



ERNDiM 

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Quality Assurance in Laboratory Testing for IEM

DPT Common Sample 2025

Dr Christine Vianey-Saban, Dr Cécile Acquaviva, DPT France

Clinical information

- Clinical information provided: “15-year-old boy. Dysmorphic features, scoliosis, size -1.5 SD, normal intellectual development. Under treatment.”
- Normal pregnancy and delivery
- From 2 months to 6 years of age : frequent upper airways infections
- 1 year : height +3 SD
- 3 years : pectus carinatum
- 10 years
 - Scoliosis with platyspondyly
 - Dorsal kyphosis
 - Narrow cervical canal
 - Decrease in visual and hearing acuity

Clinical information

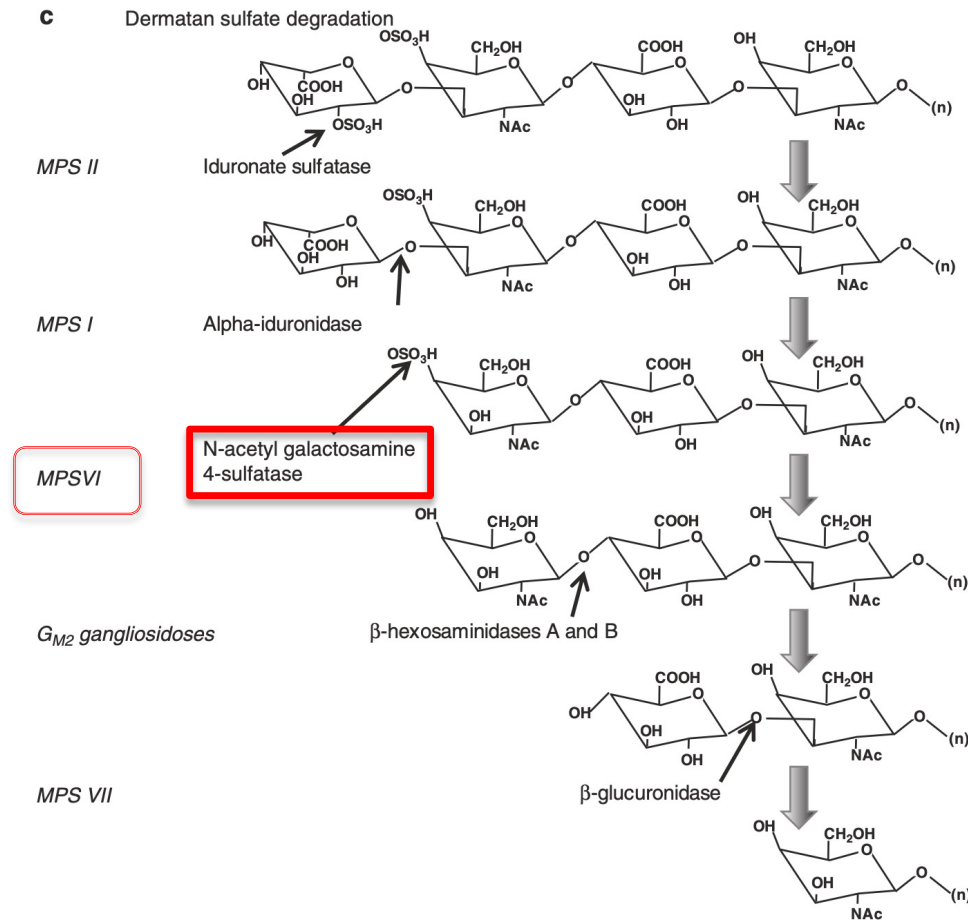
- 15 years
 - Normal intellectual development
 - Arthrodesis T10-T12
 - Height: -1.5 SD
 - Urinary MPS analysis because of spine abnormalities and dysmorphic features
 - Diagnosis of MPS VI confirmed by measurement of arylsulfatase B activity in leucocytes and mutation analysis of *ARSB* gene
- Since then, he is receiving enzyme replacement therapy every week

