

Universitair Ziekenhuis Gent
C. Heymanslaan 10 | B 9000 Gent
www.uzgent.be

Limb defect

Jo Sourbron UZ GENT

Case description - *no limb defect?*

- A/
 - 38+4: sectio due to maternal thrombopenia
 - APGAR 8 (1 min) and 10 (5 min)
 - 1 day after birth:
 - Cyanosis
 - Tonic-clonic insult (Luminal®)
 - Persisting hypoglycemia
 - No distinct dysmorphic features/ **micropenis, cryptorchidism**
- MRI/
 - Ectopic neurohypophysis posterior pituitary
 - Absent pituitary stalk
 - Hypoplastic adenohypophysis anterior pituitary

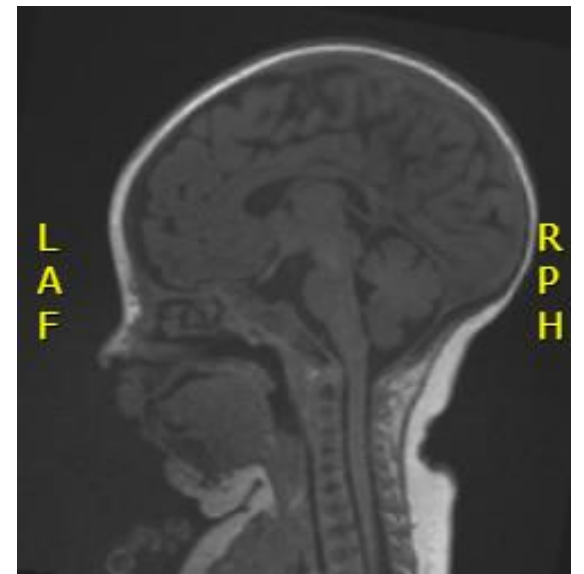
=> *pituitary stalk interruption syndrome (PSIS)*
- FAM/
 - 1st son of non-consanguineous parents
 - Not contributive (1st visit, however...)



