

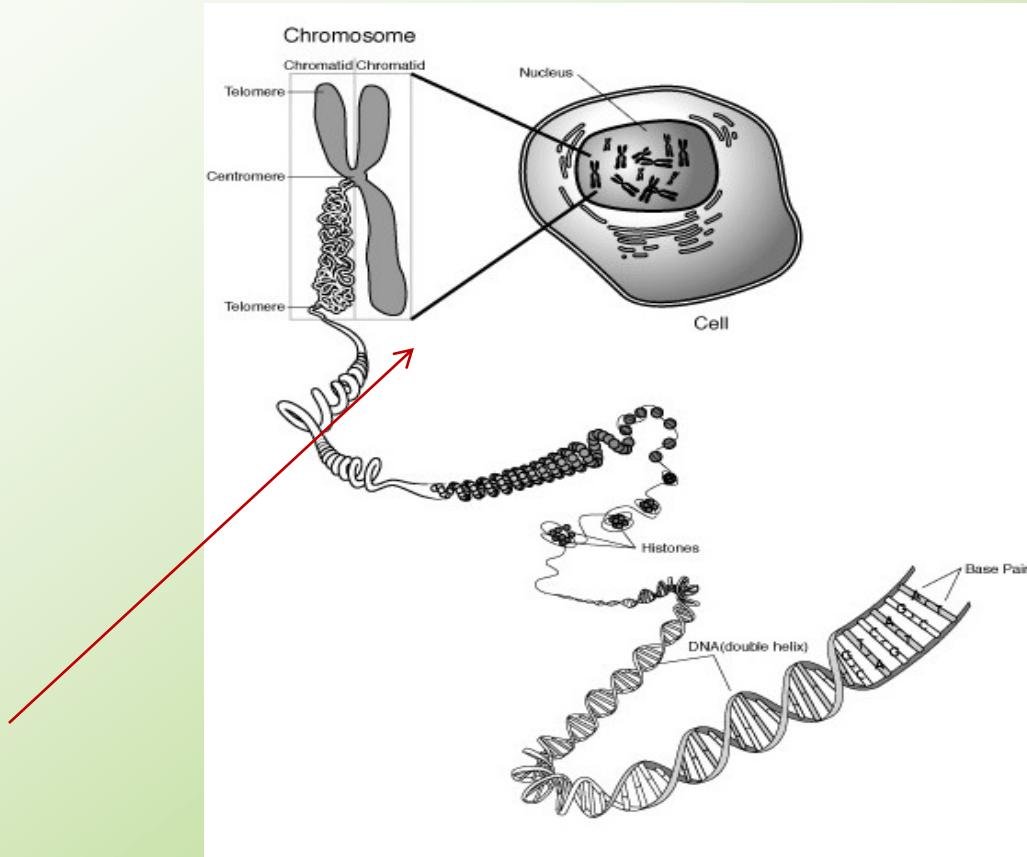
Clinical Genetics

Congenital chromosomal aberrations

Renata Gaillyová
2014

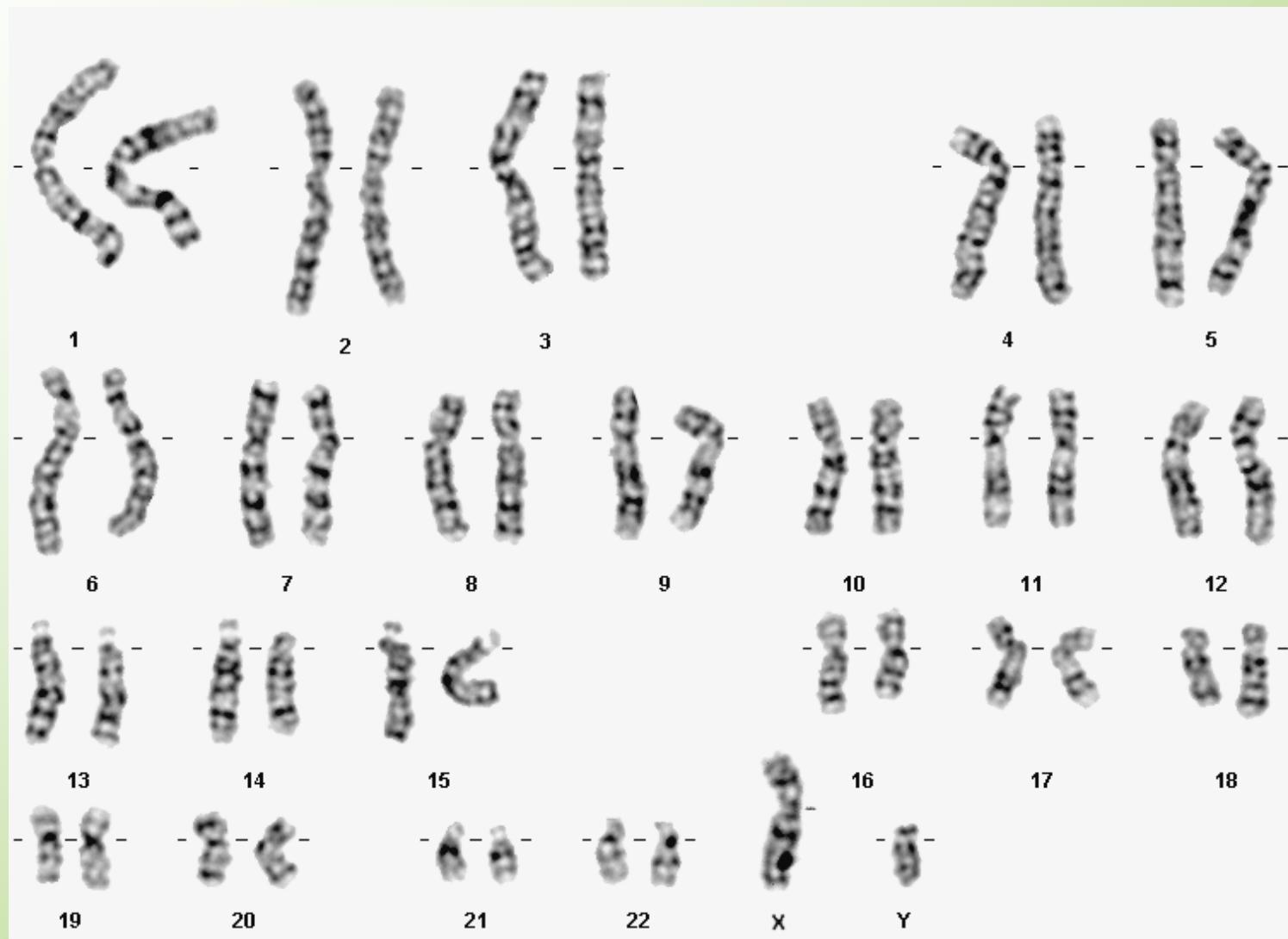


Chromosomal aberrations

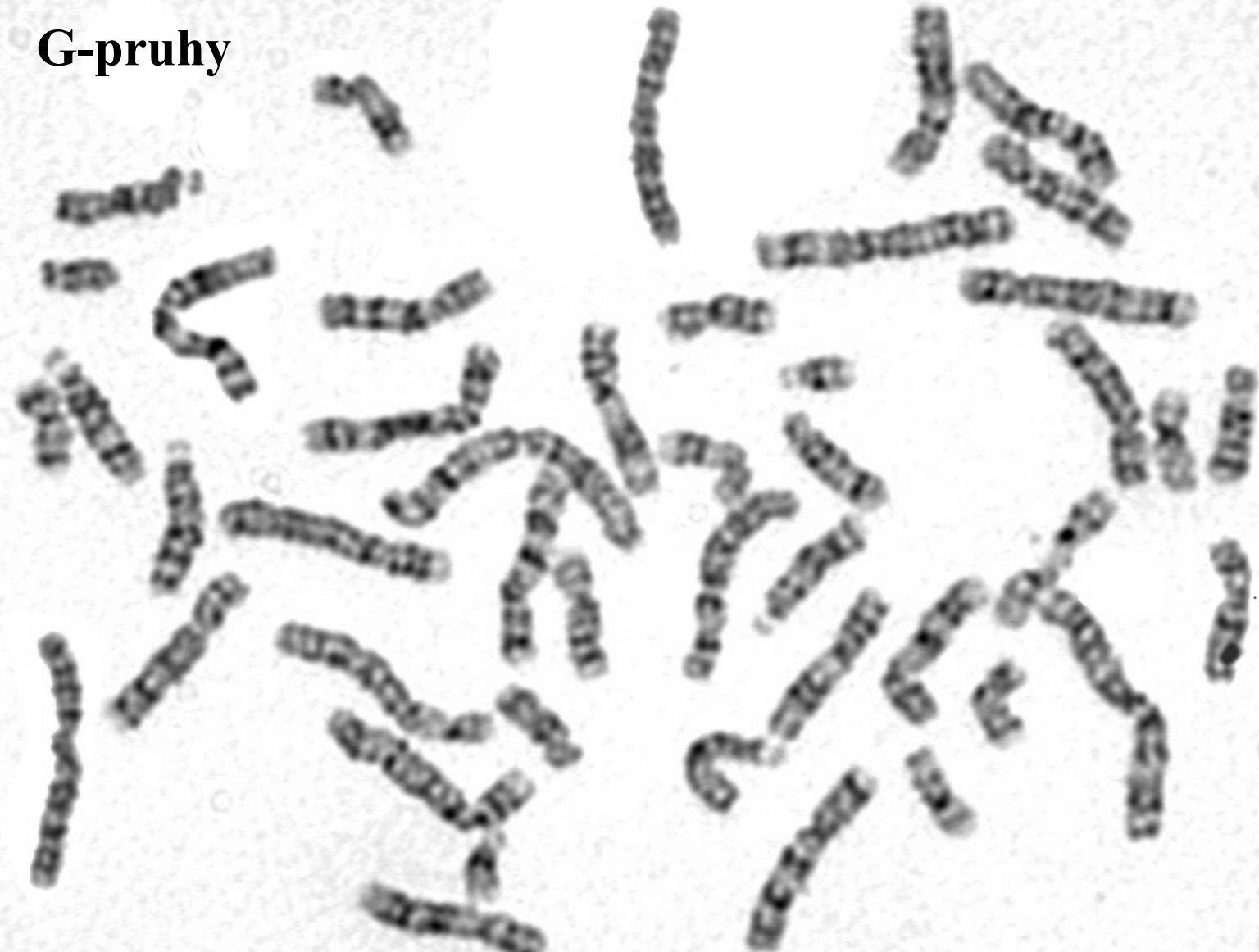


0,6-0,7% live born

Karyotyp 46,XY – normal in men



G-pruhý



Chromosomal aberrations

- **Inborn:**
 - 20 – 50% all conceptions
 - 50 – 60% abortions (I. trimester)
 - 0, 56 - 0,7 % live born
- **Acquired:**
 - Oncology – hematooncology
 - Risks in environment (drugs, cigarettes,...)

Congenital chromosomal aberrations

- **Autosomes**
- **Gonosomes**
- **Numerous**
- **Structural**
- **Balanced**
- **Unbalanced**

Frequency of congenital chromosomal aberrations

- Live-born children 0,6%
- Balanced 0,2%
- Unbalanced 0,4%

- SA 50%
- Still born children 11,1%
- newborns with congenital malformations 15%
- Premature babies 2,5%

Chromosomal aberrations in spont. abortions

All spont. abortions	50 %
Up to 12 weeks	60 %
12-20 weeks	20 %
stillbirths	5 %
trisomies	52 %
45,X	18 %
Translocations	2 – 4%

Frequency

Trisomy 21	1,5 per 1000 live births
Trisomy 18	0,12
Trisomy 13	0,07
Klinefelter syndrome	1,5