Mucopolysaccharidosis type VI

- Maroteaux-Lamy syndrome is a rare autosomal recessive LSD (birth prevalence : 1/625 000*)
- Due to arylsulphatase B deficiency (*ARSB* gene)
- Wide phenotypic spectrum (S Jones, F Wijburg, Inborn Metabolic Diseases – Diagnostic & Treatment, 2016)
 - Usual signs: short stature, dysostosis multiplex, degenerative joint disease
 - Frequent signs: cardiac valve disease, hearing loss, obstructive sleep apnoea, corneal clouding, carpal tunnel disease, and inguinal or umbilical hernia
 - Possible signs: cervical cord compression, communicating hydrocephalus, optic nerve atrophy and blindness
- Arylsulphatase B (N-acetylgalactosamine 4-sulphatase): lysosomal enzyme, removes 4-sulfate groups from the non-reducing end of chondroitin 4-sulfate and dermatan sulphate, and thereby regulates their degradation

* https://www.orpha.net/pdfs/orphacom/cahiers/docs/GB/Prevalence_of_rare_diseases_by_alphabetical_list.pdf

Mucopolysaccharidosis type VI

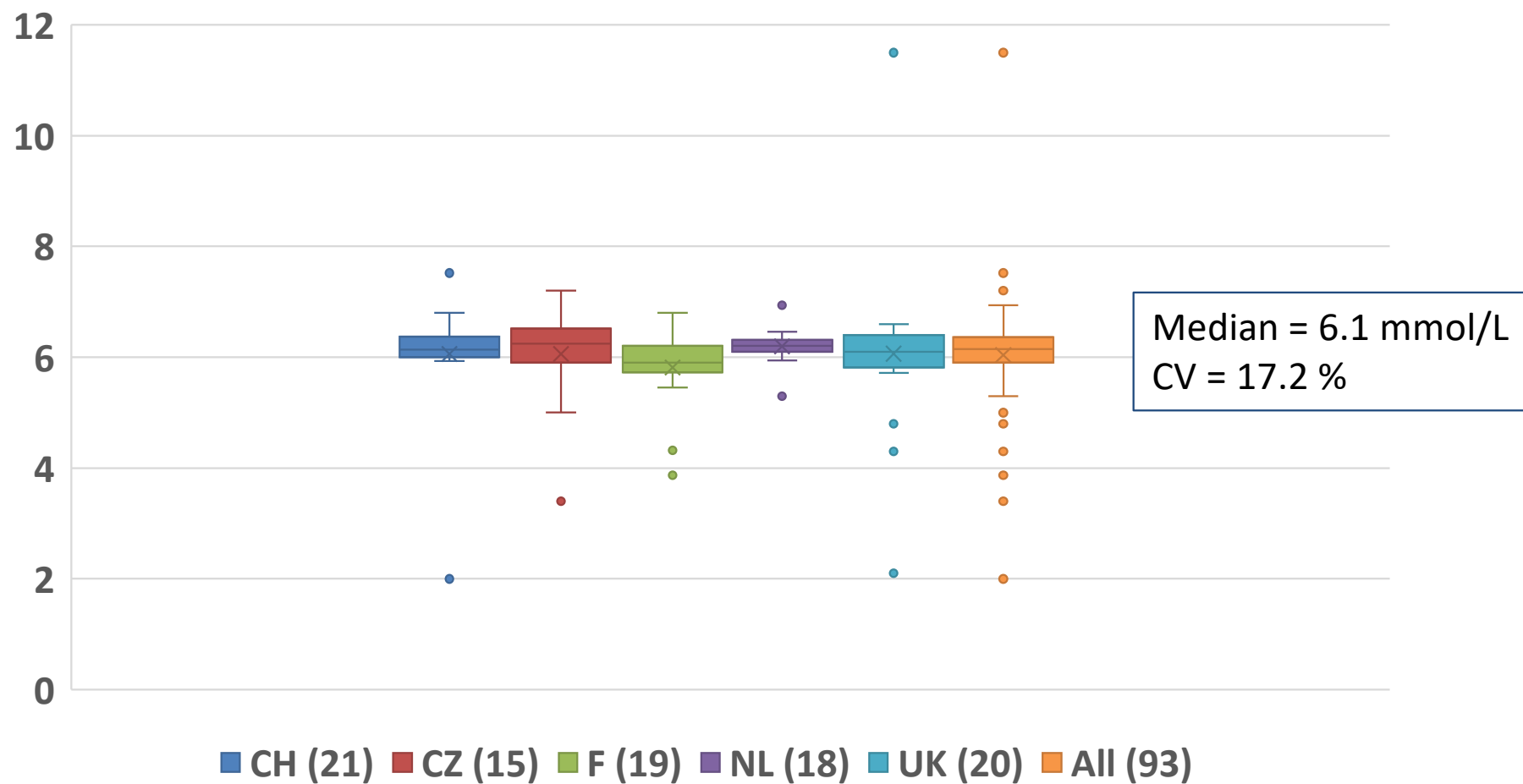


From Parenti & Giuliani, Physician's Guide to the Diagnosis, Treatment, and Follow-Up of Inherited Metabolic Diseases, 2022

