



Laboratory aspects of new defect in Purine & Pyrimidine metabolism

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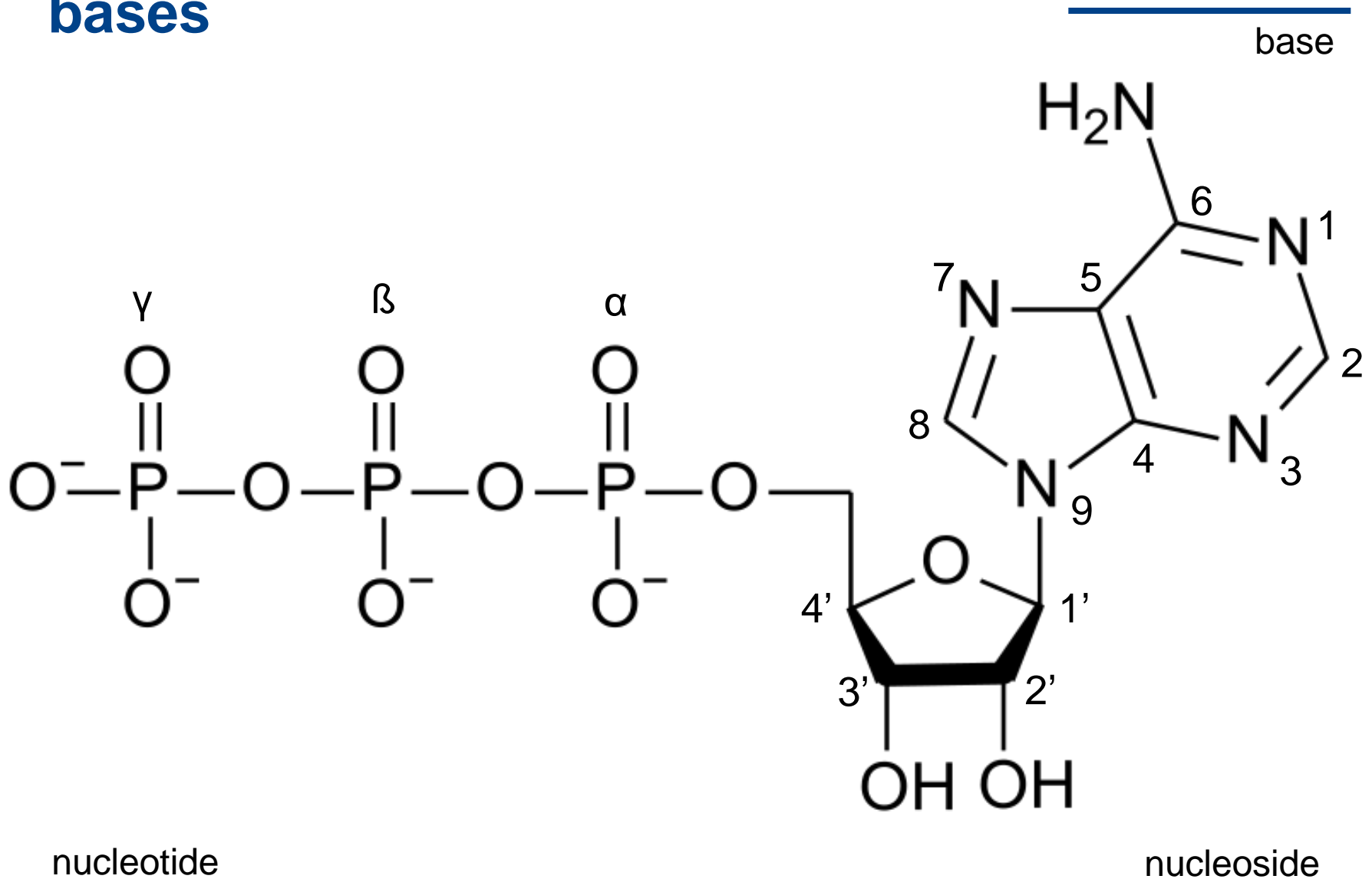
ERNDIM Workshop, 4th September 2018

Athens, Greece

Outline

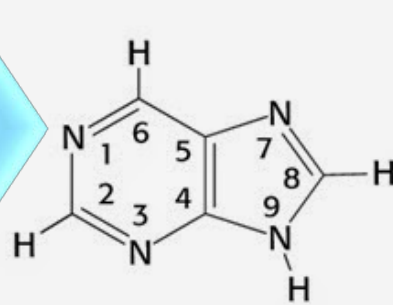
1. Short introduction to purines and pyrimidines
2. New defects identified over last decade
3. Looking ahead

