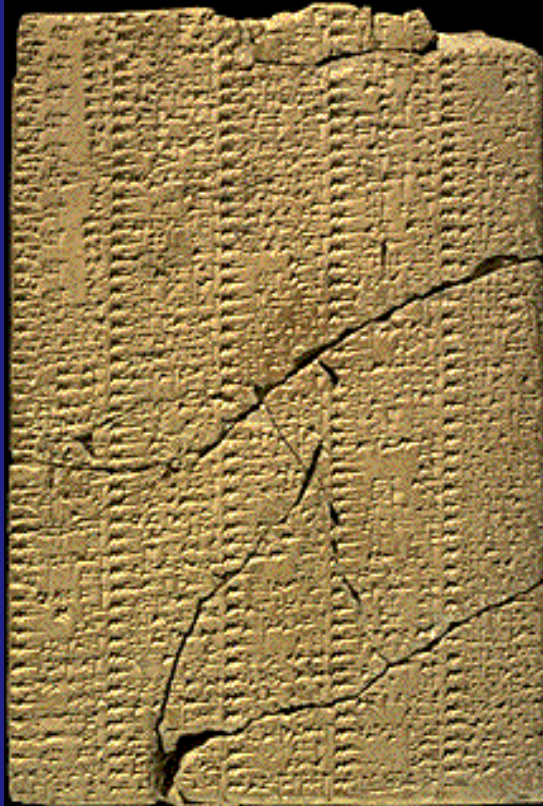


Genetics and Birth Defects

Introduction to Foetopathology



Permanent Education Course in Human Genetics
Dr Christian Dugauquier IPG Gosselies



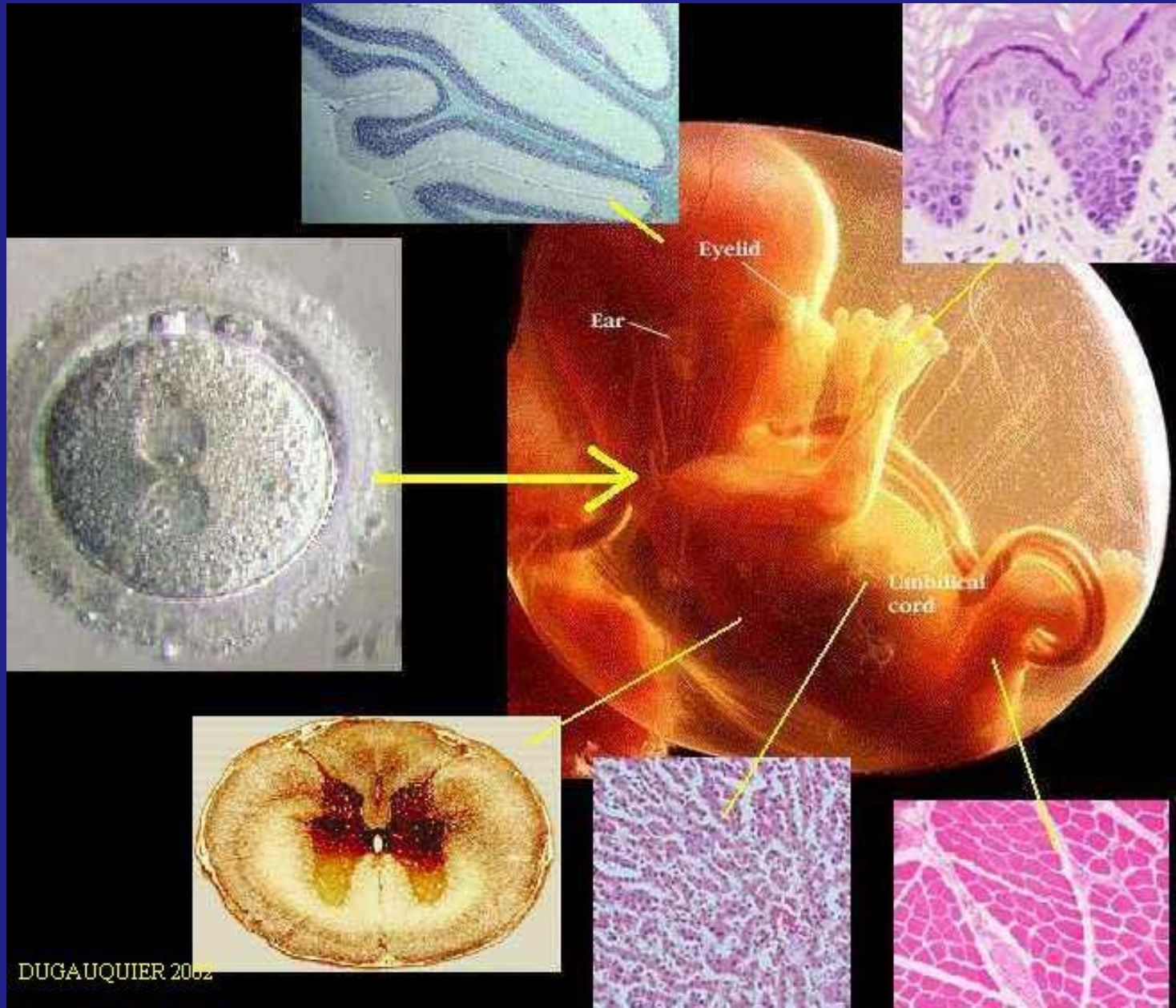
« Menu »

