

Movement disorder

Genetics of movement disorders

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Based on the original

Movement Disorders

Hypokinetic disorders (parkinsonism)

- Hypokinesia, bradykinesia, akinesia
- Hypertonia - (cogwheel) rigidity
- Resting tremor
- Postural changes

Hyperkinetic disorders

- Abnormal movements
 - Tremor
 - Chorea/ballism
 - Dystonia
 - Myoclonus
 - Tics

Movement disorders are heterogeneous and have a large variety of underlying causes

- Mendelian inheritance
- Genetic risk factors and gene-environment interactions
- “Idiopathic” disorders
- Acquired: vascular, toxic, medication-induced, (para)neoplastic, infectious, inflammatory, auto-immune, traumatic, metabolic,...
- Functional disorders (Functional neurological symptom disorder)



Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

Parkinsonism and Related Disorders

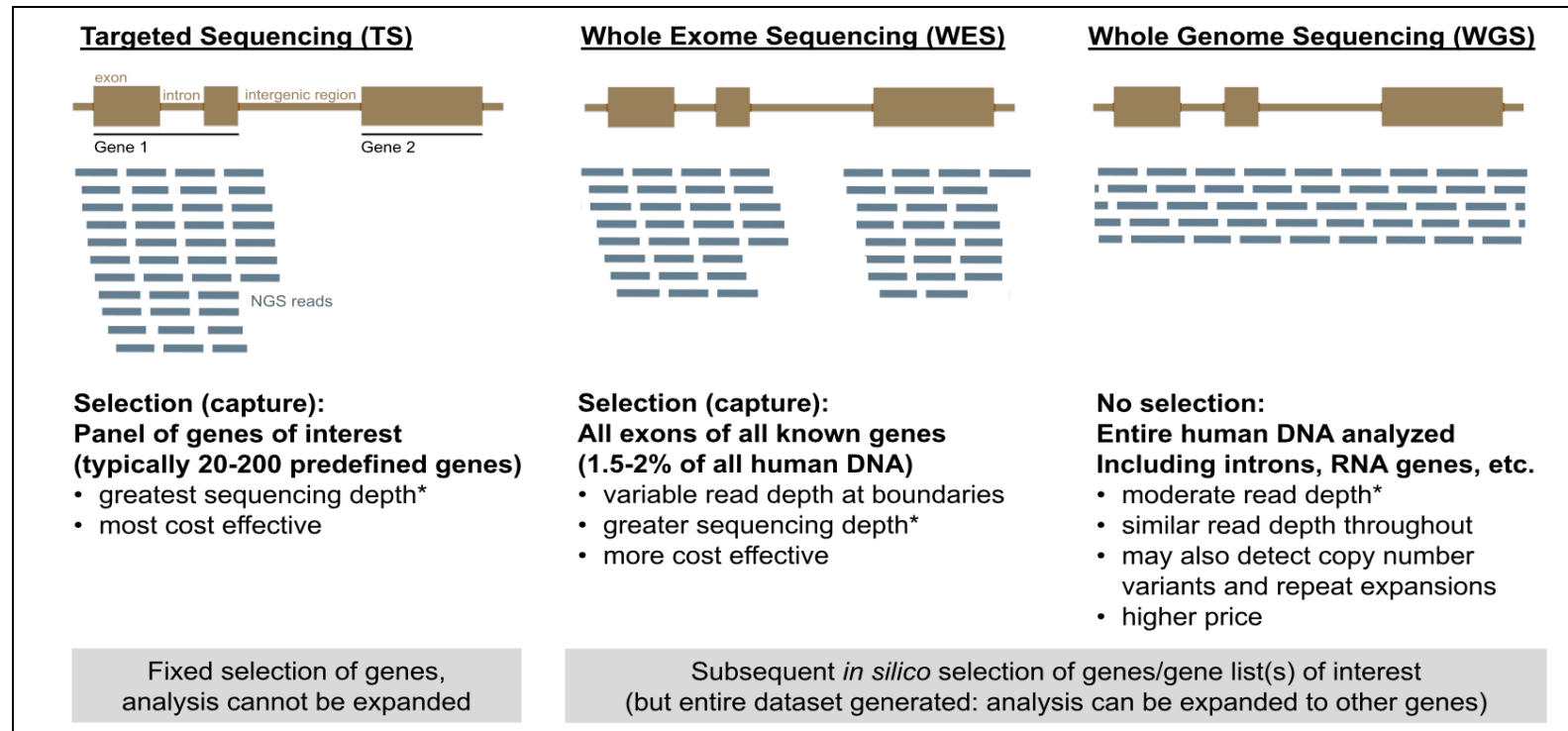
journal homepage: www.elsevier.com/locate/parkreldis



New generation genetic testing entering the clinic

Sorina Gorcenco¹, Andreea Ilinca¹, Wejdan Almasoudi, Efthymia Kafantari, Arne G. Lindgren, Andreas Puschmann*

Lund University, Skane University Hospital, Department of Clinical Sciences Lund, Neurology, Lund, Sweden



RESEARCH ARTICLE OPEN ACCESS

Exome Sequencing and Multigene Panel Testing in 1,411 Patients With Adult-Onset Neurologic Disorders

Nika Schuermans, MD, Hannah Verdin, PhD, Jody Ghijssels, BSc, Madeleine Hellemans, MD, Elke Debackere, BSc, Elke Bogaert, PhD, Sofie Symoens, PhD, Leslie Naesens, MD, Elien Lecomte, MD, David Crosiers, MD, PhD, Bruno Bergmans, MD, PhD, Kristof Verhoeven, MD, Bruce Poppe, MD, PhD, Guy Laureys, MD, PhD, Sarah Herdewyn, MD, PhD, Tim Van Langenhove, MD, PhD, Patrick Santens, MD, PhD, Jan L. De Bleecker, MD, PhD, Dimitri Hemelsoet, MD, and Bart Dermaut, MD, PhD, for Program for Undiagnosed Rare Diseases (UD-PrOZA)

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Table 1 Description of the Patient Cohort

	Total patient cohort (%)	Diagnosed patients (%)
N	1,411	144
Age (y) (mean ± SD)	51 ± 20	50 ± 19
Younger than 18	97 (7)	10 (7)
Aged 18 or older	1,314 (93)	134 (93)
Sex		
Male	669 (47)	73 (51)
Female	742 (53)	71 (49)
Gene panel		
Leukoencephalopathy	535 (38)	44 (30)
Ataxia spasticity	365 (26)	70 (49)
Movement disorders	378 (27)	22 (15)
Paroxysmal episodic disorders	99 (7)	8 (6)
Progressive myoclonic epilepsy (PME)	7 (0)	0 (0)
Neurodegeneration with brain iron accumulation (NBIA)	11 (1)	0 (0)
Amyotrophic lateral sclerosis (ALS)	16 (1)	0 (0)

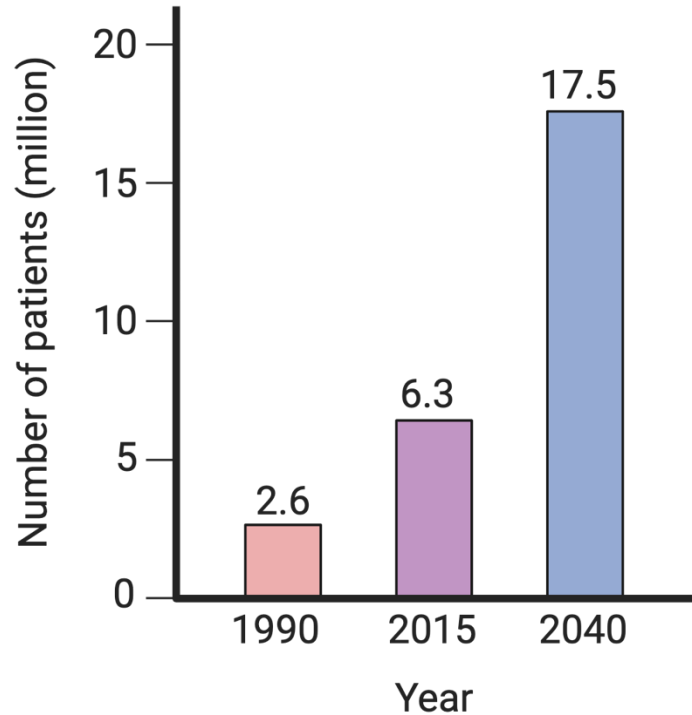
Diagnostic gain
(TS/WES)
varies between
movement
disorder types