Turner syndrome	0,4
XYY syndrome	1,5
XXX syndrome	0,65

Cytogenetic analysis

- Prenatal
- Postnatal

Material for cytogenetic analysis

- **Cells from amnionic fluid**
- **Chorion villi**
- **Placenta**
- **Fetal blood**
- **Tissue – aborted fetuses**

- **Peripheral blood lymfocytes**
- **Tissue (skin biopsie, bucal smear,...)**

Indications for postnatal cytogenetic analysis

- The typical phenotype
- Newborn with multiple malformations
- Psychomotor / mental retardation
- Stigmatization
- Genital anomalies
- Disorders of sex development
- Infertile couples
- Gametes donors

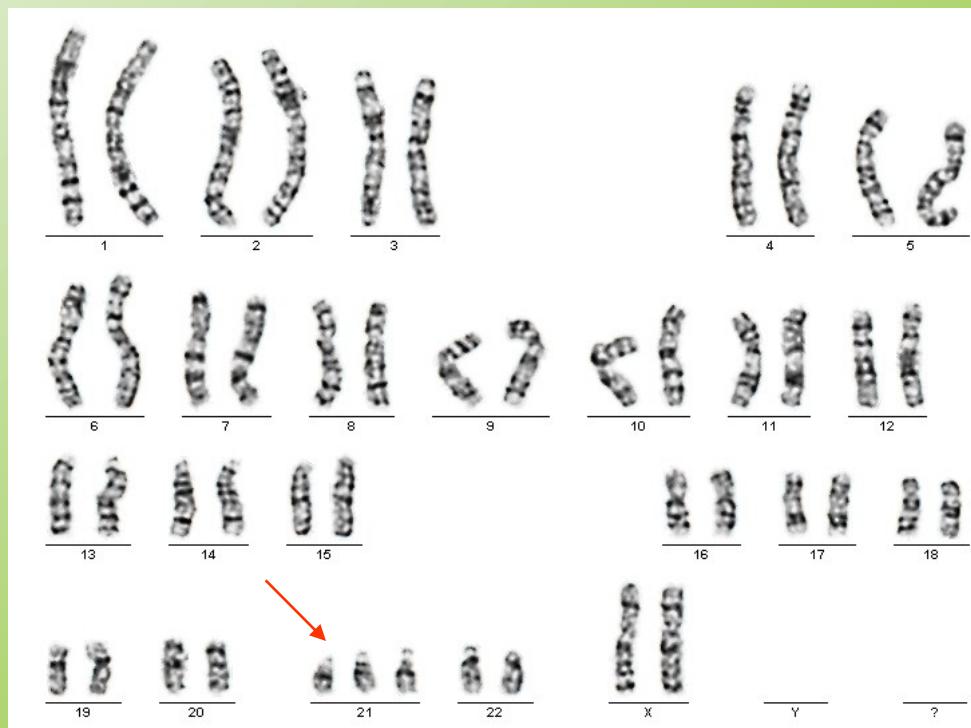
Indications for amniocentesis

- Positive biochemical screening
- Pathological ultrasound findings in the fetus
- Balanced chromosomal aberrations in parents
- Chromosomal aberrations in the family
- Age of parents - ???
- Monogenic disease present in the family

Maternal age and chromosome abnormalities in AMC (per 1000)

<u>years</u>	<u>+21</u>	<u>+18</u>	<u>+13</u>	<u>XXY</u>	<u>All</u>
35	3,9	0,5	0,2	0,5	8,7
37	6,4	1,0	0,4	0,8	12,2
40	13,3	2,8	1,1	1,8	23,0
43	27,4	7,6		4,1	45,0
45	44,2			7,0	62,0
47	70,4			11,9	96,0

