Erndim Amino Acid Workshop

Friday 22nd October

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Quantitative Amino Acids

- Well established scheme
- Approx 290 labs participate
- 8 samples distributed annually, lyophilised serum
- 32 amino acids can be reported
- Annual report summarises key performance parameters
 - Accuracy
 - Recovery
 - Imprecision (intra-lab and inter-lab)
 - Linearity



QAA Method Groups

Methodology	2001	2007	2015	2016	2017	2019	2020	2021
LC-MS/MS	0%	3%	10%	12%	23%	25%	25%	28%
RP-HPLC	13%	14%	14%	14%	14%	13%	13%	12%
IEC	86%	82%	71%	67%	54%	54%	53%	52%
LC-MS					6%	3%	4%	4%
Other	2%	1%	5%	7%	3%	5%	5%	4%
Total number participants	134	178	243	241	265	271	273	270

Analyte	Precision (CV% duplicates)	Recovery (%added analyte)	Interlab CV	n
2-aminobutyric acid	7.9%	100%	13.1%	213
Alanine	4.4%	93%	8.30%	286
Alloisoleucine	6.4%	92%	16.9%	215
Arginine	5.8%	97%	10.5%	285
Arginino succinic acid	20.9%	70%	47.4%	139
Asparagine	11.4%	98%	23.5%	257
Aspartic acid	6.2%	68%	19.1%	270
Citrulline	5.5%	95%	14.0%	284
Cystine	11.1%	72%	15.0%	257
Glutamic acid	6.1%	82%	9.12%	283
Glutamine	6.4%	89%	11.0%	275
Glycine	4.3%	95%	7.76%	285
Histidine	5.7%	91%	9.53%	283
Homocitrulline	8.1%	90%	15.1%	123
Hydroxyproline	10.5%	98%	14.7%	240
Isoleucine	4.7%	94%	8.75%	290
Leucine	4.8%	92%	10.3%	290
Lysine	4.6%	95%	8.87%	286
Methionine	6.6%	94%	16.9%	283
Ornithine	4.2%	91%	8.85%	288
Phenylalanine	4.6%	92%	9.01%	293
Proline	6.4%	95%	11.4%	272
Sarcosine	12.4%	98%	20.5%	155
Serine	4.2%	86%	7.91%	284
Sulphocysteine	13.3%	78%	25.4%	88
Taurine	4.9%	97%	9.50%	266
Threonine	4.5%	96%	7.87%	284
Thryptophan	8.3%	90%	16.8%	220
Tyrosine	4.5%	93%	8.86%	293
Valine	4.4%	96%	7.54%	290

2021 Performance Data QAA scheme

Accuracy?



- Results reported relative to ALTM
- Do not reflect absolute accuracy
- Recovery relative to spiked values is summarised in annual report
- No matrix matched certified reference material exists
- Many labs use SigmaTraceCert or Sigma mixed amino acids to calibrate against (aqueous)
- Inter-laboratory variation of most amino acids is reasonable
- Accuracy less important for diagnosis, more important for monitoring

Horwitz equation



- Horwitz equation is independent of method, sample matrix or analyte
- Based on % purity of the analyte in the sample
- Calculates the Predicted Relative Standard Deviation of reproducibility (PRSD) e.g. the predicted between lab variation for a given analyte
- The RSDr, the repeatability CV, can then be calculated as 0.67 * PRSD
- The RSDr is a guide to what the within batch CV in a given lab should be
- The HorRat is the ratio of the actual RSD (from experimental data) to the PRSD
- The HorRat can then be used to provide an independent assessment of our performance
- HorRat > 1.3 indicates unacceptable variation



Bench Marking AA Performance

ERNDIM 2020 samples			I	Inter laboratory variation				Intra laboratory variation		
Analyte	Mean concentration 2020 samples (umol/L)	Mean concentration 2020 samples (ppm)	Predicted inter lab variation PRSDR (%)	Maximum Acceptable PRSD (%)	ERNDIM Inter Lab CV (%)	Hor Rat	RSDR (%)	ERNDIM Mean Intra Lab CV (%)		
Alanine	449	40.0	4.8	9.7	8.3%	0.8	6.5	4.4%		
Alloisoleucine	46	6.0	4.5	9.0	16.9%	1.9	6.0	6.4%		
Arginine	187	32.5	3.3	6.6	10.5%	1.7	4.4	5.8%		
Arginino succinic acid	15	4.2	3.0	6.0	47.4%	7.8	4.0	20.9%		
Citrulline	605	105.9	3.0	6.1	14.0%	2.3	4.1	5.5%		
Glutamine	721	105.3	3.4	6.9	11.0%	1.6	4.6	6.4%		
Glycine	449	33.7	2.0	4.0	7.8%	2.0	2.7	4.3%		
Isoleucine	300	39.4	1.8	3.6	8.8%	2.5	2.4	4.7%		
Leucine	593	77.8	1.7	3.4	10.3%	3.0	2.3	4.8%		
Lysine	214	31.2	1.6	3.2	8.9%	2.8	2.2	4.6%		
Methionine	186	27.8	1.6	3.1	16.9%	5.4	2.1	6.6%		
Ornithine	373	49.2	1.5	3.1	8.9%	2.9	2.0	4.2%		
Phenylalanine	453	74.8	1.5	3.0	9.0%	3.0	2.0	4.6%		
Proline	474	54.5	1.5	2.9	11.4%	3.8	2.0	6.4%		
Serine	353	37.1	1.4	2.9	7.9%	2.8	1.9	4.2%		
Taurine	253	31.6	1.4	2.8	9.5%	3.5	1.9	4.9%		
Threonine	225	0.0	1.4	2.8	7.9%	2.9	1.9	4.5%		
Tyrosine	342	62.0	1.4	2.8	8.9%	3.3	1.8	4.5%		
Valine	313	36.7	1.4	2.7	7.5%	2.9	1.8	4.4%		