Familial Parkinson's
Disease: 0-10%

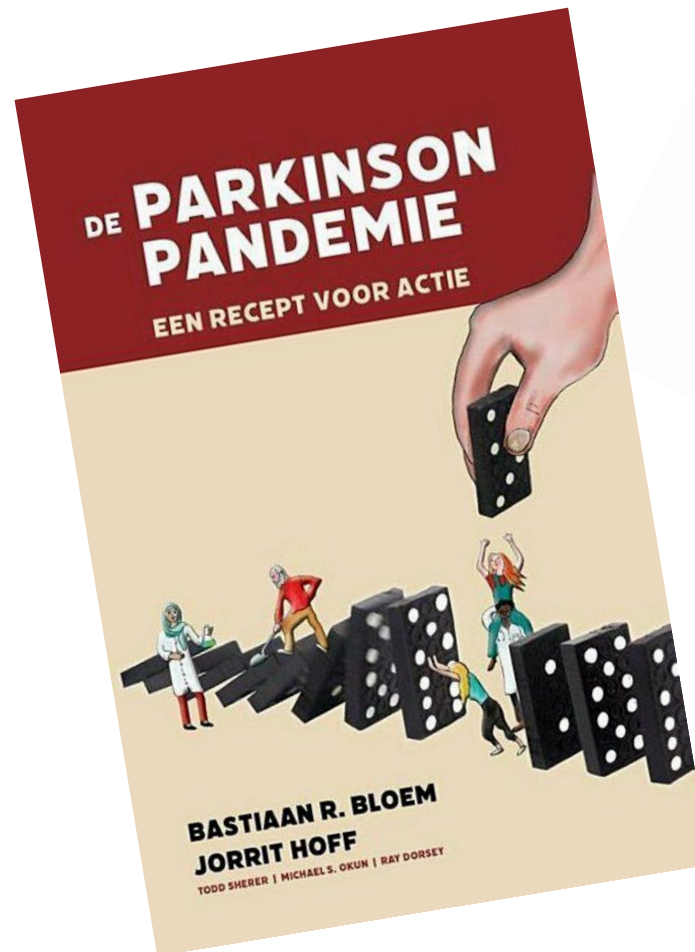
Dystonia: 11-37%

Ataxia/paraplegia: 12-
62%

Parkinson's Disease



Lifetime risk: 1 op 15

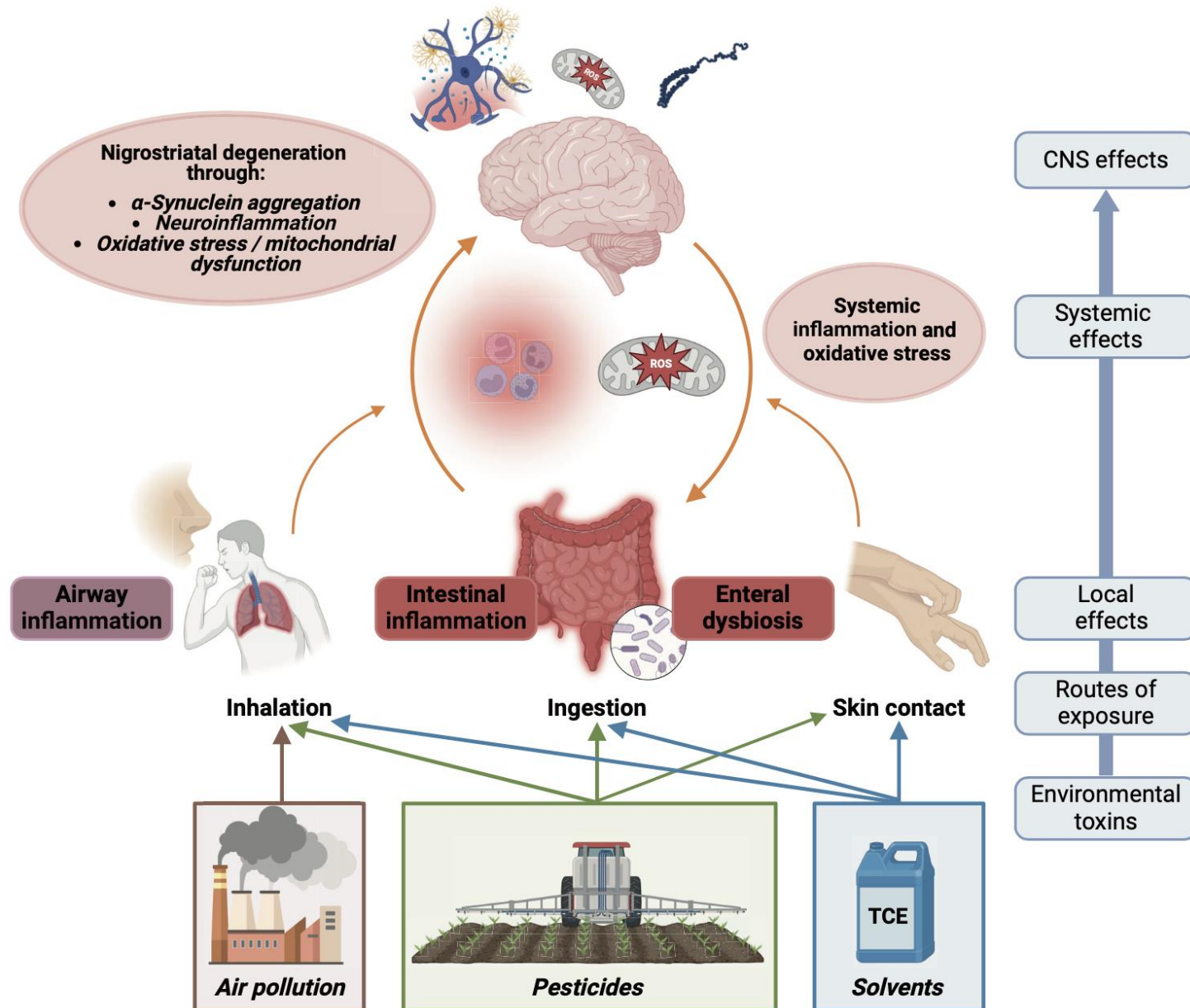


VIEWPOINT

What is the Parkinson Pandemic?

Roger Albin, MD, ^{1,2,3,4*} and Nikolas Grotewold, BA¹

ENVIRONMENTAL RISK FACTORS FOR PD



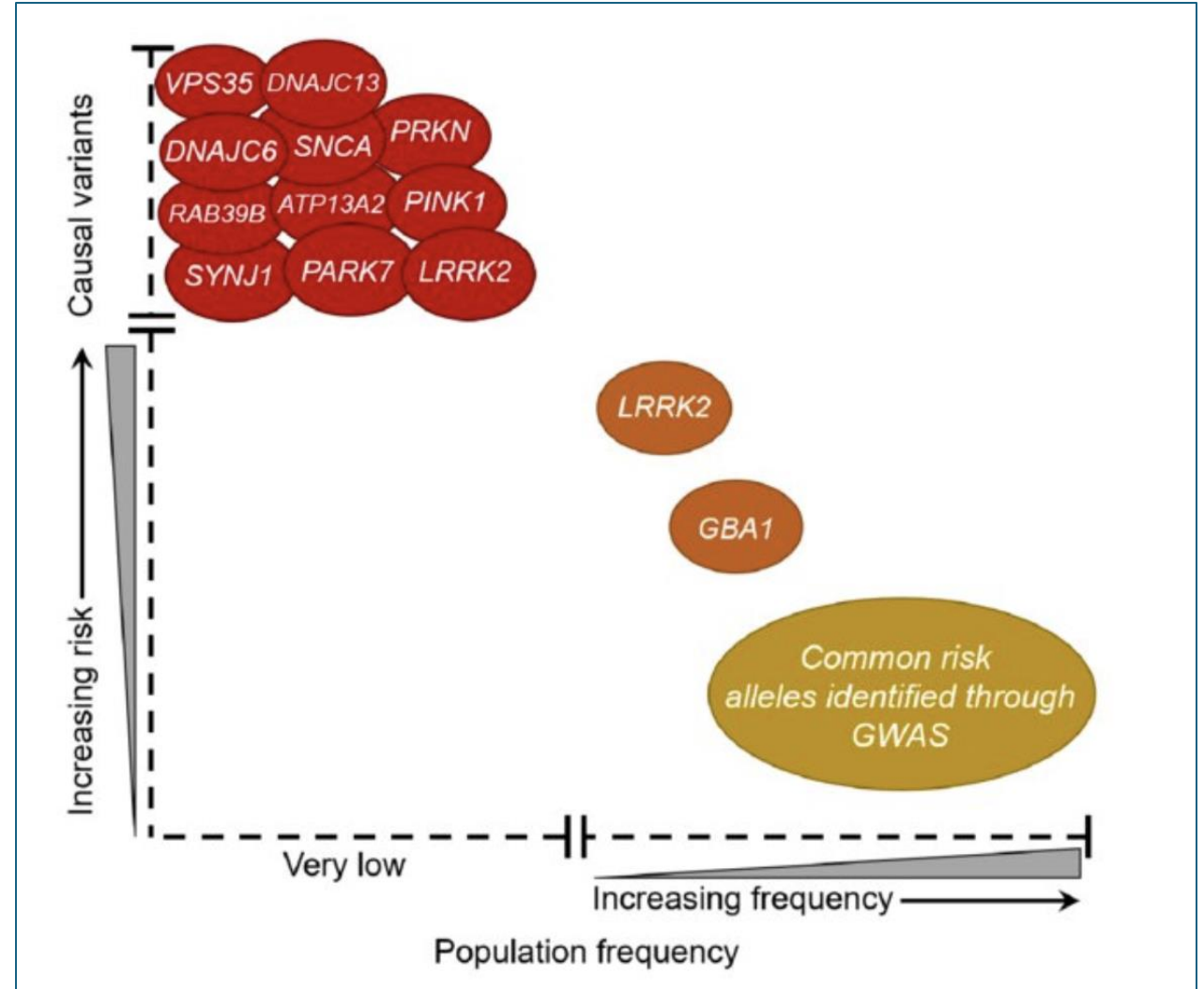
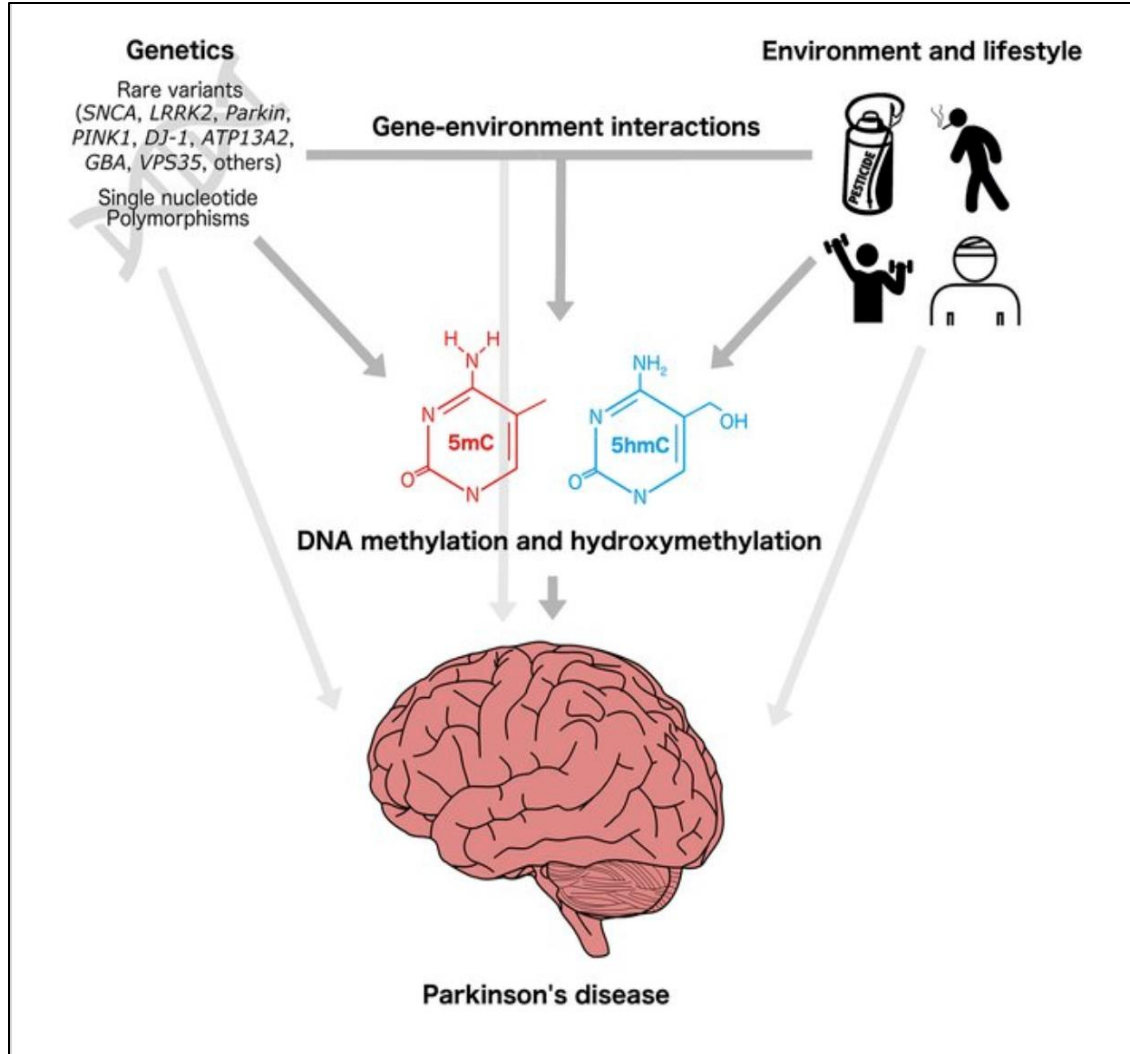


Fig. 2. Estimates of G2019S prevalence among patients with Parkinson's disease, adjusted for ethno-racial composition when possible.



Article

<https://doi.org/10.1038/s41588-023-01584-8>

Multi-ancestry genome-wide association meta-analysis of Parkinson's disease

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Check for updates

Jonggeol Jeffrey Kim^{1,2,167}✉, Dan Vitale^{1,3,4,167}, Diego Véliz Otani^{5,6,167}, Michelle Mulan Lian^{7,8,167}, Karl Heilbron⁹, the 23andMe Research Team*, Hirotaka Iwaki^{1,3,4}, Julie Lake¹, Caroline Warly Solsberg^{10,11,12}, Hampton Leonard^{1,3,4}, Mary B. Makarious^{1,13,14}, Eng-King Tan¹⁵, Andrew B. Singleton^{1,4}, Sara Bandres-Ciga^{1,4}, Alastair J. Noyce², the Global Parkinson's Genetics Program (GP2)*, Cornelis Blauwendraat^{1,4,168}✉, Mike A. Nalls^{1,3,4,168}✉, Jia Nee Foo^{7,8,168}✉ & Ignacio Mata^{16,168}✉

Study participants

Goal: Collate the largest and most diverse set of participants in Parkinson's disease genomics



European
39,275 cases
18,618 proxy cases
1.5M controls



East Asian
7,046 cases
176,756 controls



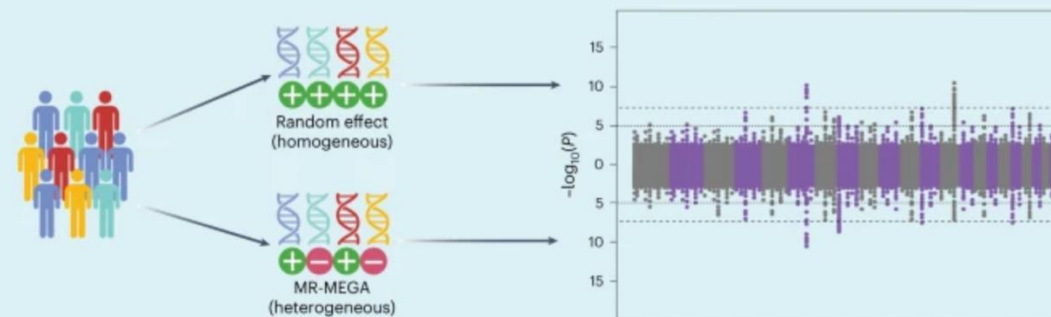
Latino
2,440 cases
582,220 controls



African
288 cases
193,985 controls

Multiancestry genome-wide meta-analysis

Goal: Identify common SNPs that are associated with Parkinson's disease risk that are applicable across different ancestries



