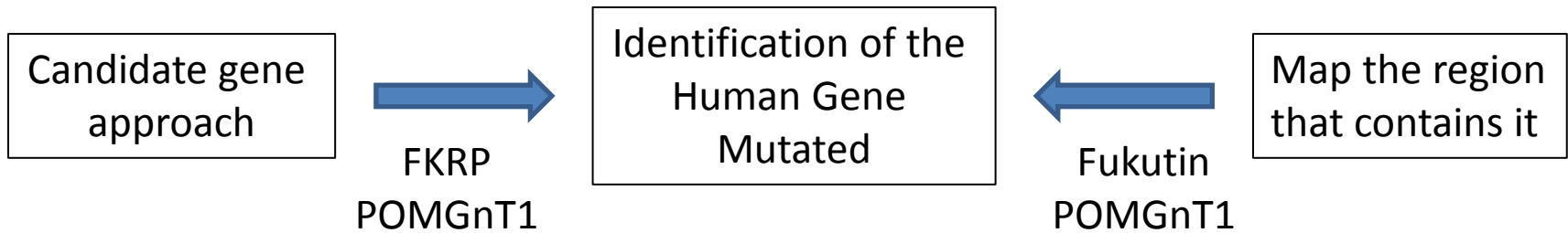


E



Causative Gene Identification.

One Gene - One Syndrome Dogma
One Syndrome - One Gene Dogma



FKRP

Limb-Girdle MD
LGMD

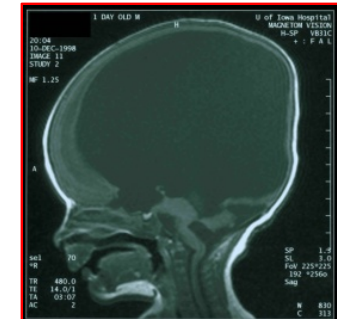
MDC1C/1D

Fukutin

Fukuyama CMD
FCMD

POMGnT1

Muscle-Eye-Brain
MEB



Walker-Warburg
WWS

clinical severity

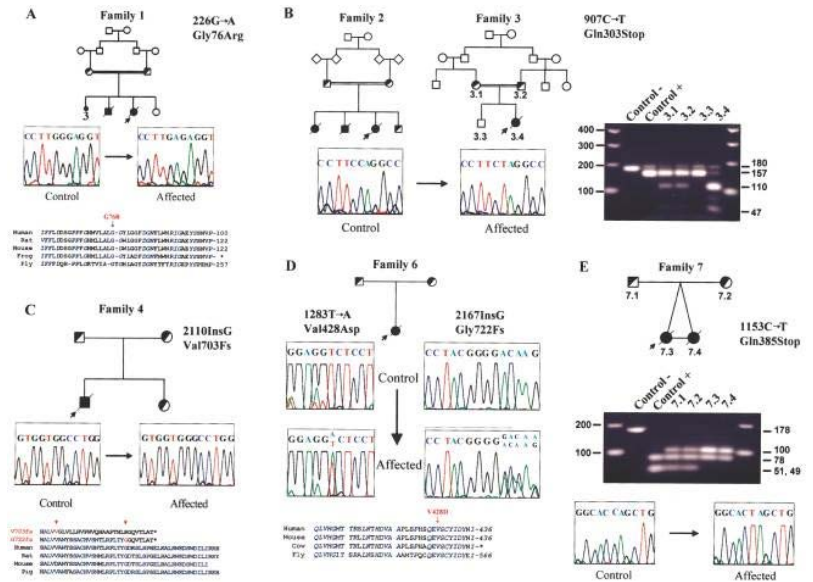
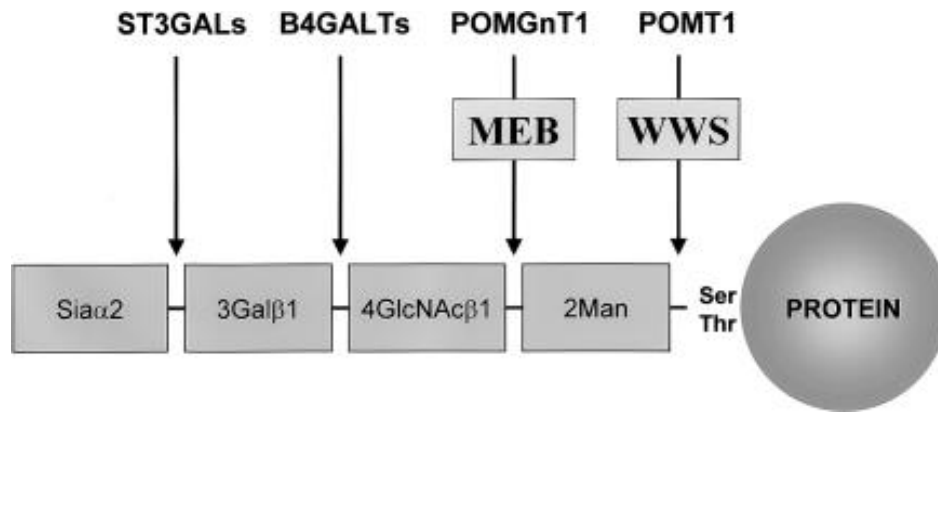
POMT1 and WWS

Am. J. Hum. Genet. 71:1033-1043, 2002

Mutations in the O-Mannosyltransferase Gene *POMT1* Give Rise to the Severe Neuronal Migration Disorder Walker-Warburg Syndrome