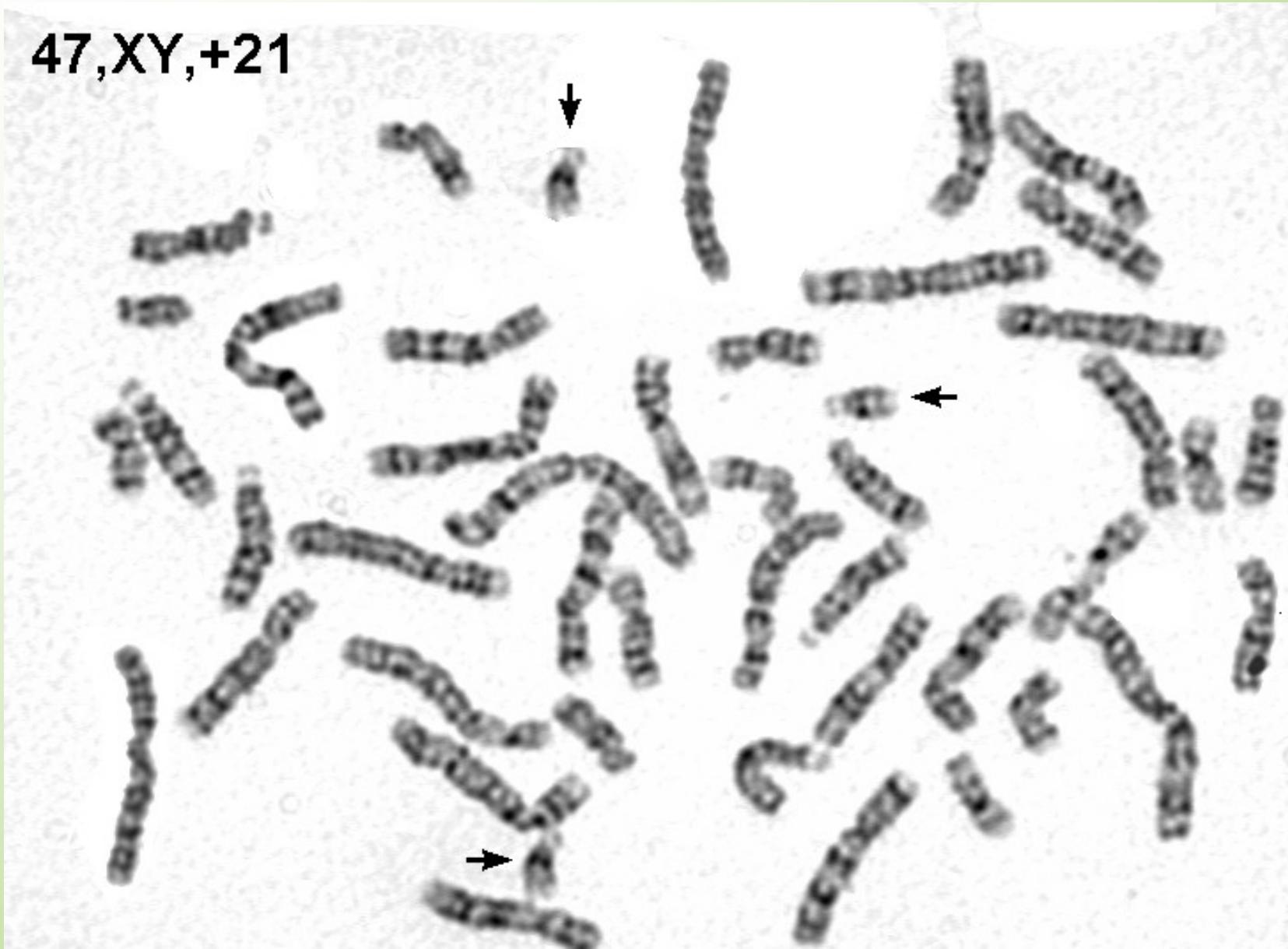
Down syndrome

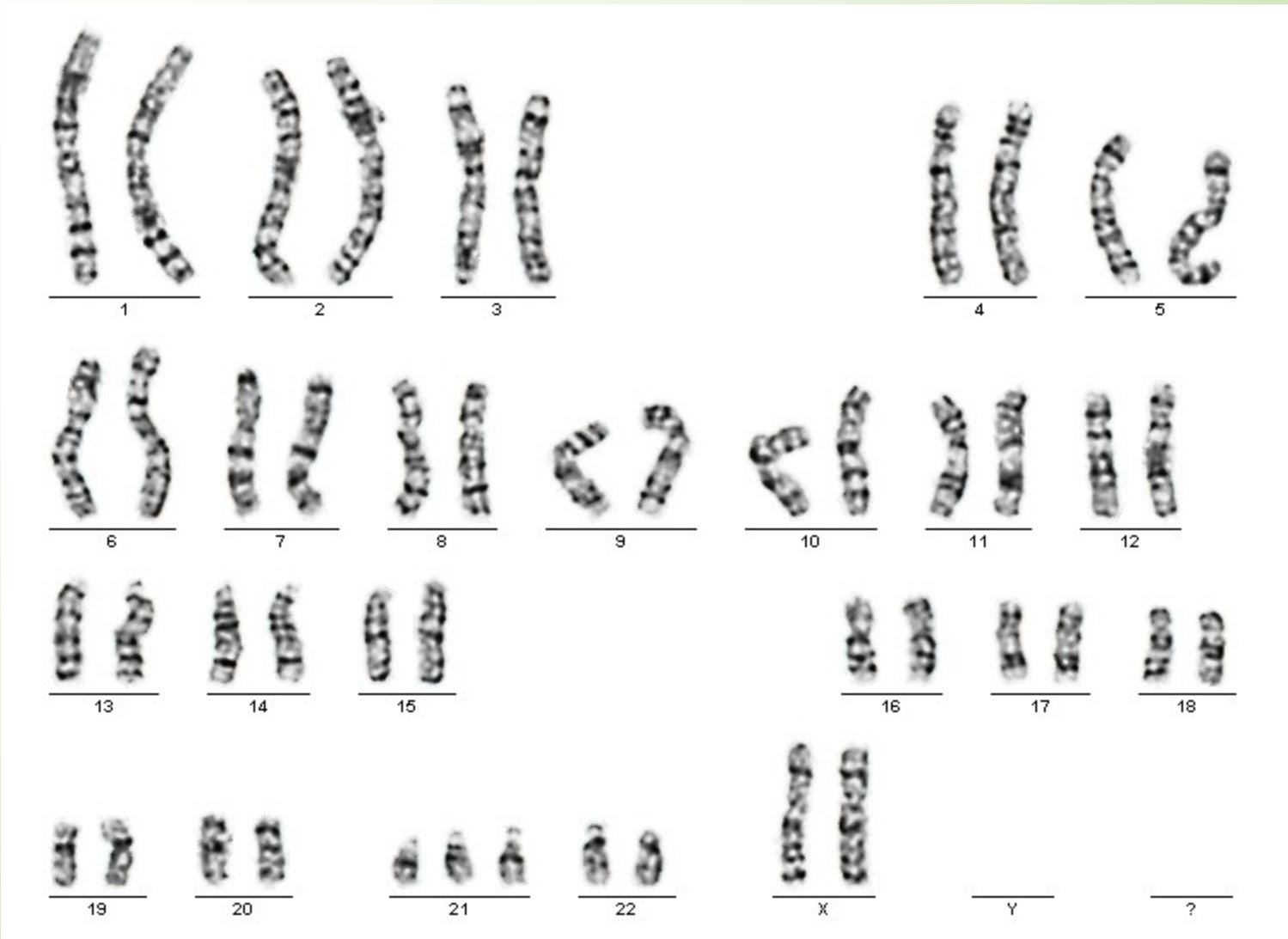


Down syndrome

- **47,XX,+21 or 47,XY,+21**
- **About 1/800-1000 newborns, 1/75 SA**
- **Hypotonia, joint laxicity, soft skin, flat face, prominent intercanthal folds, slanted palpebral fissurs, Brushfield's spots of the irides, small, down set ears, small nose, protruding tongue, simian crease in the hands (about 45%), short stature, mental retardation, congenital heart disease in about 50% of patients with DS, (atrioventricular canal)**

Down syndrome (G-banding)





47,XX,+21

Happy nature

**Vision and hearing
disorders**

Hypothyroidism

**Correlation between
positive stimulation and
height IQ**

Male sterility

**Alzheimer-like symptoms
in 40**

Risk of Down syndrome (live births)