Back to basics: nucleotides, nucleosides and bases

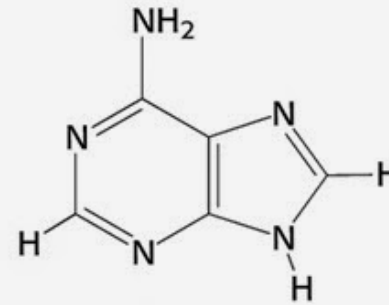


Purines and pyrimidines in nucleic acids

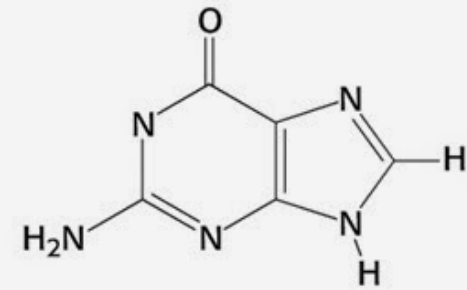
Purines



Purine

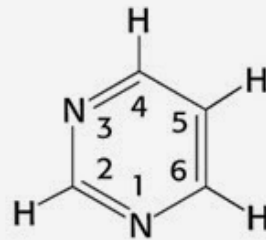


Adenine

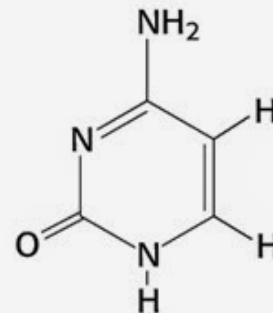


Guanine

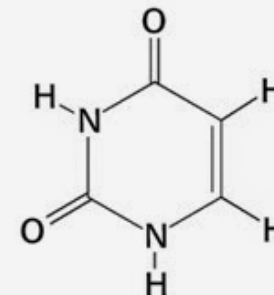
Pyrimidines



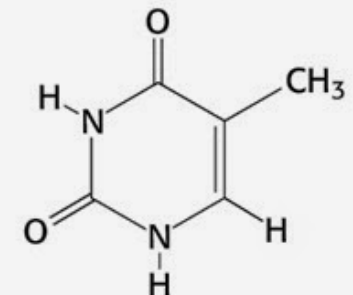
Pyrimidine



Cytosine



Uracil



Thymine

DNA & RNA

Glycosylation

Energy

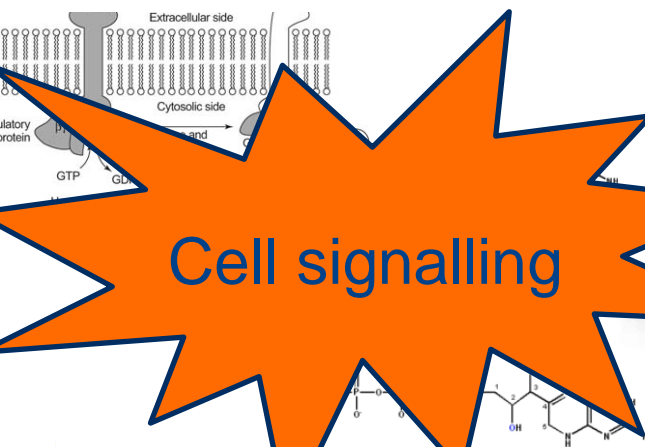
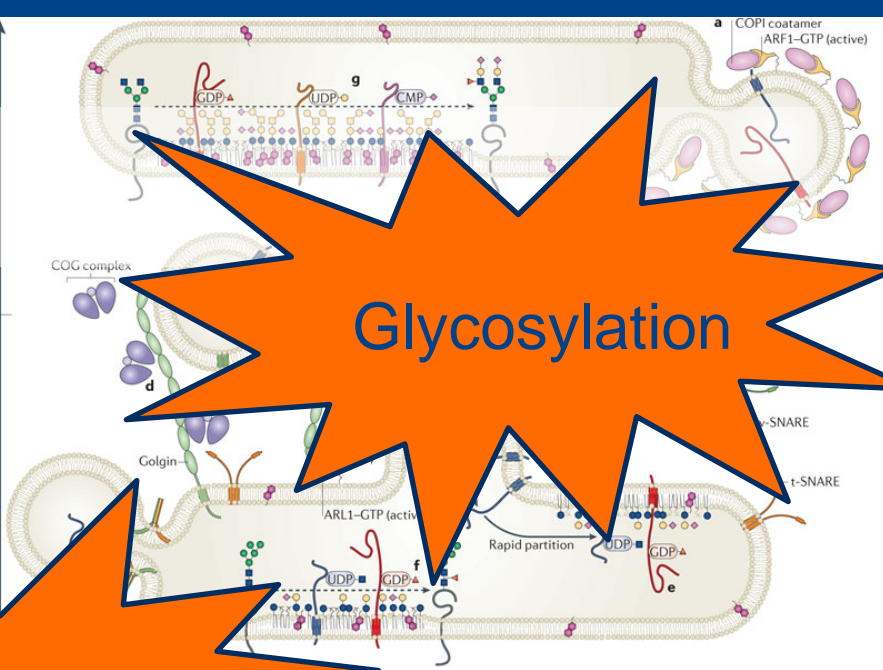
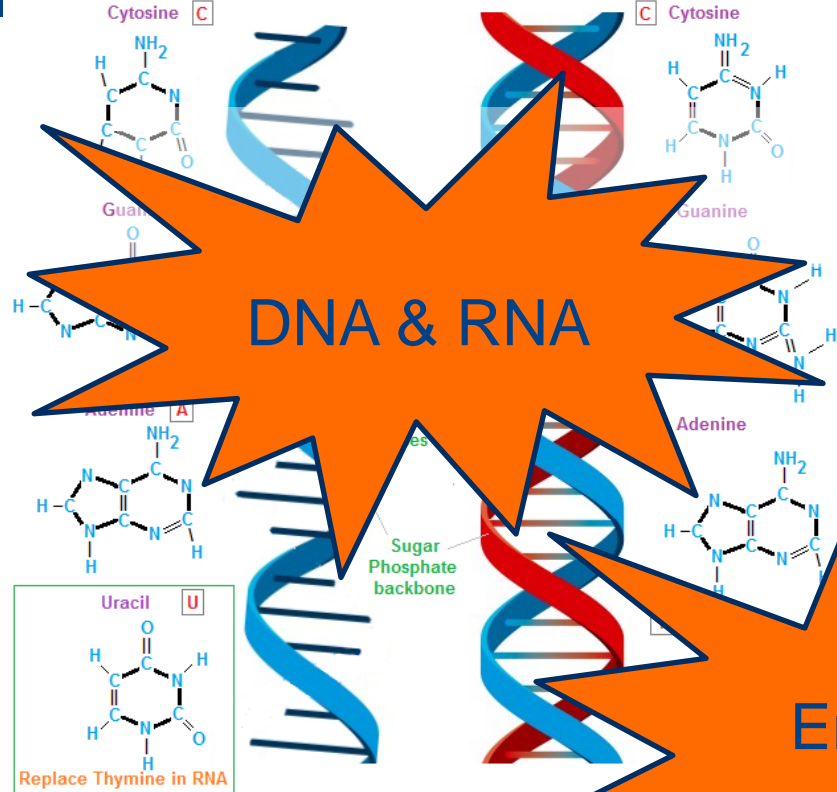
Cell signalling