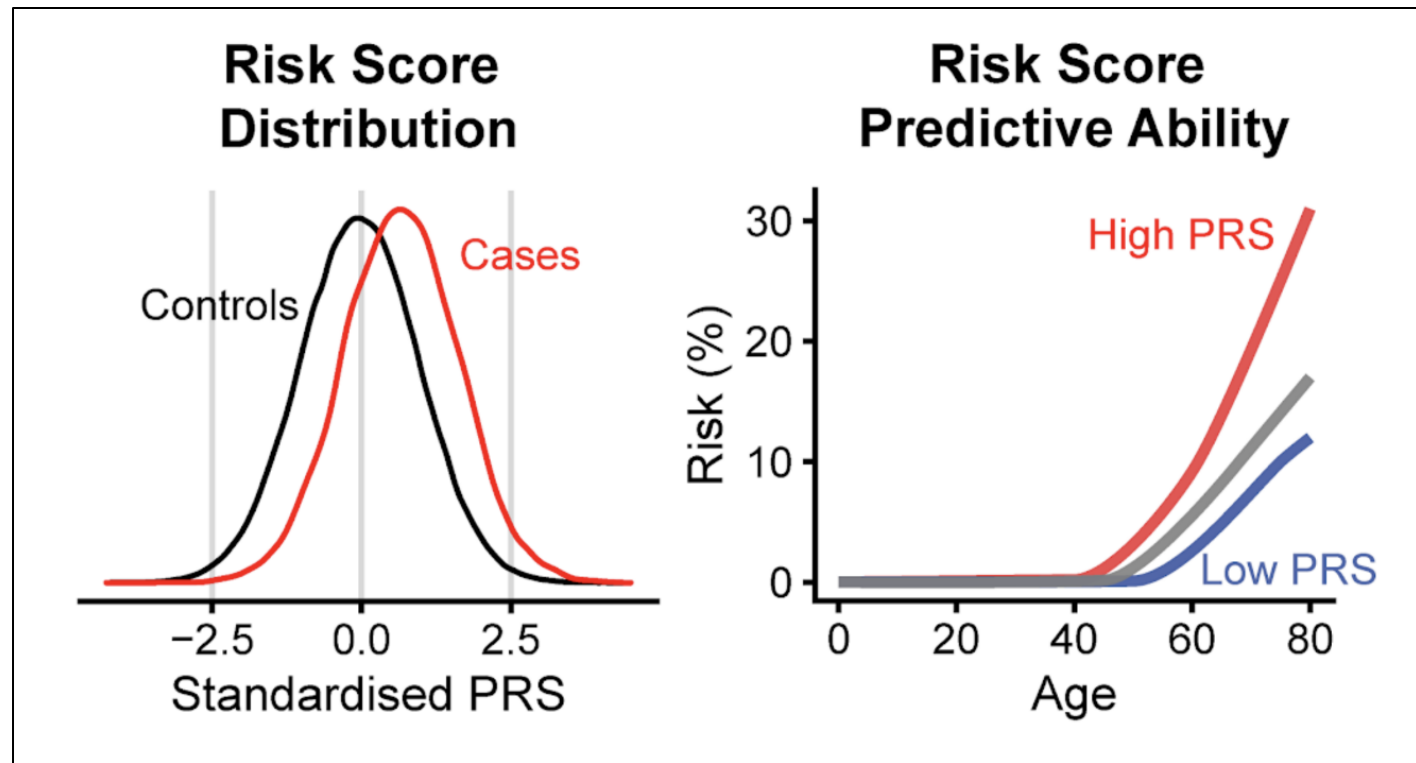
Gene–Environment Interactions for Parkinson’s Disease

Alexandra Reynoso, MSc ¹, Roberta Torricelli, BSc ²,

Benjamin Meir Jacobs, MRCP, MSc ², Jingchunzi Shi, PhD, ¹ Stella Aslibekyan, PhD, ¹

Lucy Norcliffe-Kaufmann, PhD, ¹ Alastair J Noyce, MRCP, PhD ², and Karl Heilbron, PhD ^{3,4}

“Polygenic risk score”
(PRS)





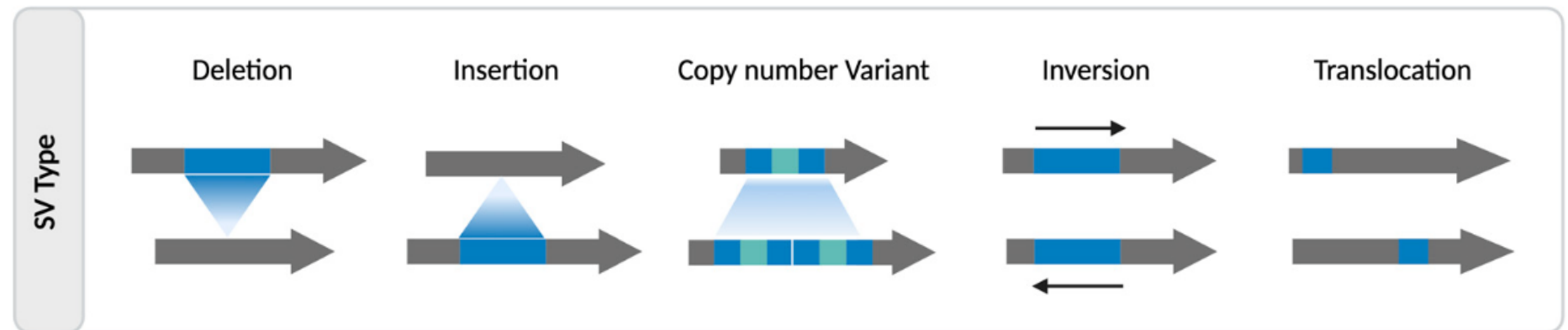
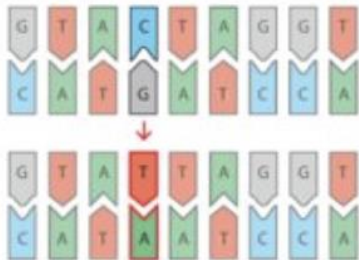
Review

The Role of Structural Variants in the Genetic Architecture of Parkinson's Disease

Abigail Miano-Burkhardt ^{1,2} , Pilar Alvarez Jerez ², Kensuke Daida ^{1,2} , Sara Bandres Ciga ²
and Kimberley J. Billingsley ^{1,2,*}

(A)

SNV



Concordance for Parkinson's Disease in Twins: A 20-Year Update

Samuel M. Goldman, MD, MPH,¹
Kenneth Marek, MD,² Ruth Ottman, PhD,³
Cheryl Meng, MS,⁴
Kathleen Comyns, MPH,⁴
Piu Chan, MD, PhD,⁵ Jinghong Ma, MD,⁶
Connie Marras, MD, PhD,⁷
J. William Langston, MD,⁸
G. Webster Ross, MD,⁹ and
Caroline M. Tanner, MD, PhD¹⁰

During the 1990s, we estimated the genetic contribution to Parkinson's disease risk in a large, population-based twin registry. Because many unaffected twins were still alive, previous concordance estimates were based on incomplete information. Ninety-five percent of twins are now deceased. Here, we update concordance and heritability through 2015 using National Death Index data. In total, we identified 30 concordant and 193 discordant pairs. Proband-wise concordance was 0.20 in monozygotic and 0.13 in dizygotic pairs. Heritability was 0.27 overall, 0.83 in pairs diagnosed ≤ 50 , and 0.19 in pairs diagnosed > 50 . High concordance in dizygotic twins suggests shared effects of early childhood environment.

ANN NEUROL 2019;85:600–605

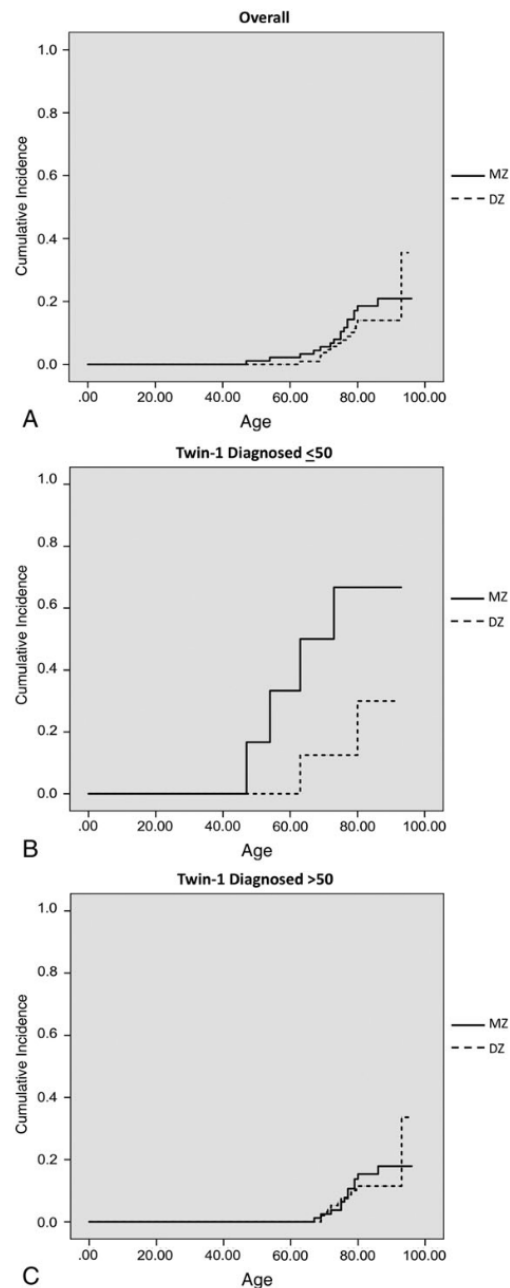


FIGURE: Cumulative risk of PD in twins with an affected twin, by zygosity. (A) MZ and DZ pairs, overall. (B) MZ and DZ pairs in which PD was diagnosed in twin-1 \leq age 50. (C) MZ and DZ pairs in which PD was diagnosed in twin-1 $>$ age 50. DZ = dizygotic; MZ = monozygotic

Total heritability: 25-30%

“Classical PD”



**“Early-onset” PD (29 years)
Motor fluctuations and dystonia
Freezing of gait**

**PRKN Heterozygous missense
PRKN Heterozygous deletion**



Implications of genetic screening - referrals

- Depending on the context of referral: clinical-scientific
- Clinical genetic issues: support for patients and consent
- Issues:
 - Currently no therapeutic consequences (neuroprotection)
 - Prognosis estimation
 - Selection for specific treatments e.g. deep brain stimulation

Review

Monogenic Parkinson's Disease: Genotype, Phenotype, Pathophysiology, and Genetic Testing

Fangzhi Jia ^{1,2} , Avi Fellner ^{3,4,5}  and Kishore Raj Kumar ^{1,2,3,6,*} 

A

Increasing rate of cognitive decline following bilateral STN-DBS

PRKN, *LRRK2* mutation carriers, those without disease-associated variants

GBA mutation carriers

B

Good response to deep brain stimulation

SNCA (duplications)

LRRK2

VPS35

PRKN

PINK1

TAF1 (dystonia > parkinsonism)

LRP10 and *GBA* (1 case)

UQCRC1

Poor, variable, or uncertain response to deep brain stimulation

SNCA (missense mutations)

