

MEDICAL GRAND ROUNDS

Parkland Memorial Hospital

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RECENT ADVANCES IN GENETIC COUNSELING

Joseph L. Goldstein, M.D.

OUTLINE

GENETIC PRINCIPLES - Brief Review

Pathogenesis of Disease
Molecular Basis of Gene Expression
Mutation
Cellular Mechanism by which Mutant Genes Produce Disease
Genetic Heterogeneity, Pleiotropism, and Variability

CATEGORIES OF GENETIC DISEASES

Chromosomal Disorders
Simply Inherited Disorders
 Autosomal Dominant
 Autosomal Recessive
 X-linked
Multifactorial Disorders

GENETIC COUNSELING

Objectives
Indications
Steps

CATEGORIES OF HIGH RISK FAMILIES

Risks Exceeding 50%
Risks of 25-50%
Risks of 10-25%
Risks of 1-5%

PRENATAL DIAGNOSIS

Procedure
Indications

EXAMPLES OF CASES REFERRED FOR GENETIC COUNSELING

- Case #1 Marfan Syndrome in a 18 year old male with unaffected parents and grandparents
- Case #2 Medullary Thyroid Carcinoma in a 36 year old male

Case #3 - Young couple at high risk to have child with neural tube abnormality

Case #4 - Risks to offspring of a young couple in whom both the husband and wife have Diabetes Mellitus

Case #5 - Prenatal diagnosis for Pompe's Disease (Glycogen Storage Disease)

Case #6 - 25 year old female whose brother had Duchenne form of Muscular Dystrophy

Case #7 - Kidney transplantation in hereditary forms of chronic renal disease

Case #8 - 38 year old female whose previous child had Down's Syndrome

EVALUATION OF GENETIC COUNSELING

Table 1

SOME RELATIVELY FREQUENT MENDELIAN DISORDERS
AFFECTING ADULTS

Autosomal Dominant Disorders

Familial hypercholesterolemia
Hereditary hemorrhagic telangiectasia
Marfan syndrome
Hereditary spherocytosis
Adult polycystic kidney disease
Huntington's chorea
Acute intermittent porphyria
Osteogenesis imperfecta tarda
von Willebrand's disease
Myotonic dystrophy
Hemochromatosis
Idiopathic hypertrophic subaortic stenosis (IHSS)
Noonan syndrome
Neurofibromatosis
Tuberous sclerosis

Autosomal Recessive Disorders

Deafness
Albinism
Wilson's disease
Sickle cell anemia
 β -Thalassemia
Cystic fibrosis
Hereditary emphysema (α -1-antitrypsin deficiency)
Homocystinuria
Familial Mediterranean fever
Friedreich's ataxia
Phenylketonuria

X-linked Disorders

Hemophilia A
Glucose-6-phosphate dehydrogenase deficiency
Fabry's disease
Ocular albinism
Testicular feminization
Chronic granulomatous disease
Hypophosphatemic rickets
Color blindness

Table 2

EXAMPLES OF SIMPLY INHERITED DISORDERS THAT OCCUR WITH INCREASED FREQUENCY IN SPECIFIC

ETHNIC GROUPS

ETHNIC GROUP	SIMPLY INHERITED DISORDER
African Blacks	Hemoglobinopathies, especially HbS, HbC, α - and β -Thalassemias Glucose-6-phosphate dehydrogenase deficiency
Armenians	Familial Mediterranean fever
Ashkenazi Jews	Abetalipoproteinemia Bloom syndrome Dystonia musculorum deformans (recessive form) Factor XI (PTA) deficiency Familial dysautonomia (Riley-Day syndrome) Gaucher disease (adult form) Neimann-Pick disease Pentosuria Tay-Sachs disease
Chinese	α -Thalassemia Glucose-6-phosphate dehydrogenase deficiency Adult lactase deficiency
Eskimos	Pseudocholesterase deficiency Adrenogenital syndrome
Finns	Congenital nephrosis

French Canadians

Tyrosinemia

Japanese

Actalasemia

Mediterranean peoples
(Italians, Greeks, Sephardic Jews)

β -Thalassemia
Glucose-6-phosphate dehydrogenase deficiency
Familial Mediterranean fever
Glycogen storage disease, Type III

Northern Europeans

Cystic fibrosis

Scandinavians

α_1 -Antitrypsin deficiency

South African Whites

Porphyria variegata

Data modified from V. A. McKusick, Mendelian Inheritance in Man: Catalogs of Autosomal Dominant, Autosomal Recessive, and X-linked Phenotypes. The Johns Hopkins University Press, Baltimore, 4th edition. pp. xv-lvi, 1975.