Vitamins & cofactors

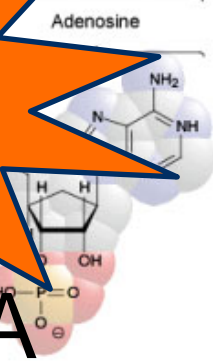
Methylmalonyl-CoA

Ado-Cbl

Succinyl-CoA



Coenzyme A

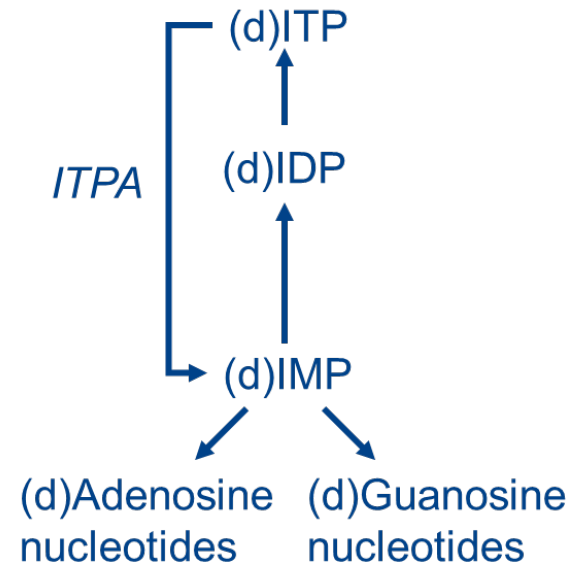


Recently described defects in purine and pyrimidine metabolism

- Dihydro-orototote dehydrogenase (DHODH) deficiency
- Adenosine kinase deficiency
- ITPA encephalopathy
- CAD-deficiency

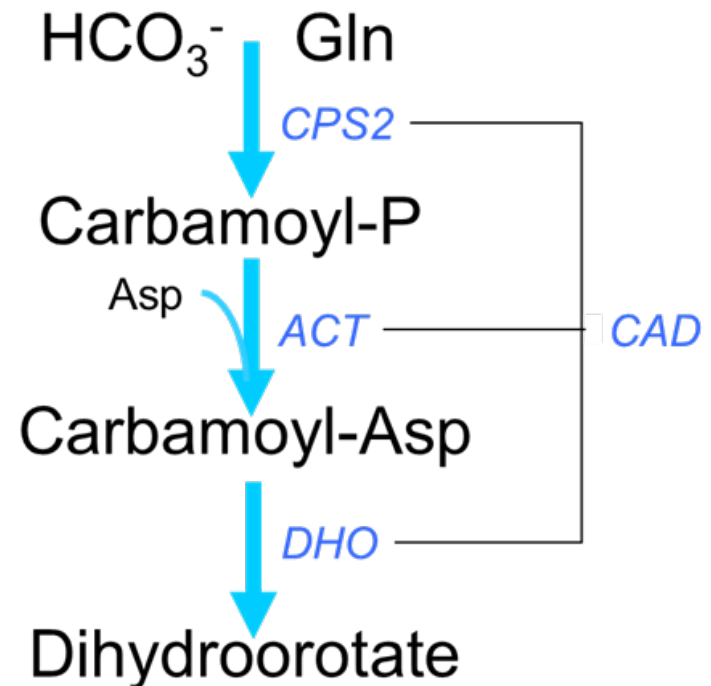
ITPA encephalopathy

- Described by Kevelam et al in 2015
 - Severe encephalopathy,
 - cerebral atrophy
 - delayed myelination
 - Seizures
 - Lack of psychomotor development
 - Cardiomyopathy
-
- Caused by truncating mutations in *ITPA*
 - Severely decreased ITPase activity in cultured skin fibroblasts
 - Immensely different from effect of *ITPA* polymorphisms