Participants

• DPT CH (Switzerland)	21 participants
• DPT CZ (Czech Republic)	15 participants
• DPT F (France)	19 participants
• DPT NL (Netherlands)	18 participants
• DPT UK (United Kingdom)	20 participants
• Total	93 participants

Creatinine (mmol/L)



Mucopolysaccharides quantification

- **81 / 93 participants (87%)**

- Methods

— DMB*	72
— Alcian blue	3
— Harmine	2
— Other or ?	4

*Dimethyl methylene blue

- **Increase in GAGs 68 / 81 (84%)**

In our hands (DMB): 8.1 g/mmol creat (controls: 0.9 – 6)

- Can normal results be explained ?

- Not dependent of the method used
- Problem of control range ?

With the same result and the same method, some participants concluded that quantification was elevated, while others concluded that quantification was normal

- Wrong creatinine (high level): at least 1 lab

Mucopolysaccharides fractionation

- **83 / 93 participants (89%)**

- Methods

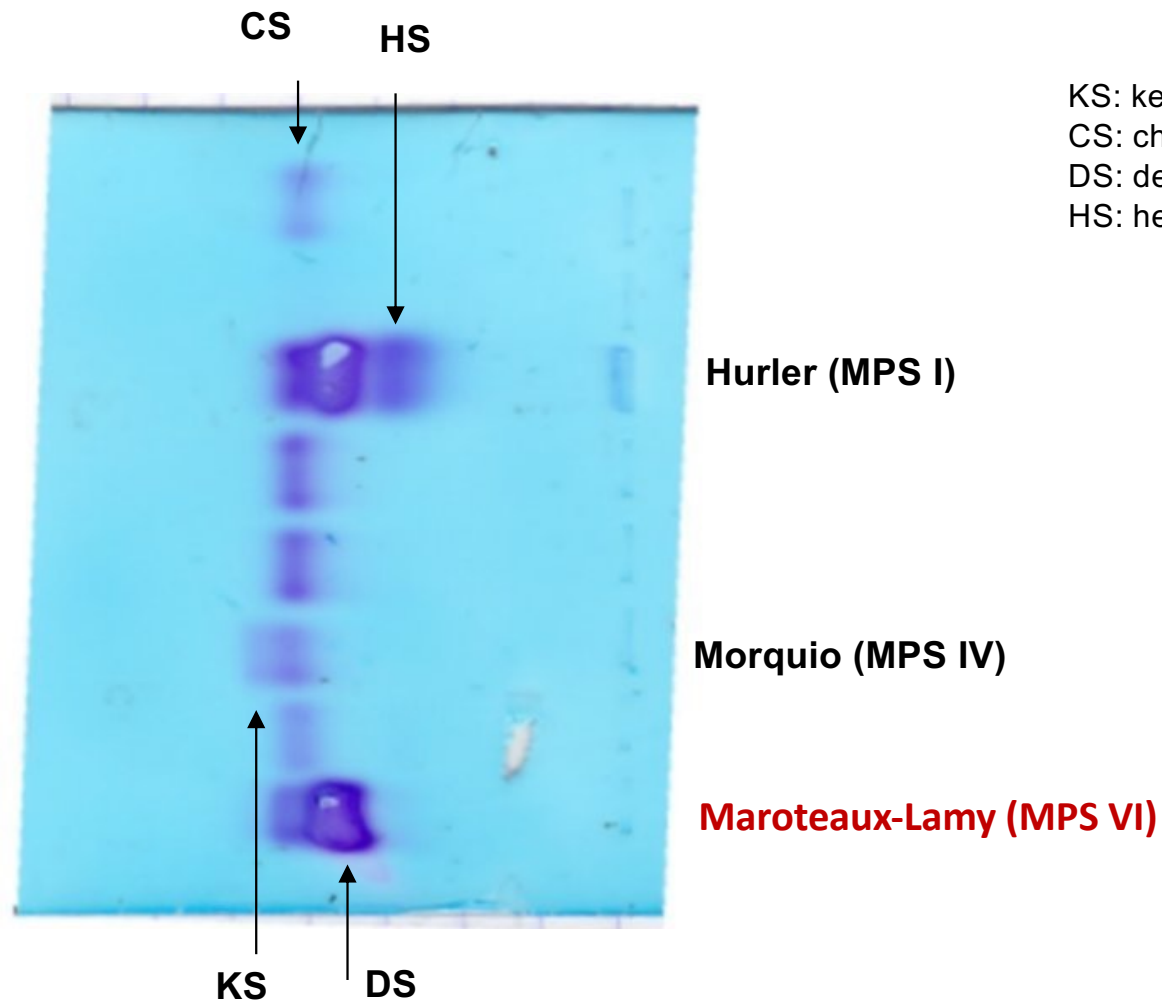
— 1D-electrophoresis	38
— 2D-electrophoresis	13
— LC-MS/MS	6
— TLC	6
— HPTLC	1
— LC-MS	1
— Other or ?	18

