





1

CONNECTIVE TISSUE LABORATORY

Center for Medical Genetics – Ghent University Hospital - MRB – De Pintelaan 185 – B-9000 Ghent, Belgium Department Chair: Prof. A. De Paepe – Supervisor Connective Tissue Lab: Prof. P. Coucke Receipt of samples: Tel: 0032-(0)9-332 24 77 – Fax: 0032-(0)9-332 65 49

Website: http://medgen.ugent.be – e-mail: connective tissue@medgen.ugent.be

CLINICAL INFORMATION SHEET

Marfan syndrome and related aortic aneurysm syndromes

Patient information Name: First Name(s): Sex: Date of Birth (dd/mm/yyyy): Address: Referring Physician: Referring Center: SAMPLE: EDTA blood DNA Skin biopsy Chorionic villi Heparin blood **RNA** Aortic biopsy Amniocytes Buccal swab Fibroblasts Paraffin embedded material Other: **Date** (dd/mm/yyyy): Sample arrived: **Suspected diagnosis** Marfan syndrome Ehlers-Danlos syndrome Loeys-Dietz syndrome Shprintzen-Goldberg syndrome Beals-Hecht syndrome or congenital contractural arachnodactyly Arterial tortuosity syndrome Familial (thoracic) aortic aneurysms syndrome Bicuspid aortic valve Other:

CMG-H9.1-B9 Version: 1 Date: 3 October 2011



CLINICAL SUMMARY





CONNECTIVE TISSUE LABORATORY

Center for Medical Genetics – Ghent University Hospital - MRB – De Pintelaan 185 – B-9000 Ghent, Belgium Department Chair: Prof. A. De Paepe – Supervisor Connective Tissue Lab: Prof. P. Coucke Receipt of samples: Tel: 0032-(0)9-332 24 77 – Fax: 0032-(0)9-332 65 49

Website: http://medgen.ugent.be – e-mail: connective_tissue@medgen.ugent.be

This checklist is meant to guide genetic testing for the Marfan syndrome or testing in the setting of (familial) thoracic aortic aneurysm/dissection and/or arterial tortuosity. Since both entities are not mutually exclusive, both check-lists may be used for a single patient in some cases.

Selecting the most likely gene to be screened in order to explain the underlying clinical presentation in your patient highly depends on adequate and correct clinical data. We therefore kindly ask you to be as precise and specific as possible.

The differential diagnosis in patients referred for additional genetic testing with a clinical presentation characterized by aortic (root) aneurysm/dissection and/or arterial tortuosity is extensive. You will find an overview of possible diagnosis below. Please indicate what diagnosis you suspect in your patient and/or make sure to fill out the checklist as complete as possible so that we can set up the appropriate genetic testing.

| DEDICDEE | | |
|----------|--|---|
| PEDIGREE | | |
| | | |
| | | |
| | | |
| | | |
| | | 2 |







Center for Medical Genetics – Ghent University Hospital - MRB – De Pintelaan 185 – B-9000 Ghent, Belgium Department Chair: Prof. A. De Paepe – Supervisor Connective Tissue Lab: Prof. P. Coucke Receipt of samples: Tel: 0032-(0)9-332 24 77 – Fax: 0032-(0)9-332 65 49

Website: http://medgen.ugent.be – e-mail: connective_tissue@medgen.ugent.be

| Differential diagnosis | Gene | Discriminating features |
|---|-----------------------------|---|
| Marfan syndrome (MFS) | FBN1 | Aortic root dilatation, presence of ectopia lentis, systemic features (table 1) (diagnostic criteria Box 1) |
| Loeys-Dietz syndrome (LDS) | TGBR1/2 | Bivid uvula/cleft palate, arterial tortuosity, hypertelorism, diffuse aortic and arterial aneurysms, craniosynostosis, clubfoot, cervical spine instability, thin and velvety skin, easy bruising |
| Shprintzen-Goldberg syndrome (SGS) | FBN1 and other | Craniosynostosis, mental retardation, hypertelorism, proptosis |
| Congenital contractural arachnodactyly (CCA) | FBN2 | Crumpled ears, contractures |
| Weill-Marchesani syndrome (WMS) | FBN1 and ADAMTS 10 | Microspherophakia, brachydactyly, joint stiffness, short stature |
| Ectopia lentis syndrome (ELS) | FBN1, LTBP2, ADAMTS4 | Lack of aortic root dilatation |
| Homocystinuria | CBS | Thrombosis, mental retardation |
| Familial thoracic aortic | TGFBR1/2 | Lack of Marfanoid skeletal features, |
| aneurysm syndrome | ACTA2 | levido reticularis, iris flocculi, CVA |
| (FTAA) | Smad3 | Osteoarthritis, arterial tortuosity, soft skin |
| | MLCK | Gastro-intestinal abnormalities |
| FTAA with bicuspid aortic valve (BAV) | | Lack of Marfanoid skeletal features, levido reticularis, iris flocculi |
| FTAA with patent ductus arteriosus (PDA) | MYH11 | Lack of Marfanoid skeletal features, levido reticularis, iris flocculi |
| Arterial tortuosity syndrome (ATS) | SLC2A10 | Generalised arterial toruosity, arterial stenosis, facial dysmorphism |
| Ehlers-Danlos syndromes (vascular, valvular, kyphoscoliotic type) | COL3A1, COL1A2, PLOD1 | Middle sized artery aneurysm, severe valvular insufficiency, translucent skin, dystrophic scars, facial characteristics |
| Cutis laxa | ELN (AD) | Cutis laxa with variable involvement of internal organs (lung, aorta), association with BAV |
| | FBLN4 (AR) | Cutis laxa, emphysema, arterial tortuosity, aortic aneurysm, joint laxity, pectus excavatum, diaphragmatic hernia, bone fragility |