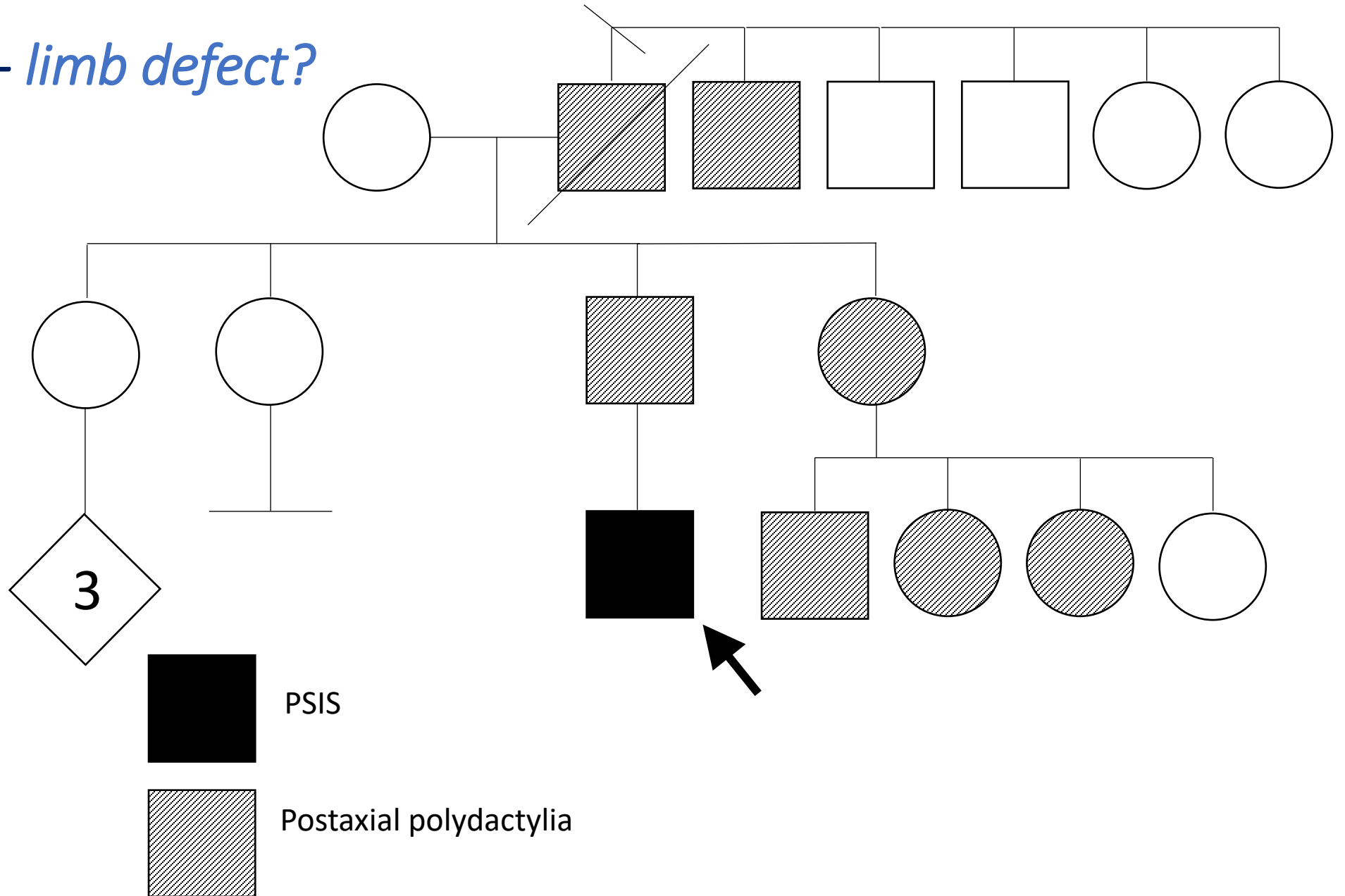
Case description

- A/
 - 38+4: sectio due to maternal thrombopenia
 - APGAR 8 (1 min) and 10 (5 min)
 - 1 day after birth:
 - Cyanosis
 - Tonic-clonic insult (Luminal®)
 - Persisting hypoglycemia
 - No distinct dysmorphic features/ **micropenis, cryptorchidism**
- MRI/
 - Ectopic neurohypophysis posterior pituitary
 - Absent pituitary stalk
 - Hypoplastic adenohypophysis anterior pituitary

=> *pituitary stalk interruption syndrome (PSIS)* →
- FAM/
 - 1st son of non-consanguineous parents
 - Not contributive (1st visit, however...)



Pedigree - *limb defect?*



Any thoughts?

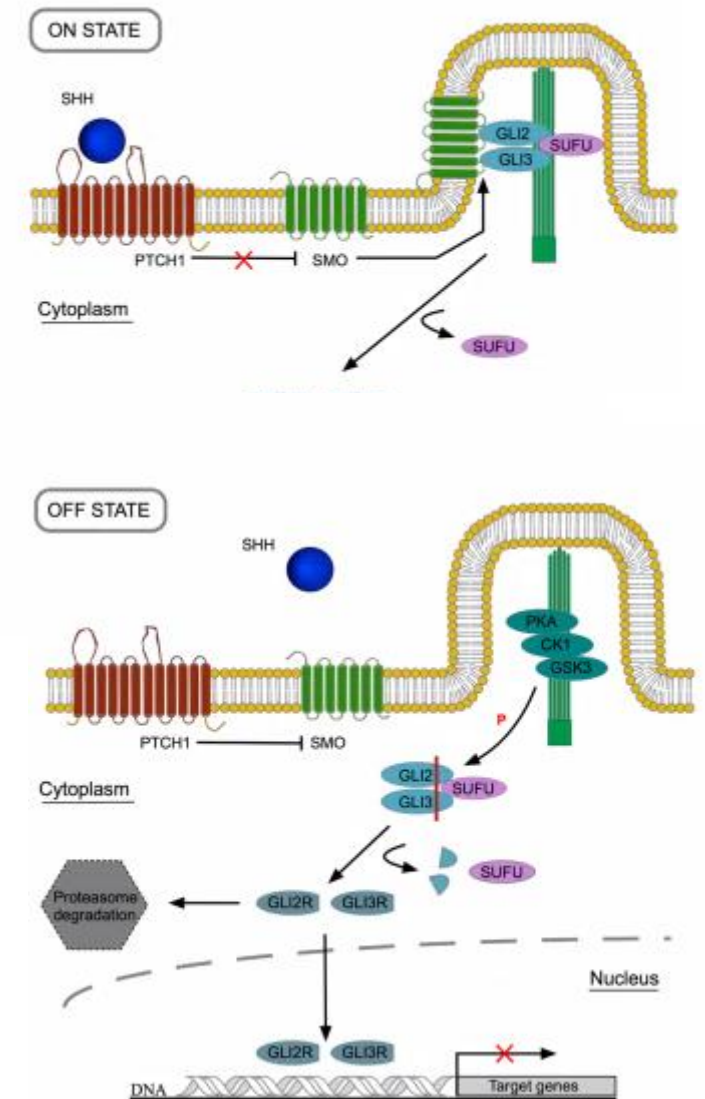
Diagnosis?

CNV: normal

WES ID/EPI: heterozygous splice site variant (class 5) in **GLI2** c.1684-1G>C

- Zinc finger protein GLI2
- *TF*, binding to DNA via Zinc finger motifs
- Mediators of Sonic hedgehog (*Shh*) signaling
During *embryogenesis* proper cell differentiation
- Zebrafish study
"GLI2 acquired a high level of complexity in the genetic mechanisms regulating its expression during spatio-temporal patterning of the central nervous system (CNS) and limbs" (*Developmental Dynamics* 244:681–692, 2015)

J. Dev. Biol. 2017, 5, 3



Conclusion

Culler Jones syndrome

- Postaxial polydactyly, cleft palate
- CNS anomalies / ID: 15% (PMID: 34921505)
- Previously thought to be associated to holoprosencephaly (HPE) = not true (!)
- Congenital hypopituitarism (w/wo anomalies pituitary stalk; PSIS):
 - Isolated growth hormone deficiency (mild) – panhypopituitarism (severe) = **spectrum** (!)
 - **Treatment?** L-thyroxine + Hydrocortisone; from 6m: Growth hormone; from 9y: testosterone
- **GLI2** mutation
 - **Incomplete penetrance**
 - **Variable expression**
- Follow-up
- PND/PGT

PSIS (general)

- rare, 5% familial, heterogenous clinical presentation
- 2020 Brauner et al.: 45 genes in total linked to PSIS: e.g.
 - *LHX4, OTX2, HEX1, SOX3, PROKR2, GPR161*
 - *CDON and ROBO1* genes (PSIS and ophthalmic anomalies)
 - *BMP4, CDON, **GLI2**, GLI3, HESX1, KIAA0556, LHX9, NKX2-1, PROP1, PTCH1, SHH, TBX19, TGIF1* (midline development and/or pituitary development or function)

Pedigree - *limb defect?*