- 1. Overview of normal development
- 2. Definition and basic principles
- 3. Illustrations of common anomalies

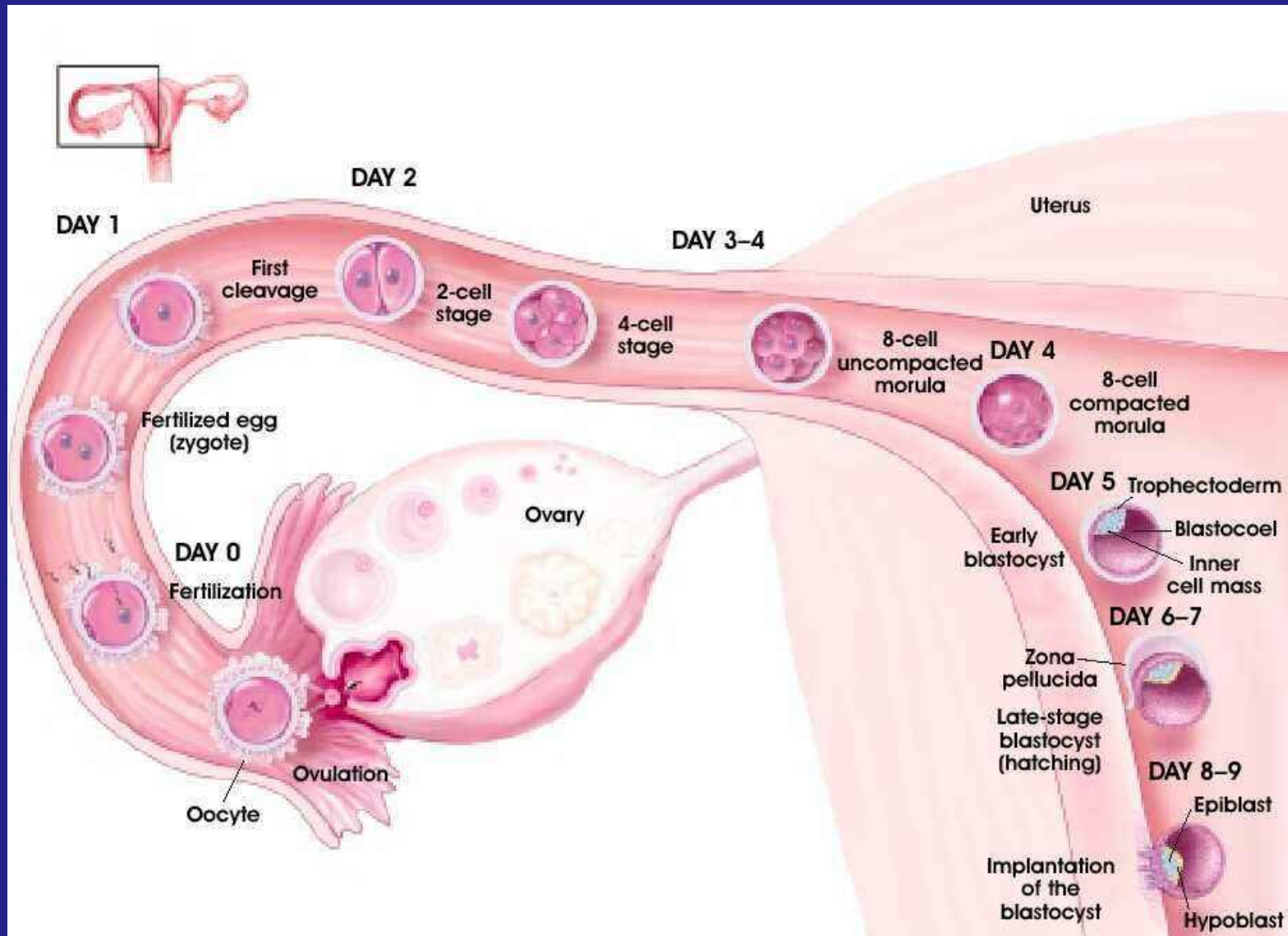
Ref: Thompson & Thompson/ Chapter 14



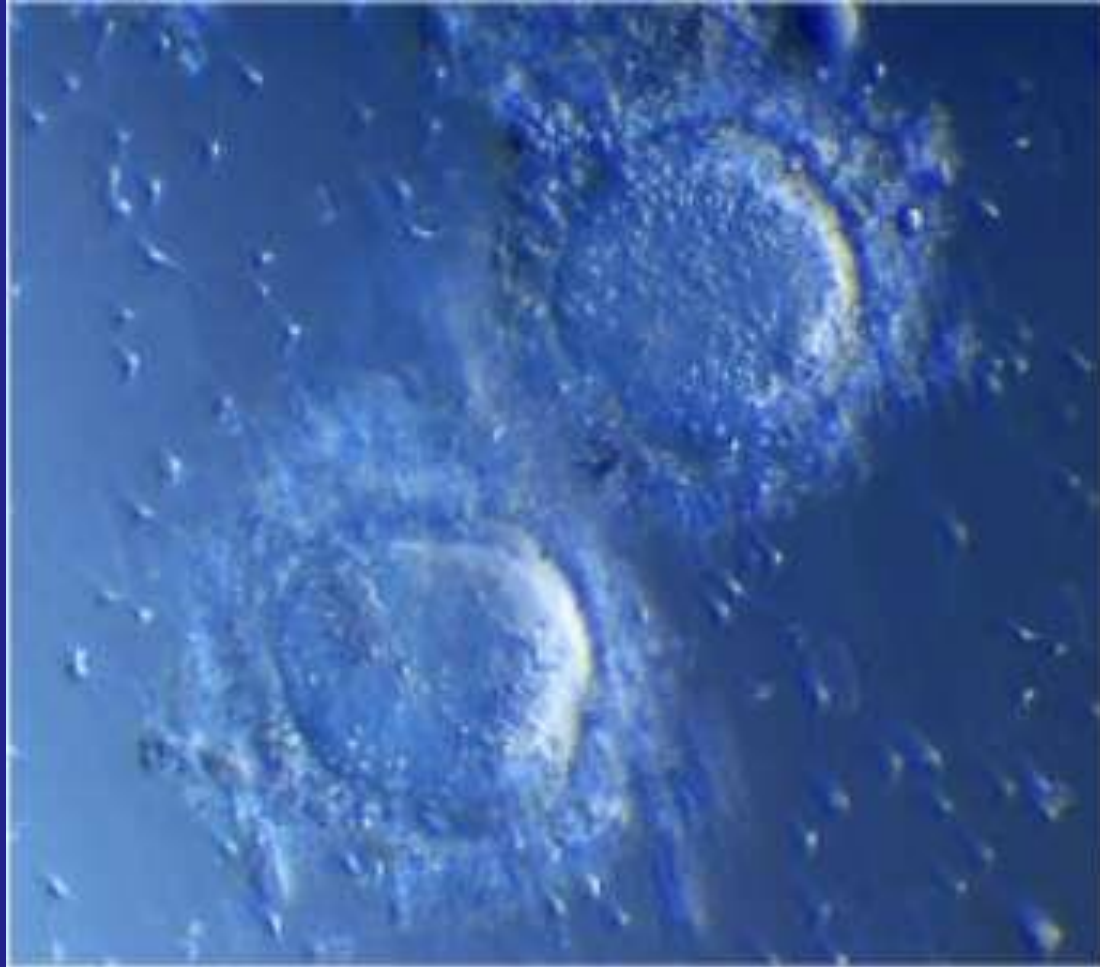