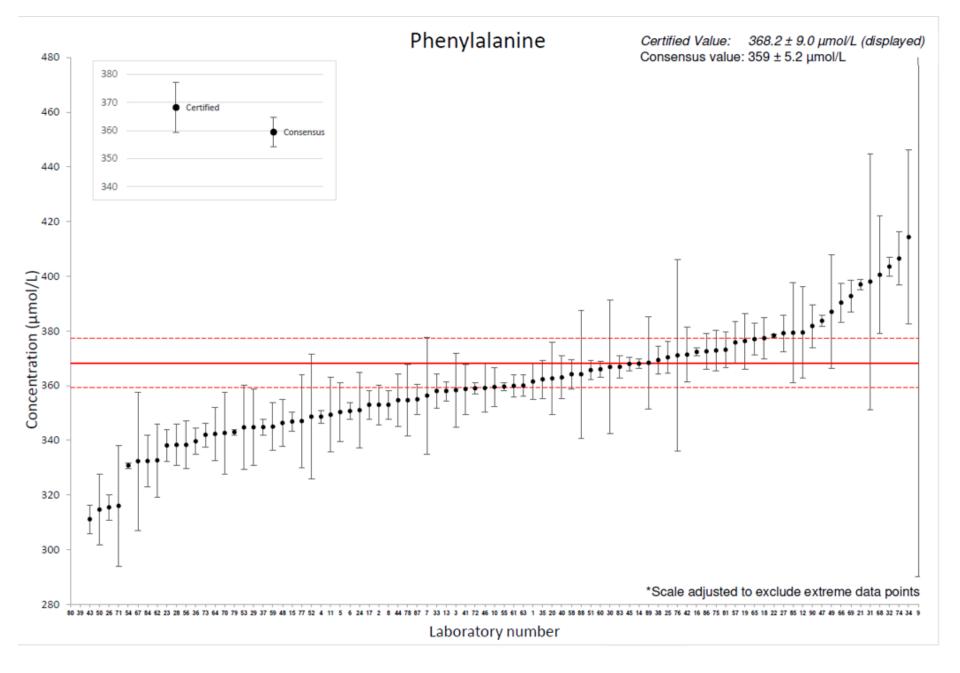
Collaboration with NML 2021

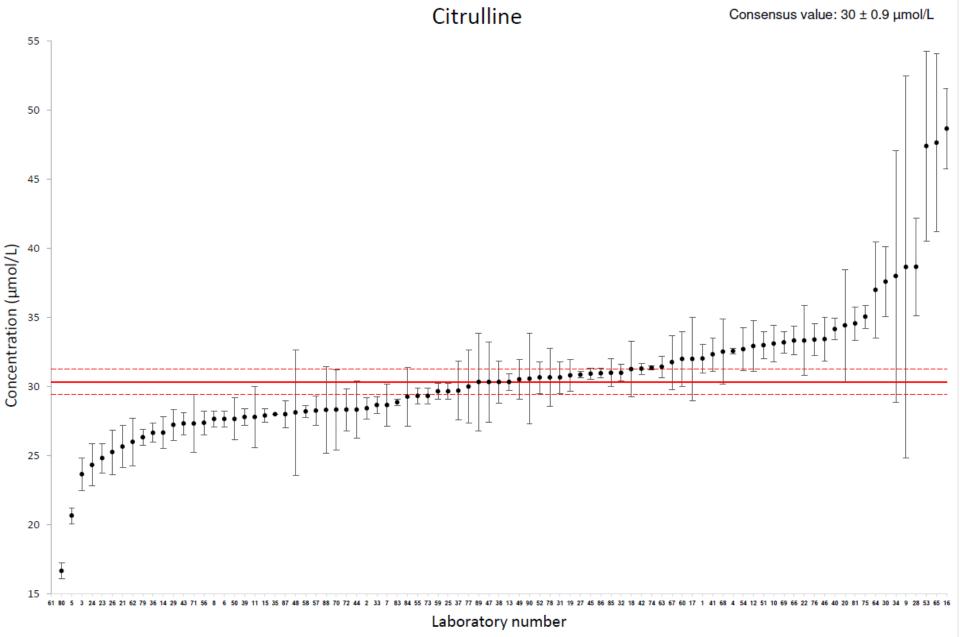
- Frozen pooled human plasma prepared by NML
- Plasma phenylalanine and leucine concentration determined
- Concentrations traceable to the SI system of units (mass fraction)
- Stability and homogeneity characterised
- Sample distributed to national measurement labs across the world
- NML and Erndim collaborated to undertake inter-laboratory comparison exercise 88 Erndim labs participated

Aims of study

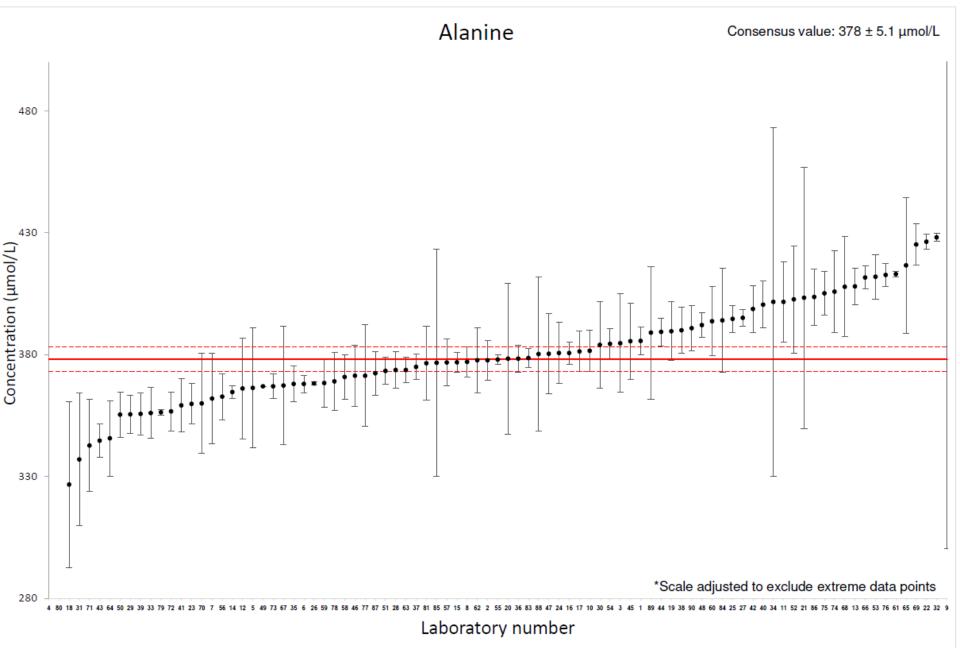
- 1. Compare method performance to an absolute value
- 2. Determine true inter-laboratory variation and bias for measurement of phe & leu
- 3. Understand instrument/calibration variation and bias







Analyte	Total results submitted (Number of not detected)	Consensus value (μmol/L ± U (k=2))	Average %CV	Inter- laboratory %CV
1-methylhistidine	63 (1)	-	3.5	-
3-methylhistidine	63 (10)	-	9.1	-
Alanine	89	378 ± 5.1	2.4	5.0
Anserine	47 (40)	-	-	-
Arginine	89 (1)	59 ± 1.6	7.1	10.0
Carnosine	50 (47)	-	-	-
Citrulline	89 (1)	30 ± 0.9	4.0	11.4
Glutamate	88	104 ± 2.6	3.8	9.3
Glutamine	89	450 ± 10.8	2.9	9.1
Glycine	89	258 ± 3.9	2.6	5.8
Histidine	89	80 ± 1.9	3.1	8.7
Isoleucine	89	81 ± 1.6	3.2	7.4
Leucine* 151.0 ± 3.2 μmol/L	89	149 ± 2.7	2.3	6.9
Lysine	89	175 ± 3.0	2.3	6.5
Methionine	89	27 ± 0.6	3.3	8.5
Ornithine	89 (1)	109 ± 2.4	3.4	8.3
Phenylalanine* 368.2 ± 9.0 μmol/L	89	359 ± 5.2	2.0	5.4
Proline	88 (1)	229 ± 4.3	3.6	7.0
Serine	89	107 ± 2.1	3.2	7.3
Taurine	84 (1)	49 ± 0.8	3.6	6.2
Threonine	89 (1)	147 ± 2.1	2.7	5.4
Tryptophan	74 (3)	53 ± 2.9	4.2	18.6
Tyrosine	89	66 ± 1.1	2.4	6.3
Valine	89	236 ± 3.8	2.8	6.0