Maternal age (years) Risk

15 1/1578

25 1/1351

35 1/384

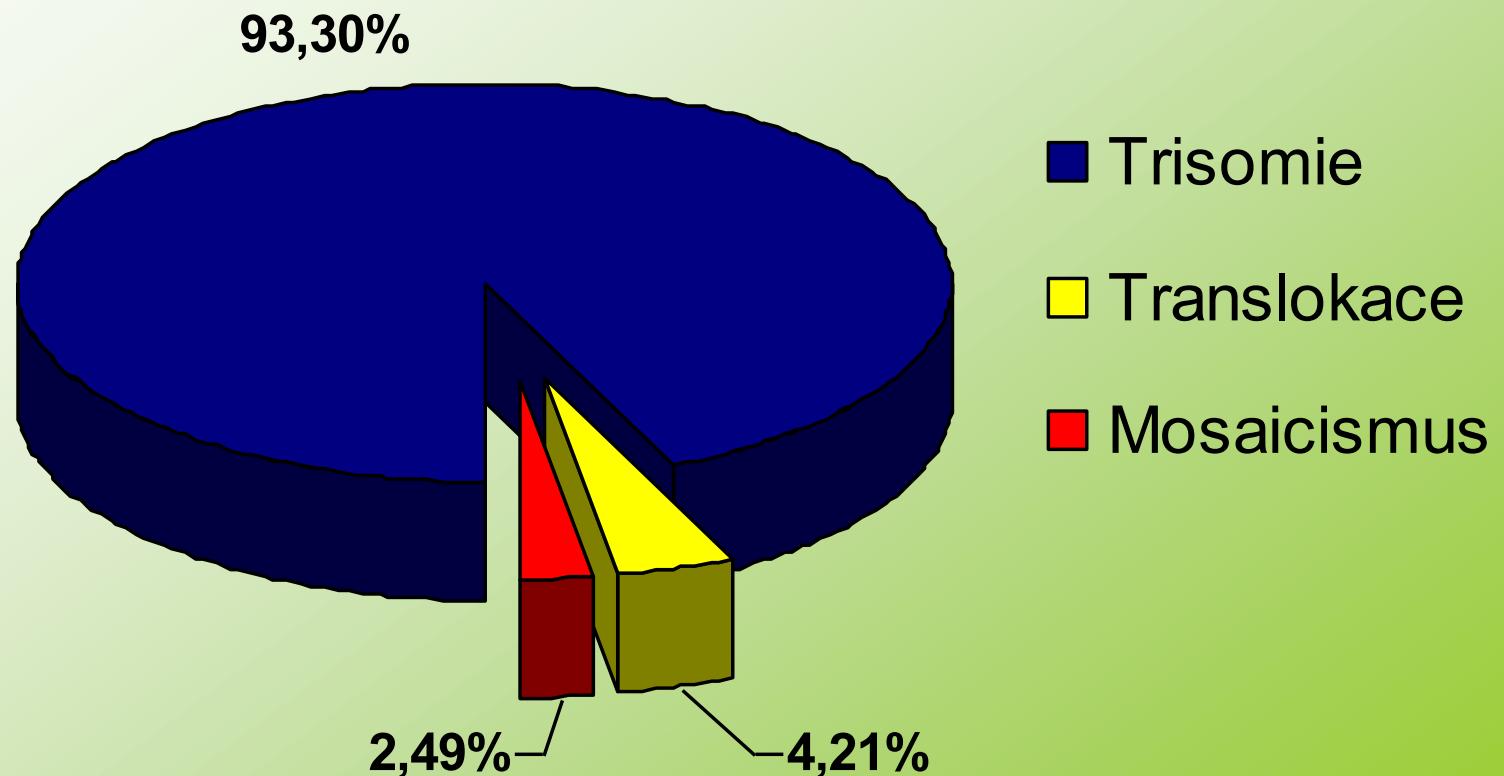
40 1/112

45 1/28

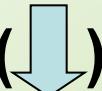
50 1/6

Cytogenetic findings in DS in Czech republic

1994 - 2001



Down syndrome- prenatal screening

- I. trimester screening – combined screening
- 10.-14. week of gestation
- **Ultrasound**
- Nuchal translucency - NT (
- (Absence of nose bone)
- **Blood**
- PAPP-A ()
- free-beta hCG ()
- Fals positive results less then 5%
- Reveals about 95% of fetuses with Down syndrome
- 1/100 – positiv – genetic counselling and karyotyping
- 1/100-1/1000 – US and genetic counselling
- 1/1000 – negativ - US

Down syndrome- prenatal screening

- II. trimester screening – biochemical screening
- 16. -18. week of gestation
- AFP – alpha-fetoprotein (⬇)
- total hCG - chorionic gonadotropin (⬆)
- uE3 - unconjugated estriol (⬇)
- Fals positive results about 5%
- Reveals about 70% of fetuses with Down syndrome
- 1/250 – positiv
- 1/250-1/350 – border
- 1/350 - negativ

Down syndrome- prenatal screening

- **Ultrasound**
- **10.-14. week**
- NT
- NB
- Some congenital malformations
- **20. week**
- US
- Congenital malformations
- congenital heart disease

Nuchal Translucency



I. Trimester screening

- Age – 28,8
- Week of gestation 13+2 (US)
- F β hCG 26,66 - 1,09 MoM
- PAPP-A 2,93 – 0,82 MoM
- NT 2,0mm - 1,76 MoM
- Risk for Down syndrome in age 28,8 years – 1/1100
- Combine risk for DS **1/2700**
- Negative I. trimester screening

I. Trimester screening

- Age – 33,6
- Week of gestation 12+5 (US)
- F β hCG 113,4 – 3,41 MoM
- PAPP-A 1,86 - 0,55 MoM
- NT 1,6 mm – 1,25 MoM
- Risk for DS in age 33,6 years – 1/550
- Combine risk for DS 1/80
- Positive I. trimester screening

I. Trimestr screening

- Age – 33,6
 - Week of gestation 12+5 (US)
 - F β hCG 113,4 – 3,41 MoM
 - PAPP-A 1,86 - 0,55 MoM
 - NT 1,6 mm – 1,25 MoM
 - Risk for DS in age 33,6 years – 1/550
 - Combine risk for DS 1/80
 - **Positive I. trimestr screening**
-
- **Recommendation**
 - **Genetic consultation**
 - **Karyotyping of the fetus**
 - **Detailed ultrasound examination of the fetus**

II. Trimester screening

- Age – 29,9
- Week of gestation
- 15+1
- AFP 48,0 - 1,66 MoM
- uE3 3,09 – 1,07 MoM
- Total hCG 40,2 – 0,99 MoM

- Risk for DS in age 29,9 years – 1/1000
- Combine risk for DS less than 1/50 000
- **Negative II. trimester screening**

- **Recommendation**
- Detailed ultrasound examination of the fetus in 20. week of gestation

II. Trimester screening

- Age – 33,7
- Week of gestation
- 15+3
- AFP 21,1 – 0,71 MoM
- uE3 1,55 – 0,49 MoM
- Total hCG 35,1 – 0,95 MoM
- Risk for DS in age 33,7 years – 1/540
- Combine risk for DS 1/220
- **Positive II. trimester screening**
- **Recommendation**
- **Genetic Consultation**
- **Karyotyping**
- **Detailed ultrasound examination of the fetus**

II. Trimester screening

- Age – 25,7
- Week of gestation
- 20+5
- AFP 27,6 - 0,50 MoM
- uE3 6,28 – 0,38 MoM
- Total hCG 4,2 – 0,21 MoM
- Risk for DS in age 25,7 years – 1/1300
- Combine risk for DS 1/6300
- Risk for Edwards syndrome 1/3
- Risk for Smith-Lemli-Opitz syndrome 1/65

- Recommendation
- Genetic Consultation
- Fetal karyotyping, DNA of the fetus (SLOS)
- Detailed ultrasound examination of the fetus
- DNA analysis SLOS – both parents

Integrated screening

- Age – 25,8
- Week of gestation
- 1. 12+6 (US)
- 2. 15+6
- AFP 29,8 – 0,97 MoM
- uE3 3,45 – 0,96 MoM
- Total hCG 48,5 – 1,48 MOM
- PAPP-A 4,1 – 1,16 MOM
- NT 1,3 mm – 1,01 MoM
- Risk for DS in age 25,8 years – 1/1300
- Combine risk for DS 1/15 000
- **Negative integrated screening**
- **Recommendation**
- Detailed ultrasound examination of the fetus in 20. week of gestation

Non-invasive prenatal testing (NIPT)

- examination of free fetal DNA in maternal plasma
- performed outside the Czech Republic
- reliability over 98 %

Edwards syndrome

- **47,XX(XY),+18**
- **1/5000-10 000 in newborns, 1/45 SA**
- **gynekotropie 4:1**
- **SA - 95%, death before 1 year mostly**
- **hypotrophy, atypical hands and feet, profil, prominent nose, small chin, congenital defects**

Edwards syndrome

- 1:5000
- IUGR, hyotrophicie
- microcephalie
- dolichocephalie
- Cleft palate
- Down set ears
- micromandibula
- Hands, feet
- Other cong.
malformations

Patau syndrome

- **47,XX(XY),+13**
- **1/5000-10 000 in newborns, 1/90 SA**
- **95% SA**
- **death before 1 year mostly**
- **cleft lip and palate bilateral, congenital defects (CNS, eyes, postaxial hexadactily...)**

Patau syndrome

- Microcephalie
- Trigonocephalie
- skin defects in the hairy part calva
- congenital defects of the brain
(holoprosencephalie, arinencephalie)
- micro-anophthalmia
- Cleft lip, palate hexadactilie
- heart defects

Turner syndrome

- **45,X (in about 55%), mosaicism, structural abnormalities of X chromosome**
- **1/2500 newborn girls, min. 95% SA**
- **prenat.- hydrops foetus, hygroma coli**
- **postanatal lymphedema on foots, pterygium coli, congenital heart defect coarctation of aorta, small stature, other congenital defects, hypogenitalismus, hypergonadotropins, sterility-infertility**

Turner syndrome 45,X

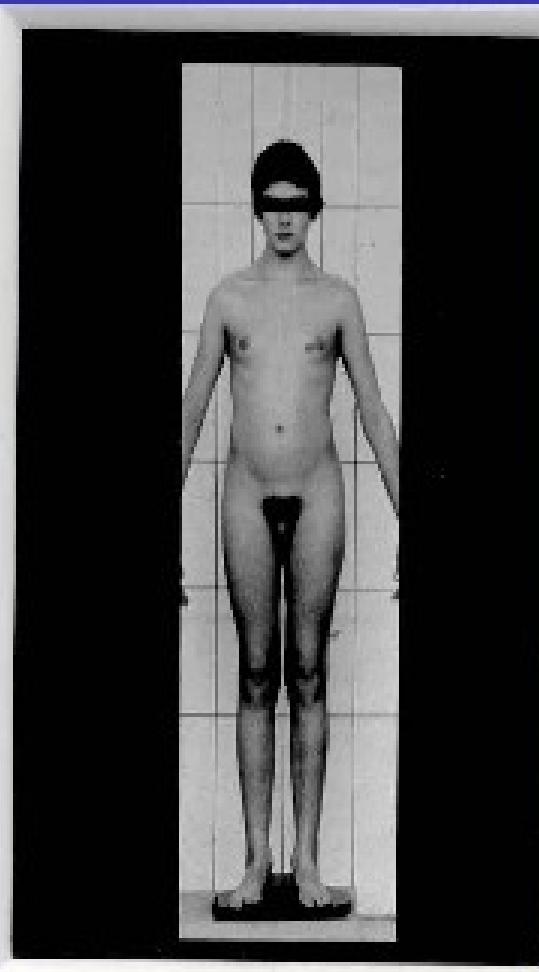
- 1:2000
- hygroma colli
- hydrops
- Low weight in newborns
- Lymfoedema
- Pterygia
- Cubiti valgi
- Aortal stenosis
- Small stature
- Sterility

