

Spectrum of genetically determined movement disorder in Indian Cohort

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INTRODUCTION

- New nomenclature was proposed in 2016 for genetically determined movement disorders against the system of locus symbols.
- This method utilised causative genes which could be tested with proven genotype-phenotype correlation.
- Phenotype suffix with gene suffix is used. Where more than one phenotype coexist, a double prefix is assigned

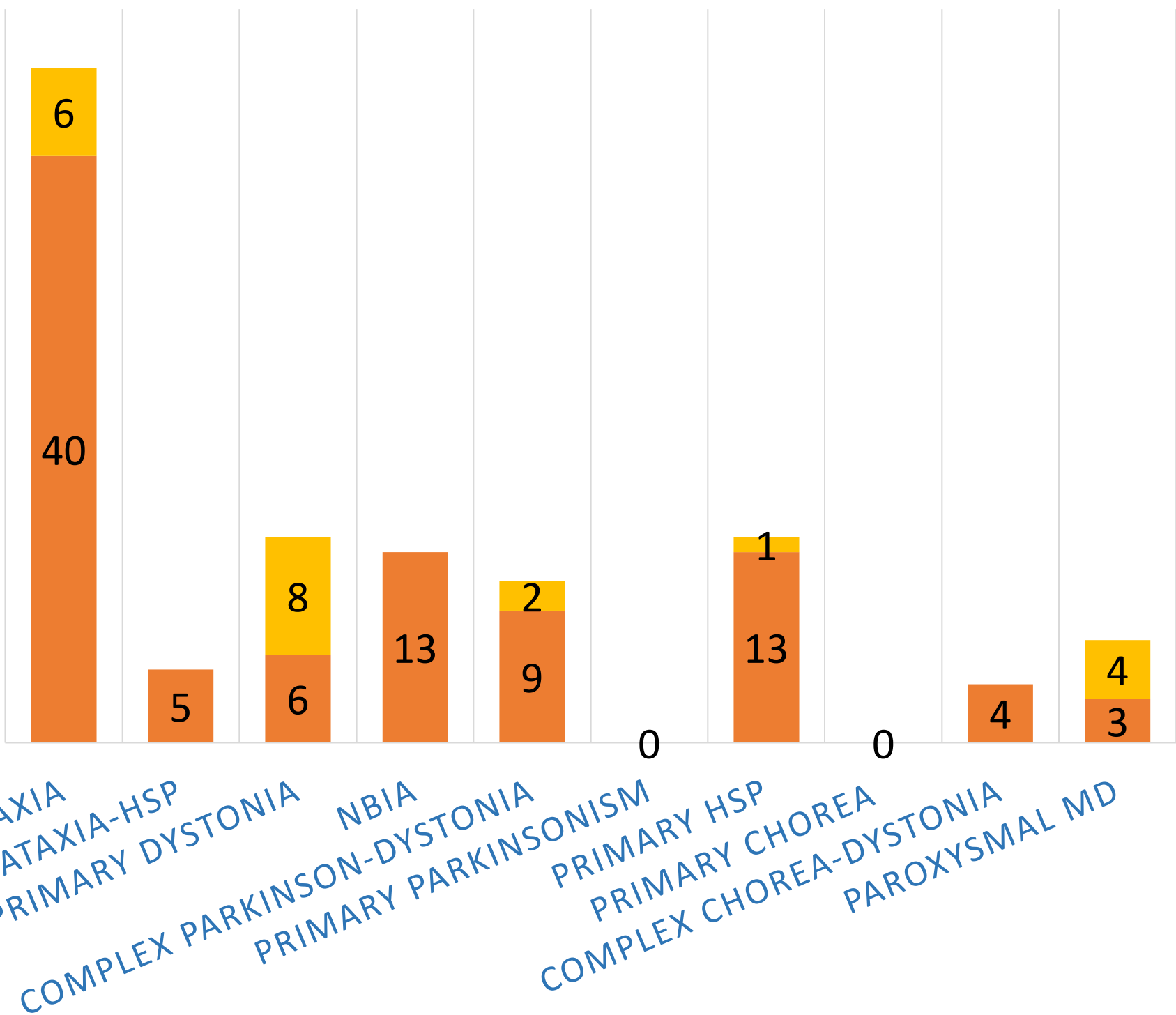
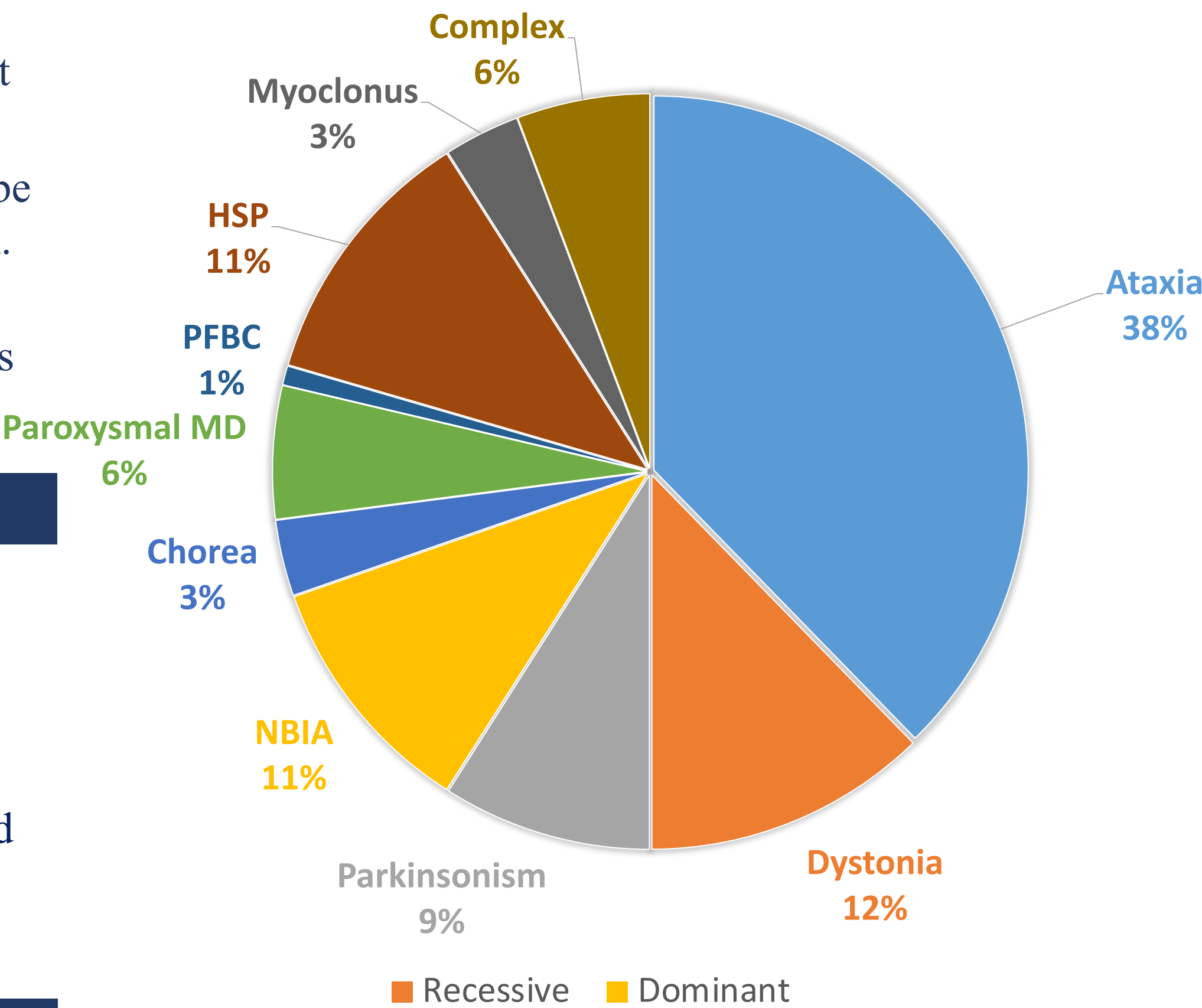
OBJECTIVES

- To determine prevalence of genetic diagnoses in patients with pediatric movement disorders using genetic investigations in this retrospective cohort study
- To identify the common genetic mutations associated with primary movement disorders in Indian population