ATP13A2

DCTN1

DNAJC6

FBXO7

PLA2G6

SYNJ1

No reports identified

DJ1

CHCHD2

TMEM230



VPS13C

Hyperkinetic disorders

Abnormal movements: definitions

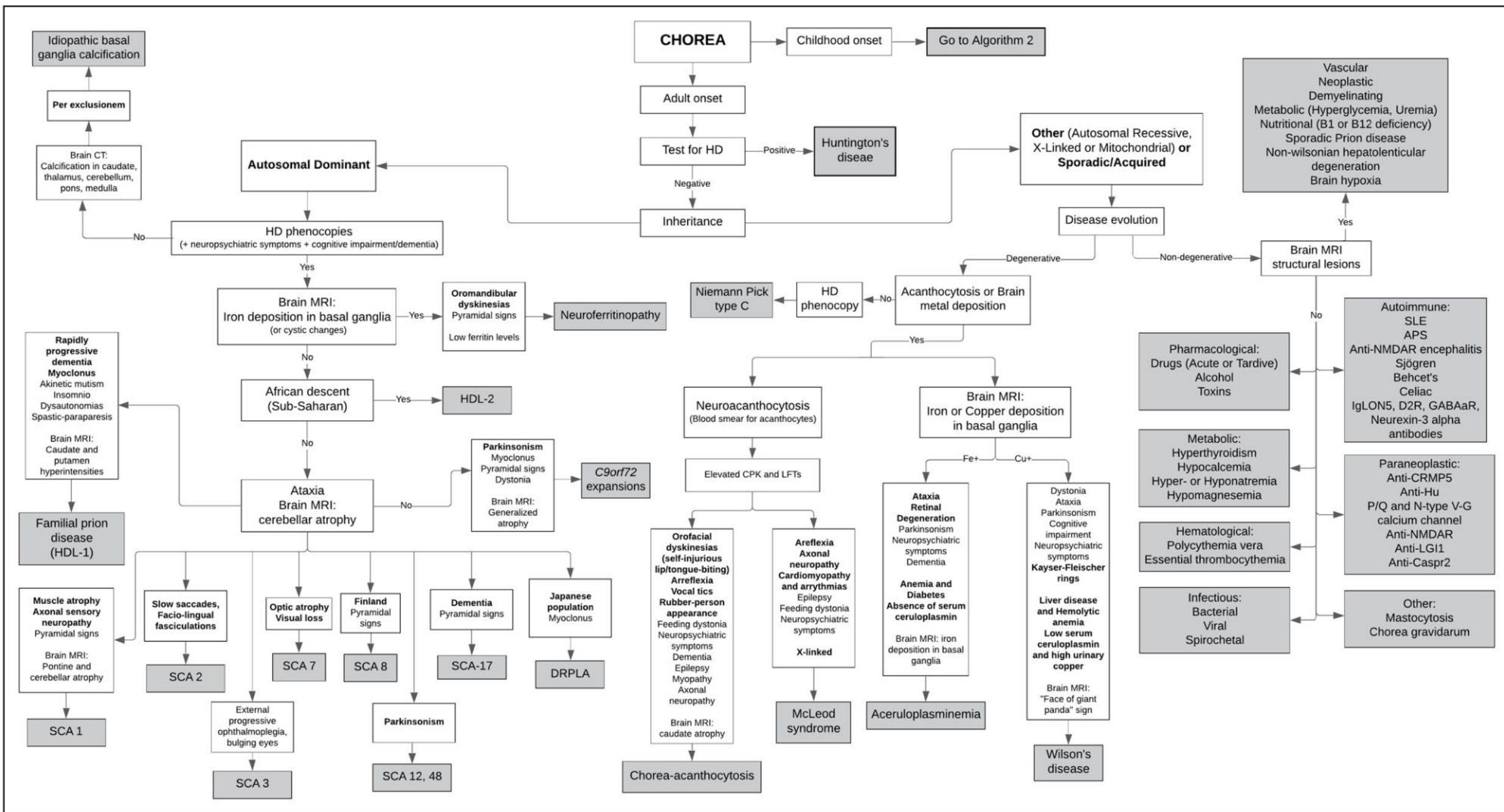
Table 1: Five Major Types of Hyperkinetic Movement Disorders	
Tremors	Involuntary, alternating movements involving one or more joints occurring at a regular frequency resulting in “rhythmic oscillations”
Chorea	Involuntary, non-rhythmic, abrupt movements resulting from continuous flow of muscle contractions from one muscle group to another resulting in jerky or dance like movements
Dystonia	Involuntary, slow, sustained contractions of agonist and sometimes also antagonist muscles producing twisting movements and/or abnormal posturing
Myoclonus	Involuntary, sudden, brief muscle contractions (positive myoclonus) or inhibition of muscle contractions (negative myoclonus) leading to shock like movements
Tics	Simple or complex, repetitive, abnormal movements or sounds usually preceded by an uncomfortable feeling or sensory urge that is relieved by carrying out the behavior. Tics can often be easily mimicked and suppressed by short efforts of will.

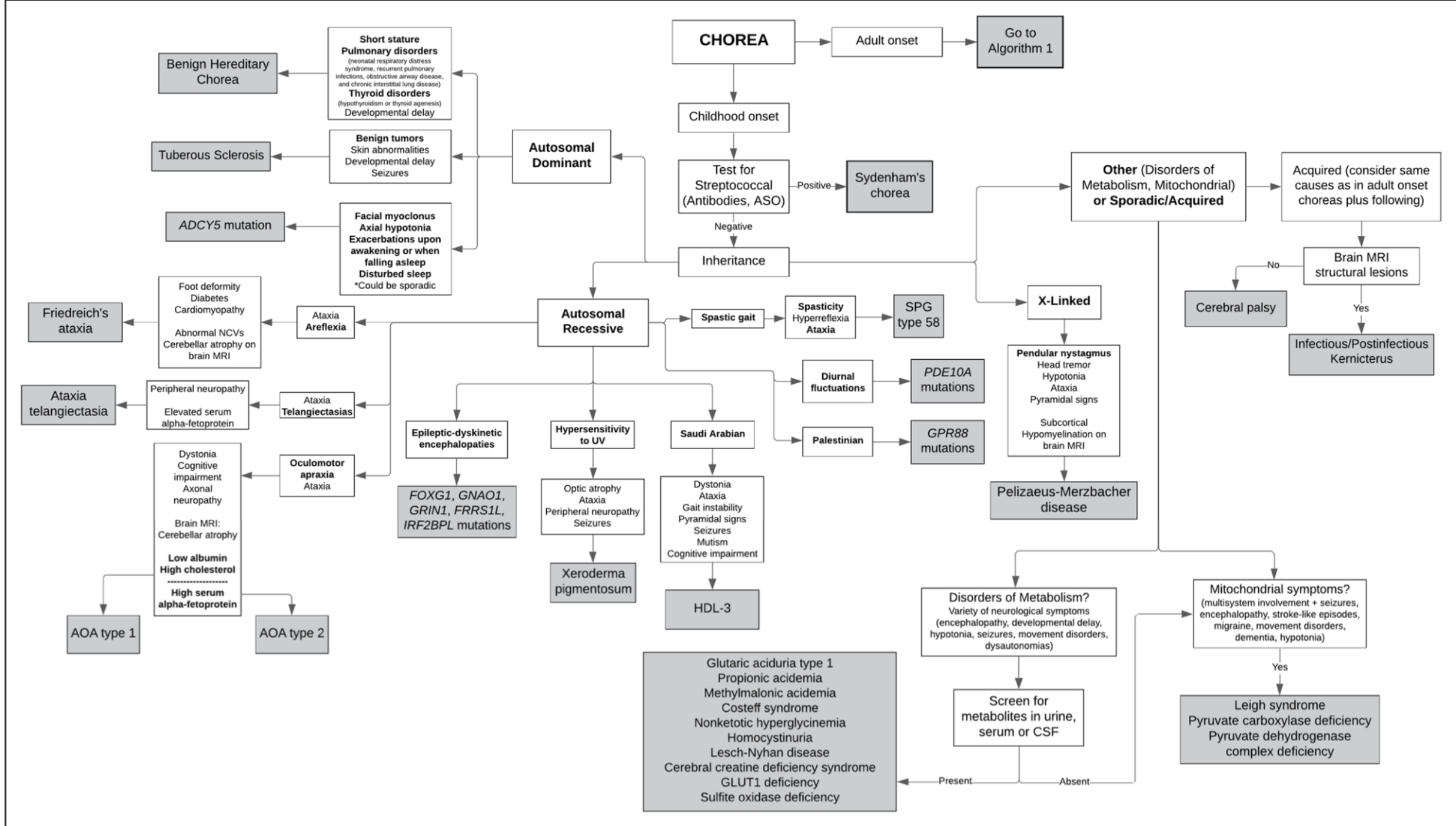
Challenges in Clinicogenetic Correlations: One Gene – Many Phenotypes

Francesca Magrinelli, MD,^{1,2,*}  Bettina Balint, MD,^{1,3} and Kailash P. Bhatia, MD, FRCP^{1,*} 

Challenges in Clinicogenetic Correlations: One Phenotype – Many Genes

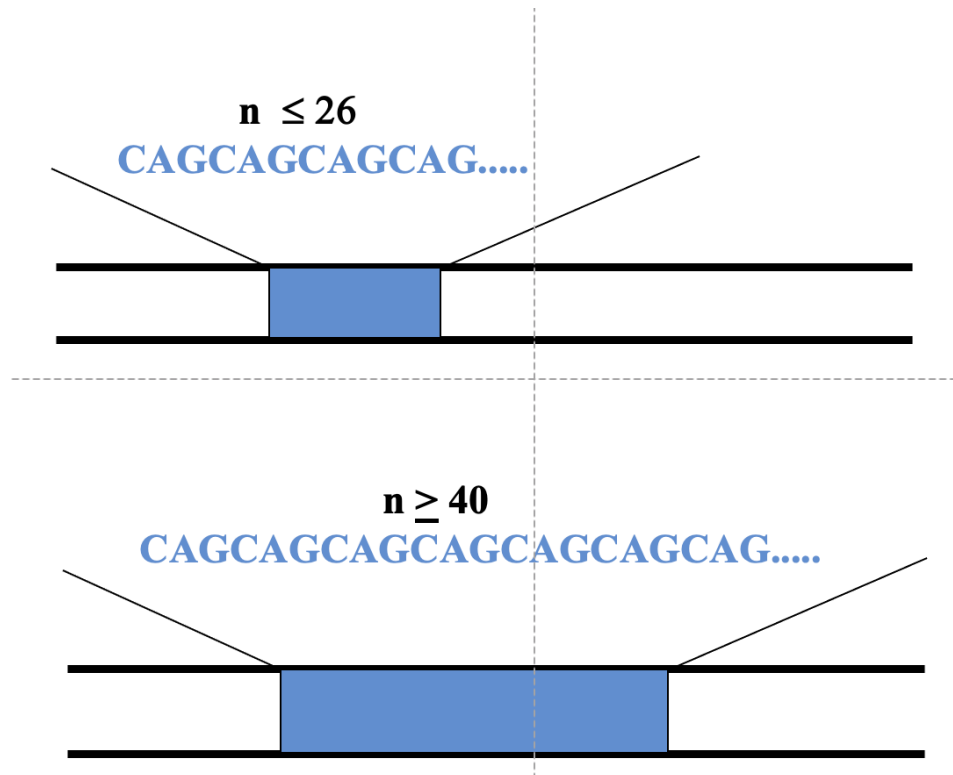
Rahul Gannamani, BSc,^{1,2,3a}  Sterre van der Veen, BSc,^{1,3a}  Martje van Egmond, MD, PhD,^{1,3}  Tom J. de Koning, MD, PhD, MBA,^{2,3,4} 