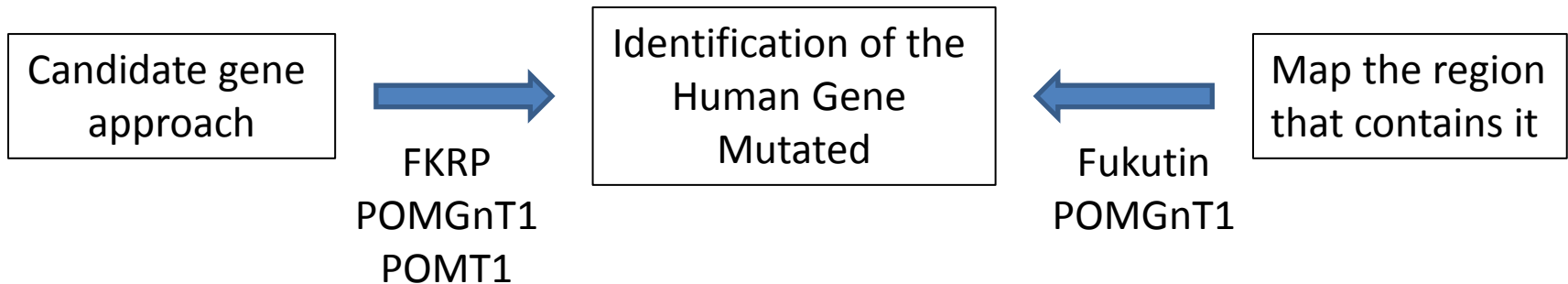
Daniel Beltrán-Valero de Bernabé,¹ Sophie Currier,³ Alice Steinbrecher,^{4,5} Jacopo Celli,¹ Ellen van Beusekom,¹ Bert van der Zwaag,² Hülya Kayserili,⁶ Luciano Merlini,⁷ David Chitayat,⁸ William B. Dobyns,⁹ Bru Cormand,¹⁰ Ana-Elina Lehesjoki,¹¹ Jesús Cruces,¹² Thomas Voit,⁵ Christopher A. Walsh,³ Hans van Bokhoven,¹ and Han G. Brunner¹

10 consanguineous families tested
More than one locus
More than 2 loci
Candidate gene approach



Causative Gene Identification.

One Syndrome - One Gene Dogma → **WRONG!!**
One Gene - One Syndrome Dogma ??



FKRP

Limb-Girdle MD
LGMD

MDC1C/1D

Fukutin

Fukuyama CMD
FCMD

POMGnT1

Muscle-Eye-Brain
MEB

POMT1

Walker-Warburg
WWS

clinical severity

POMT2 and WWS

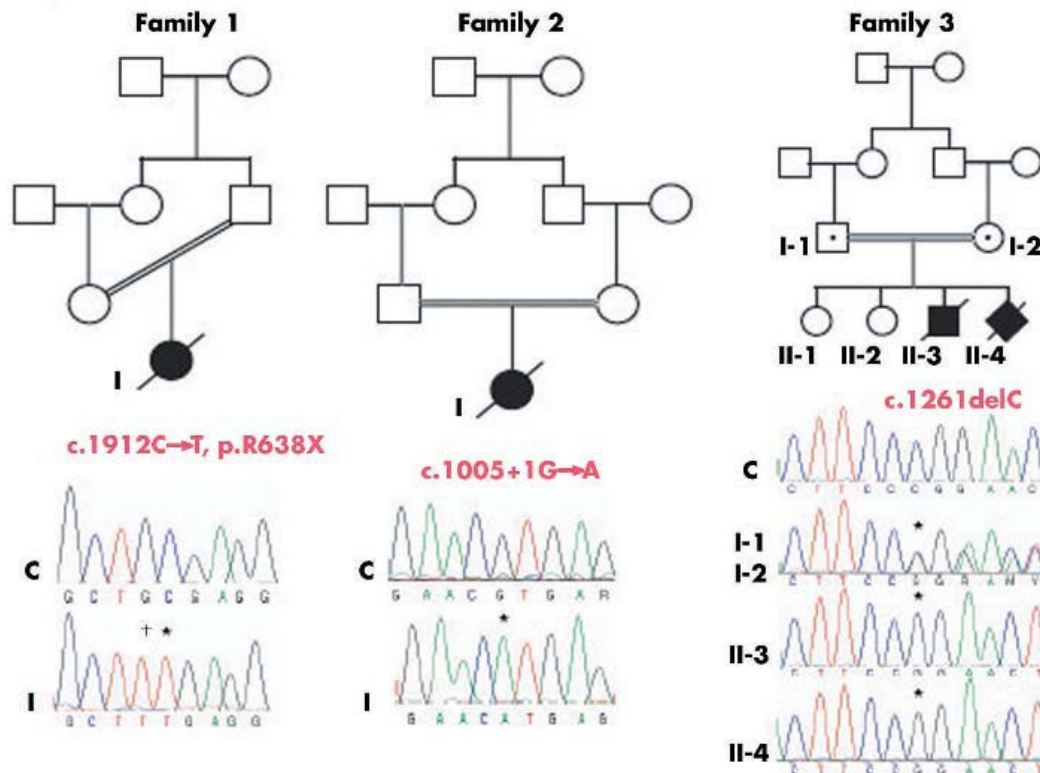
ORIGINAL ARTICLE

POMT2 mutations cause α -dystroglycan hypoglycosylation and Walker-Warburg syndrome

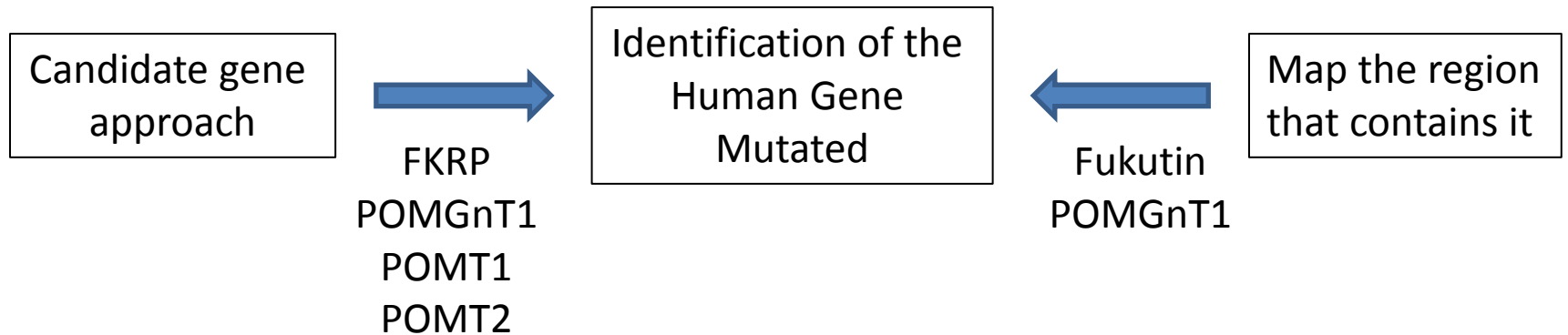
J van Reeuwijk, M Janssen, C van den Elzen, D Beltran-Valero de Bernabé, P Sabatelli, L Merlini, M Boon, H Scheffer, M Brockington, F Muntoni, M A Huynen, A Verrips, C A Walsh, P G Barth, H G Brunner, H van Bokhoven