1. Normal Development



Fecondation > implantation



Fécondation



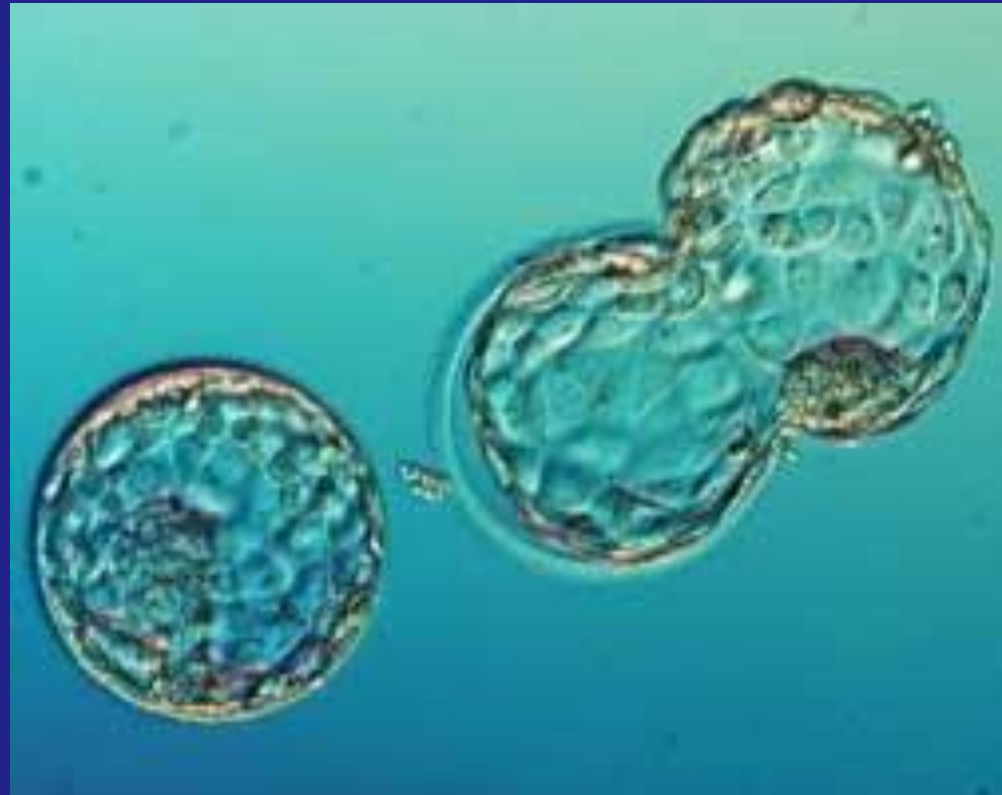
Expulsion of second polar body



First divisions > morula



Blastocyst > hatching





4 Week