SSIEM Academy 2019, Winterthur

Cognitive Amino Acid Scheme



- Pilot scheme, started in 2017
- Approx 50 labs participate (limited to one return per lab)
- Six cases distributed annually (3 cases, twice a year)
- 18 cases distributed to date
- Participants receive clinical details and a set of amino acid results
- Participants score based on
 - abnormalities identified in profile
 - suggested diagnosis
 - recommendations for further testing
- Scientific Advisor: Sabine Scholl-Burgi plus 3 additional advisors

Case 1 Brian



QUALITY ASSURANCE IN LABORATORY TESTING FOR IEM

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Past medical history/family history

- Female infant
- Consanguineous parents
- Born at 38 weeks gestation, emergency C section
- Maternal type 2 diabetes
- Treated during her pregnancy with insulin and metformin
- Presented day 1 of life
- Hypoglycaemia



Presentation

- ? sepsis
- Admitted to NICU (age 2 hrs)
- Blood glucose 0.7 mmol/L
- Required dextrose at 20% to maintain normoglycameia
- Hypoglycaemia screen requested
- Ammonia normal

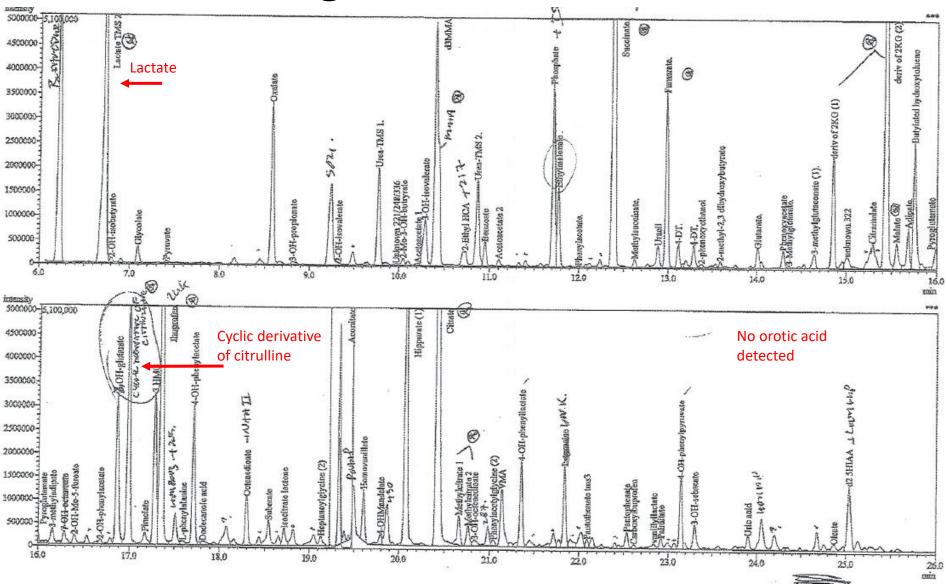


Plasma Amino Acids

Amino acid	µmol/L	Re	ference ra	ange
Taurine	130	19		173
Aspartate				
Threonine	279	32		239
Serine	177	52		231
Asparagine				
Glutamate	81	21	-	174
Glutamine	719	307	-	768
Proline	261	45		452
Glycine	486	81	-	303
Alanine	551	112		686
Citrulline	294	8	-	57
a-aminobutyrate				
Valine	126	95		566
Cystine				
Methionine	37	10		53
Isoleucine	38	15		159
Leucine	55	5		264
Tyrosine	90	26		154
Phenylalanine	68	34		110
Ornithine	38	20		144
Lysine	250	61		337
Histidine	97	40		143
Arginine	23	26	-	180

Case 1

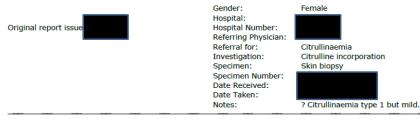
Organic Acids



Diagnosis: Citrullinaemia type 1

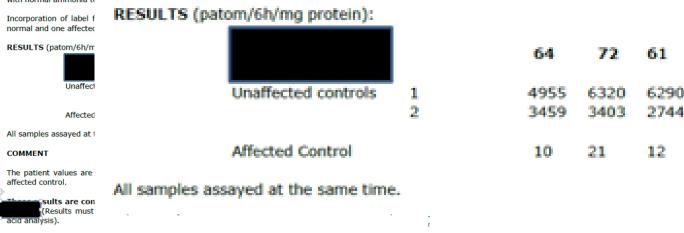


Confirmatory testing



 $\label{eq:Reason for referral:} Term \mbox{ female infant with biochemical parameters suggestive of citrullinaemia type I but with normal ammonia term \mbox{ female infant with biochemical parameters suggestive of citrullinaemia type I but with normal ammonia term \mbox{ female infant with biochemical parameters suggestive of citrullinaemia type I but with normal ammonia term \mbox{ female infant with biochemical parameters suggestive of citrullinaemia type I but with normal ammonia term \mbox{ female infant with biochemical parameters suggestive of citrullinaemia type I but with normal ammonia term \mbox{ female infant with biochemical parameters suggestive of citrullinaemia type I but with normal ammonia term \mbox{ female infant with biochemical parameters suggestive of citrullinaemia type I but with normal ammonia term \mbox{ female infant with biochemical parameters suggestive of citrullinaemia type I but with normal ammonia term \mbox{ female infant with biochemical parameters suggestive of citrullinaemia type I but with normal ammonia term \mbox{ female infant with biochemical parameters suggestive of citrullinaemia term \mbox{ female infant with normal ammonia term \mbox{ female infant with biochemical parameters suggestive of citrullinaemia term \mbox{ female infant with normal ammonia term \mbox{ female infant with normal ammonia term \mbox{ female infant \mbox$

Functional studies in fibroblasts consistent with citrullinaemia type 1



NOTE: DNA sequencing of the ASS1 gene is currently underway to confirm this diagnosis: report to follow.

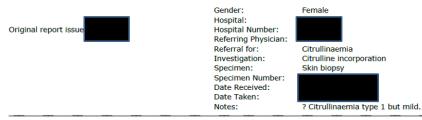
RESULTS

Case 1 – Brian

Gene	Ref Seq	Disorder	Detected Sequence Variants	Pathogenic Potential ²
ARG1	NM_000045.3	Argininaemia	-	-
ASL	NM_000048.3	Argininosuccinic aciduria	-	-
ASS1	NM_000050.4	Citrullinaemia	Homozygous c.950T>C p.(Phe317Ser)	Likely pathogenic
CPS1	NM_001122633.2	Carbamyl phosphate synthetase deficiency	-	-
NAGS	NM_153006.2	N-acetylglutamate synthase deficiency	-	-
OAT	NM_000274.3	Ornithine aminotransferase deficiency	-	-
OTC	NM_000531.5	OTC deficiency	-	-
SLC25A13	NM_001160210.1	Citrin deficiency	-	-
SLC25A15	NM_014252.3	Hyperornithinemia-hyperammonemia- homocitrullinemia syndrome	-	-



Confirmatory testing



Reason for referral: Term female infant with biochemical parameters suggestive of citrullinaemia type I but with normal ammonia test results.

