

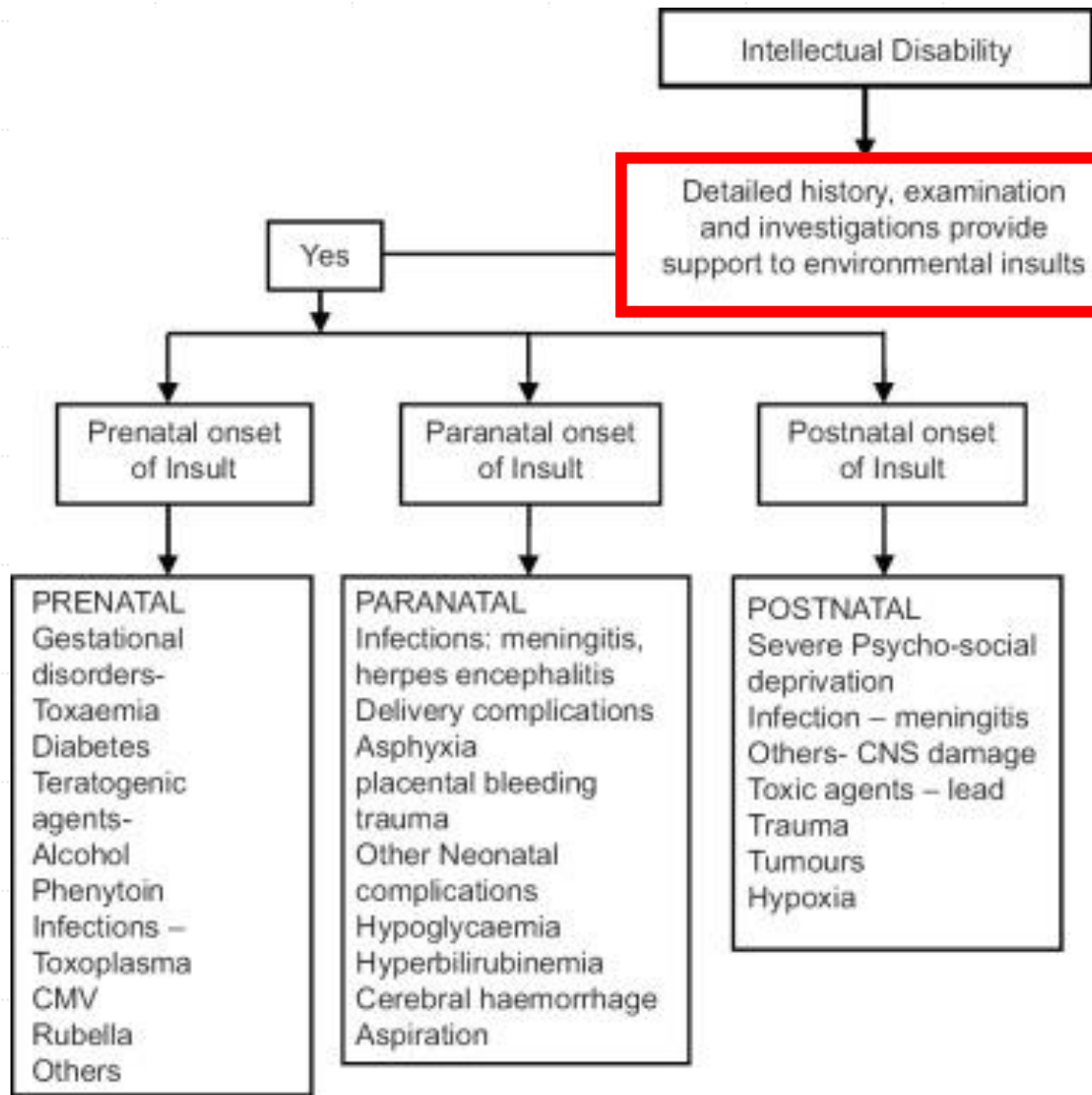
ID assessment and management

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MANAMA

11.03.2024





Comorbidities?

(ASD, epilepsy, malformations, hearing loss, visual impairment,...)