CAD-deficiency

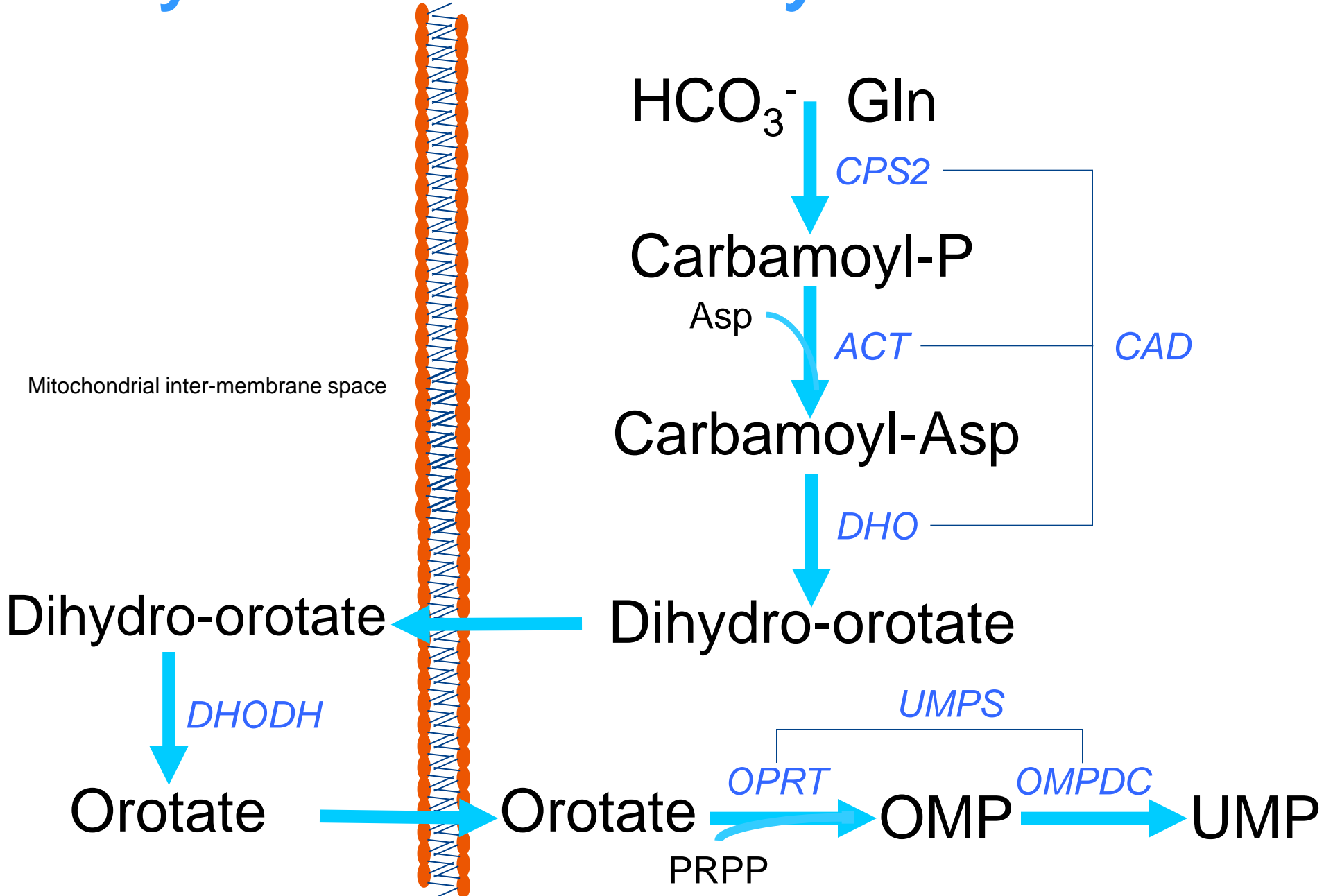
- Defect of pyrimidine *de novo synthesis*
- No abnormalities in selective metabolic screening
- Saskia's topic



Dihydro-orotate dehydrogenase deficiency- Clinical picture

- Identified as cause of Miller syndrome
 - Ng et al Nature Genetics 42, 30-35 (2010)
 - Rainger et al Hum Mol Genet 18, 3969 – 3983 (2012)
- Main clinical symptoms:
 - Cranofacial dysmorphisms
 - Micrognathia
 - Orofacial clefts
 - Malar hypoplasia
 - Cup-shaped ears
 - Absence of ray 4 or 4+5 in hands and feet
 - Hypo-/aplasia of posterior limb elements
 - Normal intelligence

Pyrimidine *de novo* synthesis



Dihydro-orotate dehydrogenase deficiency- Urinary metabolites

| | Rainger 2012 | Duley 2016* | Maastricht lab 2012 |
|----------------------|-----------------|----------------|------------------------|
| Dihydro-orotate | Not detected | 39 (<0.5) | 87(< 4) |
| Orotate | 0 – 38 (< 5) | 33 (< 5) | 78 (< 4) |
| N-carbamoylaspartate | Not reported | Not reported | 152 (n.d.) |
| Orotidine | Not reported | Not reported | 38 (< 8) |

($\mu\text{mol}/\text{mmol}$ creatinine) (ref)