Incorporation of label from ¹⁴C-citrulline into protein was measured in triplicate in cultured fibroblasts. Two normal and one affected fibroblast cultures were assayed in parallel.

RESULTS (patom/6h/mg protein):

64 72 61

RESULTS

Gene	Ref Seq	Disorder	Detected Sequence Variants	Pathogenic Potential ²
ARG1	NM_000045.3	Argininaemia	-	-
ASL	NM_000048.3	Argininosuccinic aciduria	-	-
ASS1	NM_000050.4	Citrullinaemia	Homozygous c.950T>C p.(Phe317Ser)	Likely pathogenic
CPS1	NM_001122633.2	Carbamyl phosphate synthetase deficiency	-	-
NAGS	NM_153006.2	N-acetylglutamate synthase deficiency	-	-
OAT	NM_000274.3	Ornithine aminotransferase deficiency	-	-
OTC	NM_000531.5	OTC deficiency	-	-
SLC25A13	NM_001160210.1	Citrin deficiency	-	-
SLC25A15	NM_014252.3	Hyperornithinemia-hyperammonemia- homocitrullinemia syndrome	-	-



Functional studies in fibroblasts

consistent with citrullinaemia type 1

Citrullinemia type 1

- Autosomal recessive
- Argininosuccinate synthetase deficiency
- SLC25A3 gene encoding aspartate-glutamate transporter
- Classical citrullinemia typical plasma citrulline in range 2000-50000 umol/L. Accumulation of glutamine and ammonia, depletion of arginine, increased orotate
- Mild variant
- Biochemical phenotype, asymptomatic



Available online at www.sciencedirect.com

Molecular Genetics and Metabolism 80 (2003) 302-306



www.elsevier.com/locate/ymgme

Mild citrullinemia in Caucasians is an allelic variant of argininosuccinate synthetase deficiency (citrullinemia type 1)

Johannes Häberle,* Silke Pauli, Eva Schmidt, Barbara Schulze-Eilfing, Christoph Berning, and Hans Georg Koch

Universitätsklinikum Münster, Klinik und Poliklinik für Kinderheilkunde, Albert-Schweitzer-Strasse 33, D-48149 Münster, Germany

Received 26 June 2003; received in revised form 15 August 2003; accepted 15 August 2003



Management

- Arginine 75mg/Kg/day
- Mild protein restricted diet
- Emergency regimen



Proficiency scoring 2021.01



Mild variant citrullinaemia type 1.

The results provided were from an asymptomatic girl who exhibited hypoglycaemia at age of 1 day. Repeat plasma amino acids taken on 14th day of life showed citrulline 2605, arginine 22, ornithine 490, glycine 667, glutamine 584 and glutamate 300 μ mol/L. Ammonia = 54 μ mol/L.

Current treatment comprises low protein intake plus essential amino acid mixture, sodium benzoate and arginine. The diagnosis was confirmed by mutation analysis showing a homozygosity for likely pathogenic, novel variant (c.950T>C) in *ASS1*-gene.

Correct findings / abnormalities

Increases of plasma citrulline (1 point), threonine and (glycine) (0.5 points) and mention of low concentration of arginine (0.5 points) were considered necessary for full points. Maximum 2 points.

Correct Diagnosis

The diagnosis of mild variant citrullinaemia type 1 was scored with 2 points. One point was scored for mention of urea cycle disorder or citrin deficiency. Maximum 2 points.

Further tests

Genetic testing (ASS1-gene) and functional studies (including repeat amino acids) were scored with 1 point each.

Comments on overall performance

Overall proficiency was relatively poor with a score of 68%. The diagnosis and further testing recommendations scored lower than identification of the abnormalities.

Case 2 Brian



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Past medical history/family history

- Female
- 28 years old
- Diagnosed with alveolar proteinosis age 16yrs
- Short stature, treated with GH in teens



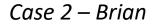
Presentation

- Gastrointestinal symptoms
- Liver histology showed glycogen deposits
- ? GSD

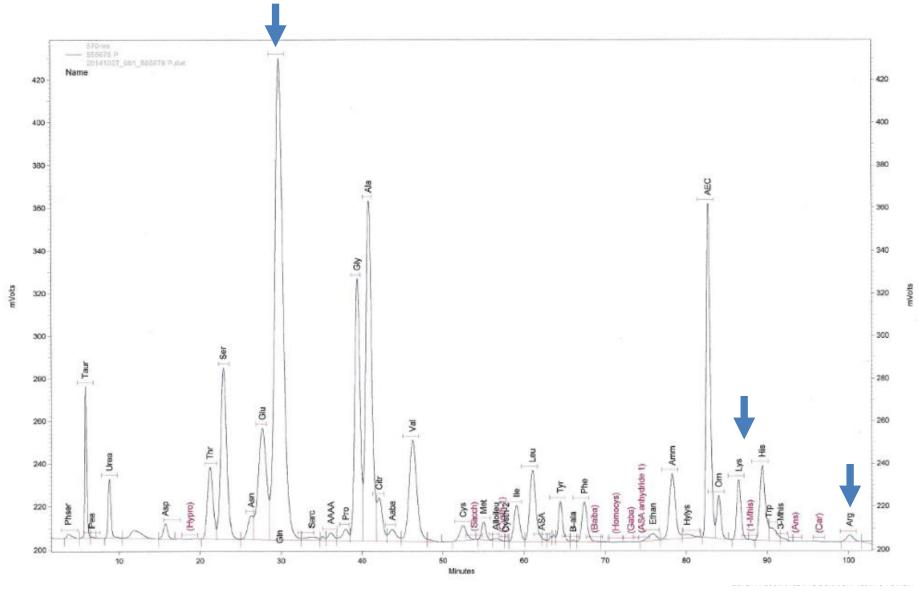


Plasma Amino Acids

Plasma Amino acids	Value (umol/L)	Reference interval		
Taurine	66	19-173		
Threonine	76	38 - 239		
Serine	181	51 - 231		
Glutamate	160	21 - 174		
Glutamine	788	307 - 768		
Proline	197	45 - 452		
Glycine	242	81 - 303		
Alanine	384	112 - 686		
Citrulline	39	8 - 57		
Valine	151	96 - 566		
Methionine	13	10 - 53		
Isoleucine	39	26 - 159		
Leucine	81	50 - 264		
Tyrosine	31	26 - 154		
Phenylalanine	39	34 - 110		
Ornithine	28	20 - 144		
Lysine	44	61 - 337		Ī/
Histidine	65	40 - 143		^
Arginine	8	26 - 180)	RATORY



