

**MUTATION ANALYSIS OF INDONESIAN
MENTALLY RETARDED INDIVIDUALS WITH
MICROCEPHALY AND MACROCEPHALY**



THESIS

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THESIS

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DECLARATION

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person nor material which to a substantial extent has been accepted for the award of any other degree or diploma of the university or other institute of higher learning, except where due acknowledgement is made in the text

Semarang, November 2011

Rahajeng N. Tunjungputri

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LIST OF ABBREVIATION

<i>ARX</i>	: Aristaless related homeobox gene and protein
<i>ASPM</i>	: Abnormal spindle-like, microcephaly associated
<i>BRAF</i>	: Murine sarcoma viral oncogene homolog B1
<i>CDC</i>	: Center for Disease Control
<i>CDK5RAP2</i>	: Cyclin dependent kinase 5 regulatory associated protein 2
<i>CENPJ</i>	: Centromere associated protein J
<i>CLCN7</i>	: Chloride channel 7
<i>DNA</i>	: Deoxyribonucleic acid
<i>FGFR3</i>	: Fibroblast growth factor receptor 3
<i>FMR1</i>	: Fragile X mental retardation 1
<i>HRAS</i>	: Harvey rat sarcoma viral oncogene homolog
<i>KRAS</i>	: Kirsten rat sarcoma viral oncogene homolog
<i>LGII</i>	: Leucine-rich, glioma inactivated 1
<i>M-CMTC</i>	: Macrocephaly cutis marmorata telangiectatica congenital
<i>MCPH</i>	: Microcephaly primary hereditary (autosomal recessive primary microcephaly)
<i>MEK1</i>	: Mitogen-activated protein kinase kinase 1
<i>MEK2</i>	: Mitogen-activated protein kinase kinase 1
<i>MLC</i>	: Megalencephalic leukoencephalopathy with subcortical cysts
<i>mRNA</i>	: Messenger Ribonucleic acid
<i>NF1</i>	: Neurofibromatosis, type 1
<i>NSD1</i>	: Nuclear receptor-binding Su-var, enhancer of zeste, and trithorax domain protein 1
<i>OFC</i>	: Occipito-frontal circumference
<i>OSTM1</i>	: Osteopetrosis associated transmembrane protein 1
<i>PHTS</i>	: <i>PTEN</i> (Phosphatase and tensin homologue) hamartoma tumor syndrome

<i>PKU</i>	: Phenylketonuria
<i>PTEN</i>	: Phosphatase and tensin homologue
<i>SCN1A</i>	: Sodium channel, voltage-gated, type I, alpha subunit
<i>STIL</i>	: SCL (Stem cell leukemia hematopoietic transcription factor)/ TAL1 (T-cell acute lymphoblastic leukemia) interrupting locus
<i>STXBP1</i>	: Syntaxin binding protein 1
<i>TCIRG1</i>	: T-cell immune regulator 1
<i>TNFSF11</i>	: Tumor necrosis factor (ligand) superfamily, member 11
<i>WDR62</i>	: WD (tryptophan - aspartic acid) repeat-containing protein
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<i>WHO</i>	: World Health Organization

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ABSTRACT

Background

Among the mentally retarded individuals, associated features are often found that may lead to specific diagnosis, such as microcephaly or macrocephaly. Mutations in the autosomal recessive primary hereditary microcephaly (MCPH) genes are known to cause mental retardation (MR) and microcephaly, while mutations in the *PTEN* gene cause MR and macrocephaly. This study aims to analyse the presence of mutations in the Indonesian individuals with MR and microcephaly or macrocephaly.

Methods

From a previous study of 527 mentally retarded individuals, 48 microcephalic and 10 macrocephalic individuals underwent DNA sequencing. Secondary data from a previous study was used to determine the head circumference based on the Nellhaus head charts. The DNA of the microcephalic subjects was analysed for mutations of the MCPH genes while *PTEN* DNA sequencing were performed on macrocephalic subjects. The likelihood of pathogenicity of the variants found was determined by comparing them to mutation database and analysis of protein prediction programs of SIFT, Align-GVGD and Polyphen-2.