Table 3

METHODS FOR DETECTION OF ASYMPTOMATIC HETEROZYGOTES IN
FREQUENTLY ENCOUNTERED DOMINANTLY INHERITED DISORDERS

Disorder	Method of Heterozygote Detection		Therapeutic Advantage of Early Diagnosis
	Physical Findings	Laboratory Tests	
<u>GASTROINTESTINAL, LIVER, AND PANCREAS</u>			
Hemochromatosis		Serum iron	Prevent cirrhosis, heart failure, and diabetes
Gilbert Disease		Serum bilirubin	Avoid confusion with more serious forms of liver disease
Peutz-Jeghers Syndrome	Melanin spots of lips, buccal mucosa, and digits	X-ray of small intestine	Clarify cause of gastrointestinal bleeding
Familial Polyposis		X-ray of colon; colonoscopy	Prevent colon carcinoma
Gardner Syndrome	Multiple sebaceous cysts; lipomas; fibromas; osteomas; dental abnormalities; desmoid tumors	X-ray of colon and small intestine; colonoscopy	Prevent colon carcinoma

METABOLIC AND ENDOCRINE

Medullary Thyroid Carcinoma-Pheochromocytoma Syndrome	Serum calcitonin; measurement of blood pressure	Prevent thyroid carcinoma and complications of hypertension
Multiple Endocrine Adenomatosis	Multiple lipomas	Prevent complication of hyperparathyroidism, hypoglycemia, peptic ulcer, metastatic cancer
Familial Hyperparathyroidism	Serum calcium, parathyroid hormone	Prevent renal damage and other complications of hypercalcemia
Familial Hypercholesterolemia	Tendon xanthomas, xanthelasma, arcus corneae	Prevent premature coronary heart disease
Holt-Oram Syndrome	Abnormality of thumb and carpals; murmur of atrial septal defect	Prevent complications of atrial septal defect
Noonan Syndrome	Hypertelorism; small chin; low-set ears; ptosis; pectus deformity; cryptorchidism; murmur of pulmonic stenosis	Prevent heart failure
Idiopathic Hypertrophic Subaortic Stenosis (Asymmetric Septal Hypertrophy)	Presystolic gallop; characteristic carotid arterial pulse	Prevent sudden death, syncope angina, heart failure

HEART AND VASCULAR

Dominantly inherited form of Atrial Septal Defect	Heart murmur	EKG showing first degree heart block, RBBB, RAD	Prevent complications of atrial septal defect
<u>HEMATOLOGIC</u>			
Hereditary Spherocytosis	Splenomegaly; jaundice	Blood smear; reticulocyte count; hemoglobin; osmotic fragility test	Prevent anemia, cholelithiasis
Hereditary Hemorrhagic Telangiectasia	Telangiectasia of tongue, lips, conjunctiva, ears, fingers; pulmonary AV fistula	X-ray of lungs	Clarify cause of nosebleeds and gastrointestinal bleeding
von Willebrand's Disease		Immunologic and functional assays of plasma AHG levels; bleeding time	Prevent gastrointestinal and urinary bleeding
<u>CONNECTIVE TISSUE AND BONE</u>			
Ehlers-Danlos Syndromes (Types I, II, III)	Loose-jointedness; fragile, stretchable, bruisable skin; subcutaneous calcified spherules		
Marfan Syndrome	Ectopic lens; mitral and aortic murmurs; excessive length of extremities	Slit-lamp exam; Metacarpal index by x-ray	Reduce risk of aortic dissection; prevent blindness
Osteogenesis Imperfecta	Multiple fractures; loose-jointedness; blue sclerae; deafness; aortic regurgitation	X-ray of bones	

RENAL

Alport Syndrome

Nerve deafness;
cataracts,
lenticonus,
spherophakia

Urinalysis; slit-lamp
exam

Prevent uremia

Nail-Patella Syndrome

Dysplastic nails;
absent patellas

X-ray of pelvis (iliac
horns); urinalysis

Clarify cause of hematuria
and azotemia

Polycystic Kidney Disease

Urinalysis; intravenous
pyelogram; renal arterio-
gram; measurement of blood
pressure