J Med Genet 2005;42:907-912. doi: 10.1136/jmg.2005.031963



Causative Gene Identification.



FKRP

Limb-Girdle MD
LGMD

MDC1C/1D

Fukutin

Fukuyama CMD
FCMD

POMGnT1

Muscle-Eye-Brain
MEB

POMT1
POMT2

Walker-Warburg
WWS

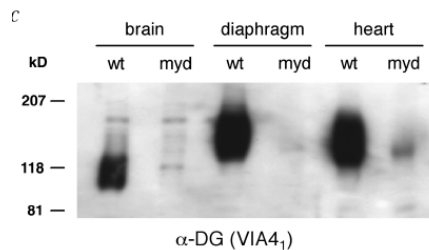
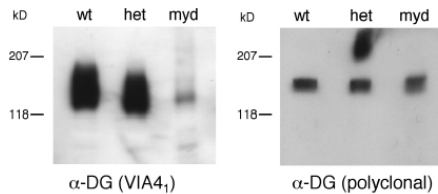
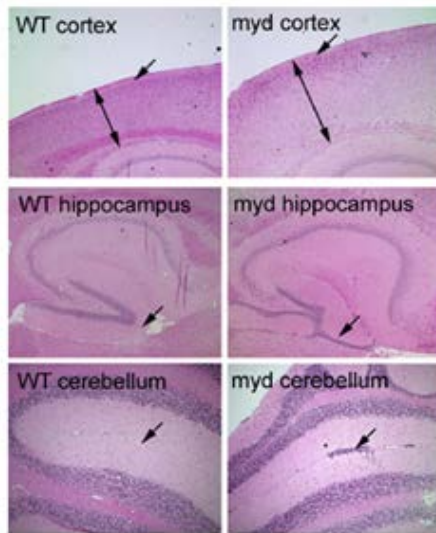
A horizontal bar with a gradient from yellow on the left to red on the right, indicating increasing clinical severity. The text "clinical severity" is written in white on the red portion of the bar.

clinical severity

LARGE and MDC1D

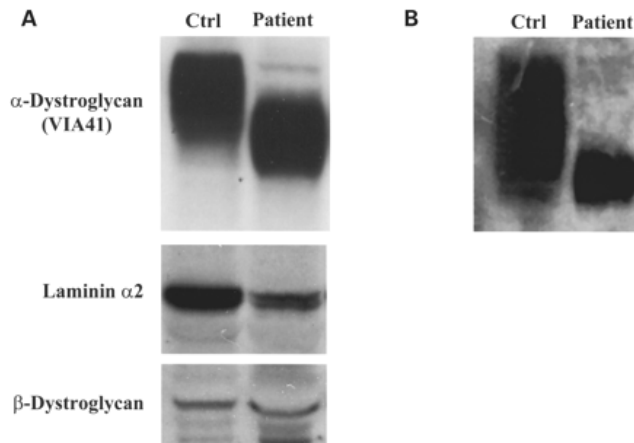
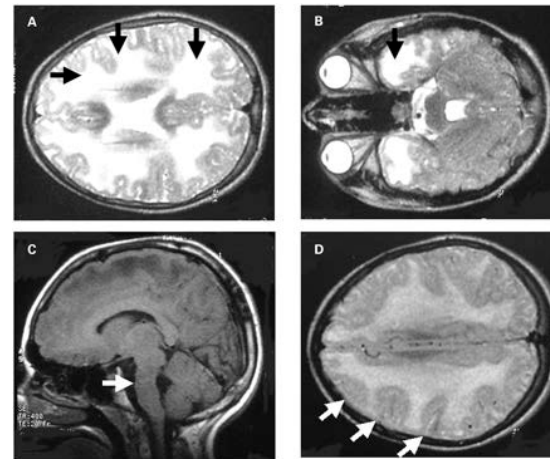
Mutant glycosyltransferase and altered glycosylation of α -dystroglycan in the myodystrophy mouse