Indications:

*Abnormal head circumference
Seizures
Focal neurological signs
Developmental regression*

Metabolic testing

1st Tier: Non-Targeted screening to identify 54 (60%) treatable IEMs

Blood:

- ▶ ammonia, lactate
- ▶ plasma amino acids
- ▶ total homocysteine
- ▶ acylcarnitine profile
- ▶ copper, ceruloplasmin

Urine:

- ▶ organic acids
- ▶ purines & pyrimidines
- ▶ creatine metabolites
- ▶ oligosaccharides
- ▶ glycosaminoglycans

2nd Tier: Targeted testing to identify 35 (40%) treatable IEMs requiring 'specific testing'

- ▶ according to patient's symptomatology patient (Table 4) & clinician's expertise
- ▶ utilization of textbooks & digital resources
(WebApp: www.treatable-ID.org)
- ▶ consider the following biochemical / molecular analyses:
 - ▶ whole blood manganese
 - ▶ plasma cholestanol
 - ▶ plasma 7-dehydroxy-cholesterol:cholesterol ratio
 - ▶ plasma pipercolic acid & urine AASA
 - ▶ plasma very long chain fatty acids
 - ▶ plasma vitamin B12 & folate
 - ▶ serum & CSF lactate:pyruvate ratio
 - ▶ enzyme activities (leucocytes): arylsulphatase A, biotinidase, glucocerebrosidase, fatty aldehyde dehydrogenase
 - ▶ urine deoxypridonoline
 - ▶ CSF amino acids
 - ▶ CSF neurotransmitters
 - ▶ CSF: plasma glucose ratio
 - ▶ CoQ measurement fibroblasts
 - ▶ molecular: *CA5A, NPC1, NPC2, SC4MOL, SLC18A2, SLC19A3, SLC30A10, SLC52A2, SLC52A3, PDHA1, DLAT, PDHX, SPR, TH*

Intellectual Disability

Comorbidities?
(ASD, epilepsy, malformations, hearing loss, visual impairment,...)

Detailed history, examination and investigations provide support to environmental insults

Yes

No

Prenatal onset of Insult

Paranatal onset of Insult

Postnatal onset of Insult

PRENATAL
Gestational disorders-
Toxaemia
Diabetes
Teratogenic agents-
Alcohol
Phenytoin
Infections –
Toxoplasma
CMV
Rubella
Others

PARANATAL
Infections: meningitis,
herpes encephalitis
Delivery complications
Asphyxia
placental bleeding
trauma
Other Neonatal
complications
Hypoglycaemia
Hyperbilirubinemia
Cerebral haemorrhage
Aspiration

POSTNATAL
Severe Psycho-social
deprivation
Infection – meningitis
Others- CNS damage
Toxic agents – lead
Trauma
Tumours
Hypoxia

MRI Brain

CNS MALFORMATIONS
Always Prenatal [some
genetic & some
environmental or mixed]

Indications:
Abnormal head circumference
Seizures
Focal neurological signs
Developmental regression

Yes

No

Neuronal migration
and organization
Disorders –
Lissencephaly
Polymicrogyria
Proliferation disorder-
Autosomal recessive
Microcephaly
Closing defect –
spina bifida,
Encephalocele
Anterior midline-
Holoprosencephaly

