

Ehlers-Danlos Syndrome Kyphoscoliotic Form, Type VI (PLOD1) Sequencing and Deletion/Duplication

Indications for Ordering

To confirm causative variants in a symptomatic individual with an elevated urinary deoxypyridinoline-to-pyridinoline ratio (Dpyr:Pyr)

Test Description

Ehlers-Danlos Syndrome Type VI Screen

 Urine screening by high-performance liquid chromatography to determine Dpyr:Pyr

Sequencing and Deletion/Duplication Testing

- PCR followed by bidirectional sequencing of the entire coding region and intron-exon boundaries of procollagenlysine, 2-oxoglutarate 5-dioxygenase (PLOD1) gene
- Multiplex ligation-dependent probe amplification (MLPA) to detect large coding region deletions/duplications
 Includes common 8.3 kb duplication of exons 10-16

Tests to Consider

Typical testing strategy

- Urine screen for Dpyr:Pyr
- DNA testing of *PLOD1* (sequencing and deletion/duplication)
- Lysyl hydroxylase enzyme activity in cultured fibroblasts
 Not currently offered at ARUP

Primary tests

Ehlers-Danlos Syndrome Type VI Screen 0080351

- Initial test to diagnose or rule out Ehlers-Danlos syndrome (EDS), type VIA (kyphoscoliotic type)
- Not recommended to screen for other types of EDS

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 Preferred test for confirmation of EDS, type VI, when urine Dpyr:Pyr is elevated

Disease Overview

Incidence – 1/100,000

• Carrier frequency 1/150

Nomenclature

- Condition is also known as EDS VI
- Sometimes described as EDS VIA to differentiate from EDS VIR
 - EDS VIB individuals have normal lysyl hydroxylase activity

Symptoms

- Kyphoscoliosis at birth/within first year of life
 Leads to respiratory compromise
- Severe neonatal hypotonia
- Thin, hyperextensible, bruisable skin
- Atrophic scarring
- Joint hypermobility
- Scleral fragility
 Increased risk of globe rupture

Diagnostic criteria

- Increased urinary Dpyr:Pyr
- Identification of 2 pathogenic PLOD1 gene variants
- Decreased lysyl hydroxylase activity (<25% of normal in fibroblasts)

Physiology

Lysyl hydroxylase is involved in formation of collagen cross-links

Genetics

Gene - PLOD1

Inheritance – autosomal recessive

Structure/function

Common 8.3 kb duplication of exons 10-16

• Responsible for 20% of pathogenic variants

Test Interpretation

Sensitivity/specificity

- Clinical sensitivity of sequencing and deletion/duplication unknown but expected to detect the vast majority of pathogenic variants
- Analytical sensitivity/specificity 99%

Results

- Detection of 2 pathogenic *PLOD1* pathogenic variants on opposite chromosomes predicts EDS VI
- When one or no PLOD1 pathogenic variants are detected in a clinically affected individual, individual may have PLOD1 variants undetectable by this test
- Variants of uncertain clinical significance may be detected

Limitations

- Diagnostic errors can occur due to rare sequence variations
- Not determined or evaluated
 - o Regulatory region variants
 - Deep intronic variants
 - o Breakpoints of large deletions/duplications
 - o Large deletions/duplications of exon 9
 - Large deletions/duplications of exons 1 and 5 may not be detected based on breakpoints of the rearrangement