Increase in

• Dermatan sulphate	73	(88%)
• Chondroitin sulphate	25	(30%)
• Heparan sulphate	22	(26%)
• Keratan sulphate	4	(5%)

Identification (or not) of dermatan sulphate is not method dependent

1D-Electrophoresis

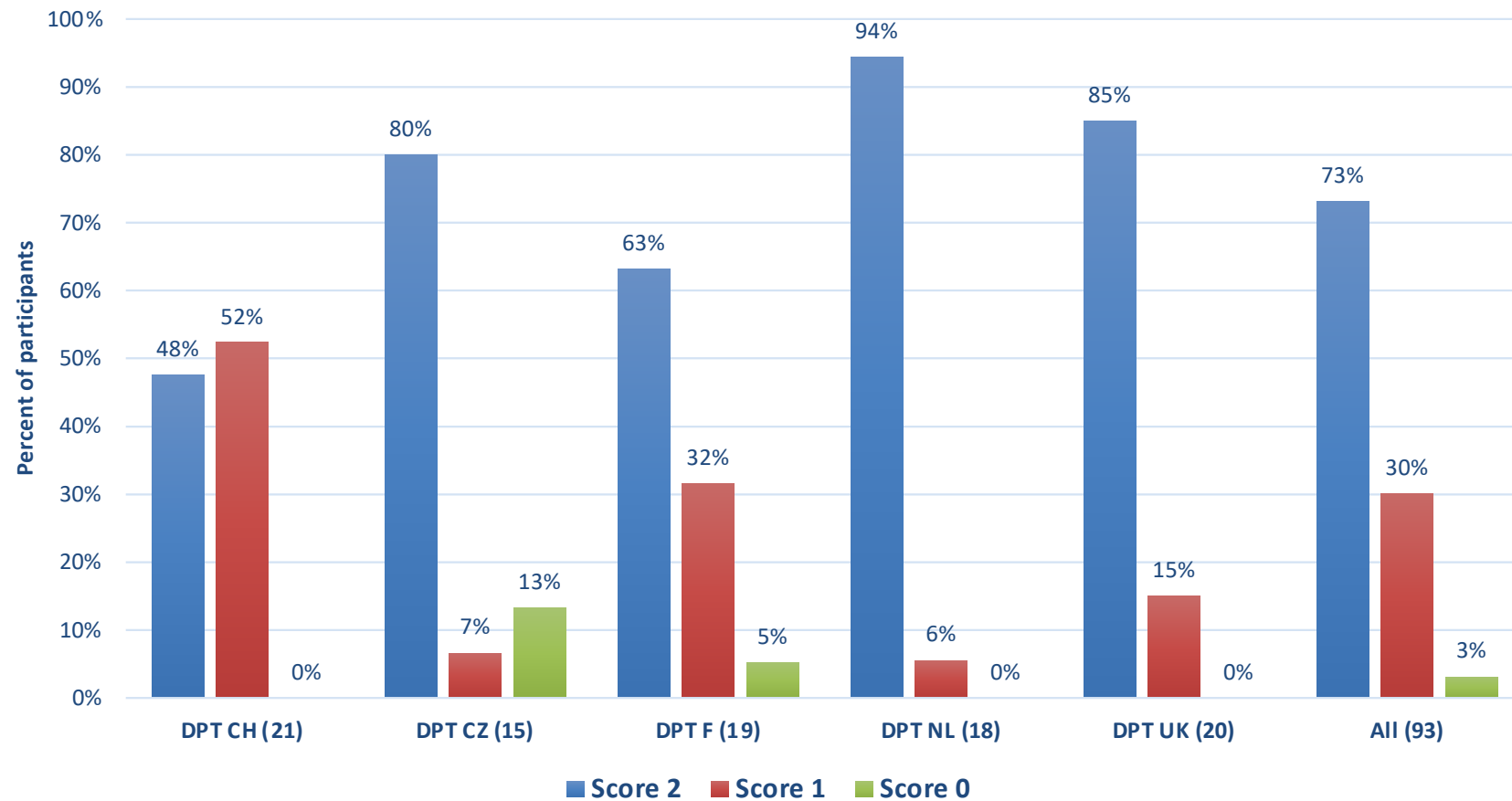


KS: keratan sulphate
CS: chondroitin sulphate
DS: dermatan sulphate
HS: heparan sulphate

Analytical scoring

- Increase of dermatan sulphate : score 2
- Increase of GAGs quantification, without fractionation : score 1
- GAGs fractionation indicative of an incorrect mucopolysaccharidosis : score 1