Center for Medical Genetics – Ghent University Hospital - MRB – De Pintelaan 185 – B-9000 Ghent, Belgium Department Chair: Prof. A. De Paepe – Supervisor Connective Tissue Lab: Prof. P. Coucke Receipt of samples: Tel: 0032-(0)9-332 24 77 – Fax: 0032-(0)9-332 65 49

Website: http://medgen.ugent.be – e-mail: connective_tissue@medgen.ugent.be

Check-list for (Familial) Aortic Aneurysm/Dissection and/or arterial tortuosity

| Suspected clinical diagnosis (see list above): | | | | |
|---|------|--|--|--|
| Maximal aortic diameter | mm | | | |
| Age at measurement | yrs | | | |
| Localisation of the maximum dilatation | | | | |
| Sinus Valsalva | | | | |
| Sinotubular Junction | | | | |
| Ascending Aorta | | | | |
| Aortic arch | | | | |
| Descending Aorta | | | | |
| Abdominal Aorta | | | | |
| Aortic dissection: | | | | |
| thoracic type A – type B | A -B | | | |
| abdominal | | | | |
| Arterial tortuosity | | | | |
| Peripheral arterial dissection: please specify | _ | | | |
| Bicuspid Aortic Valve | | | | |
| Other cardiovascular lesions (please specify): | | | | |
| | | | | |
| Other systemic features (please specify): • Ocular: | | | | |
| Osteo-articular:Central Nervous: | | | | |
| | | | | |
| • Skin: | | | | |
| • Gastro-intestinal: | | | | |







Center for Medical Genetics – Ghent University Hospital - MRB – De Pintelaan 185 – B-9000 Ghent, Belgium Department Chair: Prof. A. De Paepe – Supervisor Connective Tissue Lab: Prof. P. Coucke Receipt of samples: Tel: 0032-(0)9-332 24 77 – Fax: 0032-(0)9-332 65 49

Website: http://medgen.ugent.be – e-mail: connective_tissue@medgen.ugent.be

Revised Ghent Criteria for Diagnosis of Marfan syndrome and related conditions

In the absence of family history:

- (1) Ao $(Z \ge 2) + EL = MFS$
- (2) Ao $(Z \ge 2) + FBN1 = MFS$
- (3) Ao ($Z \ge 2$) + Syst (≥ 7 pts) = MFS
- (4) EL + FBN1 with known Ao = MFS

In the presence of family history:

- (5) EL + FH of MFS (as defined above) = MFS
- (6) Syst (\geq 7 pts) + FH of MFS (as defined above) = MFS
- (7) Ao ($Z \ge 2$ in adults, $Z \ge 3$ in children) + FH of MFS (as defined above) = MFS

Z: Z-score (aortic root diameter corrected for age and BSA); EL: ectopia lentis; FBN1: Fibrillin 1 mutation; Syst: systemic score (see below); FBN1 with known Ao: FBN1 mutation linked to aortic aneurysm in other patients/families (Loeys et al, Journal of Medical Genetics 2010)

Required clinical data

| Aortic diameter at the level of the sinus of Valsalva | mm |
|---|-----|
| Age at measurement | yrs |
| Height | cm |
| Weight | kg |
| Ectopia Lentis | Y/N |
| Systemic score | /20 |
| | |

Family History: please specify







Center for Medical Genetics – Ghent University Hospital - MRB – De Pintelaan 185 – B-9000 Ghent, Belgium Department Chair: Prof. A. De Paepe – Supervisor Connective Tissue Lab: Prof. P. Coucke Receipt of samples: Tel: 0032-(0)9-332 24 77 – Fax: 0032-(0)9-332 65 49

Website: http://medgen.ugent.be – e-mail: connective_tissue@medgen.ugent.be

| Systemic features | Yes | No | NE | Score |
|---|-----|----|----|-------|
| Wrist AND thumb sign | | | | 3 |
| Wrist OR thumb sign | | | | 1 |
| Pectus carinatum deformity | | | | 2 |
| Pectus excavatum or chest asymmetry | | | | 1 |
| Hindfoot deformity | | | | 2 |
| Pes Planus | | | | 1 |
| Pneumothorax | | | | 2 |
| Dural ectasia | | | | 2 |
| Protrusio acetabuli | | | | 2 |
| Reduced US/LS AND increased arm/height AND no severe scoliosis | | | | 1 |
| Scoliosis or thoracolumbar kyphosis | | | | 1 |
| Reduced elbow extension | | | | 1 |
| Facial features (3/5) (dolichocephaly, enophthalmos, downslanting palpebral fissures, malar hypoplasia, retrognathia) | | | | 1 |
| Skin striae | | | | 1 |
| Myopia > 3 diopters | | | | 1 |
| Mitral valve prolapse (all types) | | | | 1 |
| TOTAL SCORE | /20 | | | |

Maximum total: 20 points; score> 7 indicates systemic involvement