Klinefelter syndrome

- 47,XXY
- relatively frequent 1/600-1000 liveborn males
- tall stature
- hypogonadism, gynecomastia
- sterility, infertility

Klinefelter syndrome 47,XXY

Syndrome de Klinefelter



- Testicules de petit volume
- Atrophie tubulaire
- Gynécomastie
- Grande Taille
- Grande envergure
- Rapp ort SS/ SI diminué
- Difficultés Sc olair es
- FSH ♂ et LH ♂, testo svt basse
- 47, XXY

Others gonosome abnormalities

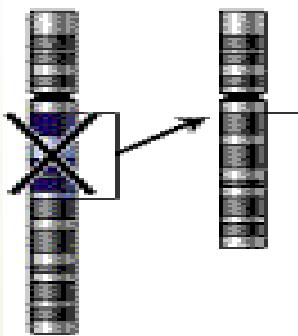
- **47,XXX**
- **47,XYY**
- **48,XXXX**
- **48,XXYY**

Structural chromosomal aberrations

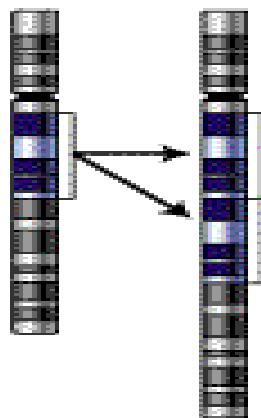
- deletion or a duplication of the genetic material of any chromosome, atypical structure - side by side to get the genetic material, which there normally is not - the effect of positional
- partial-partial deletions
- partial trisomy
- inversions, insertions, duplications ...

Types of mutation

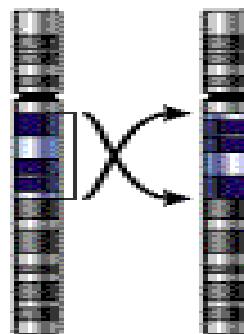
Deletion



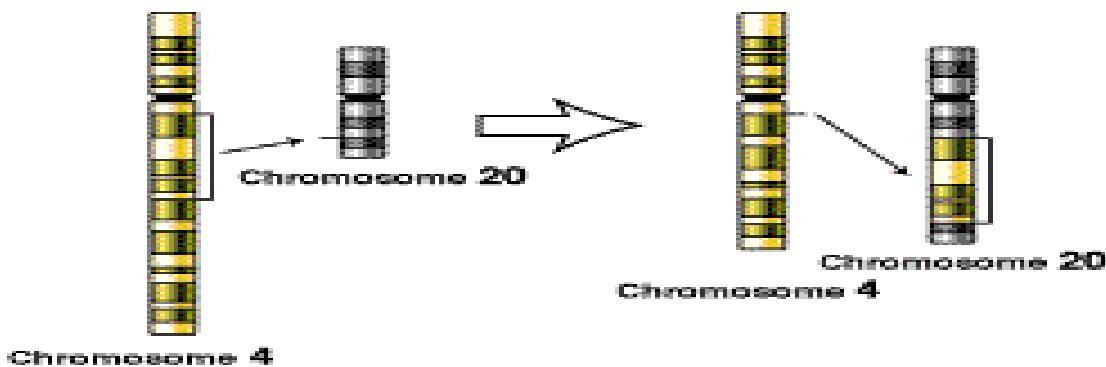
Duplication



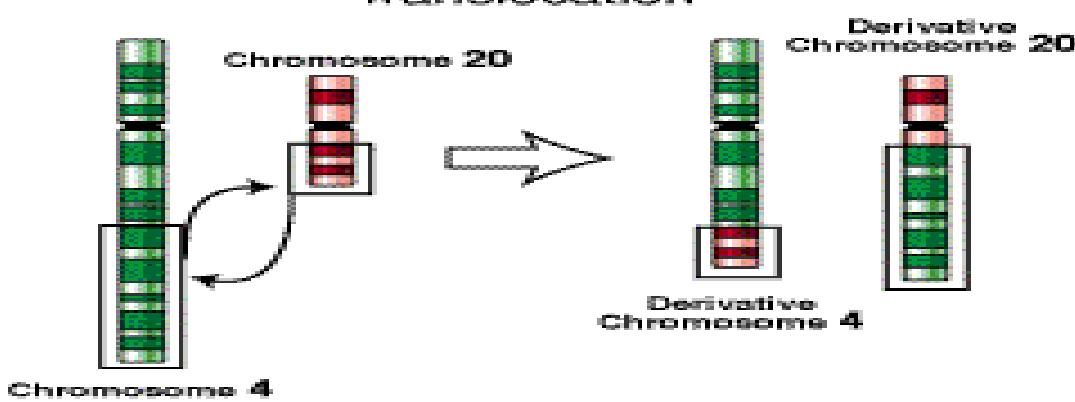
Inversion



Insertion



Translocation



Wolf-Hirshorn syndrome

46,XX(XY),4p-

- **severe mental retardation**
- **typical craniofacial dysmorphia - hypertelorism, pear nose, carp mouth,**
- **pre-and postnatal growth retardation,**
- **failure to thrive**
- **other associated developmental defects - heart, urogenital tract ...**

Cri du chat syndrome

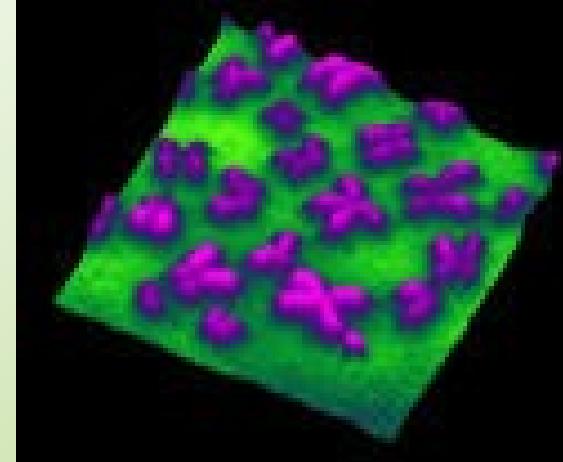
46,XX(XY),5p-

- anomalies of the larynx causes the characteristic cry of a similar feline meow (only in infancy)
- low birth weight and length
- mental retardation, short stature, failure to thrive, small moon shaped face, the position antimongoloid eye slits, mikrocephalie
- Other malformations and birth defects

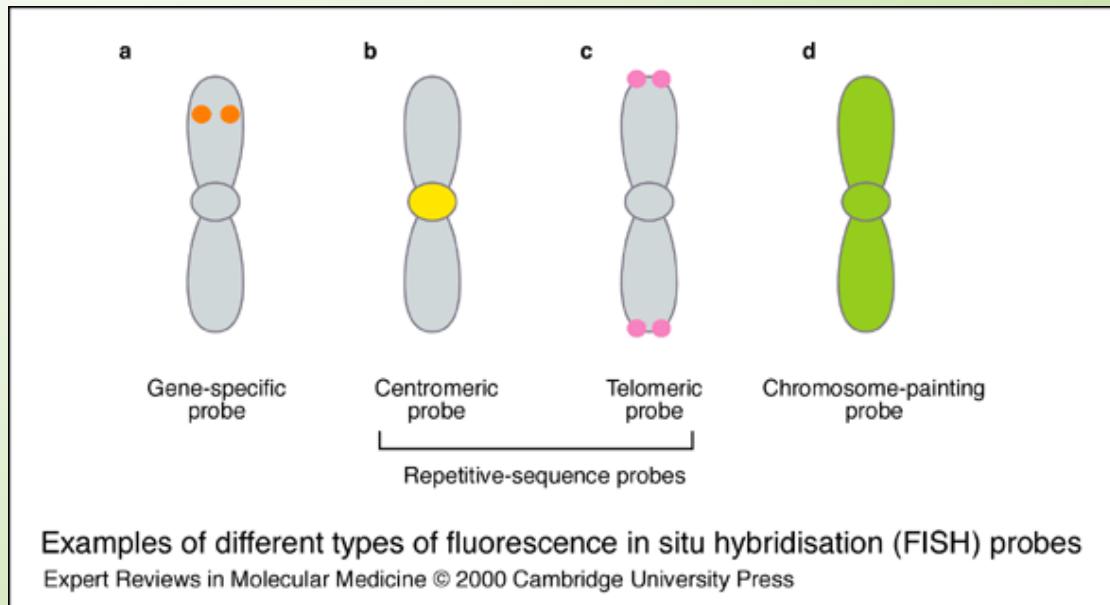
Cri du chat 46,XX(XY),5p-

- 1:50 000
- Typically cri in newborns
- laryngomalacie
- antimongoloid
- epicanthi
- hypotonie
- hypotrofie