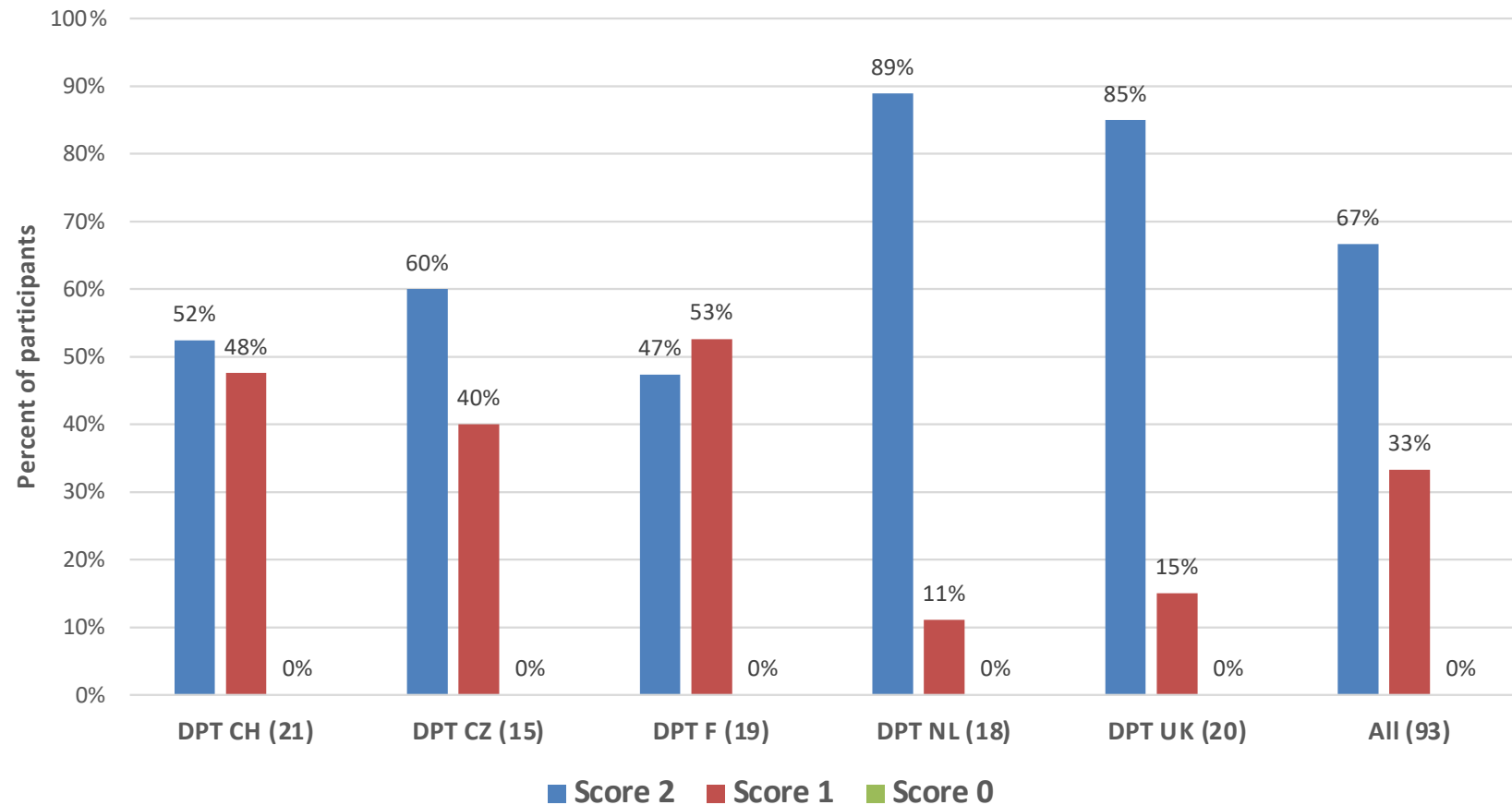
Analytical interim scores



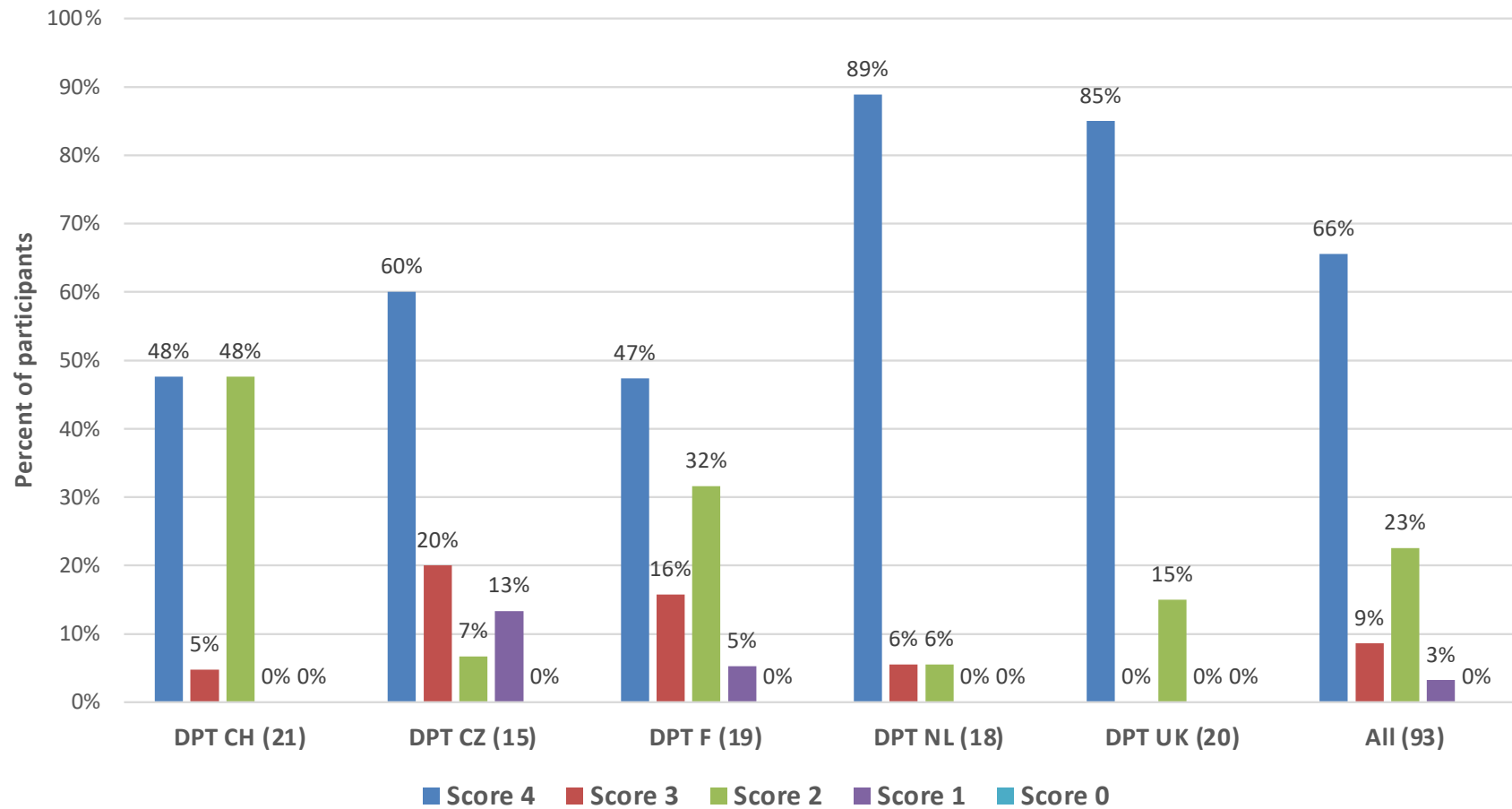
Interpretation scoring

- MPS VI as main diagnosis : score 2
- Other or unspecified mucopolysaccharidosis : score 1
- Diagnosis of mucopolysaccharidosis based on clinical information : score 1