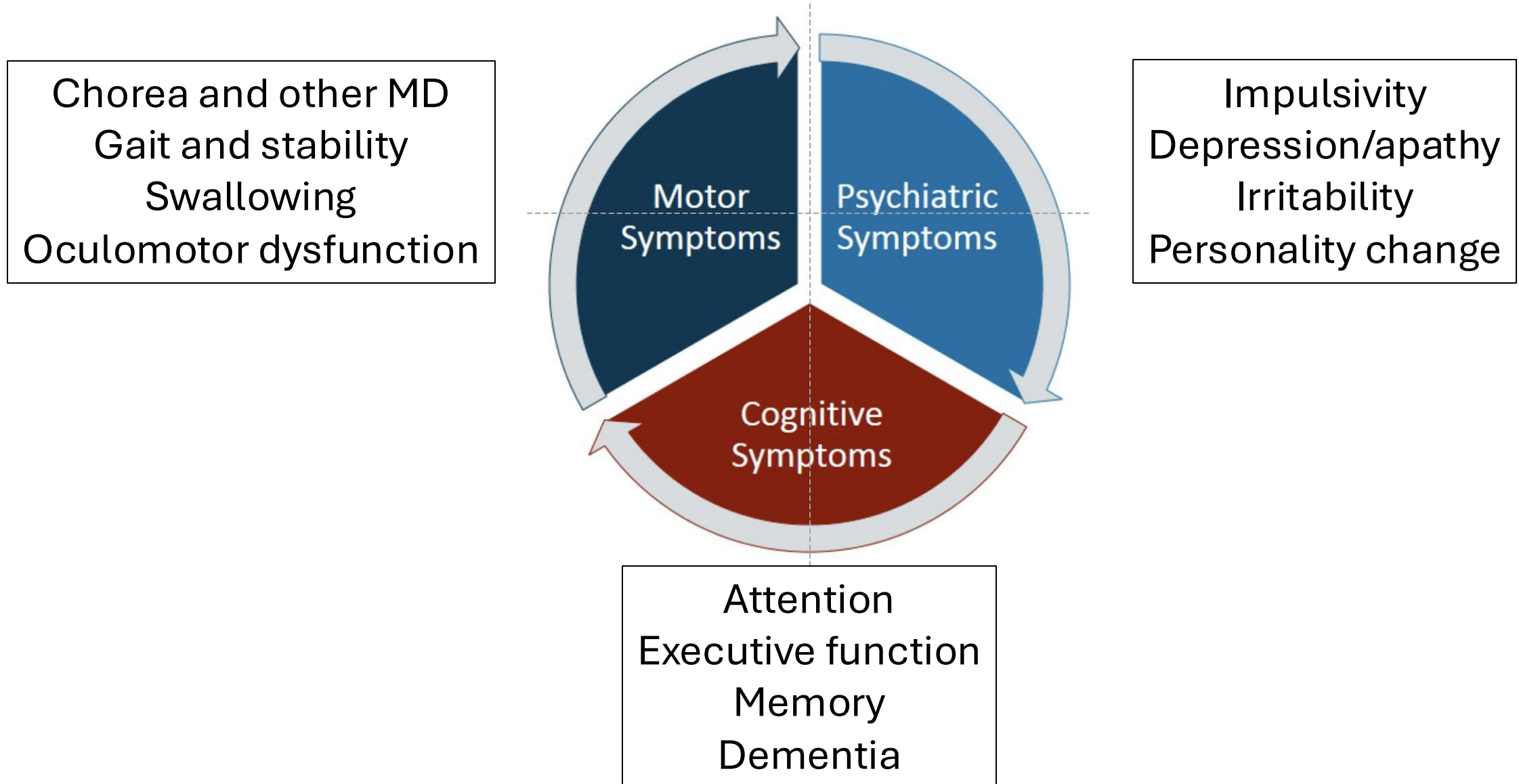
Huntington's Disease

A trinucleotide repeat disorder



Huntington's status		CAG repeat length	
Unaffected	Normal	 10-26	
	Intermediate allele	 27-35	
Affected	Reduced penetrance	 36-39	
	Full penetrance	 40+	

Huntington's disease: symptoms



Huntington's disease: clinical genetics

- Symptomatic testing
- Presymptomatic testing
- Pre-implantation diagnosis

Progressive HD-like syndromes

Chorea

Predominant movement disorder?

Dystonia and/or parkinsonism

Ethnicity
Adult-onset

Southern African ancestry: consider HDL2
Japanese origin: consider DRPLA
Cumbrian or French origin: consider Neuroferritinopathy
Finnish origin: consider SCA8

Juvenile onset

French-Canadian origin: consider AOA type 2

Predominant involvement of a specific body region

Adult-onset

Facio-bucco-lingual: consider chorea-acanthocytosis, McLeod syndrome (only males), or Neuroferritinopathy
Head drop or banging: consider chorea-acanthocytosis

Cerebellar ataxia

Adult-onset

Juvenile onset

consider SCA17, DRPLA, SCA1, SCA2, SCA7, SCA14, SCA8
consider Friedreich ataxia, ataxia-teleangiectasia, AOA types 1 and 2

Predominant gait impairment

Adult-onset

Juvenile onset

consider SCA17, DRPLA, SCA1, SCA2, SCA7, SCA14, SCA8
'rubber man appearance': consider chorea-acanthocytosis or McLeod syndrome (only males)
consider Friedreich ataxia, ataxia-teleangiectasia, AOA types 1 and 2

Eye movement abnormalities

Adult-onset

Juvenile onset

dysmetric saccades, square-wave jerks, saccadic pursuit, gaze-evoked nystagmus: consider SCAs, DRPLA and chorea-acanthocytosis
dysmetric saccades, square-wave jerks, saccadic pursuit, gaze-evoked nystagmus: consider Friedreich ataxia
oculomotor apraxia: consider ataxia-teleangiectasia, AOA types 1 and 2

Seizures

Adult-onset

consider HDL1, chorea-acanthocytosis, DRPLA, McLeod syndrome (only males), SCA17

Peculiar behavioural abnormalities

Adult-onset

self-mutilating behaviours: consider chorea-acanthocytosis, Lesch-Nyhan syndrome

Ethnicity
Adult-onset

Southern African ancestry: consider HDL2
Cumbrian or French origin: consider Neuroferritinopathy

Predominant involvement of a specific body region

Juvenile onset

Facio-bucco-lingual: consider PKAN, WD, Lesch-Nyhan syndrome, Kufor Rakeb syndrome, aceruloplasminemia

Cerebellar ataxia

Adult-onset

consider SCA17 or SCA2

Predominant gait impairment

Adult-onset

Juvenile onset

consider HDL2
consider PKAN, WD, PLAN, Kufor Rakeb syndrome

Eye movement abnormalities

Juvenile onset

early supranuclear upgaze palsy: consider Kufor Rakeb syndrome

Peculiar speech abnormalities

Juvenile onset

marked palialia, tachylalia, dysarthria: consider PKAN

Huntington's Disease



Spinocerebellar ataxia type 17



AAO 32y

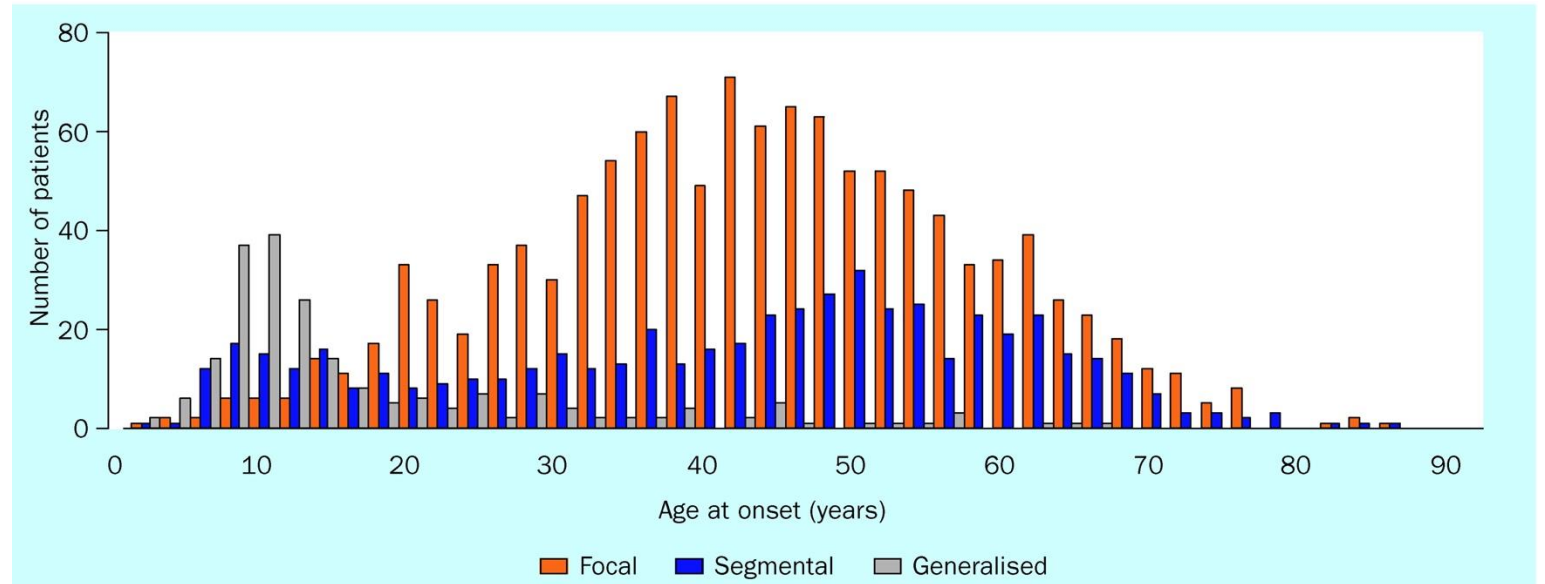
Involuntary movements

Gait problems

Cognitive deterioration

Cerebellar atrophy

Dystonia



Early-onset dystonia:

May begin focally but more often generalized
More often genetic origin

Late-onset dystonia:

More often remaining focal or segmental
More often sporadic

Dystonia Genes

Form of Dystonia		Gene	Locus Name	New Designation & Phenotypic Subgroup	Additional Distinguishing Features	MOI
Isolated		<i>TOR1A</i>	DYT1	DYT-TOR1A	Childhood or adolescent-onset, generalized	AD
		<i>THAP1</i>	DYT6	DYT-THAP1	Adolescent-onset, cranial or generalized	AD
		<i>ANO3</i>	DYT24	DYT-ANO3	Adult-onset, focal or segmental	AD
		<i>GNAL</i>	DYT25	DYT-GNAL	Mostly adult-onset, focal or segmental	AD
		<i>KMT2B</i>	DYT28	DYT-KMT2B	Early-onset, generalized, mild syndromic features	AD
Combined		<i>GCH1</i>	DYT5a	DYT-GCH1	Dopa-responsive	AD, AR
		<i>TH</i>	DYT5b	DYT-TH	Dopa-responsive	AR
		<i>SPR</i>	Not assigned	DYT-SPR	Dopa-responsive, cognitive impairment	AR
		<i>TAF1</i> ¹	DYT3	DYT-TAF1	Neurodegeneration	XL
		<i>PRKRA</i>	DYT16	DYT-PRKRA	Dystonia w/mild parkinsonism	AR
		<i>ATP1A3</i>	DYT12	DYT-ATP1A3	Rapid-onset	AD
		<i>SGCE</i>	DYT11	DYT-SGCE	Psychiatric disease	AD
		<i>PNKD</i> ²	DYT8	PxMD-PNKD	Paroxysmal nonkinesigenic dyskinesia	AD
		<i>PRRT2</i>	DYT10	PxMD-PRRT2	Paroxysmal kinesigenic dyskinesia	AD
		<i>SLC2A1</i>	DYT18	PxMD-SLC2A1	Paroxysmal exertion-induced dyskinesia	AD

Dystonia Genes

Form of Dystonia		Gene	Locus Name	New Designation & Phenotypic Subgroup	Additional Distinguishing Features	MOI
Isolated		<i>TOR1A</i>	DYT1	DYT-TOR1A	Childhood or adolescent-onset, generalized	AD
		<i>THAP1</i>	DYT6	DYT-THAP1	Adolescent-onset, cranial or generalized	AD
		<i>ANO3</i>	DYT24	DYT-ANO3	Adult-onset, focal or segmental	AD
		<i>GNAL</i>	DYT25	DYT-GNAL	Mostly adult-onset, focal or segmental	AD
		<i>KMT2B</i>	DYT28	DYT-KMT2B	Early-onset, generalized, mild syndromic features	AD
Combined	Dystonia + parkinsonism	<i>GCH1</i>	DYT5a	DYT-GCH1	Dopa-responsive	AD, AR
		<i>TH</i>	DYT5b	DYT-TH	Dopa-responsive	AR
		<i>SPR</i>	Not assigned	DYT-SPR	Dopa-responsive, cognitive impairment	AR
		<i>TAF1</i> ¹	DYT3	DYT-TAF1	Neurodegeneration	XL
		<i>PRKRA</i>	DYT16	DYT-PRKRA	Dystonia w/mild parkinsonism	AR
		<i>ATP1A3</i>	DYT12	DYT-ATP1A3	Rapid-onset	AD
	Dystonia + myoclonus	<i>SGCE</i>	DYT11	DYT-SGCE	Psychiatric disease	AD
	Paroxysmal dystonia + other dyskinesia	<i>PNKD</i> ²	DYT8	PxMD-PNKD	Paroxysmal nonkinesigenic dyskinesia	AD
		<i>PRRT2</i>	DYT10	PxMD-PRRT2	Paroxysmal kinesigenic dyskinesia	AD
		<i>SLC2A1</i>	DYT18	PxMD-SLC2A1	Paroxysmal exertion-induced dyskinesia	AD

DYT28 – KMT2B mutations (de novo!)