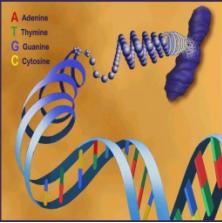
Mikrocytogenetic Molekular cytogenetic



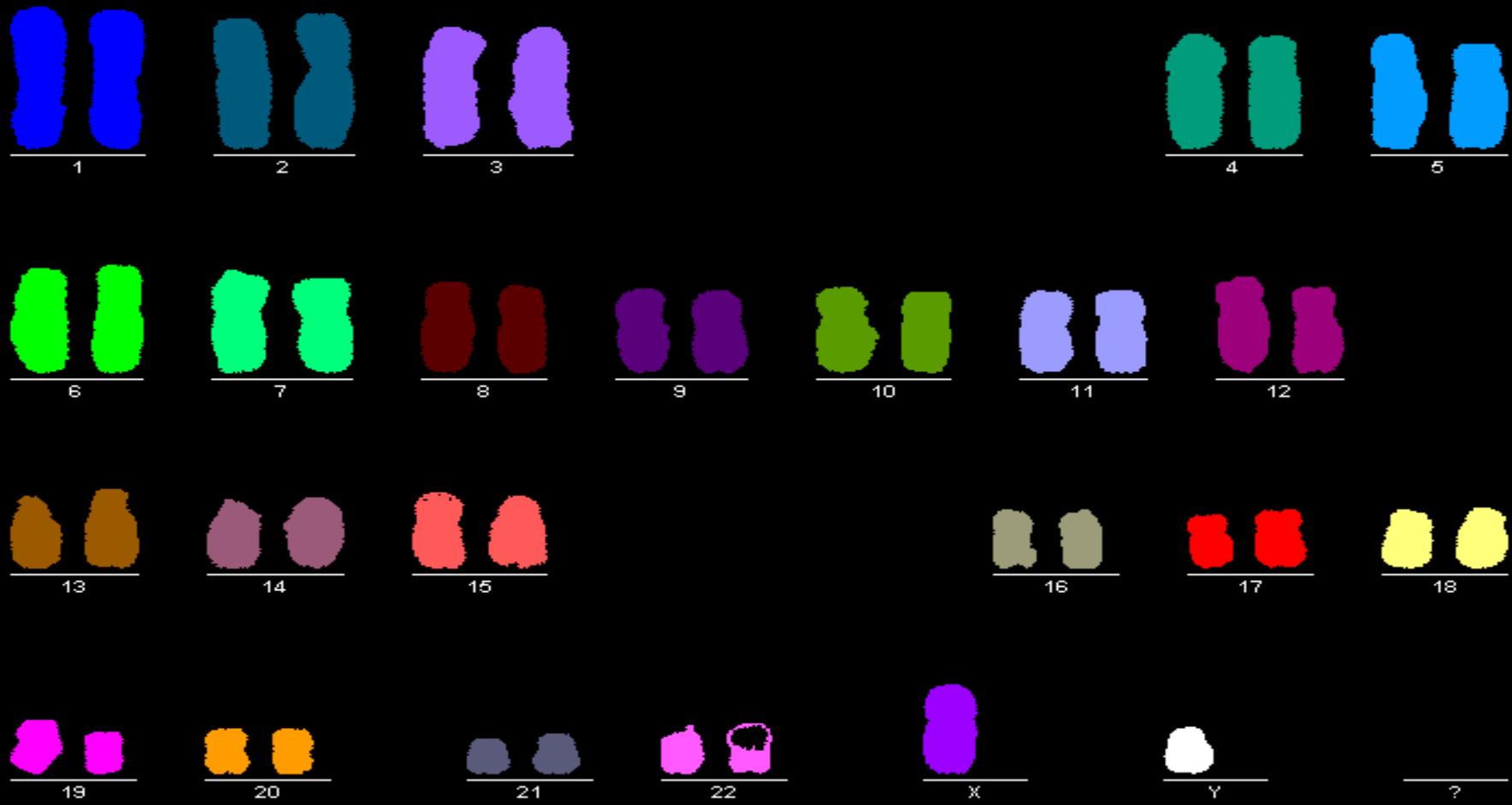
- FISH (fluorescence in situ hybridisation), M-
- FISH, SKY (spektral karyotyping), CGH (komparativ genom hybridisation), MLPA
- **mikrodeletions or mikroduplications, marker chromosomes, complex rearrangements, oncology – oncogenetics, fast prenatal diagnostics ...)**
- fast methods (possible for prenatal dg)
- metafase and intesfase examination



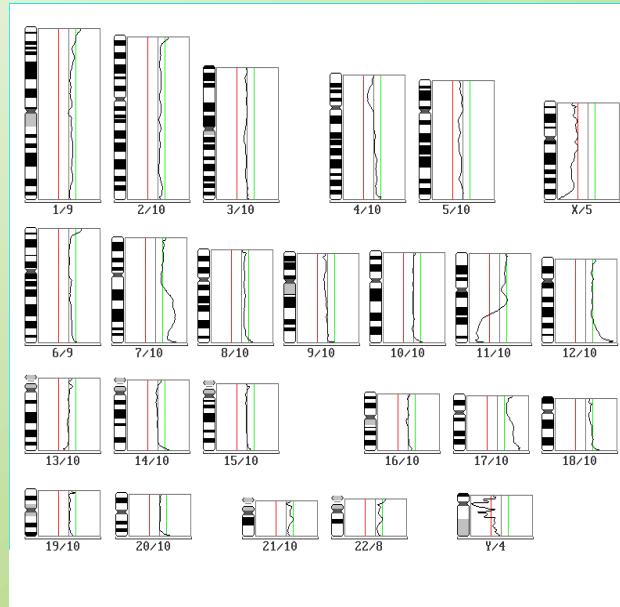
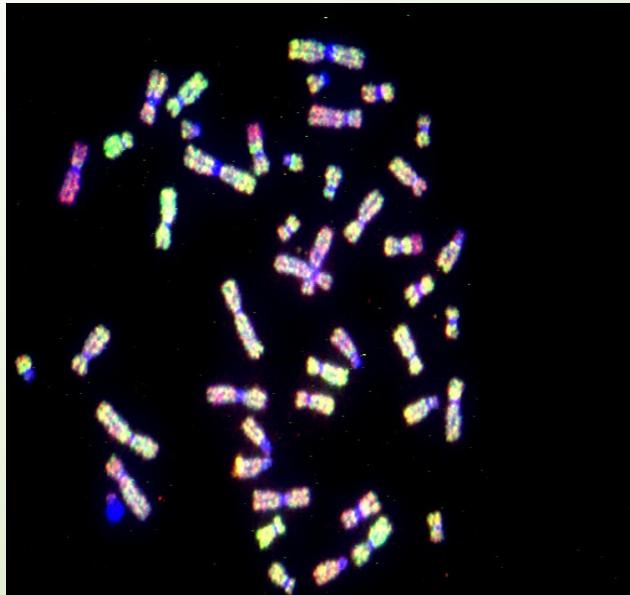
FISH



M-FISH (multicolor) Spektral karyotyping (SKY)

