

HEREDITARY SPASTIC PARAPLEGIA: NOVEL MUTATIONS AND EXPANSION OF THE PHENOTYPE VARIABILITY IN SPG56

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Introduction

We describe a novel sporadic case of SPG56, a rare complicated form of HSP, that expands the clinical and molecular spectrum of the disease, being associated to novel mutations in CYP2U1 and showing as novel feature dorsal hydromyelia at spinal cord MRI

Methods

Neurological assessments included the Spastic Paraplegia Rating Scale (SPRS), and Wechsler Adult Intelligence Scale (WAIS), neurophysiological and neuroimaging studies. Targeted next-generation sequencing panels for the whole set of genes associated with HSP were performed in the probands and her relatives

Results

The patient presented an early-onset, slowly progressive paraparesis associated with mild mental retardation. Neuroimaging studies showed dorsal hydromyelia but no brain MRI abnormalities. Targeted next-generation identified two novel mutations: the c.5C>A/p.S2* on the maternal allele in compound heterozygosity with the paternally-inherited c.1288+5G>C in CYP2U1. Both mutations predict early protein truncation and a loss of function and were absent in publically available large exome databases including ESV6500 (evs.gs.washington.edu) and ExAC (exac.broadinstitute.org).

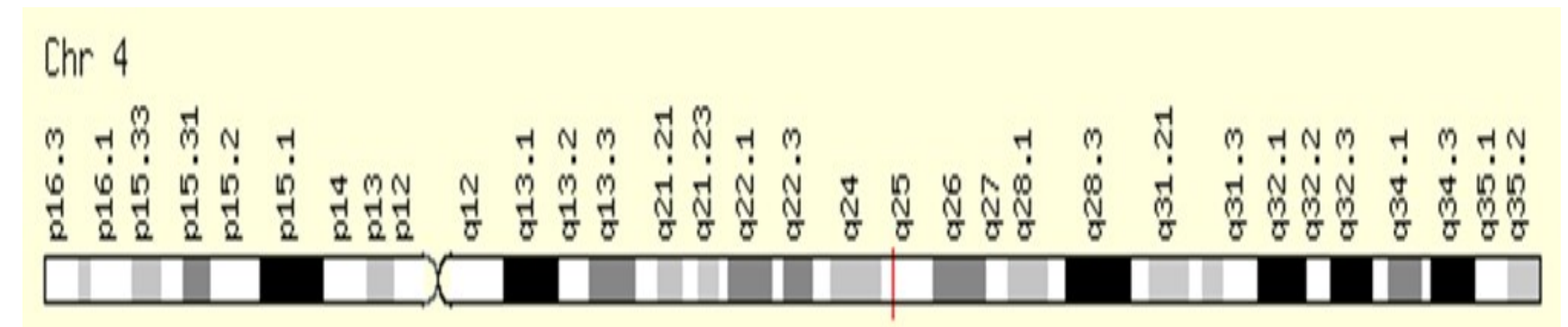
Until now, a very few patients affected by SPG56 have been described. In our SPG56 patient we detected two novel mutations in CYP2U1, both of which are predicted to be deleterious for gene expression.

Regarding the phenotype, our patient shared features reported in SPG56 patients, in particular the early-onset of symptoms and the cognitive involvement, whereas she did not show any peripheral nerve involvement and brain MRI was completely normal.

Interestingly, as novel associated neuroimaging finding, she manifested a condition of hydromyelia at spinal cord MRI. We propose that the presence of hydromyelia would not be a casual association but rather it may be part of the complicated phenotype of SPG56 in our patient: in fact, CYP2U1 encodes an enzyme involved in phospholipid metabolism, whose integrity appears critical for mitochondrial structure and dynamics. Interestingly, the diagnosis of hereditary HSP was delayed in our patient, as dorsal hydromyelia was initially thought to be the cause of spastic paraparesis: however she suffered of a progressive spastic paraparesis with associated abnormal MEP not associated to an evolving dilation of the central canal over time, thus supporting that hydromyelia is not the cause of spastic paraplegia in such case.

Exon Structure for CYP2U1

Id	Chromosome	Contig	Strand	Exon Start	Exon End
113612	4	HuRef	+	104584305	104584387
113612	4	HuRef	+	104584388	104584877
113612	4	HuRef	+	104597714	104598349
113612	4	HuRef	+	104600120	104600281
113612	4	HuRef	+	104602094	104602261
113612	4	HuRef	+	104602989	104603167
113612	4	HuRef	+	104603168	104606201
113612	4		+	107931561	107931643
113612	4		+	107931573	107931643
113612	4		+	107931644	107932133
113612	4		+	107931644	107932187
113612	4		+	107944970	107945605
113612	4		+	107947376	107947537
113612	4		+	107949350	107949517
113612	4		+	107950245	107950423
113612	4		+	107950424	107953457
113612	4		+	107950424	107953461
113612	4	CHM1_1.1	+	108829176	108829258
113612	4	CHM1_1.1	+	108829259	108829748
113612	4	CHM1_1.1	+	108842600	108843235
113612	4	CHM1_1.1	+	108845006	108845167
113612	4	CHM1_1.1	+	108846980	108847147
113612	4	CHM1_1.1	+	108847875	108848053
113612	4	CHM1_1.1	+	108848054	108851087



Conclusions

This case, expands and further characterizes the clinical and molecular spectrum of SPG56. In this regard, in consideration of the putative gene function in neurodevelopment, we suggest a causal association between CYP2U1 mutations and hydromyelia in our patient.

Bibliography

Tesson C, Nawara M, Salih MA, et al. Alteration of fatty-acid-metabolizing enzymes affects mitochondrial form and function in hereditary spastic paraplegia. *Am J Hum Genet.* 2012; 91:1051-64.

Citterio A, Arnoldi A, Panzeri E et al. Mutations in CYP2U1, DDHD2 and GBA2 genes are rare causes of complicated forms of hereditary spastic paraparesis. *J Neurol.* 2014;261:373-81

Schüle R, Holland-Letz T, Klimpe S. The Spastic Paraplegia Rating Scale (SPRS): a reliable and valid measure of disease severity. *Neurology* 2006; 67:430-4.