Plasma Amino Acids



Urine Amino Acids

Urine organic Acids

No obvious organic disorder Orotic acid – not detected

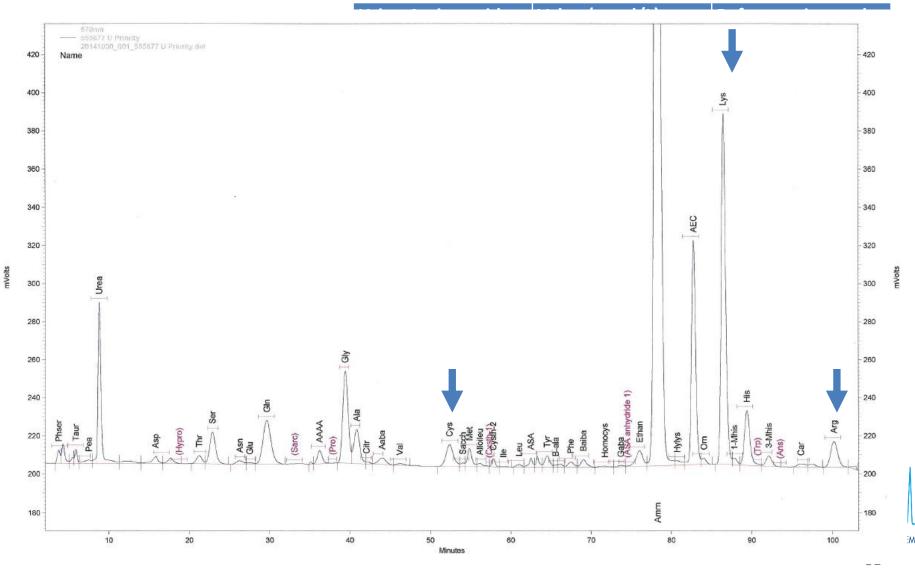
Urine Amino acids	Value (umol/L)	Reference interval
Ornithine	6	4 - 15
Lysine	394	7 - 58
Cystine	41	4 - 15
Arginine	52	3 - 11



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Case 2 – Brian
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Urine Amino Acids

Urine organic



Diagnosis: Lysinuric protein intolerance



Confirmatory testing

- Plasma ammonia
- Mutation analysis
- SLC7A7 gene
- LDH/ferritin



LPI

- Inherited aminoaciduria caused by defective cationic amino acid transport
- *Mutations in the SLC7A7 gene*
- Initially described in Finland
- Symptoms typically present after weaning
- Refusal of feeds, vomiting, FTT
- Hepatosplenomegaly, haematological and neurological involvement
- Hyerammonemic coma
- Major complications pulmonary alveolar proteinosis and renal disease
- Variable clinical presentation
- Delayed / misdiagnosis common



Management

- Protein restricted diet
- Citrulline supplementation
- Medical control of hyperammonaemia
- Lysine and carnitine supplements



Proficiency scoring 2017.02

Sample details:

These results were from a patient with LPI (lysinuric protein intolerance). Plasma amino acids with selected urinary levels were provided.

Correct findings / abnormalities:

There was slightly elevated plasma glutamine with low levels of arginine and lysine together with elevated lysine, cystine and arginine in urine. This was considered correct. Mention of some, if not all of these abnormalities scored two points.

Correct Diagnosis and further tests:

LPI was correct (1 point). Further testing should include plasma ammonia, urinary orotic acid and confirmation by mutation analysis of the SLC7A7 gene (1 point). LDH/ferritin measurement was correctly recommended by ten labs.

Comments on overall performance:

Excellent with 99% overall proficiency.





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Case 3 - 1y old

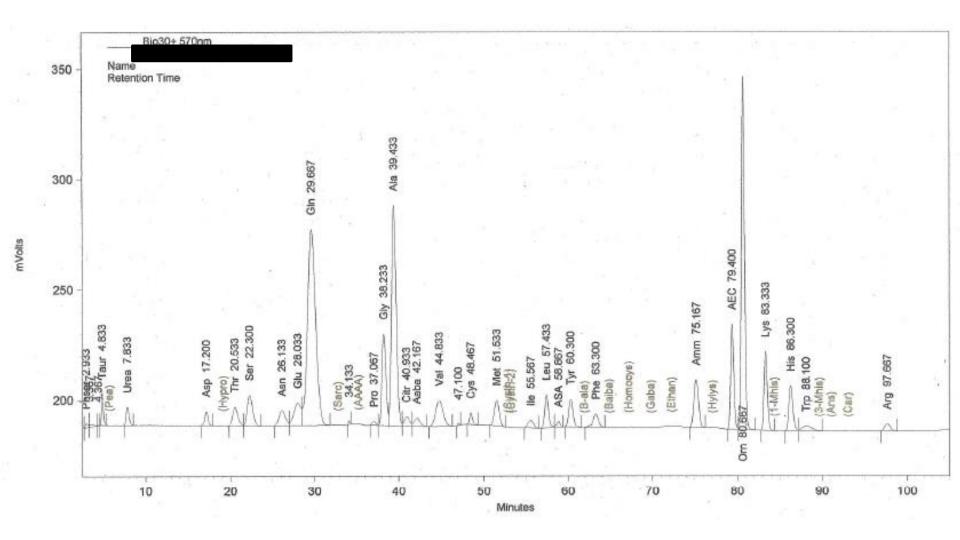
- Tongue bleed for 4 days, required suturing
- Referred to haematology team
- Anaemic, prolonged PT and PTT
- Mild transaminitis
- Low clotting factors VII, V and X
- Treated with transfusion, tranexamic acid, FFP
- Repeat bloods showed abnormal LFTs and clotting

• Admitted under liver team

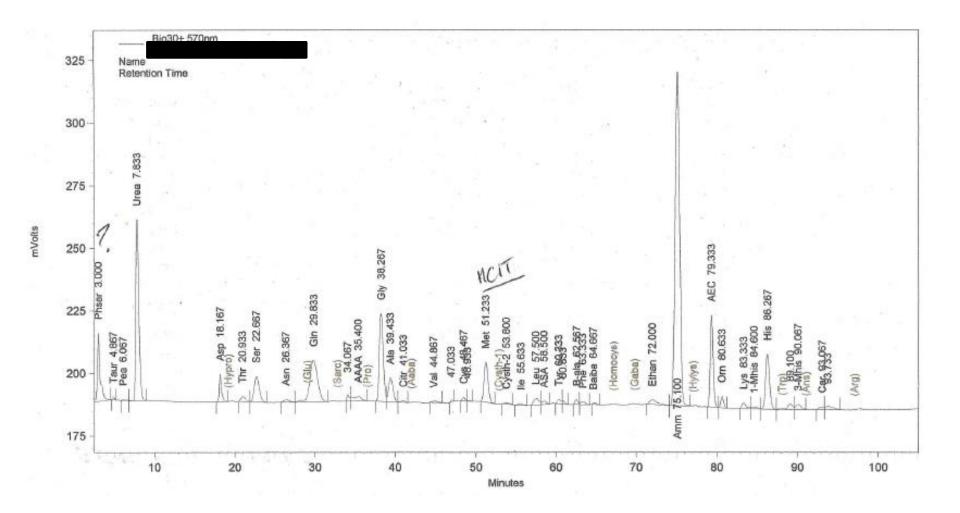
– Ast	208 IU/L	(0-41)
– Alt	861 umol/L	(0-41)
– Urea	2.0 mmol/L	(2.5-6.5)
– Ammonia	207umol/L	(<75)
— PT	60 sec	(9-13)
– PTT	57 sec	(24-32)