Prabhjit K. Grewal¹, Paul J. Holzfeind², Reginald E. Bittner² & Jane E. Hewitt¹

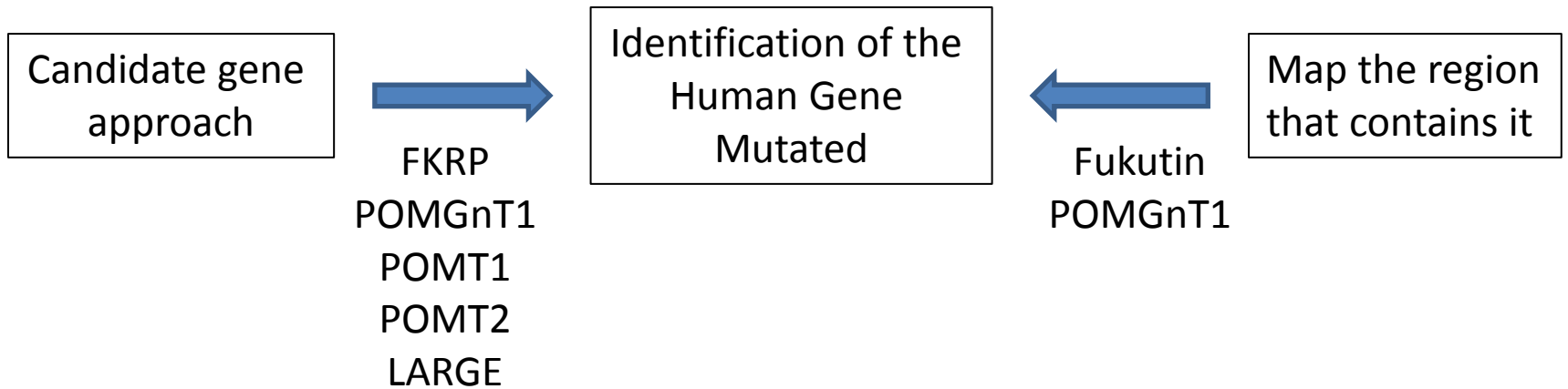


Mutations in the human *LARGE* gene cause MDC1D, a novel form of congenital muscular dystrophy with severe mental retardation and abnormal glycosylation of α -dystroglycan

Cheryl Longman^{1,†}, Martin Brockington^{1,†}, Silvia Torelli¹, Cecilia Jimenez-Mallebrera¹, Colin Kennedy², Nofal Khalil³, Lucy Feng¹, Ravindra K. Saran^{1,4}, Thomas Voit⁵, Luciano Merlini⁶, Caroline A. Sewry^{1,7}, Susan C. Brown¹ and Francesco Muntoni^{1,*}



Causative Gene Identification.



FKRP

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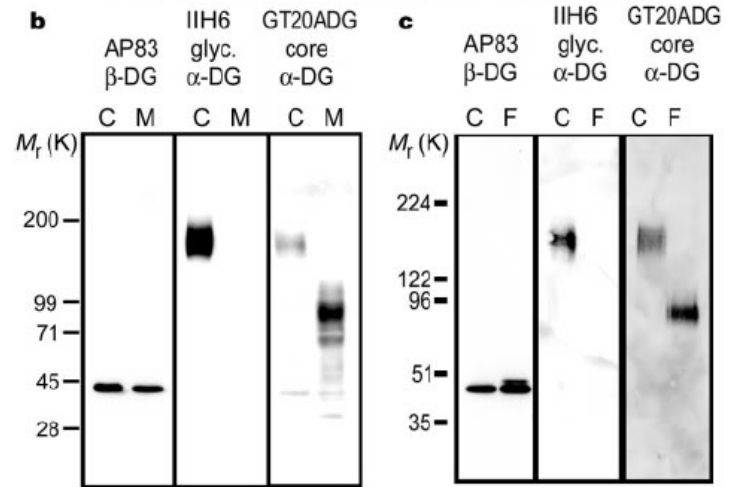
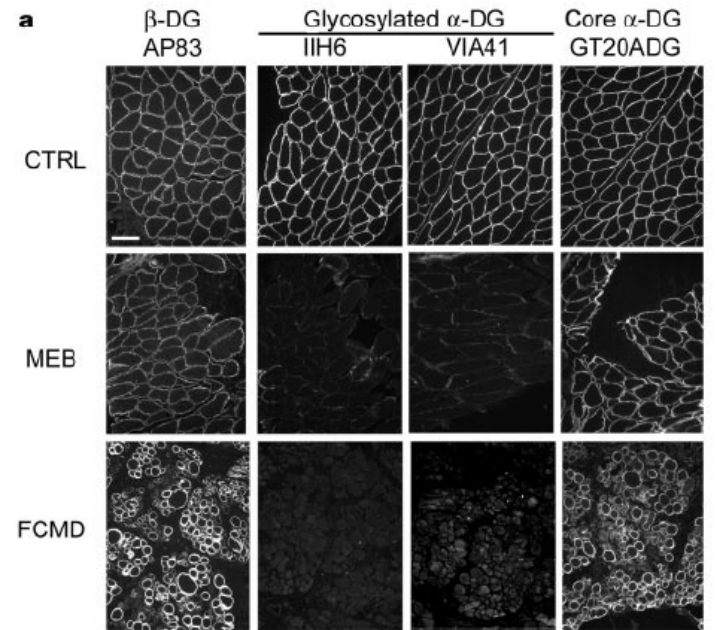
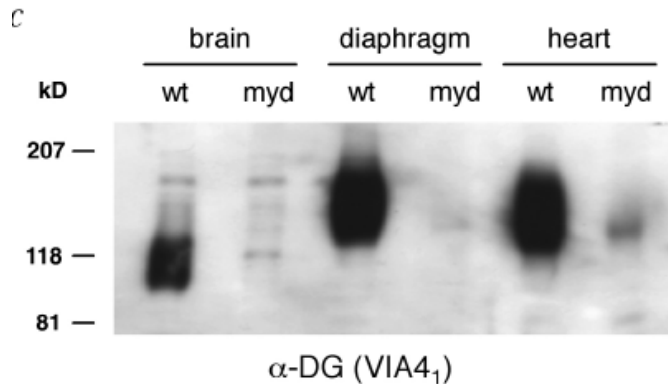
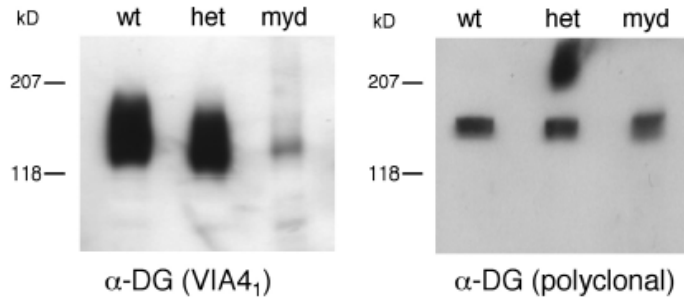
Walker-Warburg
WWS