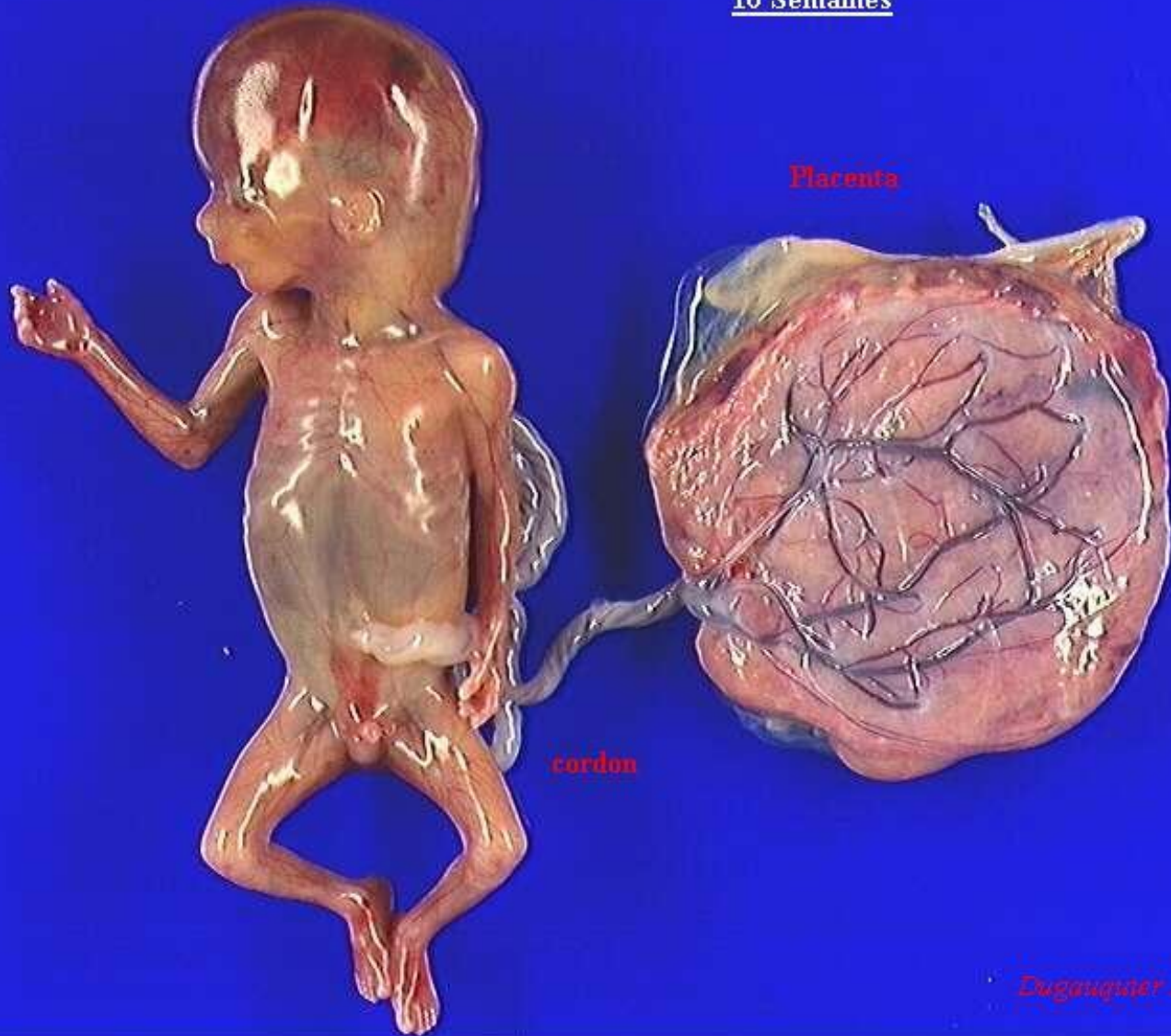


7 Week



9 Week

16 Semaines

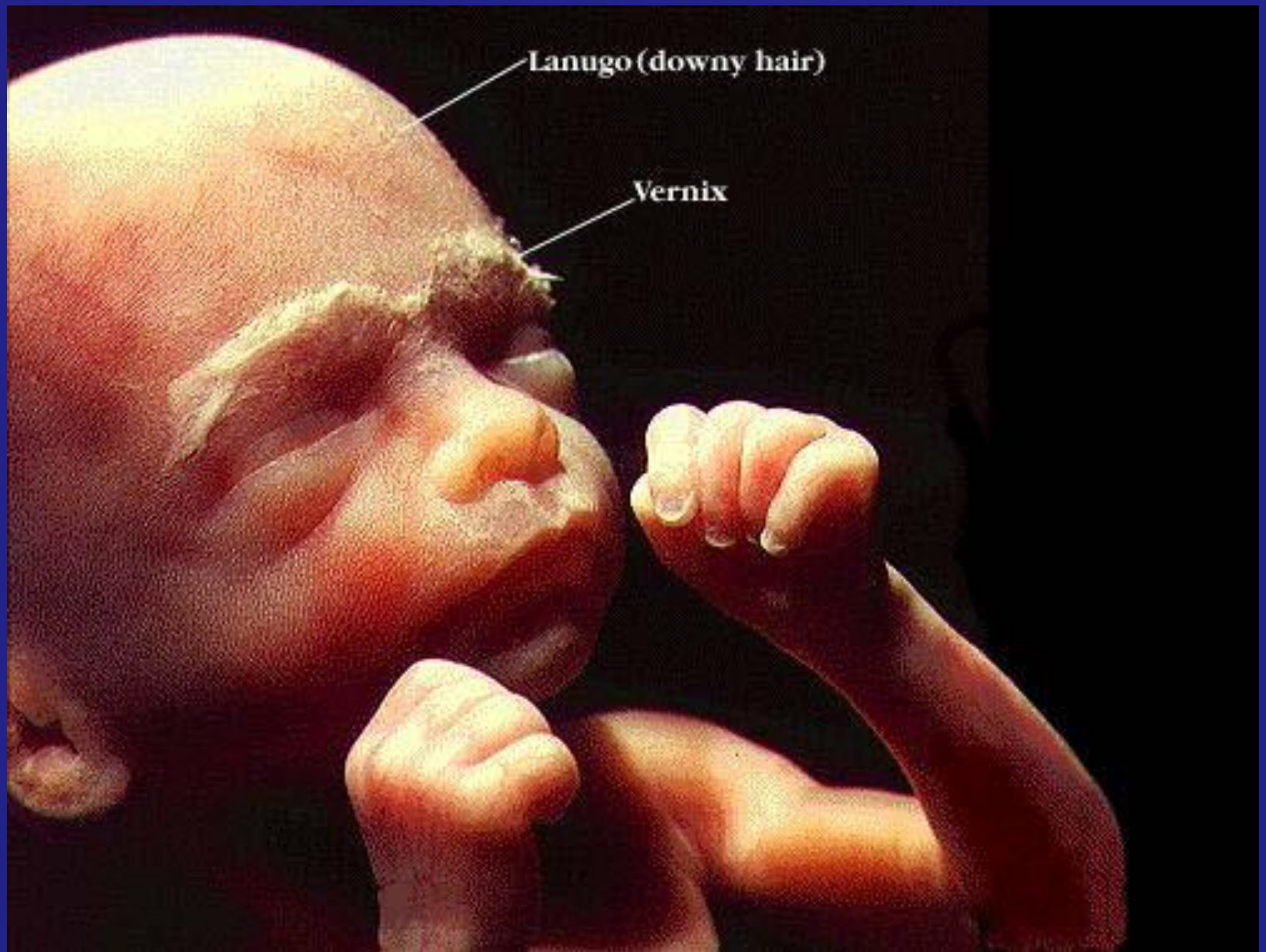


Placenta

cordon

Duquiquier 2001

16 Week



22 Week



40 Week: Welcome to the world

2. Basic principles