Prevent uremia and complication
of hypertension

Renal Tubular Acidosis

X-ray of kidneys
(nephrocalcinosis);
urine pH, calcium; serum
electrolytes, calcium

Prevent acidosis, osteoporosis,
kidney stones

RESPIRATORY

Hereditary Angioneurotic

Edema

Serum level of C1
esterase inhibitor of
complement

Reduce risk of sudden death
caused by laryngeal edema and
clarify cause of acute
abdominal pain

DERMATOLOGIC

Neurofibromatosis

Cafe-au-lait spots;
neurofibromas; scoliosis

Prevent malignant degeneration
of neurofibromas

Waardenburg Syndrome

Wide bridge of nose;
frontal white blaze
of hair; heterochromia
iridis; white eye
lashes; deafness

Clarify cause of deafness

Basal Cell Nevus Syndrome	Multiple basal cell carcinomas; jaw cysts; pits on palms and soles; skeletal defects (ribs, spina bifida, scoliosis)	X-rays of skull (calcification of falx cerebri) and skeleton	Removal of cutaneous cancers; provide cosmetic surgery
<u>NEUROLOGIC</u>			
Charcot-Marie-Tooth Disease	Pes cavus; atrophy of anterior tibial and calf muscles ("stork legs"); absence of deep tendon reflexes	Biospy of muscle and of sural cutaneous nerve	Improve walking by corrective shoes and orthopedic measures
Myotonic Dystrophy	Myotonia; muscle wasting of temporal and sternocleidomastoid muscles; cataracts; frontal baldness; signs of hypogonadism	Slit-lamp exam; electromyography; measurement of serum immunoglobulins; electrocardiogram	Anticipate complete heart block
Acute Intermittent Porphyria		Measurement of uroporphyrin synthetase activity in red blood cells	Reduce risk of neuropathic attacks by avoidance of aggravating drugs such as barbiturates
Tuberous Sclerosis	Adenoma sebaceum; cutaneous white macules; shagreen patch; periungual fibromas		Prevent seizures
Huntington's Chorea	Paranoia, other personality changes; choreic movements; dementia		

Periodic Paralysis Syndromes (Hypo-, hyper-, and normokalemic types)	Cold-induced myotonia	Electromyogram; serum potassium	Reduce frequency of attacks by avoidance of aggravating agents such as high-carbohydrate diet and exposure to cold
PHARMACOTHERAPY			
Malignant Hyperthermia		Serum creatine phosphokinase	Prevent fatal episode of hyperthermia induced by general anesthesia

Table 4

APPROXIMATE PROPORTION OF PATIENTS AFFECTED BY NEW MUTATIONS
IN SOME AUTOSOMAL DOMINANT DISORDERS

Disorder	Percentage
Achondroplasia	80%
Tuberous sclerosis	80%
Neurofibromatosis	40%
Marfan syndrome	30%
Myotonic dystrophy	25%
Huntington's chorea	4%
Adult polycystic kidney disease	1%
Familial hypercholesterolemia	Very Low

EMPIRIC RISKS FOR SOME COMMON MULTIFACTORIAL

GENETIC DISEASES AFFECTING ADULTS

Disorder in Index Case	Estimated Absolute Risk for First-degree Relatives
Cleft lip and/or palate	3%
Congenital heart disease	4%
Coronary heart disease	8% for male relatives 3% for female relatives
Diabetes mellitus	5%
Epilepsy	5%
Hypertension	10%
Manic-depressive psychosis	10-15%
Psoriasis	10-15%
Schizophrenia	15%
Thyroid disease (autoimmune disorders including hyperthyroidism, thyroiditis, primary myxedema, simple goiter)	10%