Pyrimidine *de novo* synthesis

Included in EQA schemes



QUALITY ASSURANCE IN LABORATORY TESTING FOR IEM

Mitochondrial inter-membrane space



CPS2

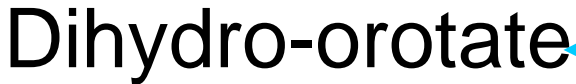
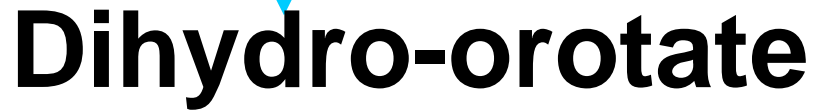


ACT

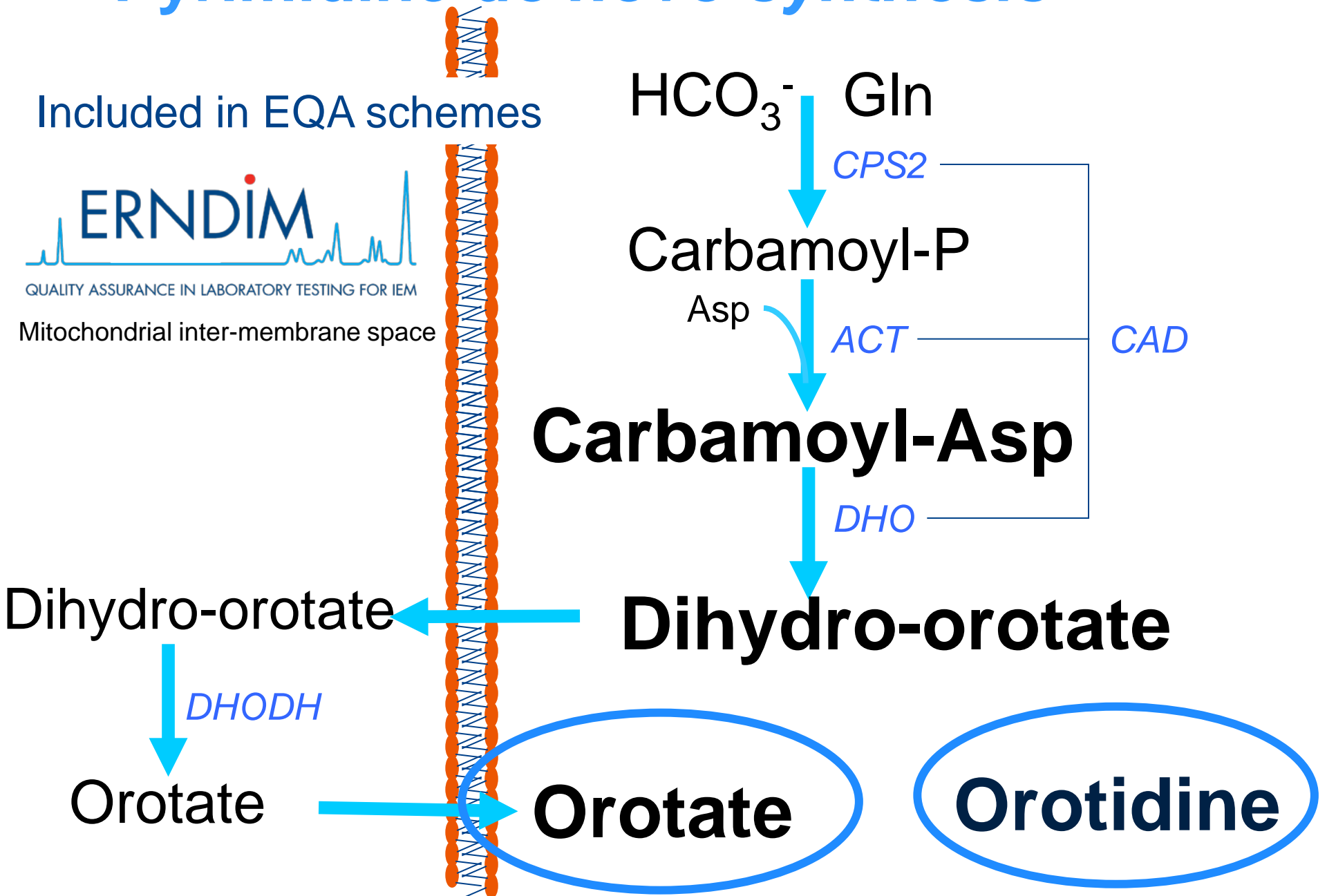
CAD



DHO



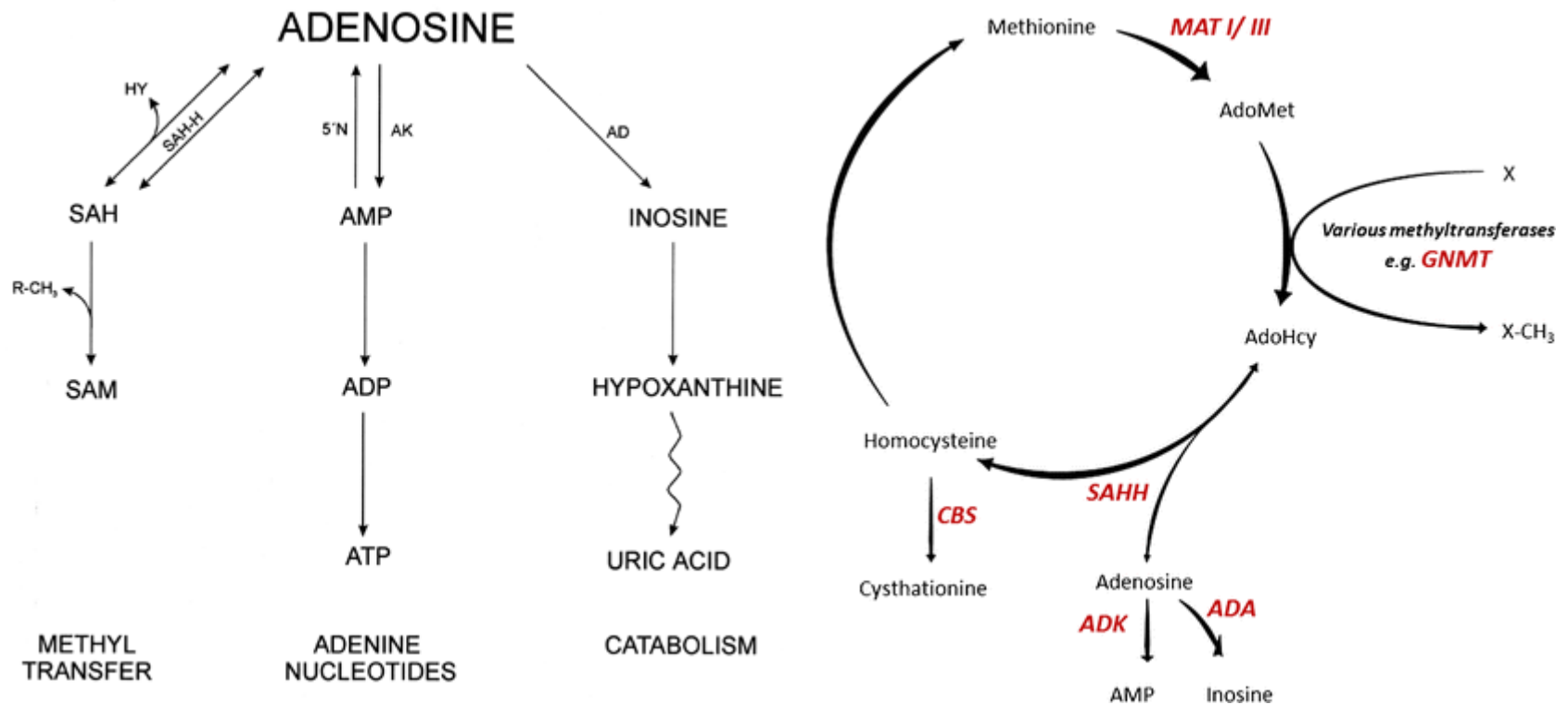
DHODH



Adenosine kinase deficiency - Clinical picture

- Described as inborn error of metabolism in 2011 by Bjursell et al.
- Clinical spectrum revisited in 2016 by Staufner et al.
- Main clinical symptoms:
 - Mild to severe (neonatal onset) liver dysfunction
 - Recurrent hypoglycaemia due to hyper insulinism
 - Epilepsy
 - Global developmental retardation
 - Frontal bossing