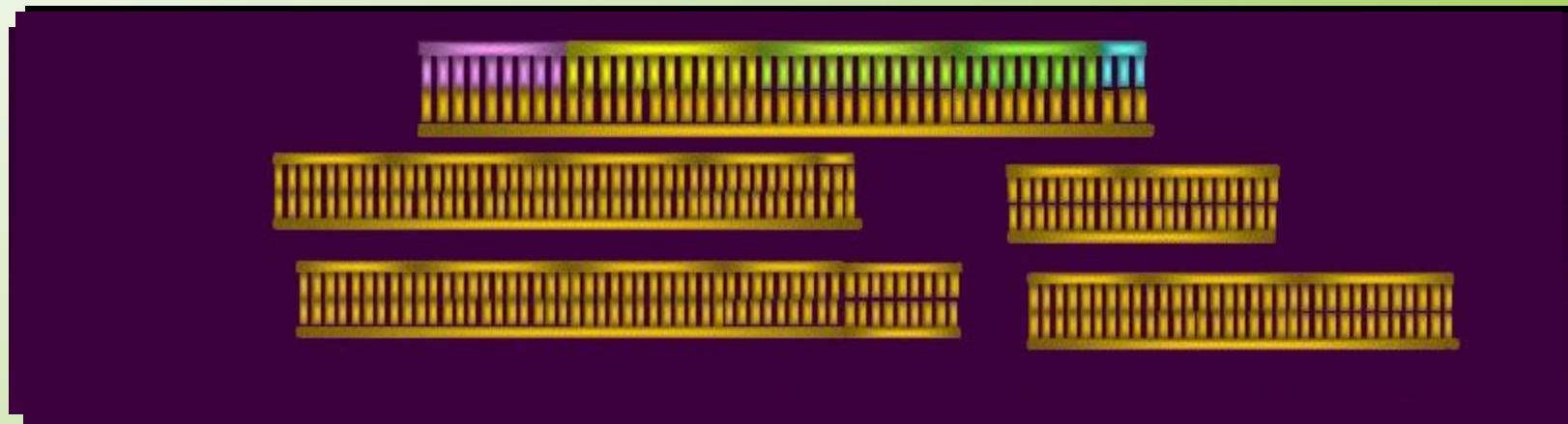


Comparative genome hybridisation



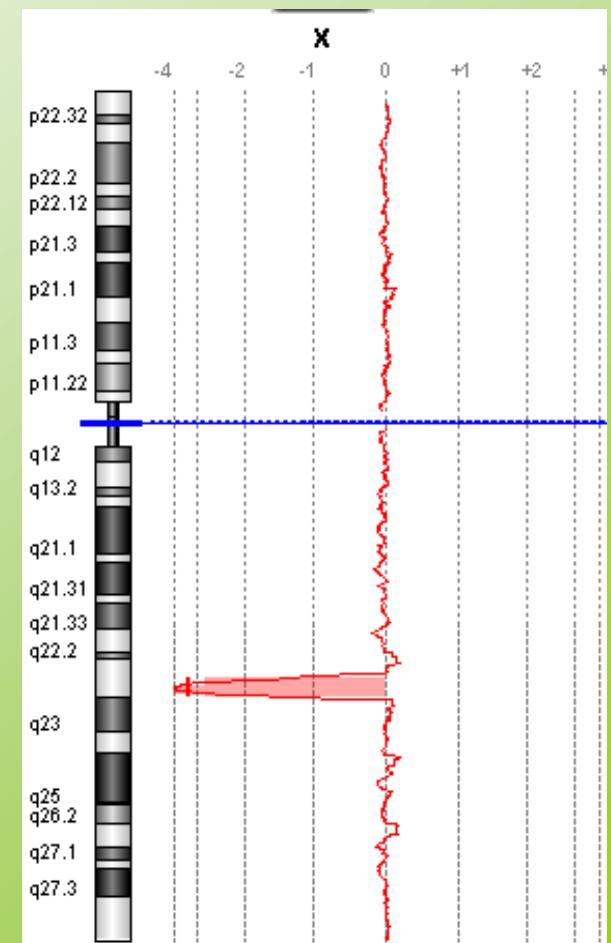
MLPA

Multiplex Ligation-Dependent Probe Amplification



Array CGH

- DNA mikroarray
- Chip technology



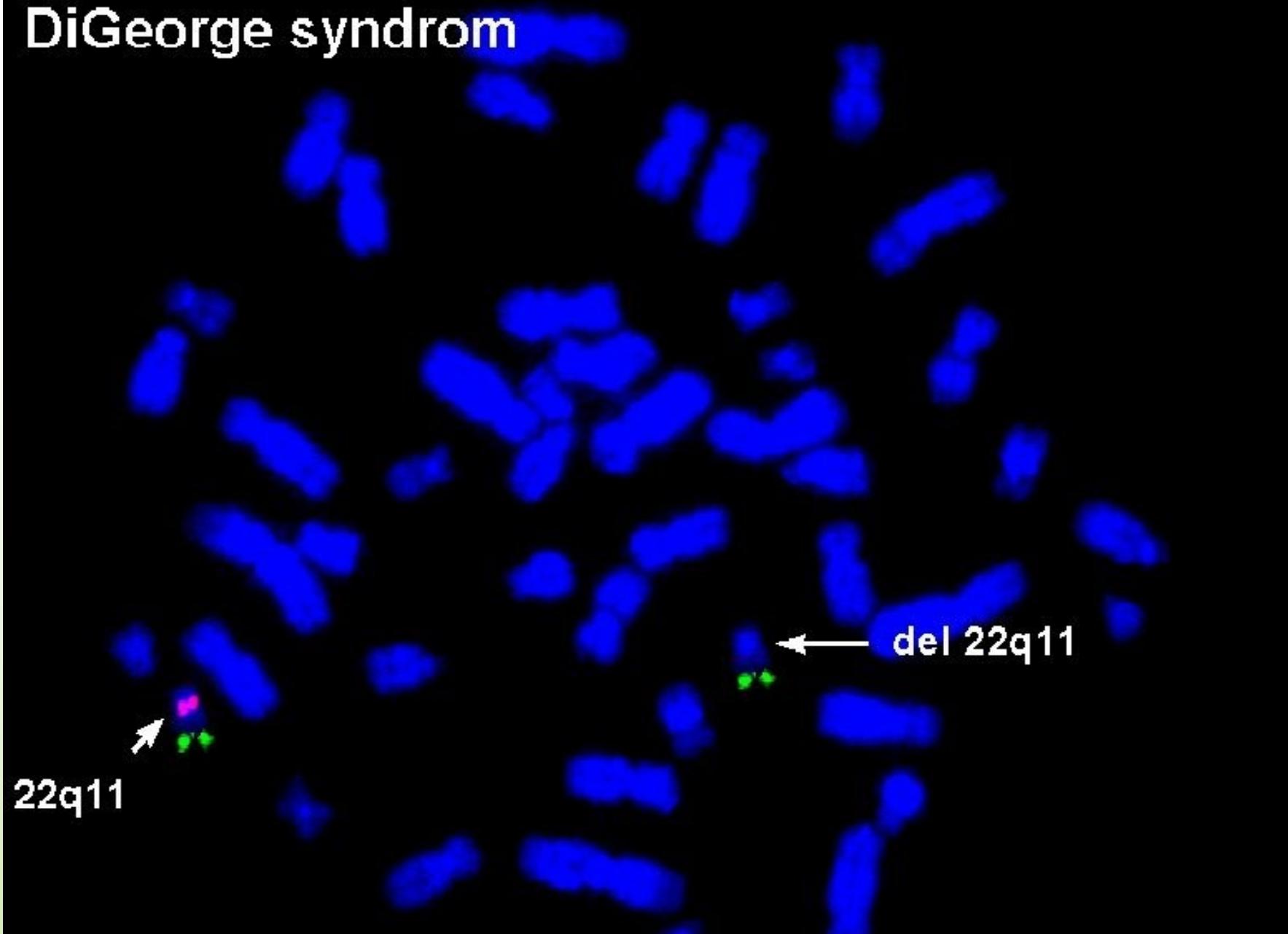
Microdeletions

- **Di George syndrome
(del 22q11)**
- **Prader-Willi / Angelman syndrome
(del15q11-13)**
- **Williams Beuren syndrome
(del7q11.23)**

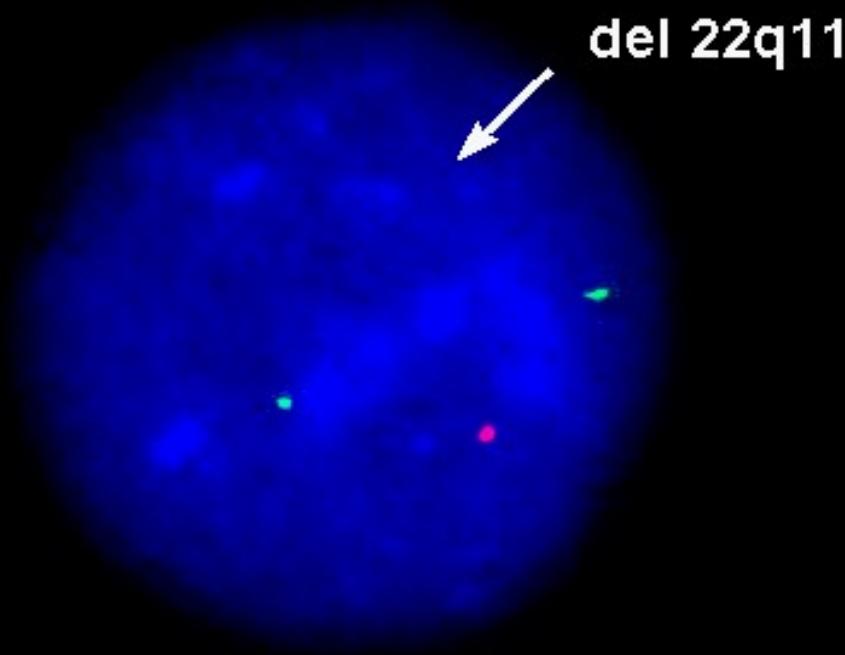
Syndrom Di George

- Velo - Kardio- Facial syndrome
- CATCH 22
- Congenital heart disease - conotruncal, craniofacial dysmorphism, thymus aplasie, imunodeficient“cy, hypoparathyreoidismus