clinical severity

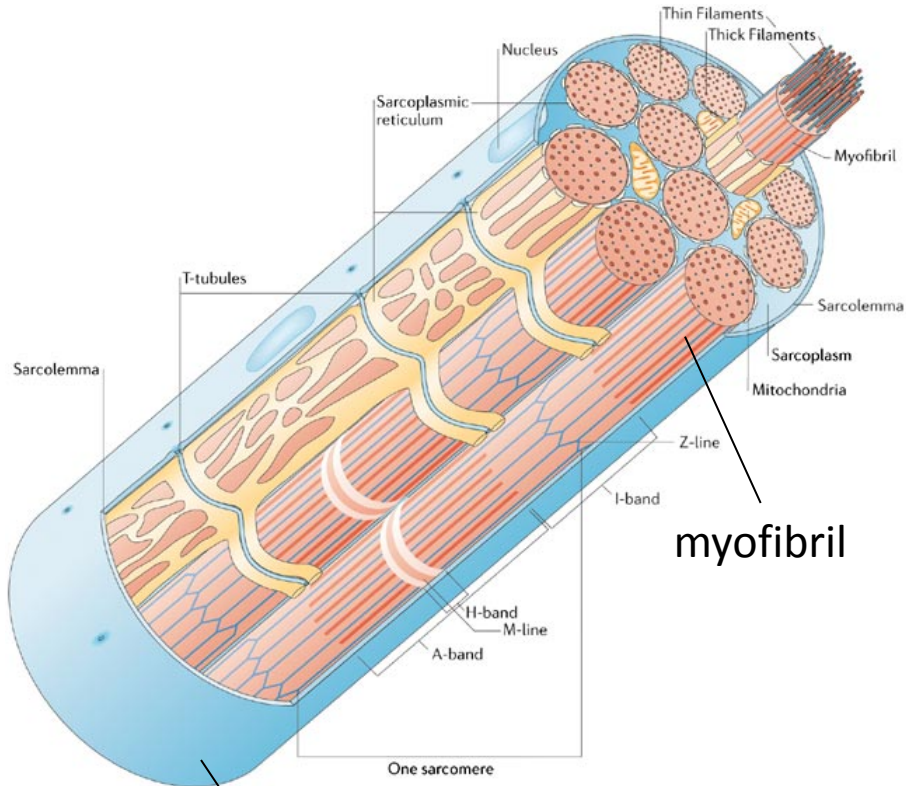
The common link. Dystroglycan glycosylation.

Post-translational disruption of dystroglycan–ligand interactions in congenital muscular dystrophies

Daniel E. Michele⁺, Rita Barresi⁺, Motoi Kanagawa⁺, Fumiaki Saito⁺, Ronald D. Cohn⁺, Jakob S. Satz⁺, James Dollar[†], Ichizo Nishino[‡], Richard I. Kelley[§], Hannu Somer^{||}, Volker Straub⁺, Katherine D. Mathews[¶], Steven A. Moore[#] & Kevin P. Campbell^{*}

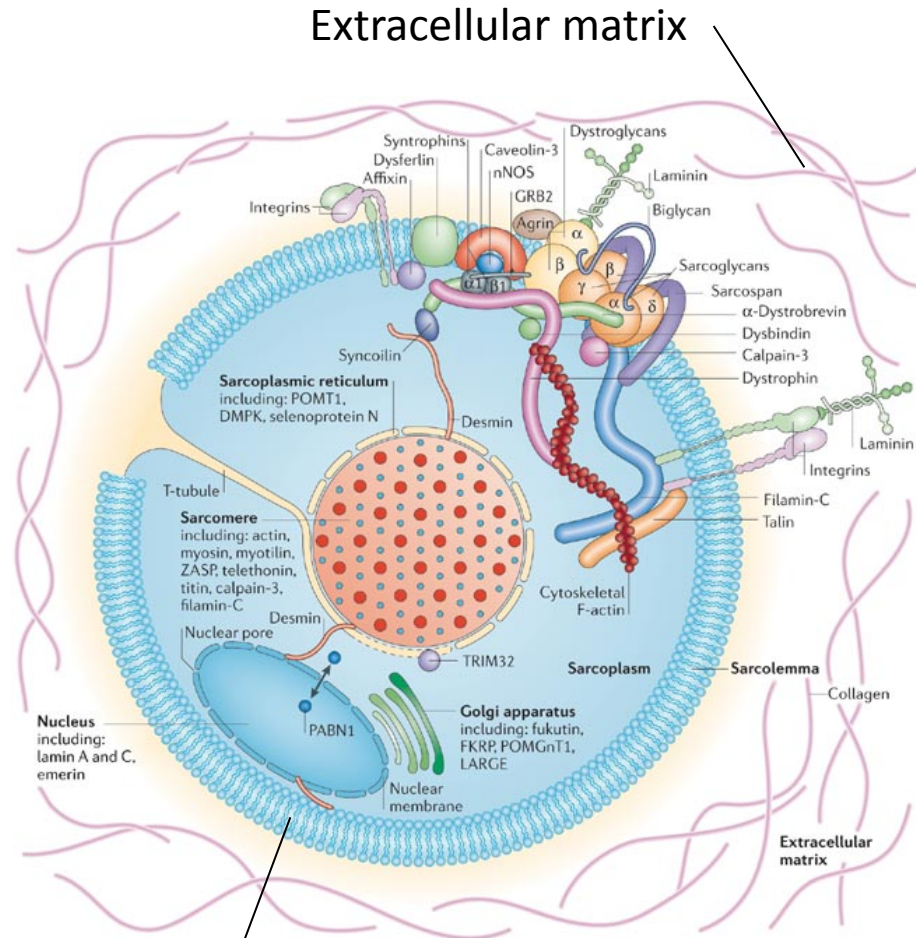


Dystroglycan function



Plasma membrane
(Sarcolemma)