- Plasma quantitative amino acids
- Urine amino acids grossly raised homocitrulline
- Urine organic acids increased orotate and uracil
- Referred to IMD team
 - Commenced Ravicti, citrulline, low protein diet
 - HHH syndrome confirmed by DNA analysis (SLC25A15 gene)
 - LFTs and clotting have now normalised
- HHH may present with liver failure and severe coagulation abmormalities

Plasma amino acids



Urine amino acids



Comment on the amino acid results

- Increased glutamine
- Increased ornithine
- Increased alanine & proline (lactate 2.4 mmol/L)
- Increased methionine
 - May be due to interference from homocitrulline on Biochrom analyser or due to liver failure?
 - I have reviewed amino acids on our HHH patients and this is the only one that has an increased 'methionine'

Plasma Amino Acids

	μmol/L	refei	rence r	nce range			
Glutamine	1023	356	-	768			
Alanine	727	305	-	700			
Glycine	219	119	-	525			
Proline	331	95	-	332			
Valine	139	83	-	384			
Threonine	62	115	-	385			
Lysine	159	36	-	171			
Serine	103	63	-	245			
Glutamic Acid	105	53	-	175			
Leucine	75	26	-	134			
Taurine	54	58	-	225			
Histidine	105	32	-	125			
Ornithine	605	40	-	102			
Arginine	26	21	-	103			
Tyrosine	71	17	-	105			
Phenylalanine	45	33	-	129			
Isoleucine	32	37	-	95			
Cystine	17	29	-	127			
Methionine	77	5	-	38			
2-amino n-butyric acid	33	9	-	42			
Aspartic Acid	26	7	-	37			
Citrulline	32	5	-	24			



Plasma Amino Acids

	µmol/L	rence r	range				
Glutamine	1023	356	-	768			
Alanine	727	305	-	700			
Glycine	219	119	-	525			
Proline	331	95	-	332			
Valine	139	83	-	384			
Threonine	62	115	-	385			
Lysine	159	36	-	171			
Serine	103	63	-	245			
Glutamic Acid	105	53	-	175			
Leucine	75	26	-	134			
Taurine	54	58	-	225			
Histidine	105	32	-	125			
Ornithine	605	40	-	102			
Arginine	26	21	-	103			
Tyrosine	71	17	-	105			
Phenylalanine	45	33	-	129			
Isoleucine	32	37	-	95			
Cystine	17	29	-	127			
Methionine	77	5	-	38			
2-amino n-butyric acid	33	9	-	42			
Aspartic Acid	26	7	-	37			
Citrulline	32	5	-	24			



Diagnosis: HHH syndrome



HHH syndrome

- Autosomal recessive
- Neonatal onset (8%) hyerammonemia within 24 48hrs of feeding
- Infantile, childhood and adult onset (92%)
- *May present with:*
 - chronic effects developmental delay, ataxia, spasticity, learning disabilities, cognitive deficits, and/or seizures
 - acute encephalopathy secondary to hyperammonemic crisis
 - Chronic liver dysfunction



Management

- Control hyperammonemia
- Protein restricted diet
- Citrulline supplementation



Proficiency scoring 2021.02

HHH Syndrome (hyperammonaemic, hyperornithinaemia, homocitrullinaemia)

Sample details

The results were from a 1.5 year *old boy presenting initially with mouth bleed. The patient has HHH syndrome due to a mutation in *SLC25A15*-gene.

Correct findings / abnormalities

Increased plasma glutamine (0.5), alanine (0.5), ornithine (0.5), citrulline (0.5) and methionine (0.5) were the main findings scored with maximum of two points. Mention of the slightly decreased concentration of threonine, cysteine and isoleucine were not scored for this case.

Correct Diagnosis

The diagnosis of HHH syndrome scored two points.

Further tests

Maximum 2 points were given. Measurement of ammonia, <u>homocitrulline</u> and/or functional testing scored <u>one point</u>, molecular genetic studies of *SLC25A15*-gene was scored with 1 point.

Comments on overall performance

Performance was good with 89% overall proficiency.



Case 4 Sabine



QUALITY ASSURANCE IN LABORATORY TESTING FOR IEM

Erndim Workshop 2021

Medical history/family history

- 1. child, 2. pregnancy
- Normal pregnancy, normal birth
- Newborn screening positive, with highly elevated methionine

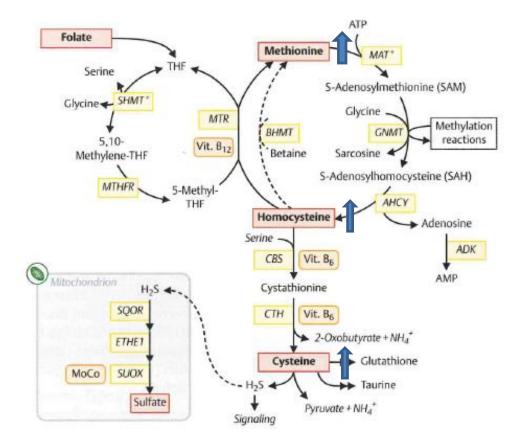


Amino acids

Laboratory results										
homocysteine	40.8 μmol/L									
amino acids in plasma										
	μmol/L	refe	rence r	ange*						
Taurine	105	10	-	167						
Aspartate	6	0	-	31						
Threonine	187	46	-	222						
Serine	213	92	-	178						
Asparagine	99	38	-	121						
Glutamate	52	8	-	179						
Glutamine	480	402	-	776						
Proline	282	97	-	254						
Glycine	188	154	338							
Alanine	319	142	-	421						
Citrulline	14	8	-	36						
Valine	196	79	-	217						
Cystine	51	6	-	43						
Methionine	1087	9	-	44						
Isoleucine	76	12	-	77						
Leucine	132	46	-	147						
Tyrosine	114	13	-	91						
Phenylalanine	48	25	-	74						
Ornithine	96	41	-	129						
Lysine	241	69	-	200						
Histidine	93	37	-	83						
Arginine	107	7	-	128						



Metabolic pathway





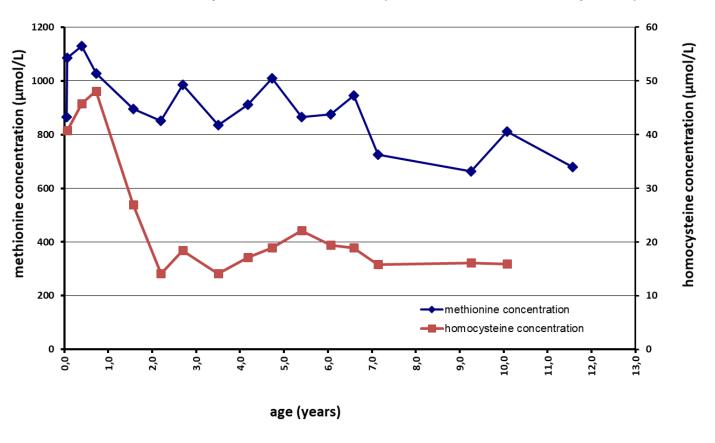
From Zschocke and Hoffmann, Vademecum metabolicum, 2021, p. 88