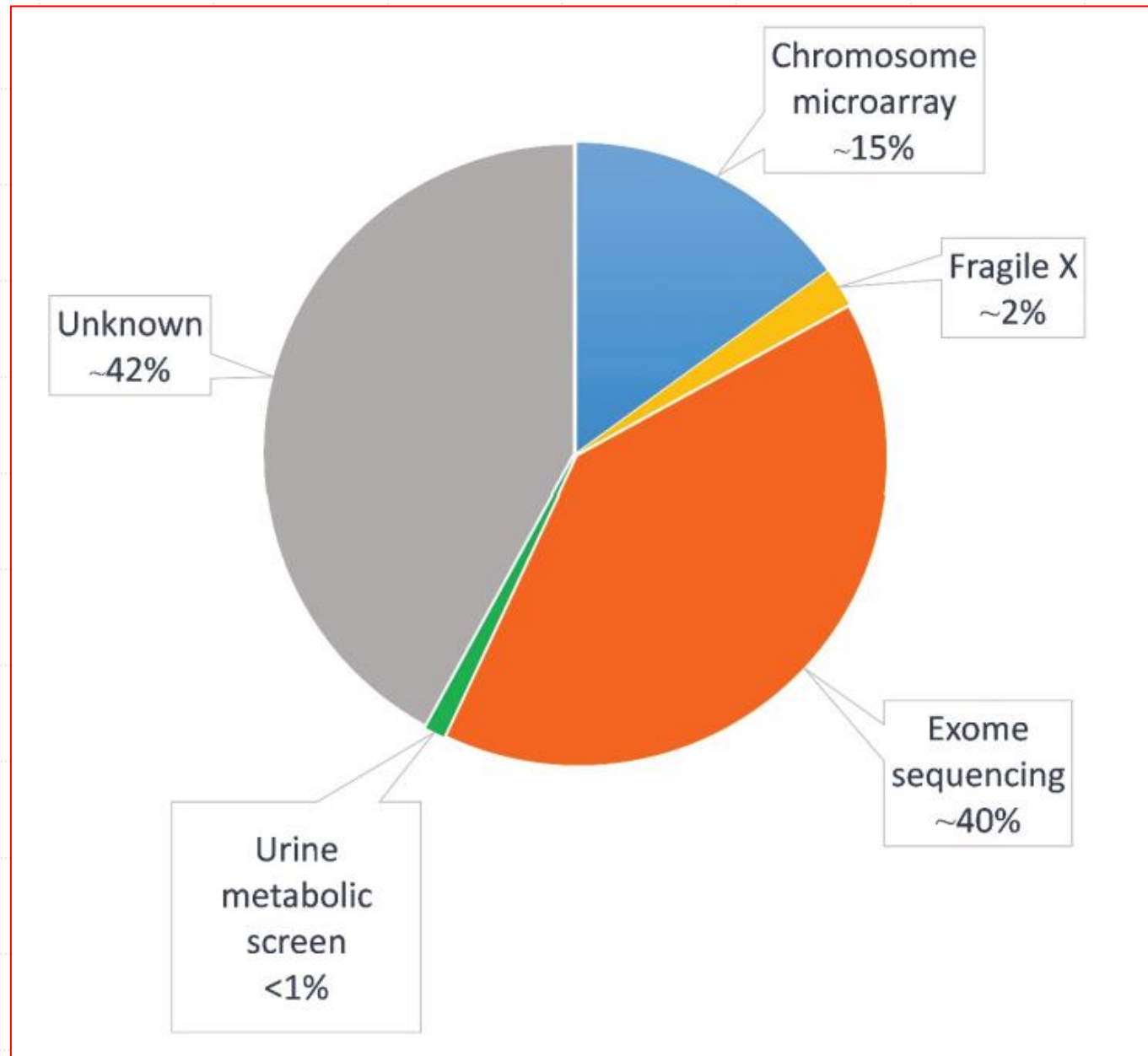
H/o familial nature of
disease/ dysmorphism /
metabolic derangement