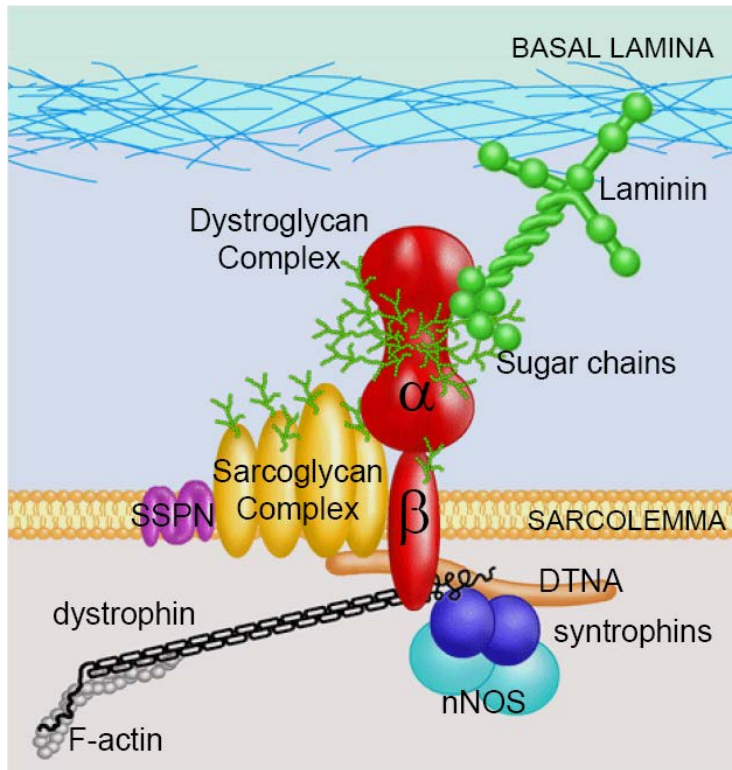
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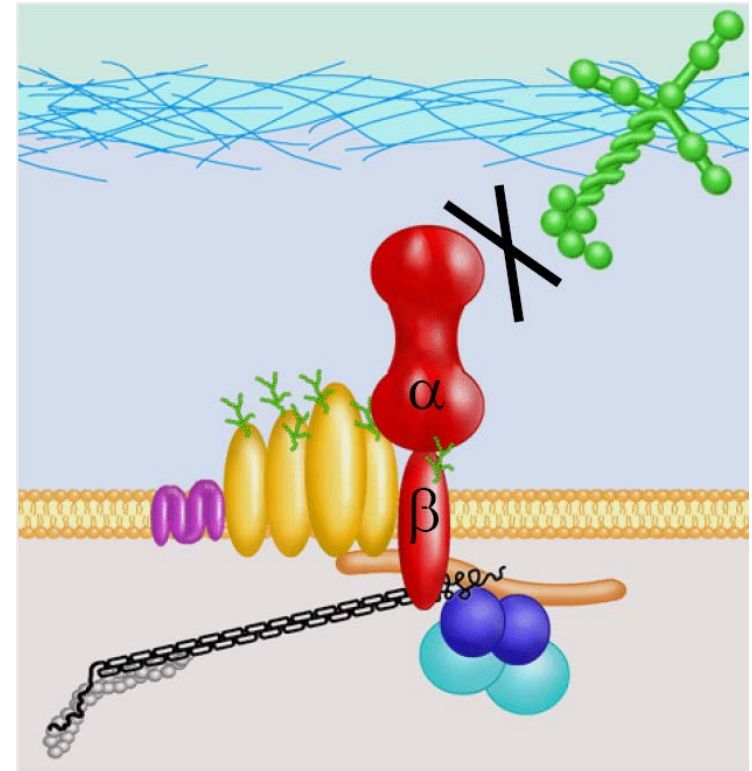
Plasma membrane
(Sarcolemma)

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Nature Reviews | Molecular Cell Biology

Loss of α -Dystroglycan functional glycosylation results in congenital muscular dystrophy



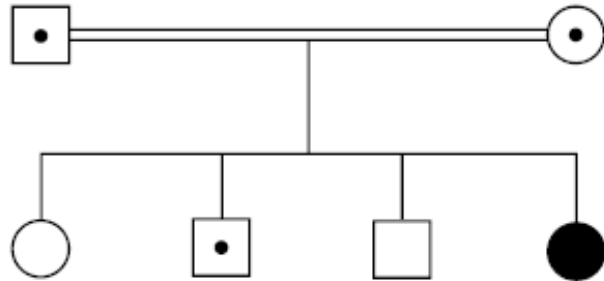
Normal



Walker-Warburg syndrome (WWS)
Muscle-eye-brain disease (MEB)
Fukuyama congenital muscular dystrophy (FCMD)
MDC1C/1D
Limb girdle muscular dystrophy (LGMD)2I/2K/2M/2N
Large^{myd} mouse

Dystroglycan and LGMD

The NEW ENGLAND JOURNAL of MEDICINE

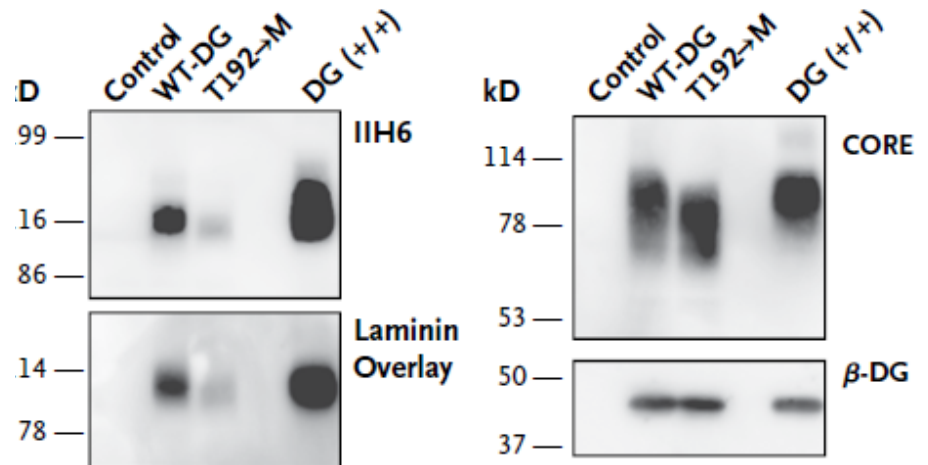
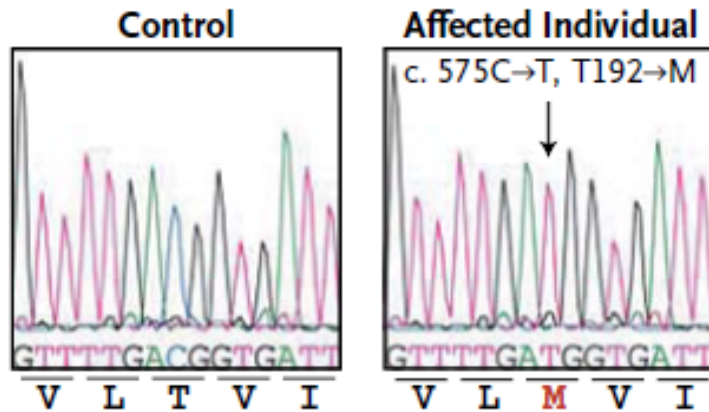