Adenosine kinase deficiency- metabolism



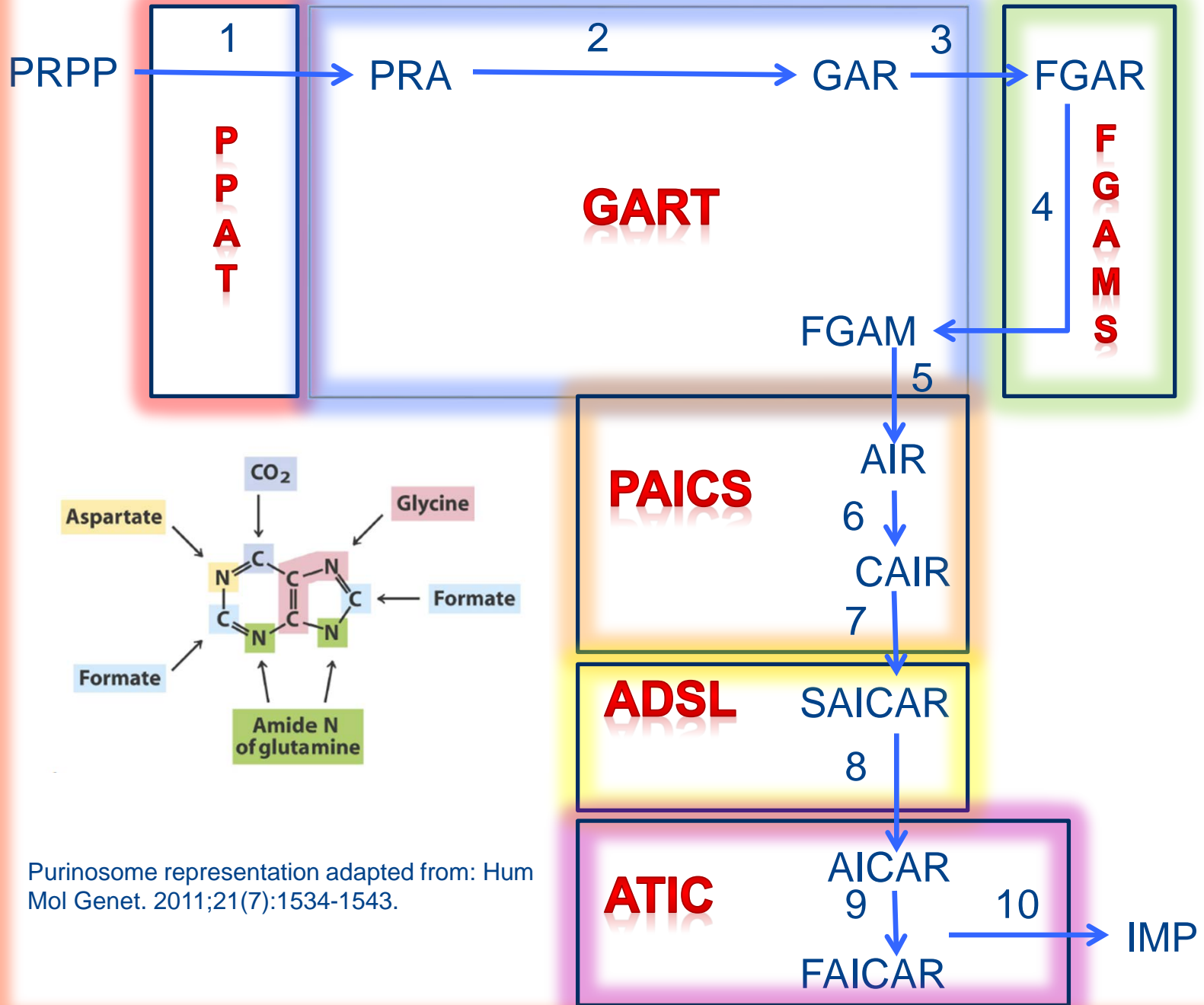
Sleep Research Online 2(2): 33-41, 1999

Staufner, C., Lindner, M., Dionisi-Vici, C. et al. J Inherit Metab Dis (2016) 39: 273. <https://doi.org/10.1007/s10545-015-9904-y>

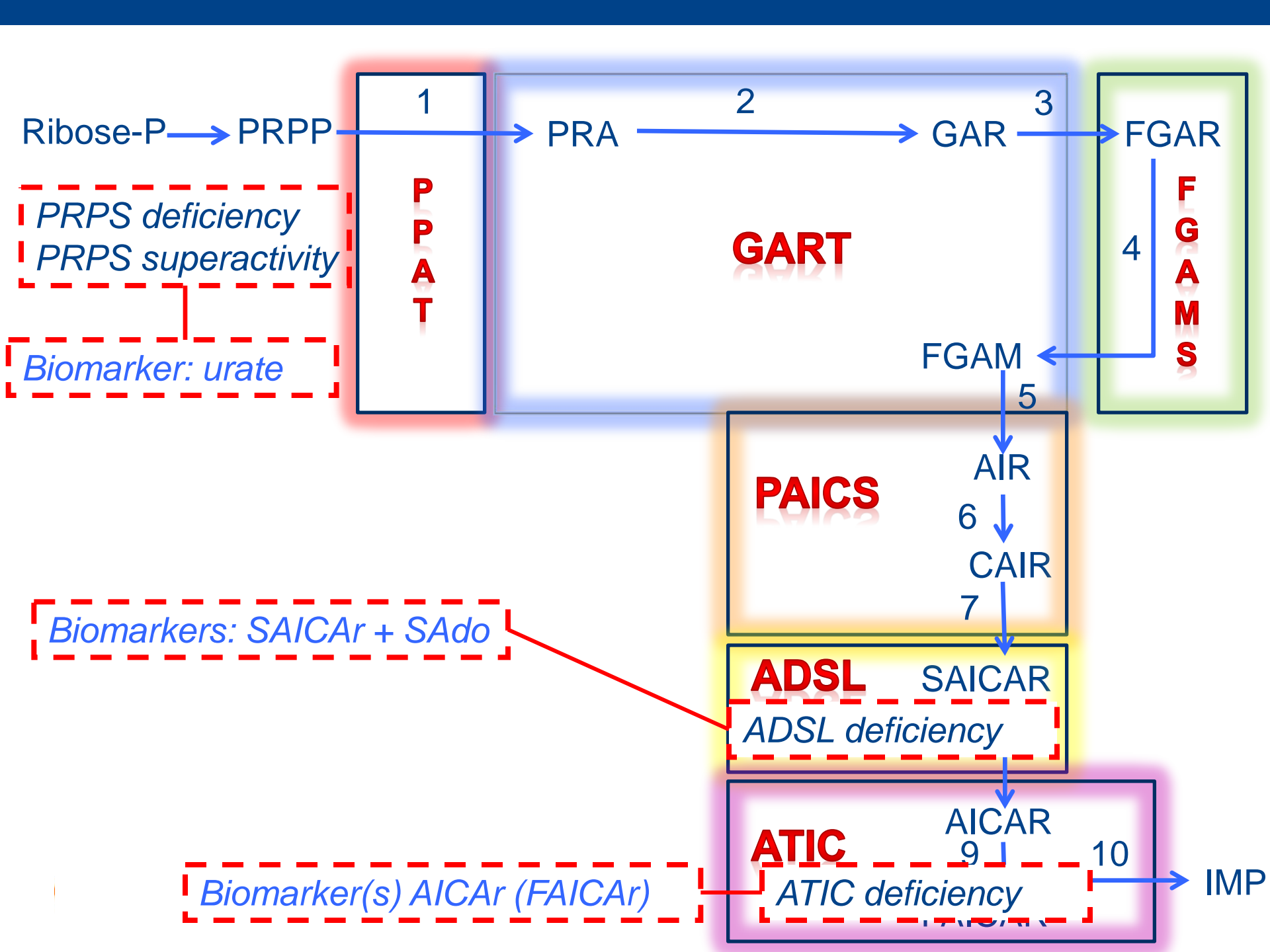
Adenosine kinase deficiency – special laboratory