Results

From 48 individuals with MR and microcephaly, 23 variants on the MCPH genes were found as likely to be pathogenic, while no pathogenic mutation was found. One subject was found to have 2 variants which were predicted as likely to be pathogenic and underwent follow up, in which a monozygotic twin with the same 2 variants was discovered to be unaffected, revealing twin discordance result. None of the 10 subjects with macrocephaly and MR had any mutations in the *PTEN* gene.

Conclusion

Microcephaly was present in 9.1% of 527 individuals with MR, while macrocephaly occurred in 1.9%. This study did not find any pathogenic causative mutation in the MCPH genes as well as *PTEN* gene that underwent DNA sequencing. This might be due to the non-genetic cause of microcephaly or macrocephaly and MR or mutations that were not yet discovered in this study. Interestingly, one twins discordance result was found. The findings of MR associated with microcephaly and macrocephaly may aid in providing genetic counseling in the Indonesian setting.

Keywords : Mental retardation, microcephaly, macrocephaly, *PTEN*, MCPH

ABSTRAK

Latar Belakang

Pada individu dengan retardasi mental dapat ditemukan gejala dan tanda lain yang dapat memberi petunjuk ke arah diagnosis yang lebih spesifik, seperti mikrosefali dan makrosefali. Mutasi pada gen-gen *autosomal recessive primary hereditary microcephaly (MCPH)* diketahui dapat menyebabkan retardasi mental (RM) dan mikrosefali, sementara mutasi pada gen *PTEN* menyebabkan RM dan makrosefali. Penelitian ini bertujuan untuk menganalisis keberadaan mutasi genetik pada penderita RM dengan mikrosefali atau makrosefali.

Metode

Dari penelitian sebelumnya dengan 527 penderita RM, 48 individu dengan mikrosefali dan 10 individu dengan makrosefali menjalani *sequencing* DNA. Data sekunder dari penelitian sebelumnya digunakan untuk menentukan klasifikasi ukuran lingkaran kepala berdasarkan kurva Nellhaus. Analisis gen MCPH dilakukan pada subyek mikrosefali sedangkan analisis gen PTEN dilakukan pada subyek makrosefali. Patogenitas varian genetik ditentukan dengan membandingkan dengan *database* mutasi dan program prediksi protein seperti SIFT, Align-GVGD dan Polyphen-2.

Hasil

Dari 48 individu dengan RM dan mikrosefali, 23 varian ditemukan dengan klasifikasi "*likely to be pathogenic*", dan tidak ditemukan mutasi patogenik. Ditemukan 2 varian dengan klasifikasi "*likely to be pathogenic*" pada 1 subyek yang dilanjutkan dengan pemeriksaan lanjutan di mana terdapat kembar monozygotik subyek dengan kedua varian yang sama namun tidak menderita RM maupun kelainan lingkaran kepala, di mana hal ini menggambarkan adanya diskordansi kembar. Tidak ditemukan mutasi gen *PTEN* pada 10 subyek RM dengan makrosefali.

Kesimpulan

Mikrosefali ditemukan pada 9,1% dari 527 individu dengan RM, sementara makrosefali ditemukan sebanyak 1,9%. Penelitian ini tidak menemukan mutasi patogenik dengan *sequencing* gen MCPH maupun *PTEN*. Hal ini mungkin disebabkan penyebab non-genetik RM dengan mikrosefali dan makrosefali, atau terdapatnya mutasi yang tidak dapat ditemukan melalui penelitian ini. Satu hasil diskordansi kembar ditemukan dalam penelitian ini. Hasil yang ditemukan dalam penelitian RM dengan mikrosefali dan makrosefali dapat membantu layanan konseling genetika di Indonesia.

Kata kunci: retardasi mental, mikrosefali, makrosefali, MCPH, *PTEN*