Two siblings with combined oxidative phosphorylation defect 11 with a novel mutation in the RMND1 gen İlknur Erol¹, Leman Tekin Orgun¹, Şeyda Besen¹, <u>Elif Perihan Öncel¹</u>, İbrahim Boğa², Atıl Bişgin², Özlem Alkan³



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INTRODUCTION

Mutations in the RMND1 gene have recently been linked to infantile onset mitochondrial characterized by multiple disease mitochondrial respiratory chain defects combined oxidative named as phosphorylation defect 11 (COXPD11). The clinical phenotypes and prognoses of RMND1-related COXPD11 are heterogeneous and the main clinical features are congenital sensorineural deafness, central hypotonia, developmental delay, seizures, lactic academia and renal disease. The number of cases reported in the literature is quite low, and to the best of our knowledge, no case has been reported from Turkey so far.

OBJECTIVES

Herein, we present two sibling cases with RMND1-related COXPD11 with a novel homozygous mutation as the first report from Turkey.



Figure 1: The EEG of the first patient



Case 1

Case 1, 11-year-old, femal **Complaint:**

- Developmental and spee
- ✤ At 7 years, resistant diale generalized tonic-clonic
- Congenital hearing loss
- ✤ Hyperactivity

History:

- Difficult birth
- Consanguineous parents
- Mental retardation and he three cousins and brother

Examination:

- Mental retardation
- Long facial structure
- Anteriorly rotated ears
- ✤ Axial hypotonia, increas tendon reflexes, and peri
- Mild pes cavus deformity





Figure 2: The brain MRI of the patient Axial T2 weighted imaging shows the a signal intensity of bilateral lentiform nu

CASES		RMND
le patient ech delay epctic and seizures	 Investigations: High plasma lactate levels:(lactic acid:32.3 mg/dl, pyruvic acid: 1.2 mg/dl, lactate/pyruvate (L:P) ratio: 26) EEG: Active multifocal epileptic disorder (Figure 1) 	translati mitocho maturati In 2012 RMND infantile
earing loss in her	 In the second	The clin with R ranging and h encepha
r	 WES: A novel homozygous c.791T>A (p.V264E) mutation in the RMND1 gene (NM_017909.4) 	with a fa While o epilepsy retardati
sed deep brisk pheral spasticity y	 Heterozygous mutation in her parent and the other sibling Case 2, 8- year-old, male patient Hearing loss at 2 years old, mild learning disability Pes planus, DTR increased He was diagnosed during genetic counseling A homozygous c.791T>A (p.V264E) mutation in the RMND1 gene 	has no retardati involver far. RM cause d individu RMND symptor
s (a: case1, b:case 2); abnormal symmetrical aclei	 DISCUSSION RMND1 plays a vital role in mitochondrial translation by anchoring or stabilizing the mitochondrial ribosome near the site of mRNA maturation 	Herein, with a n gene wi
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plays a vital role in mitochondrial by anchoring or stabilizing the lon ondrial ribosome near the site of mRNA tion

, it was first reported that mutations in the gene caused COXPD11 as related to e encephalopathy.

nical phenotypes and prognoses associated RMND1 mutations are heterogeneous from mild growth retardation, hypotonia, infantile loss to severe nearing alopathy with lactic acidosis, and cases fatal course have also been reported.

our index case is characterized by resistant y, hearing loss and severe mental motor ion, his brother with the same mutation findings other than mild mental motor hearing No and loss. renal 101 ment has been detected in both siblings so IND1 mutations have been observed to different organ involvement in different uals. It is not yet clear why a particular mutation can cause different signs and ms, even within the same family.

CONCLUSIONS

we described the first two Turkish siblings novel homozygous mutation of the RMND1 th different phenotypes.

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