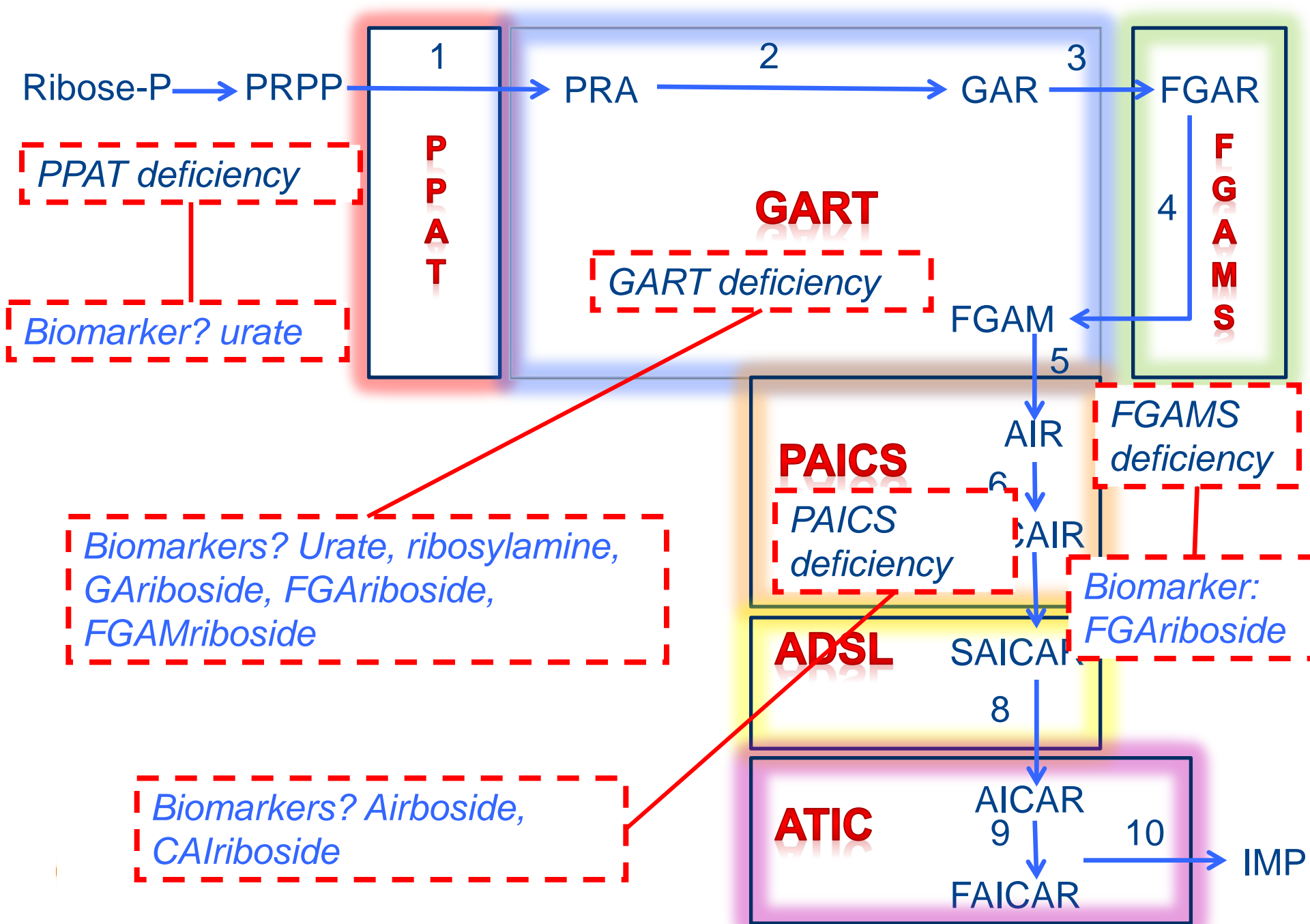
| Key Metabolite | Reported values (min – max) | Reference |
|----------------|-----------------------------|-----------------|
| Methionine (p) | 6 – 886 μ M | < 45 μ M |
| AdoMet (p) | 160 – 1892 nM | 71 – 118 nM |
| AdoHcy (p) | 40 – 438 nM | 9 – 14 nM |
| Adenosine (u) | 4 – 45 mmol/mol cr | < 4 mmol/mol cr |

Included in EQA schemes



Purinosome representation adapted from: Hum Mol Genet. 2011;21(7):1534-1543.





Thank you