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- **Abnormalities:** "Increased homocysteine, extremely large increase in methionine, normal phenylalanine and insignificant increase in tyrosine, small increase in cystine and insignificant increases in other amino acids." (Scoring: elevated met 1 point, elevated hey 1 point, cys not decreased 1 point, maximum 2 points)
- Interpretation: "MAT1/III deficiency. Other conditions associated with increased methionine are symptomatic. Methionine of this magnitude in CBS deficiency would be on betaine treatment and treated from birth." (Scoring: MATI/III deficiency 2 points, CBS deficiency 1 point, maximum 2 points)
- Recommendation: "Plasma S-adenosylmethionine (where available). DNA mutation analysis of relevant genes i.e. MAT1/III, (GNMT, SAHH, ADK, CBS)." (Scoring: SAM/SAH 1 point, molecular genetic studies (MATI/III gene) 2 points, CBS-gene 1 point, maximum 2 points)

Outcome

methionine concentrations (reference value 3-41 mmol/L) homocysteine concentrations (reference value 4.4 - 13.6 μmol/L)





Case 5 Sabine

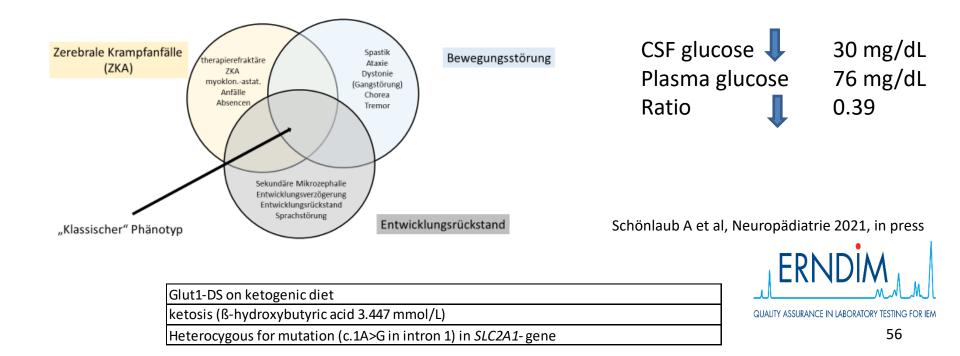


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Clinical Signs & Symptoms

- periodic ataxia
- movement disorder
- muscular hypotonia (since age 3 years)
- (family history unremarkable)



Case 5 – Glut1-DS

Amino acids

amino acids in plasma										
	μmol/L	reference range*								
Taurine	91	20								
Aspartate	6	1	-	17						
Threonine	192	40	-	204						
Serine	166	70	-	194						
Asparagine	51	13	-	83						
Glutamate	40	14	-	78						
Glutamine	484	333	-	809						
Proline	184	40	-	332						
Glycine	248	107	-	343						
Alanine	239	120	-	600						
Citrulline	23	8	-	47						
Valine	514	132	-	480						
Cystine	14	23	-	68						
Methionine	30	3	-	43						
Alloisoleucine	1									
Isoleucine	160	6	-	122						
Leucine	274	30	-	246						
Tyrosine	77	19	-	119						
Phenylalanine	65	26	-	98						
Ornithine	108	20	-	136						
Lysine	191	66	-	270						
Histidine	97	47	-	135						
Arginine	75	12	-	112						

Ratio BCAA/alanine helpful?



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- Abnormalities: "Slightly increased branched chain amino acids. Valine > Leucine." (Scoring: elevated ile, leu, val each 1 point, maximum 2 points)
- Interpretation: "Results suggest ketosis, but may be dietary. Is patient on ketogenic diet (e.g. GLUT1 deficiency)? Is patient on protein restriction + aa supplementation (e.g. GA-1)? Has MSUD been excluded?"

(**Scoring:** ketosis due to ketogenic diet in a patient with Glut1-DS, 2 points, (mild) MSUD 1 point, maximum 2 points)

 Recommendation: "Check for alloisoleucine to exclude MSUD. CSF glucose and plasma acylcarnitines if GLUT1 & GA-1 have not previously been excluded. Contact requestor for dietary information."

(**Scoring:** clinical investigation, medical history 1 point, amino acids (with alloisoleucine) 1 point, ketone bodies in plasma 1 point, organic acids in urine 1 point, maximum 2 points)

Case 6 Sabine

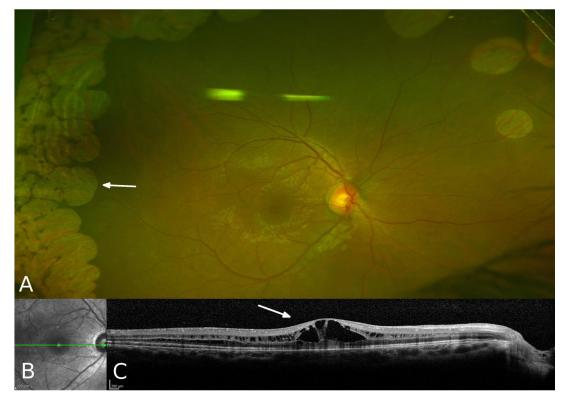


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Clinical Signs & Symptoms

- Myopia
- Short stature (delay of bone age)



Fundus: chorioretinal changes

Optical coherence tomography: bilateral cystoid edema



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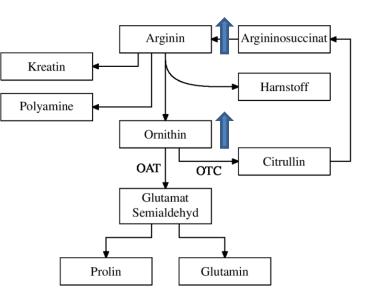
Michel M et al, Klin Pediat 2015

Case 6 – *Gyrate atrophy*

Amino acids

amino acids in plasma				
	μmol/L	refer	ange*	
Taurine	48	20	-	90
Aspartate	4	3	-	15
Threonine	112	102	-	246
Serine	138	92	-	196
Asparagine	39	34	-	94
Glutamate	25	17	-	69
Glutamine	525	457	-	857
Proline	279	58	-	324
Glycine	199	166	-	330
Alanine	240	242	-	594
Citrulline	31	19	-	52
Valine	208	155	-	343
Cystine	36	36	-	58
Methionine	21	13	-	41
Isoleucine	56	34	-	106
Leucine	104	86	-	206
Tyrosine	87	35	-	107
Phenylalanine	60	34	-	86
Ornithine	878	47	-	195
Lysine	89	116	-	276
Histidine	81	68	-	108
Arginine	92	1	-	81

ornithine aminotransferase deficiency (OAT deficiency) Homozygous for mutation (c.498C>A in exon 4) in *OAT*-gene