Table 6INDICATIONS FOR PRENATAL DIAGNOSIS

1. Couples having a previous child with spina bifida or anencephaly (5% recurrence risk)
2. Couples having a previous child with a chromosomal aberration such as trisomy 21 form of Down's syndrome (1 to 2% recurrence risk)
3. Couples in whom either the husband or wife carries a balanced translocation chromosome for Down's syndrome (5-20% recurrence risk)
4. Couples at risk for having a child with a detectable inborn error of metabolism (25 to 50% recurrence risk)
5. Pregnant women 38 years of age and older who have a 1 to 2% chance of carrying babies with Down's syndrome
6. Women whose male fetuses have a 50% risk of being affected with a serious X-linked disorder such as Muscular Dystrophy or Hemophilia

Table 7

INBORN ERRORS OF METABOLISM FOR WHICH

PRENATAL DIAGNOSIS IS FEASIBLE

Lipidoses

Cholesteryl ester storage disease
Fabry disease
Gaucher disease
Krabbe disease (globoid cell leukodystrophy)
Metachromatic leukodystrophy
Neimann-Pick disease
Refsum syndrome
Tay-Sachs disease and other gangliosidoses
Wolman syndrome

Mucopolysaccharidoses

Hurler syndrome
Hunter syndrome
Sanfilippo syndromes
Scheie syndrome
 β -glucuronidase deficiency

Amino Acid and Related Disorders

Argininosuccinic aciduria
Citrullinemia
Cystathionine synthase deficiency (homocystinuria)
Cystinosis
Histidinemia
Maple syrup urine disease
Methylmalonic aciduria

Disorders of Carbohydrate Metabolism

Fucosidosis
Galactosemia
Glucose-6-phosphate dehydrogenase deficiency
Glycogen storage diseases, types II, III, and IV
Mannosidosis

Miscellaneous Disorders

Adenosine deaminase deficiency
 Familial hypercholesterolemia, homozygous form
 Hypophosphatasia
 I-cell disease
 Lesch-Nyhan syndrome
 Lysosomal acid phosphatase deficiency
 Orotic aciduria
 Sickle cell anemia
 Testicular feminization
 Thalassemia
 Xeroderma pigmentosa

Data modified from A. Milunsky. The Prevention of Genetic Disease and Mental Retardation. W.B. Saunders Company, Philadelphia. pp. 239-241, 1975.

Vitamin D and phosphorus
 Gamma globulin
 Factor VIII (AHG)
 Cortisol
 Thyroxine
 Growth hormone

Hypophosphatasia
 Agammaglobulinemia
 Hemophilia
 Adrenogenital syndrome
 Familial galactosemia
 Hypoparathyroidism

Removal of Body Burden

Cystine removal by D-penicillamine
 Copper removal by D-penicillamine
 Iron removal by phlebotomy

Cystinuria
 Wilson's disease
 Hemochromatosis

Surgery

Splenectomy
 Prostatectomy
 Colectomy
 Thyroidectomy

Hereditary spherocytosis
 Glycogen storage disease, type I
 Familial polyposis of the colon
 Medullary thyroid carcinoma syndrome

Organ Transplantation

Kidney
 Kidney

Pancreas
 Adult polycystic kidney disease

Table 8

HEREDITARY DISORDERS AFFECTING ADULTS

SUSCEPTIBLE TO TREATMENT

Method of Treatment	Disorder
<u>Reduction of Toxic Food</u>	
Lactose	Lactase deficiency
Galactose	Galactosemia
Fructose	Fructose intolerance
Neutral Fats	Familial lipoprotein lipase deficiency
Cholesterol and saturated fats	Familial hypercholesterolemia
Phytanic acid	Refsum syndrome
Phenylalanine	Phenylketonuria
<u>Metabolic Supplementation</u>	
Vitamin D and phosphate	Hypophosphatemic rickets
Gamma Globulin	Agammaglobulinemia
Factor VIII (AHG)	Hemophilia
Cortisol	Adrenogenital syndromes
Thyroxine	Familial goiters
Growth Hormone	Pituitary dwarfism
<u>Removal of Toxic Product</u>	
Cystine removal by D-penicillamine	Cystinuria
Copper removal by D-penicillamine	Wilson's disease
Iron removal by phlebotomy	Hemochromatosis
<u>Surgery</u>	
Splenectomy	Hereditary spherocytosis
Portacaval shunt	Glycogen storage disease, type I
Colectomy	Familial polyposis of the colon
Thyroidectomy	Medullary thyroid carcinoma syndrome
<u>Organ Transplantation</u>	
Kidney	Fabry disease
Kidney	Adult polycystic kidney disease

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