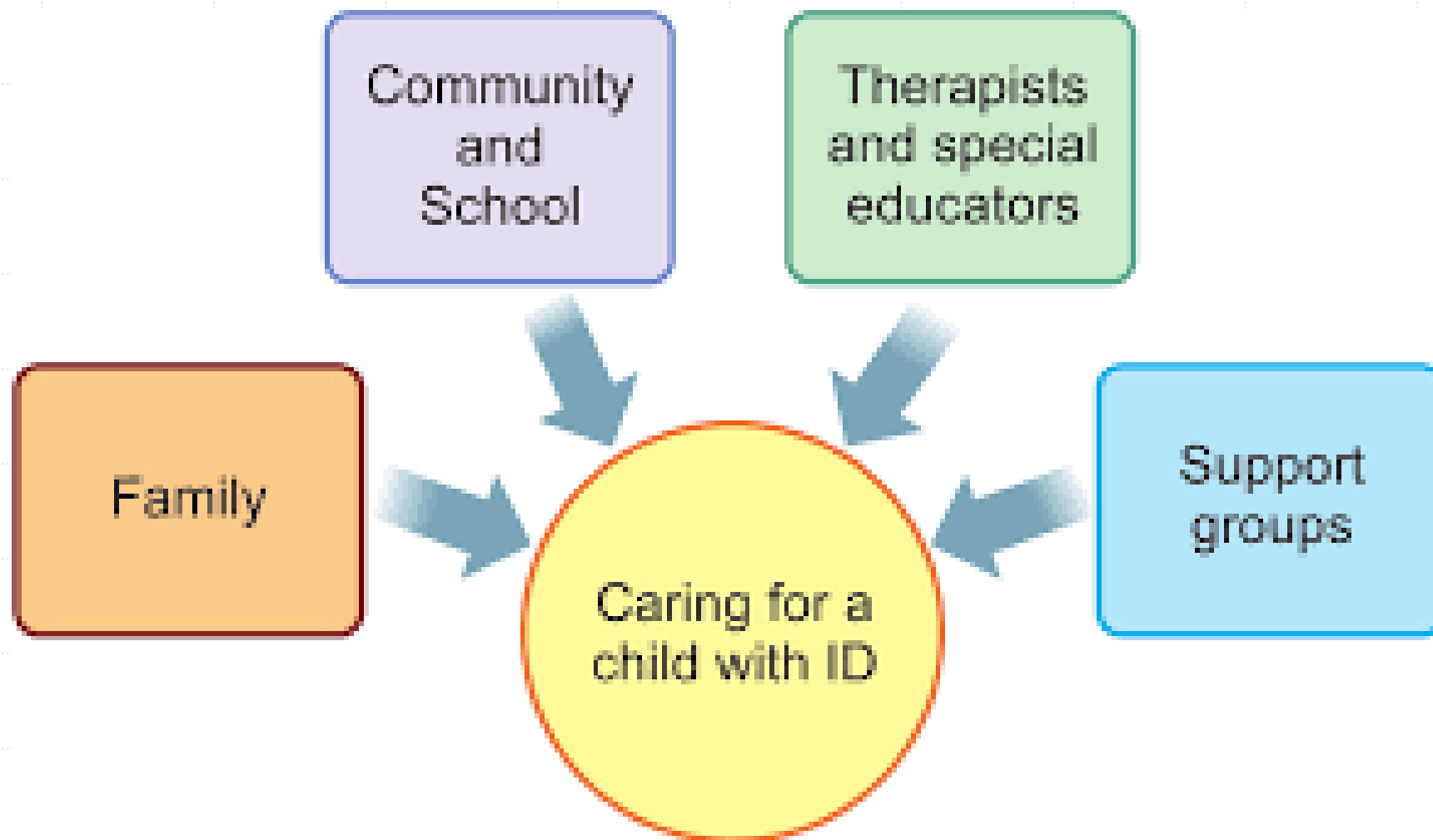
Metabolic testing
(urines AA, OA, GAGs, ...)

GENETIC
Inherited; onset of
the disorder can be
prenatal or
postnatal.

Molecular karyotyping
Fragile X
Targeted genetic test
ID/ASD panel

If severe ID, syndromic features, familial history:
WES (trio), WGS (trio)
(Methylome, triplets expansion, transcriptome,
proteome,...)







Special school:

- type 1 : déficience intellectuelle légère - lichte verstandelijke handicap
- type 2 : déficience intellectuelle modérée ou sévère
matige of ernstige verstandelijke handicap
- type 3 : troubles du comportement et/ou de la personnalité
gedragsproblemen en/of emotionele problemen
- type 4 : déficiences physiques - lichamelijke handicaps
- type 5 : maladies ou élèves convalescents - zieke of herstellende leerlingen
- type 6 : déficiences visuelles - visuele handicaps
- type 7 : déficiences auditives - auditieve handicaps
- type 8 : troubles de l'apprentissage - leerstoornissen
- type 9 : autismespectrumstoornis, maar zonder verstandelijke beperking
(enkel in de Vlaamse Gemeenschap)