Interpretation interim scores



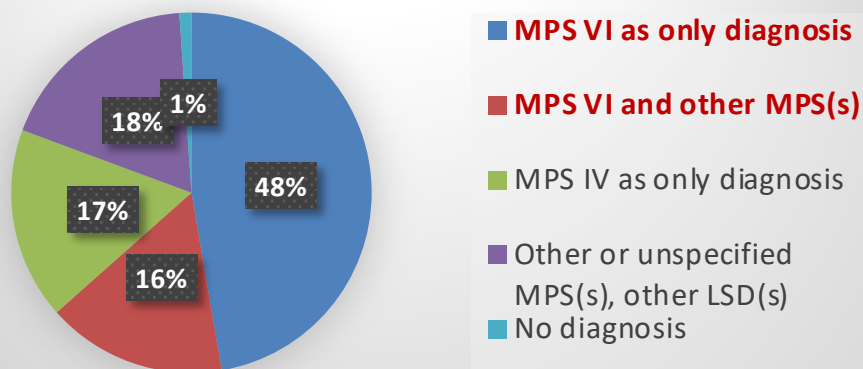
Overall interim scores



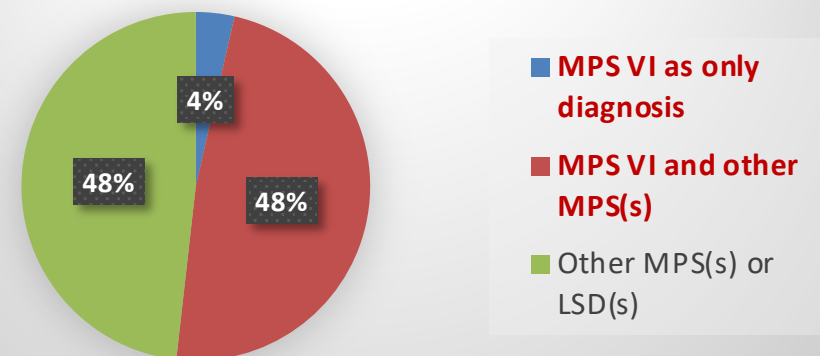
Conclusion

- Challenging sample: LSD, treated patient, but significant increase in abnormal metabolites
- Good analytical performance
 - 88 % participants who performed GAGs fractionation reported an increase in dermatan sulphate
 - 84 % participants who performed GAGs quantification reported an increase in GAGs
 - Only 3 participants did not get any mark
- Satisfying interpretation: no labs with no marks

First diagnosis (93 labs)



Alternative diagnosis (56 labs)





Thank you for your attention !