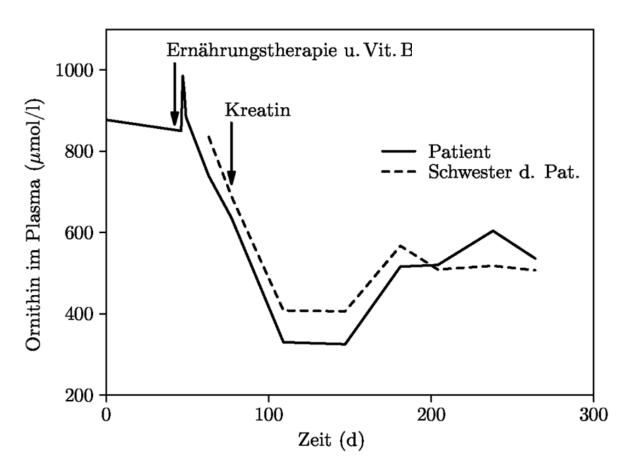


Michel M et al, Klin Pediat 2015



Case 6 – *Gyrate atrophy*

Therapy



- Protein defined nutrition
- Creatine
- Amino acids mixture
- Vitamin B6

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Michel M et al, Klin Pediat 2015
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• **Abnormalities:** "Grossly elevated ornithine and slightly elevated arginine. Slightly low alanine and lysine are probably unspecific."

(Scoring: elevated orn 2 points, slightly elevated arginine, maximum 2 points)

- Interpretation: "Hyperornithinemia with gyrate atrophy (OMIM 258870). Differential diagnosis: HHH syndrome (238970), but this does not fit with phenotype.." (Scoring: OAT deficiency 2 points, HHH syndrome 1 point, maximum 2 points)
- Recommendation: "Repeat the amino acids in plasma. Go for genetics (OAT gene).Order ophthalmological examination (myopia and cataract). Start with argininerestricted diet/low-protein diet, check the bones!"

(**Scoring:** orotic acid, ammonia, homocitrulline (=amino acids), creatine each 1 point, molecular genetic studies (gene) 1 point, ophthalmologic examination; maximum 2 points)



Summary

ERNDIM Planning

				changes in plasma	a					
			elevated	decreased		2021	2020	2019	2018	2017
Participation						Pilot	Pilot	Pilot	Pilot	Pilot
		OTC deficiency	gln	cit, arg				84%	63%	
		ASS deficiency	gln, cit	arg		1				
		ARG deficiency	gln, arg						88%	
		HHH syndrome	gln, orn			2				
primary		Citrin deficiency	cit, thr, met, tyr						75%	
amino acid	disorders of aromatic AA	tyrosinemia type III	tyr						79%	
changes (=	disorders of sulfuric AA	MAT1A mutation	met			4				
diagnostic)	metabolism	homocystinuria	met, hcy	cys						96%
ulagilostic)		NKG	gly		CSF					98%
	other disorders of AA	gyratatrophia	orn			6				
	metabolism	LPI	(cit)	(arg, lys, orn)	urine					98%
	metabolism	hyperlysinemia	lys					100%		
	preanalytical condition	arginine infusion	orn, arg			3				
		antibiotic therapy	hcy	-	_					L
secondary	organic aidurias	propionic acidemia	gly, ala	bcaa	urine				76%	<u> </u>
amino acid		PDH deficiency	ļ					86%		
changes	other disorders of metabolism,	GSD I	ala						75%	I
	other contions	ketogenic diet	bcaa			5				

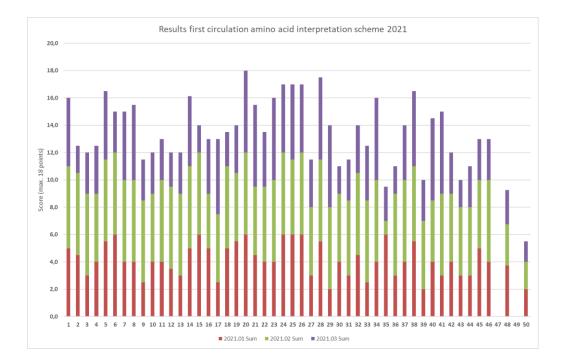


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Summary

ERNDIM Scoring

Part. No.	Case 6 abnormalities	1	2 3	4	.1.06 nalities	Case 6 diagnosis	1	2	3	4	a i a a a a a a a	diagnosis	Case 6 further testing recommendations	1	2	3 4	1.06 endations	06 Sum	14-6	04 Sum	05 Sum	06 Sum
Part. NO.	elevated orn 2 points, sightly elevated arginine, maximum 2 points					OAT deficiency 2 points, HHH syndrome 1 point, maximum 2 points					201105	021.	orotic acid, ammonia, homocitrulline (=amino acids), creatine each 1 point, molecular genetic studies (gene) 1 point, ophthalmologic examination; maximum 2 points				202: recomme	2021.(Sum	2021.1	2021.1	2021.
2	Highly elevated concentration of ornithine. Also slightly elevated concentration of arginine. and reduced concentration of lysine.	#	#	# 🗨 #	2,0	Hyperornithinemia due to ornithine aminotransferase- deficiency (gyrate atrophy) DD: Hyperornithinaemia-hyperammonaemia- homocitrullinuria syndrome	#	•	# 🔵 #	•#	# 2,	,0	Repeat the amino acids in plasma Go for genetics (OAT gene).Order ophthalmological examination (myopia and cataract). Start with aginine- restricted diet/ low-protein diet, Check the bones!	#	#	•#•#	2,0	6,0	8,0	1,0	1,0	6,0

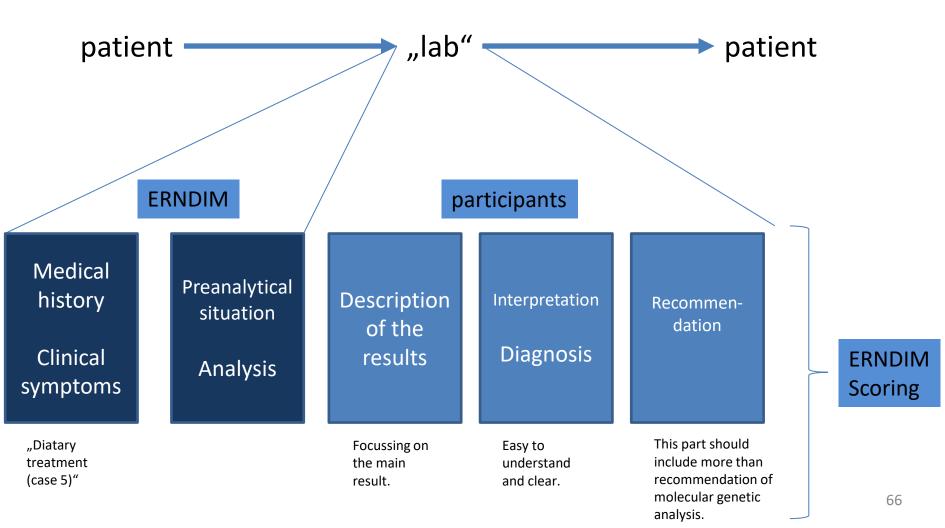




Summary



Take Home Messages



Feedback on Cognitive Amino Acid Scheme

What works well?

What could we do to improve the scheme?