BRIEF REPORT

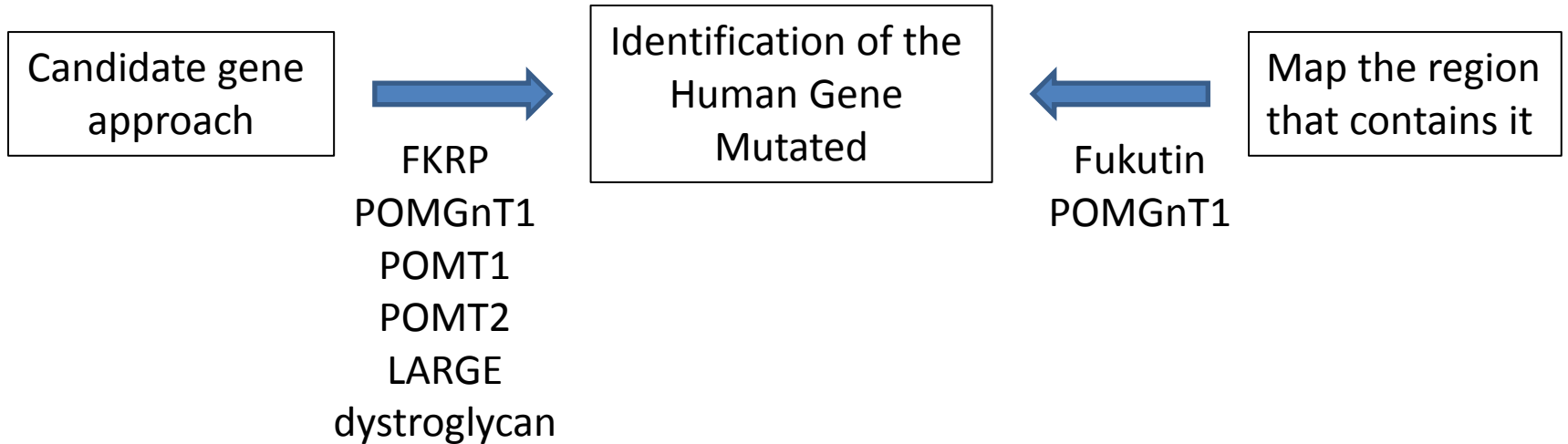
A Dystroglycan Mutation Associated with Limb-Girdle Muscular Dystrophy

Yuji Hara, Ph.D., Burcu Balci-Hayta, Ph.D., Takako Yoshida-Moriguchi, Ph.D., Motoi Kanagawa, Ph.D., Daniel Beltrán-Valero de Bernabé, Ph.D., Hülya Gündesli, M.S., Tobias Willer, Ph.D., Jakob S. Satz, Ph.D., Robert W. Crawford, B.S., Steven J. Burden, Ph.D., Stefan Kunz, Ph.D., Michael B.A. Oldstone, M.D., Ph.D., Alessio Accardi, Ph.D., Beril Talim, M.D., Francesco Muntoni, M.D., Haluk Topaloğlu, M.D., Pervin Dincer, Ph.D., and Kevin P. Campbell, Ph.D.

N Engl J Med 2011;364:939-46.



Causative Gene Identification.



FKRP
dystroglycan

LARGE

Fukutin

POMGnT1

POMT1
POMT2

Limb-Girdle MD
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Muscle-Eye-Brain
MEB

Walker-Warburg
WWS

A horizontal bar with a gradient from yellow on the left to red on the right, indicating increasing clinical severity from left to right.

clinical severity

Phenotype / Genotype spectrum in Dystroglycanopathy patients

One Syndrome - One Gene Dogma → WRONG!!
One Gene - One Syndrome Dogma ??

LETTER TO JMG

A homozygous nonsense mutation in the *Fukutin* gene causes a Walker-Warburg syndrome phenotype

D Beltrán-Valero de Bernabé, H van Bokhoven, E van Beusekom, W Van den Akker, S Kant, W B Dobyns, B Cormand, S Currier, B Hamel, B Talim, H Topaloglu, H G Brunner

J Med Genet 2003;40:845-848

Hum Genet (2007) 121:685-690
DOI 10.1007/s00439-007-0362-y

ORIGINAL INVESTIGATION

Intragenic deletion in the *LARGE* gene causes Walker-Warburg syndrome

Jeroen van Reeuwijk · Prabhjit K. Grewal · Mustafa A. M. Salih · Daniel Beltrán-Valero de Bernabé · Jenny M. McLaughlan · Caroline B. Michielse · Ralf Herrmann · Jane E. Hewitt · Alice Steinbrecher · Mohamed Z. Seidahmed · Mohamed M. Shaheed · Abdullah Abomelha · Han G. Brunner · Hans van Bokhoven · Thomas Voit

