Capillary Malformation-Arteriovenous Malformation

Capillary malformation-arteriovenous malformation syndrome (CM-AVM) is a disorder of the vascular system characterized by enlarged capillaries that appear as small, round dots on the skin. Genetic testing can confirm diagnosis of RASA1-related CM-AVM disorder (CM-AVM1), or an EPHB4-related CM-AVM disorder (CM-AVM2), in individuals with symptoms suggestive of CM-AVM.

DISEASE OVERVIEW

Incidence
- ~1/20,000 for CM-AVM1
- ~1/12,000 for CM-AVM2

Symptoms/Manifestations
- Multifocal CMs; commonly localized on skin of the trunk, limbs, or face
  - Fast flow lesions
    - AVM, arteriovenous fistula (AVF), and vein of Galen malformation located in the brain, spine, skin, or muscle may cause life-threatening complications
      - Bleeding
      - Congestive heart failure
      - Neurological consequences
  - In Parkes Weber Syndrome (PKWS), diffuse subcutaneous/intramuscular micro AVFs associated with hypertrophy of the involved extremity
- Lymphatic abnormalities
- Recurrent epistaxis (CM-AVM2, but uncommon)
- Telangiectasias – dermal (CM-AVM2, but less common than CMs)

GENETICS

Genes
EPHB4 and RASA1

Inheritance
Autosomal dominant

Penetrance
- EPHB4 – 93% 1
- RASA1 – 90-95%

De novo Variants
~33% of cases for RASA1

TESTS TO CONSIDER

Capillary Malformation-Arteriovenous Malformation (EPHB4 and RASA1) Sequencing, and (RASA1) Deletion/Duplication 3001132
Method: Polymerase Chain Reaction/Sequencing/Multiplex Ligation-dependent Probe Amplification
Most comprehensive DNA test for CM-AVM (CM-AVM1 and CM-AVM2)

RASA1-Related Disorders (RASA1) Sequencing and Deletion/Duplication 2007852
Method: Polymerase Chain Reaction/Sequencing/Multiplex Ligation-dependent Probe Amplification
Preferred DNA test for RASA1-related disorders (CM-AVM1) only

RASA1-Related Disorders (RASA1) Sequencing 2002730
Method: Polymerase Chain Reaction/Sequencing
DNA test for RASA1-related disorders (CM-AVM1) only

Capillary Malformation-Arteriovenous Malformation 2 (EPHB4) Sequencing 3001129
Method: Polymerase Chain Reaction/Sequencing
DNA test for EPHB4-related CM-AVM (CM-AVM2) only

Related Tests
Hereditary Hemorrhagic Telangiectasia (HHT) Panel, Sequencing and Deletion/Duplication 2009337
Method: Massively Parallel Sequencing/Exonic Oligonucleotide-based CGH Microarray
Most comprehensive test to determine the cause of a telangiectasia/AVM disorder

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Variants

- 92% of RASA1 pathogenic variants detectable by sequencing
- 8% of RASA1 pathogenic variants detectable by deletion/duplication analysis

TEST INTERPRETATION

Sensitivity/Specificity

- Clinical sensitivity for CM-AVM – not well established and varies based on clinical manifestations; estimates based on available publications
  - EPHB4
    - Sequencing – at least 15%
      - Detected in 15% of individuals with sporadic or familial CMs with or without fast-flow lesions
    - Deletion/duplication – unknown
  - RASA1
    - Sequencing – ~30-70%
      - Detected in 30% of consecutive cases with or without CMs, with higher detection rate in individuals with multifocal CMs
      - Detected in 70% of individuals with multifocal CMs with or without fast-flow lesions
    - Deletion/duplication – ~8%
- Analytical sensitivity/specificity for sequencing of EPHB4 and RASA1, and MLPA of RASA1 – 99%

Limitations

- Diagnostic errors can occur due to rare sequence variations
- Not determined or evaluated
  - Large deletions/duplications in EPHB4
  - Regulatory region and deep intronic variants
  - Breakpoints for large deletions/duplications identified in RASA1
  - Variants in genes other than EPHB4 and RASA1

REFERENCES


PubMed

RELATED INFORMATION

Hereditary Hemorrhagic Telangiectasia - HHT