AAO 10y

Speech disorder
Segmental

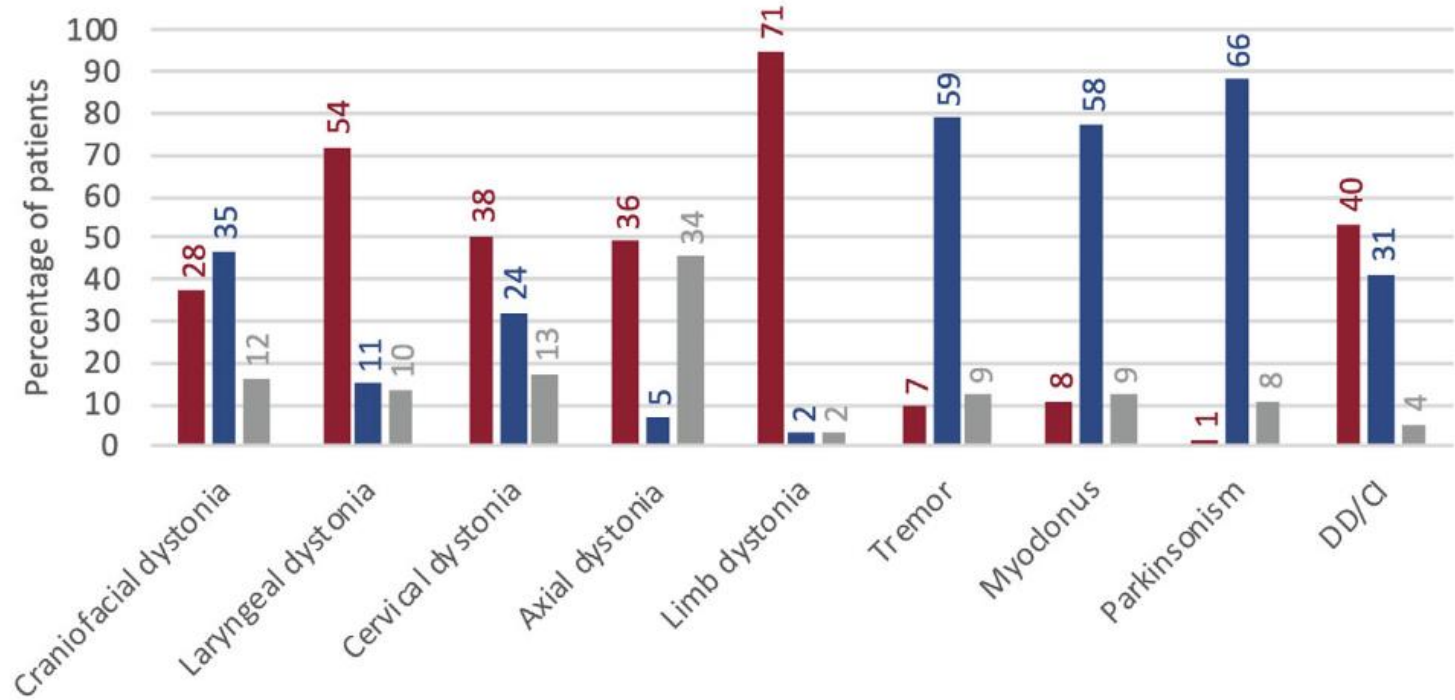
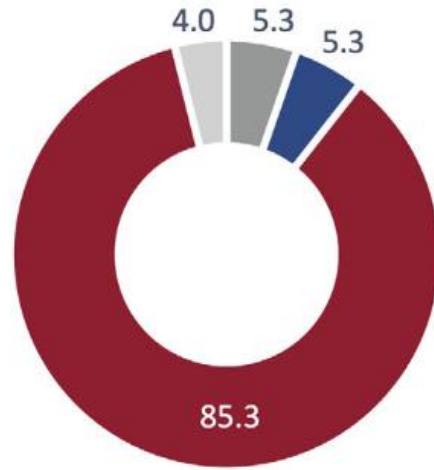


AAO 8y

Generalized dystonia



DYT-KMT2B



■ Present ■ Absent ■ Unknown
 DD = developmental delay, CI = cognitive impairment/intellectual disability

DYT11: Myoclonus Dystonia with SCGE mutations



Myoclonus- dystonia in KCTD17 mutation



Paroxysmal dystonia: PRRT2 mutation





An Update on the Adult-Onset Hereditary Cerebellar Ataxias: Novel Genetic Causes and New Diagnostic Approaches

Laura Ivete Rudaks^{1,2,3,4} · Dennis Yeow^{1,2,3,5,6} · Karl Ng^{2,7} · Ira W. Deveson^{3,8} · Marina L. Kennerson^{1,2,9} · Kishore Raj Kumar^{1,2,3,8,10}

Hereditary ataxia

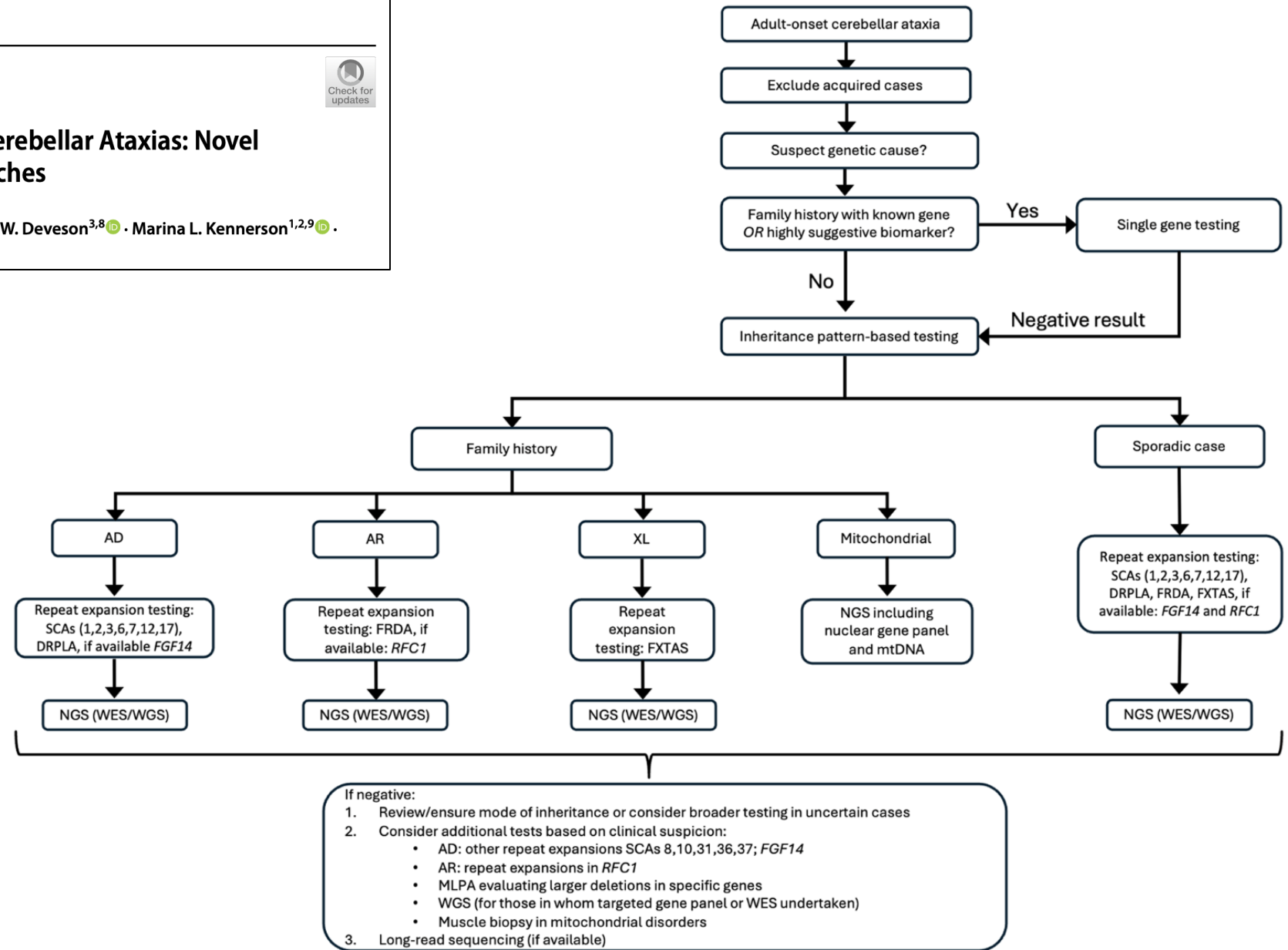


Table 1 Autosomal dominant spinocerebellar ataxias

Phenotype	Gene	Variant type	Locus	Phenotype MIM
SCA1	<i>ATXN1</i>	(CAG) _n repeat	6p22.3	164400
SCA2	<i>ATXN2</i>	(CAG) _n repeat	12q24.12	183090
SCA3 (Machado-Joseph disease)	<i>ATXN3</i>	(CAG) _n repeat	14q32.12	109150
SCA4	<i>ZFHX3</i>	(GGC) _n repeat	16q22.2-q22.3	600223
SCA5	<i>SPTBN2</i>	Missense, deletion	11q13.2	600224
SCA6	<i>CACNA1A</i>	(CAG) _n repeat <i>Allelic disorders EA2 and FHM occur with point mutations/ deletions</i> [63, 64]	19p13.13	183086
SCA7	<i>ATXN7</i>	(CAG) _n repeat	3p14.1	164500
SCA8	<i>ATXN8/ ATXN8OS</i>	(CAG) _n /(CTG) _n repeat	13q21/ 13q21.33	608768
SCA9	Unknown	Unknown	Not mapped	612876
SCA10	<i>ATXN10</i>	Non-coding (ATTCT) _n repeat	22q13.31	603516
SCA11	<i>TTBK2</i>	Insertion, deletion	15q15.2	604432
SCA12	<i>PPP2R2B</i>	Non-coding (CAG) _n repeat	5q32	604326
SCA13	<i>KCNC3</i>	Missense	19q13.33	605259
SCA14	<i>PRKCG</i>	Missense, deletion	19q13.42	605361
SCA15/16	<i>ITPR1</i>	Missense, deletion <i>Allelic disorder SCA29 caused by missense variants</i>	3p26.1	606658
SCA17	<i>TBP</i>	(CAG) _n repeat	6q27	607136
SCA18	Unknown – <i>IFRD1</i> candidate gene	Missense variant in candidate gene <i>IFRD1</i> identified in one family [109]	7q22-q32	607458
SCA19/22	<i>KCND3</i>	Missense, deletion	1p13.2	607346
SCA20	12 genes	260-kb duplication identified in one reported family [110]	11q12	608687
SCA21	<i>TMEM240</i>	Missense, nonsense	1p36.33	607454
SCA23	<i>PDYN</i>	Missense	20p13	610245
SCA24 – reassigned SCAR4	-	-	-	-
SCA25	<i>PNPT1</i>	Splice site	2p16.1	608703
SCA26	<i>EEF2</i>	Missense	19p13.3	609306
SCA27A	<i>FGF14</i>	Missense, nonsense, insertion, deletion	13q33.1	193003
SCA27B	<i>FGF14</i>	Non-coding (GAA) _n repeat	13q33.1	620174
SCA28	<i>AFG3L2</i>	Missense, duplication	18p11.21	610246
SCA29	<i>ITPR1</i>	Missense <i>Allelic disorder SCA15 caused by missense variants or deletions</i>	3p26.1	117360
SCA30	Unknown		4q34.3-q35.1	613371
SCA31	<i>BEAN1</i>	Non-coding (TGGAA) _n repeat	16q21	117210
SCA32	Unknown	-	7q32-q33	613909
SCA33* – not assigned	-	-	-	-
SCA34	<i>ELOVL4</i>	Missense	6q14.1	133190
SCA35	<i>TGM6</i>	Missense, deletion	20p13	613908
SCA36	<i>NOP56</i>	Non-coding (GGCCTG) _n repeat	20p13	614153
SCA37	<i>DAB1</i>	Non-coding (ATTTC) _n repeat	1p32.2-p32.1	615945
SCA38	<i>ELOVL5</i>	Missense	6p12.1	615957
SCA39*	44 genes	7.5 Mb duplication identified in one family [111]	11q21-q22.3	-
SCA40	<i>CCDC88C</i>	Missense	14q32.11-q32.12	616053
SCA41	<i>TRPC3</i>	Missense	4q27	616410
SCA42	<i>CACNA1G</i>	Missense	17q21.33	616795
SCA43	<i>MME</i>	Missense	3q25.2	617018
SCA44	<i>GRMR1</i>	Missense, duplication	6q24.3	617691

AD SCA

Table 1 (continued)