METHODS

- All patients with primary movement disorder seen in a single tertiary centre Pediatric Neurology Clinic were reviewed retrospectively.
- We reviewed electronic clinical, neuroimaging, biochemical and molecular genetic features of each patient.
- Genetic investigation included targeted next-generation sequencing and whole exome sequencing. Parental segregation was done whenever required.
- The variants were classified according to ACMG guidelines.
- The genetic testing was done privately by patients and reports were shared with us.
- New nomenclature was applied and data was analysed

RESULTS



Movement disorder	Genes
ATAXIA	
Recessive ataxia (n=27)	ATX-ATM (11), ATX-APT1 (2), ATX-CC2D2A (2), ATX-HEPACAM (1), ATX-GRM1 (1), ATX-NPC1 (1), ATX-SIL1 (1), ATX-CWF19L1 (1), ATX-SNX14 (1), ATX-MAN2B1 (1), ATX-NPHP1 (1), EXOSC3 (1), EIB25 (1), TCTN2 (1), ATX/MYC-TPP1 (1)
Dominant Ataxia (n=2)	SCA-ITPR1 (2)
ATX/HSP (n=5)	ATX/HSP-POLR3A (2), ATX/HSP-SACS (2), ATX/HSP-HEXA (1)
Genes not yet classified (n=11)	EEF2 (2), ATCAY (2), ACO2 (1), RAB3GAP2 (1), NGLY (1), ELAC2 (1), KCNC3 (1), TRPC3 (1), CREBBP (1)
DYSTONIA/ PARKINSONISM/ NBIA	
Primary Dystonia (n=7)	DYT-SGCE (2), DYT-THAP1 (1), DYT-TUBB4A (1), DYT-KMT2B (1), DYT-DDC (1), DYT-ANO3 (1), DLD (1)
Dystonia-Parkinsonism (n=11)	DYT/PARK-TH (3), DYT/PARK-GLB1 (2), DYT/PARK-ATP1A3 (2), DYT/PARK-GCH1 (2), DYT/PARK-SPR (1), DYT/PARK-QDPR (1)
NBIA (n=13)	NBIA/DYT-PANK2 (8), NBIA/DYT/PARK-PLA2G6 (5)
Genes not yet classified (n=7)	TREX1 (2), SLC18A2 (2), IFIH1 (2), TREX1(1)
HEREDITARY SPASTIC PARAPARESIS	
Recessive (n=11)	HSP-KIAA1840 (4), HSP-ALDH3A2 (1), HSP-C12orf65 (1), HSP-ZFYVE26 (1), HSP-SPG7 (1), HSP-AP4B (1)
Dominant (n=1)	HSP-ATL1 (1)
not yet classified (n=4)	CYP2U1 (1), TACO1 (1), ALS2 (1), SEPSECS (1)
PAROXYSMAL MOVEMENT DISORDER	
Classified genes (n=5)	PxMD-CACNA1A (4), PxMD-GLDC (1)
Genes not yet classified (n=2)	ABAT (2)
PFBC (n=1)	PFBC-SLC20A2
Chorea (n=4)	DYT/CHOR-HPRT (2), DYT/CHOR-GCDH
Myoclonus (n=4)	MYC-CLN6 (3), ATX/MYC-TPP1 (1)
Complex movement disorders (n=7)	GNAO1 (3), SYNGAP1 (1), GPAA1 (1), PIGN (1), NACC1 (1)

CONCLUSIONS

- Of 178 patients tested, 56 (31%) had no significant gene identified.
- Of 122 (69%) with positive genetic result, the distribution was as shown.
- Ataxia telangiectasia (ATX-ATM) was the most common gene identified.
- Of 11, 9 presented with classical phenotype, 1 patient presented with Dopa-responsive dystonia and 1 patient presented with tremors.
- Of the dystonia genes not yet classified 5/7 patients had genes positive for Aicardi Goutiere's syndrome.
- All the parkinsonism patients presented with complex parkinsonism-dystonia phenotype.
- Given the rapid pace of evolving knowledge and continued genetic research, the new nomenclature provides a comprehensive and uniform method for classification of genetically determined movement disorders.
- Benefits:** incorporates phenotype and genotype, potential for easy expansion
- Limitations:** more complicated, cumbersome to use, need for further research

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