DiGeorge syndrom



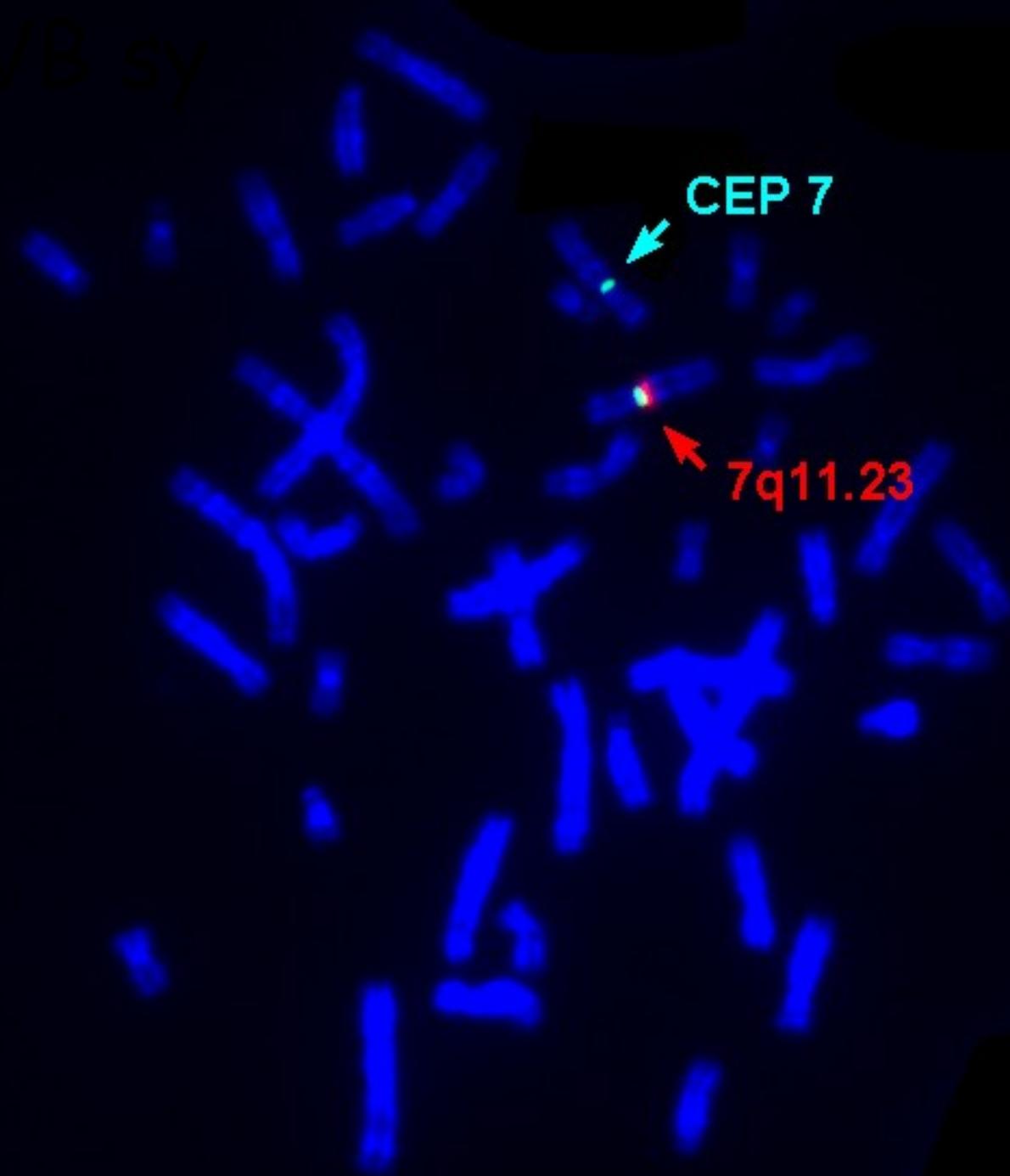
DiGeorge syndrom



Williams - Beuren syndrome

- del 7q11.23
- **Facial dysmorfie - Elfin face, congenital heart disease, aortal or pulmonal stenosis, hypokalcemie, small statue, MR, hernie,...**

Foto WB sy

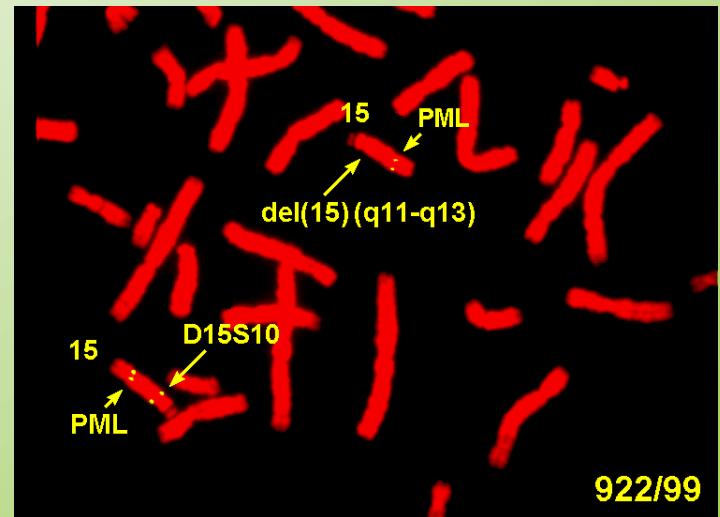


Prader-Willi syndrome

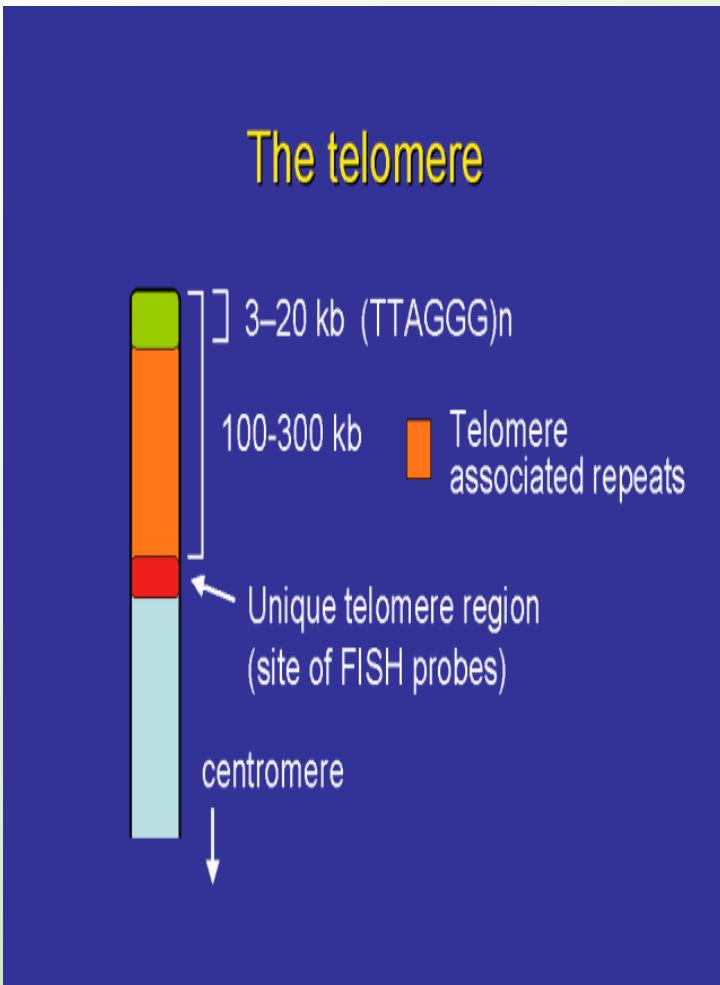
- **Hypotonie, hypotrofie in small children**
- **PMR, small statue, obesity, hyperfagie, akromikrie, hypogonadismus**
- **mikrodeletion 15q11-12 paternal**

Angelman syndrome

- Severe mental retardation
- Epilepsie
- Laughter
- severely delayed speech development
- mikrodeletion 15q11-12 mat



The telomeres



**Rearangement in
about 6-8%
children with
mental retardation
with or without
congenital defect
(FISH, HR-CGH,
MLPA)**