Phenotype	Gene	Variant type	Locus	Phenotype MIM
SCA45	<i>FAT2</i>	Missense	5q33.1	617769
SCA46	<i>PLD3</i>	Missense	19q13.2	617770
SCA47	<i>PUM1</i>	Missense	1p35.2	617931
SCA48	<i>STUB1</i>	Missense, nonsense, insertion, deletion, duplication	16p13.3	618093
SCA49	<i>SAMD9L</i>	Missense	7q21.2	619806
SCA50	<i>NPTX1</i>	Missense	17q25.3	620158
SCA51*	<i>THAP11</i>	(CAG) _n repeat	16q22.1	-
DRPLA	<i>ATN1</i>	(CAG) _n repeat	12p13.31	125370
Other autosomal dominant complex ataxias				
ADCADN	<i>DNMT1</i>	Missense	19p13.2	604121
ATXPC	<i>SAMD9L</i>	Missense	7q21.2	159550
SPAX-1	<i>VAMP1</i>	Splice site	12p13.31	108600

ADCADN: autosomal dominant cerebellar ataxia, deafness, and narcolepsy; ATXPC: ataxia-pancytopenia syndrome; DRPLA: dentatorubral-pallidoluysian atrophy; EA2: episodic ataxia type 2; FHM: familial hemiplegic migraine; SCAR4: autosomal recessive spinocerebellar ataxia-4; SPAX-1: autosomal dominant spastic ataxia-1

*Not yet assigned on Online Mendelian Inheritance in Man® (OMIM®)

Table 1 Autosomal dominant spinocerebellar ataxias

Phenotype	Gene	Variant type	Locus	Phenotype MIM
SCA1	<i>ATXN1</i>	(CAG) _n repeat	6p22.3	164400
SCA2	<i>ATXN2</i>	(CAG) _n repeat	12q24.12	183090
SCA3 (Machado-Joseph disease)	<i>ATXN3</i>	(CAG) _n repeat	14q32.12	109150
SCA4	<i>ZFHX3</i>	(GGC) _n repeat	16q22.2-q22.3	600223
SCA5	<i>SPTBN2</i>	Missense, deletion	11q13.2	600224
SCA6	<i>CACNA1A</i>	(CAG) _n repeat <i>Allelic disorders EA2 and FHM occur with point mutations/ deletions [63, 64]</i>	19p13.13	183086
SCA7	<i>ATXN7</i>	(CAG) _n repeat	3p14.1	164500
SCA8	<i>ATXN8/ ATXN8OS</i>	(CAG) _n /(CTG) _n repeat	13q21/ 13q21.33	608768
SCA9	Unknown	Unknown	Not mapped	612876
SCA10	<i>ATXN10</i>	Non-coding (ATTCT) _n repeat	22q13.31	603516
SCA11	<i>TTBK2</i>	Insertion, deletion	15q15.2	604432
SCA12	<i>PPP2R2B</i>	Non-coding (CAG) _n repeat	5q32	604326
SCA13	<i>KCNC3</i>	Missense	19q13.33	605259
SCA14	<i>PRKCG</i>	Missense, deletion	19q13.42	605361
SCA15/16	<i>ITPR1</i>	Missense, deletion <i>Allelic disorder SCA29 caused by missense variants</i>	3p26.1	606658
SCA17	<i>TBP</i>	(CAG) _n repeat	6q27	607136
SCA18	Unknown – <i>IFRD1</i> candidate gene	Missense variant in candidate gene <i>IFRD1</i> identified in one family [109]	7q22-q32	607458
SCA19/22	<i>KCND3</i>	Missense, deletion	1p13.2	607346
SCA20	12 genes	260-kb duplication identified in one reported family [110]	11q12	608687
SCA21	<i>TMEM240</i>	Missense, nonsense	1p36.33	607454
SCA23	<i>PDYN</i>	Missense	20p13	610245
SCA24 – reassigned SCAR4	-	-	-	-
SCA25	<i>PNPT1</i>	Splice site	2p16.1	608703
SCA26	<i>EEF2</i>	Missense	19p13.3	609306
SCA27A	<i>FGF14</i>	Missense, nonsense, insertion, deletion	13q33.1	193003
SCA27B	<i>FGF14</i>	Non-coding (GAA) _n repeat	13q33.1	620174
SCA28	<i>AFG3L2</i>	Missense, duplication	18p11.21	610246
SCA29	<i>ITPR1</i>	Missense <i>Allelic disorder SCA15 caused by missense variants or deletions</i>	3p26.1	117360
SCA30	Unknown		4q34.3-q35.1	613371
SCA31	<i>BEAN1</i>	Non-coding (TGGAA) _n repeat	16q21	117210
SCA32	Unknown	-	7q32-q33	613909
SCA33* – not assigned	-	-	-	-
SCA34	<i>ELOVL4</i>	Missense	6q14.1	133190
SCA35	<i>TGM6</i>	Missense, deletion	20p13	613908
SCA36	<i>NOP56</i>	Non-coding (GGCCTG) _n repeat	20p13	614153
SCA37	<i>DAB1</i>	Non-coding (ATTTC) _n repeat	1p32.2-p32.1	615945
SCA38	<i>ELOVL5</i>	Missense	6p12.1	615957
SCA39*	44 genes	7.5 Mb duplication identified in one family [111]	11q21-q22.3	-
SCA40	<i>CCDC88C</i>	Missense	14q32.11-q32.12	616053
SCA41	<i>TRPC3</i>	Missense	4q27	616410
SCA42	<i>CACNA1G</i>	Missense	17q21.33	616795
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AD SCA

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ADCADN: autosomal dominant cerebellar ataxia, deafness, and narcolepsy; ATXPC: ataxia-pancytopenia syndrome; DRPLA: dentatorubral-pallidoluysian atrophy; EA2: episodic ataxia type 2; FHM: familial hemiplegic migraine; SCAR4: autosomal recessive spinocerebellar ataxia-4; SPAX-1: autosomal dominant spastic ataxia-1

*Not yet assigned on Online Mendelian Inheritance in Man® (OMIM®)

SCA2

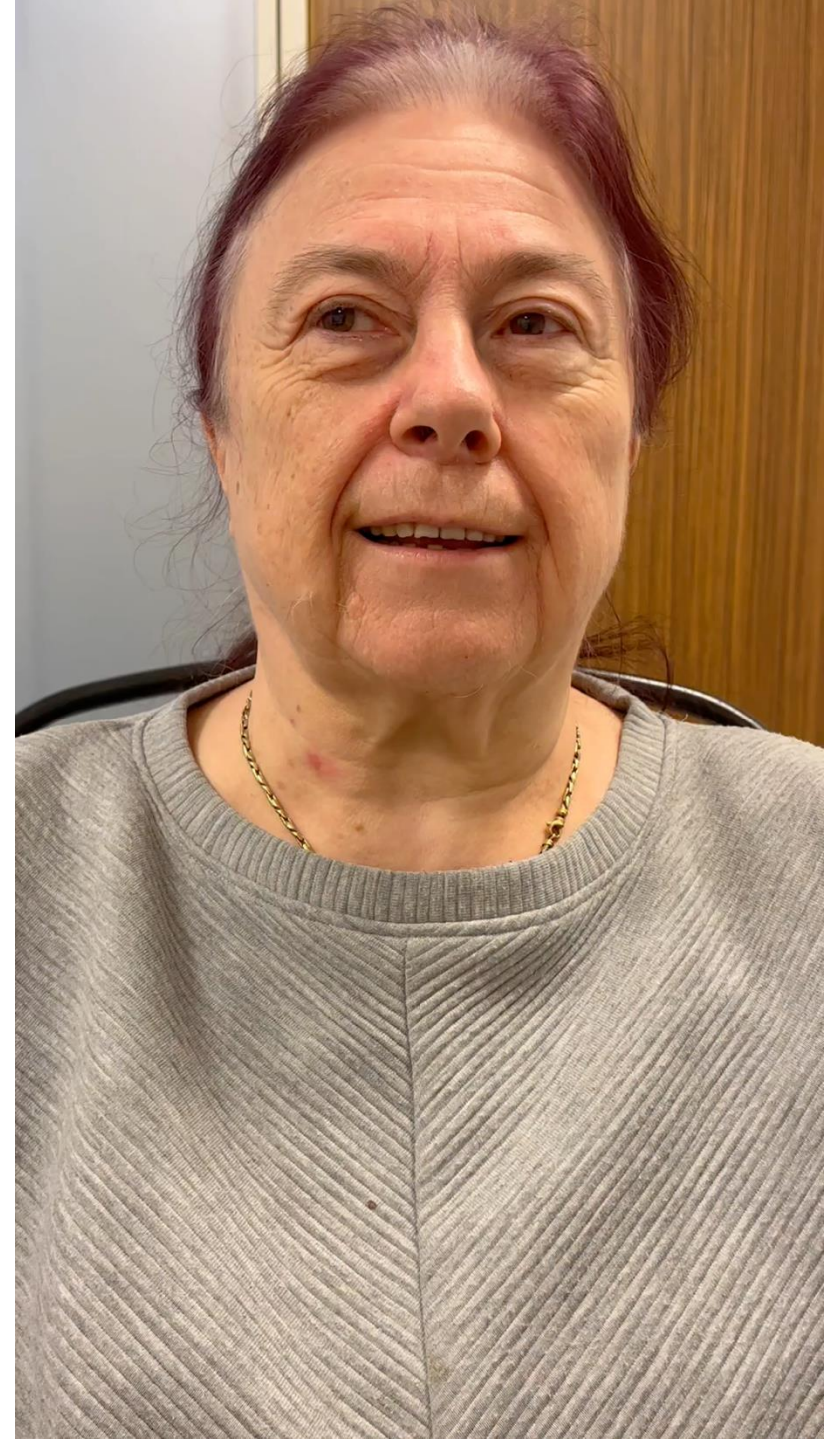
AAO 53y

Currently 68 y

Ataxia

Chorea

Myokymia



AR ataxia

Table 3 Adult-onset autosomal recessive hereditary cerebellar ataxias

Condition	Other names	Gene	Locus	Phenotype MIM
ATX- <i>ABHD12</i>	Polyneuropathy, hearing loss, ataxia, retinitis pigmentosa, and cataract (PHARC)	<i>ABHD12</i>	20p11.21	612674
ATX- <i>ADCK3</i>	ARCA2; SCAR9; Primary coenzyme Q10 deficiency-4 (COQ10D4)	<i>ADCK3</i>	1q42.13	612016
ATX- <i>ANO10</i>	ARCA3; SCAR10	<i>ANO10</i>	3p22.1–21.33	613728
ATX- <i>APTX</i>	AOA1	<i>APTX</i>	9p21.1	208920
ATX- <i>ATM</i>	Ataxia-telangiectasia (AT)	<i>ATM</i>	11q22.3	208900
ATX- <i>C10orf2</i>	Mitochondrial DNA depletion syndrome-7 (MTDPS7)	<i>TWNK</i>	10q24.31	271245
ATX- <i>CWF19L1</i>	SCAR17	<i>CWF19L1</i>	10q24.31	616127
ATX- <i>CYP27A1</i>	Cerebrotendinous xanthomatosis (CTX)	<i>CYP27A1</i>	2q35	213700
ATX- <i>FXN</i>	Friedreich ataxia (FRDA)	<i>FXN</i>	9q21.11	229300
ATX- <i>GDAP2</i>	SCAR27	<i>GDAP2</i>	1p12	618369
ATX- <i>GRID2</i>	SCAR18	<i>GRID2</i>	4q22.1–22.2	616204
ATX- <i>GRN</i>	Neuronal ceroid lipofuscinosis-11 (CLN11)	<i>GRN</i>	17q21.31	614706
ATX- <i>L2HGDH</i>	L-2-hydroxyglutaric aciduria (L2HGA)	<i>L2HGDH</i>	14q21.3	236792
ATX- <i>MAN2B1</i>	Alpha-mannosidosis	<i>MAN2B1</i>	19p13.13	248500
ATX- <i>NPC1</i>	Niemann-Pick disease type C1 (NPC1)	<i>NPC1</i>	18q11.2	257220
ATX- <i>NPC2</i>	Niemann-Pick disease type C2 (NPC2)	<i>NPC2</i>	14q24.3	607625
ATX- <i>PEX7</i>	Refsum disease	<i>PEX7</i>	6q23.3	614879
ATX- <i>PHYH</i>	Refsum disease	<i>PHYH</i>	10p13	266500
ATX- <i>PIK3R5</i>	AOA3	<i>PIK3R5</i>	17p13.1	615217
ATX- <i>RFC1</i>	Cerebellar ataxia, neuropathy and vestibular areflexia syndrome (CANVAS)	<i>RFC1</i>	4p14	614575
ATX- <i>RNF216</i>	Cerebellar ataxia and hypogonadotrophic hypogonadism; Gordon Holmes syndrome	<i>RNF216</i>	7p22.1	212840
ATX- <i>SETX</i>	AOA2; SCAR1; SCAN2	<i>SETX</i>	9q34.13	606002
ATX- <i>STUB1</i>	SCAR16	<i>STUB1</i>	16p13.3	615768
ATX- <i>SYNE1</i>	ARCA1; SCAR8; recessive ataxia of Beauce	<i>SYNE1</i>	6q25.2	610743
ATX- <i>TTPA</i>	Ataxia with vitamin E deficiency (AVED)	<i>TTPA</i>	8q12.3	277460
ATX- <i>TTC19</i>	Mitochondrial complex III deficiency nuclear type 2 (MC3DN2)	<i>TTC19</i>	17p12	615157
ATX- <i>XRCC1</i>	SCAR26	<i>XRCC1</i>	19q13.31	617633
ATX/HSP- <i>DARS2</i>	Leukoencephalopathy with brain stem and spinal cord involvement and lactate elevation (LBSL)	<i>DARS2</i>	1q25.1	611105
ATX/HSP- <i>HEXA</i>	Tay-Sachs disease	<i>HEXA</i>	15q23	272800
ATX/HSP- <i>HEXB</i>	Sandhoff disease	<i>HEXB</i>	5q13.3	268800
ATX/HSP- <i>PNPLA6</i>	Boucher-Neuhauser syndrome	<i>PNPLA6</i>	19p13.2	215470
ATX/HSP- <i>SACS</i>	Autosomal recessive spastic ataxia of Charlevoix-Saguenay (ARSACS); SPAX6	<i>SACS</i>	13q12.12	270550
ATX/HSP- <i>VPS13D</i>	SCAR4	<i>VPS13D</i>	1p36.22–36.21	607317
HSP/ATX- <i>CAPN1</i>	SPG76	<i>CAPN1</i>	11q13.1	616907
HSP/ATX- <i>CLCN2</i>	Leukoencephalopathy with ataxia (LKPAT)	<i>CLCN2</i>	3q27.1	615651
HSP/ATX- <i>CYP7B1</i>	SPG5	<i>CYP7B1</i>	8q12.3	270800
HSP/ATX- <i>KIF1C</i>	SPAX2	<i>KIF1C</i>	17p13.2	611302
HSP/ATX-SPG7	SPG7	<i>PGN</i>	16q24.3	607259
ATX/MYC- <i>TPP1</i>	SCAR7	<i>TPP1</i>	11p15.4	609270
MYC/ATX- <i>NEU1</i>	Sialidosis type I	<i>NEU1</i>	6p21.33	256550
DYT/ATX- <i>ATP7B</i>	Wilson disease	<i>ATP7B</i>	13q14.3	277900
<i>MTTP</i>	Abetalipoproteinemia	<i>MTTP</i>	4q23	200100
<i>POLG</i>	Mitochondrial recessive ataxia syndrome (MIRAS); sensory ataxic neuropathy, dysarthria and ophthalmoparesis (SANDO); spinocerebellar ataxia with epilepsy (SCAE)	<i>POLG</i>	15q26.1	607459
SPAX2	Autosomal recessive spastic ataxia with leukoencephalopathy (ARSAL)	<i>MARS2</i>	2q33.1	611390
SPAX10	-	<i>COQ4</i>	9q34.11	620666