ELECTRONIC LETTER

Mutations in the *FKRP* gene can cause muscle-eye-brain disease and Walker-Warburg syndrome

D Beltrán-Valero de Bernabé, T Voit, C Longman, A Steinbrecher, V Straub, Y Yuva, R Herrmann, J Sperner, C Korenke, C Diesen, W B Dobyns, H G Brunner, H van Bokhoven, M Brockington, F Muntoni

J Med Genet 2004;41:e61 (<http://www.jmedgenet.com/cgi/content/full/41/5/e61>). doi: 10.1136/jmg.2003.013870

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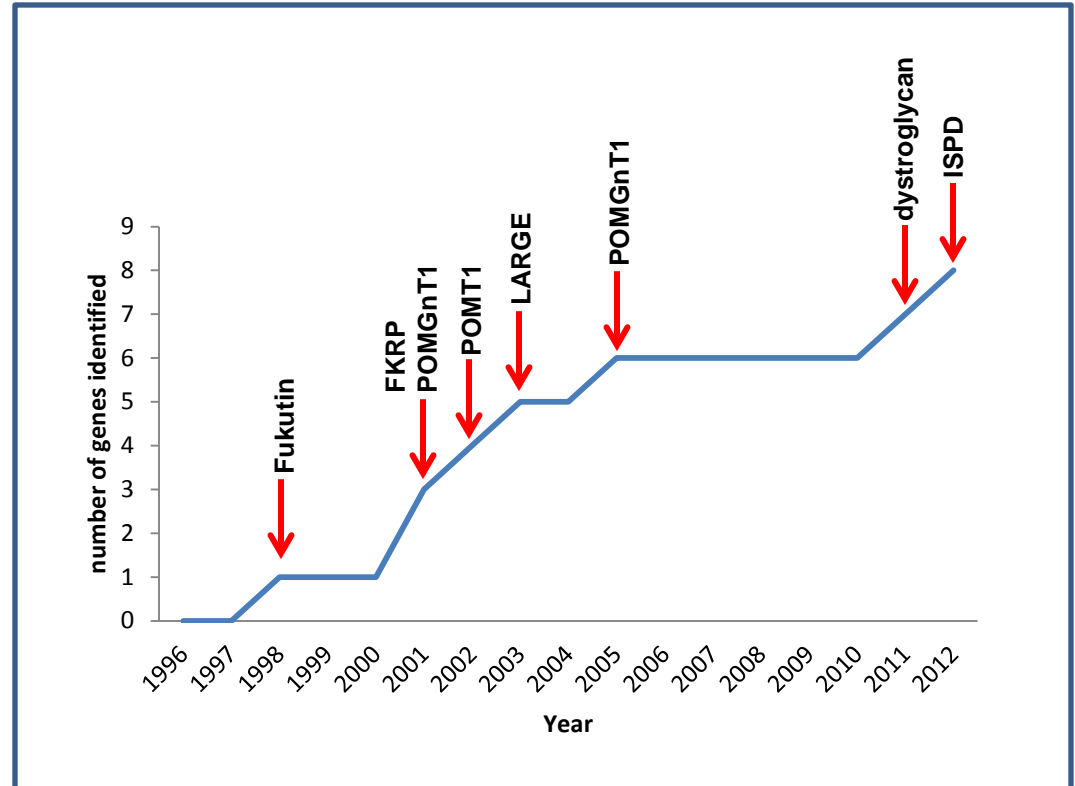
Figure generated by Tobias Willer

LGMD	CMD +/- brain involvement	muscle-eye-brain (MEB)	Walker-Warburg (WWS)
POMT1/2 (LGMD2K)	POMT1/2	POMT1/2	POMT1/2
POMGnT1 (LGMD2M)	POMGnT1	POMGnT1	?
Fukutin (LGMD2L)	Fukutin	Fukutin	Fukutin
FKRP (LGMD2I)	FKRP	FKRP	FKRP
	LARGE		LARGE
mild missense mutations	severe missense and nonsense mutations		
LGMD	WWS		
clinical severity			

Walker-Warburg syndrome genes

6 known genes causing WWS:

- ***POMT1*** (9q34.1)
- ***POMT2*** (14q24.3)
- ***POMGnT1*** (1p34.1)
- ***FKRP*** (19q13.32)
- ***Fukutin*** (9q31)
- ***LARGE1*** (22q12.3)
- ***dystroglycan*** (3p21.31)
- ***ISPD*** (7p21.2)



Until 2012 only 50% of dystroglycanopathy patients can be explained with known genes and can be provided with genetic diagnosis.

Preliminary linkage data suggest ~ 5 additional candidate genes that still remain unidentified.

Classification of Congenital Muscular Dystrophy with Glycosylation Defects

Phenotype	Findings		Central Nervous System				Intellectual Disability / Epilepsy
	Motor Function	Eye	Cortex	Cerebellum	Brain Stem	Hydro-cephalus	
Walker-Warburg syndrome (WWS)	Absent psychomotor acquisitions	Severe ¹	Cobblestone lissencephaly	Very hypoplastic	Severely hypoplastic	Constant	Severe
Muscle-eye-brain (MEB) disease	Ambulation may be acquired	Common ²	Frontoparietal pachygyria; polymicrogyria	Vermis hypoplasia, cyst, dysplastic	Usually hypoplastic	Common	Severe intellectual disability; refractory epilepsy; behavioral problems
Fukuyama CMD (FCMD)	Ambulation may be acquired	Variable / mild	Variable (from normal or only simplification of gyri to severe)	Hypoplasia, cysts, polymicrogyria	Usually normal	Rare	Moderate
Intermediate phenotypes (MDC1D, CRB-CMD)	Ambulation may be acquired	Rare / mild	Variable	Variable	Variable	Variable	Mild to moderate
CMD with intellectual disability	Ambulation may be acquired	Rare / mild	None	None	None	None	Mild to moderate
CMD no intellectual disability (MDC1C)	Ambulation may be acquired	None / mild	None	None	None	None	None

From Sparks *et al.* Gene Reviews 2012