AOA: ataxia-oculomotor apraxia; ARCA: autosomal recessive cerebellar ataxia; SCAR: autosomal recessive spinocerebellar ataxia; SCAN: spinocerebellar ataxia with axonal neuropathy; SPAX: spastic ataxia; SPG: spastic paraplegia

AR ataxia






Table 3 Adult-onset autosomal recessive hereditary cerebellar ataxias

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ATX- <i>CWF19L1</i>	SCAR17	<i>CWF19L1</i>	10q24.31	616127
ATX- <i>CYP27A1</i>	Cerebrotendinous xanthomatosis (CTX)	<i>CYP27A1</i>	2q35	213700
ATX- <i>FXN</i>	Friedreich ataxia (FRDA)	<i>FXN</i>	9q21.11	229300
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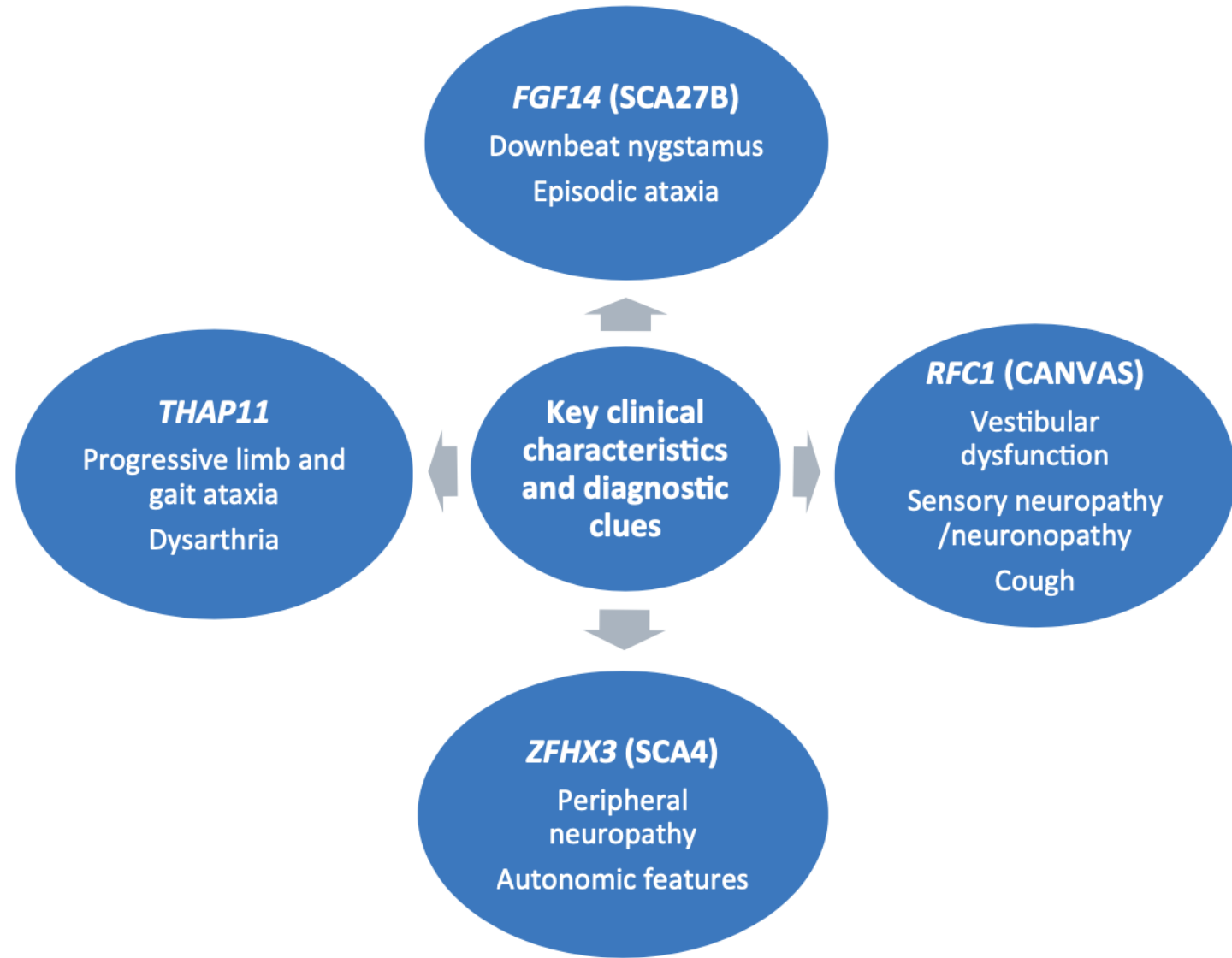
Movement disorders in spastic paraplegia

Table 1 Movement disorders associated to hereditary spastic paraplegia (SPG)

Movement disorder	HSP	Gene	Inheritance
Ataxia 	SPG4	<i>SPAST</i>	AD
	SPG6	<i>NIPA1</i>	AD
	SPG7	<i>SPG7</i>	AD
	SPG10	<i>KIF5A</i>	AD
	SPG11	<i>KIAA1840</i>	AR
	SPG27	<i>10q22.1-q24.1</i>	AR
	SPG30	<i>KIF1A</i>	AR
	SPG31	<i>REEP1</i>	AD
Dystonia 	SPG7	<i>SPG7</i>	AD
	SPG11	<i>SPG11</i>	AR
	SPG22	<i>SLC16A2</i>	XLR
	SPG26	<i>B4GALNT1</i>	AR
	SPG35	<i>FA2H</i>	AR
	SPG48	<i>AP5Z1</i>	AR
	SPG49	<i>TECPR2</i>	AR
	SPG58	<i>KIF1C</i>	AR
	SPG64	<i>ENTPD1</i>	AR
Myoclonus 	SPG4	<i>SPAST</i>	AD
	SPG7	<i>SPG7</i>	AD
	SPG35	<i>FA2H</i>	AR
	SPG48	<i>AP5Z1</i>	AR
Parkinsonism 	SPG7	<i>SPG7</i>	AD
	SPG4	<i>SPAST</i>	AD
	SPG11	<i>KIAA1840</i>	AR
	SPG15	<i>ZFYVE26</i>	AR
	SPG48	<i>AP5Z1</i>	AR
Tremor 	SPG7	<i>SPG7</i>	AD
	SPG9	<i>ALDH18A1</i>	AR
	SPG11	<i>SPG11</i>	AR
	SPG15	<i>ZFYVE26</i>	AR
	SPG76	<i>CAPN1</i>	AR

Abbreviations: AD, Autosomal dominant; AR, Autosomal recessive; XLR, X-linked recessive.

Fig. 1 Recently described short tandem repeat expansions causing cerebellar ataxia with key diagnostic clues

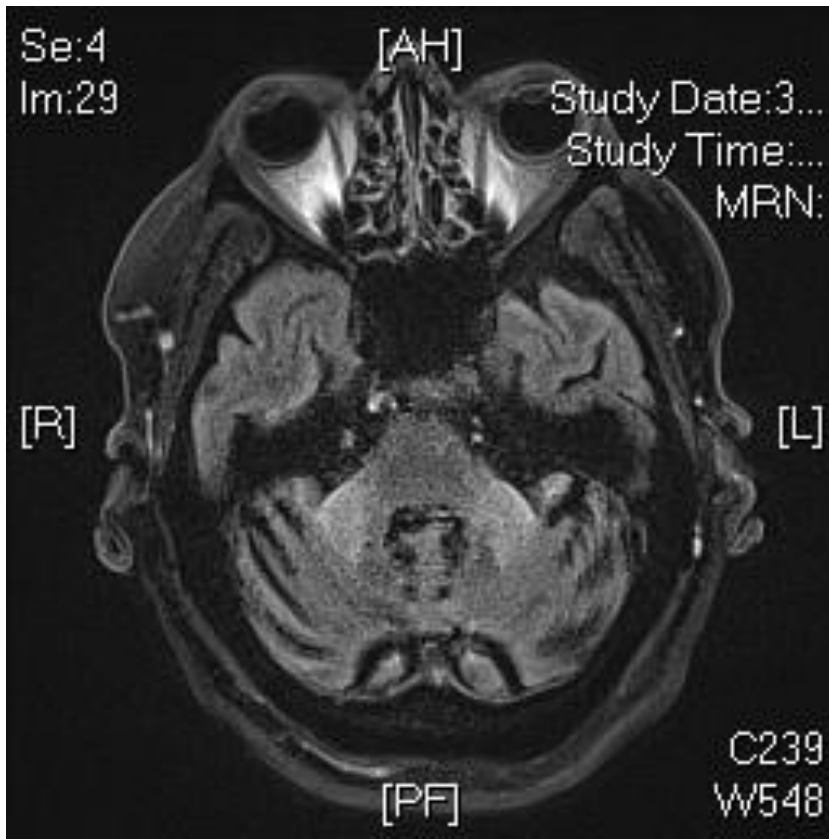


CANVAS



Vestibular areflexia
(Head impulse test)
Cough



FXTAS



Challenges in Clinicogenetic Correlations: One Gene – Many Phenotypes

Francesca Magrinelli, MD,^{1,2,*}  Bettina Balint, MD,^{1,3} and Kailash P. Bhatia, MD, FRCP^{1,*} 

Challenges in Clinicogenetic Correlations: One Phenotype – Many Genes

Rahul Gannamani, BSc,^{1,2,3a}  Sterre van der Veen, BSc,^{1,3a}  Martje van Egmond, MD, PhD,^{1,3}  Tom J. de Koning, MD, PhD, MBA,^{2,3,4} 