- Causes of human malformation
- relative frequency
- Induction window

Causes of human malformation

• Single Gene mutation 20%

• Chromosomal imbalance 25%



• Environmental 5%

– Radiation <1%



– Infection 3%



– Iatrogenic / Toxic 2%



• **Complex (unknown) 50 % !!!**



Relative frequency

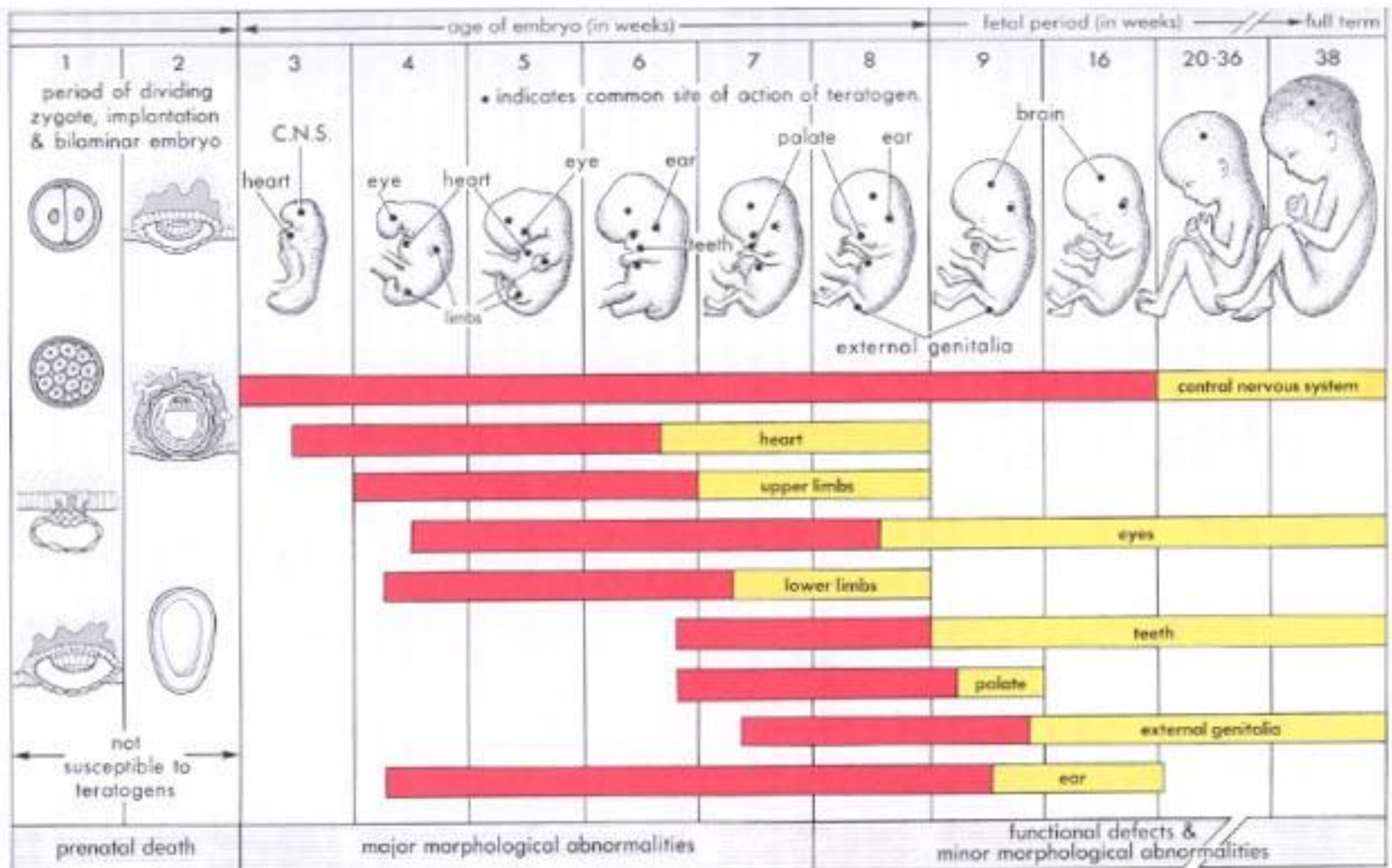
- For 1000 live birth (in percent):

– cardiac anomaly	4 à 5 %
– anencephaly	2
– hypospadias	1,8
– hydrocephaly	1,4
– spina bifida	1,4
– polydactyly	1,1
– cleft palate	0,6
– diaphragmatic hernia	0,5
– cleft lip	0,4
– omphalocele	0,4
– renal agenesis	0,4
– anal imperforation	0,4

Induction period

- Malformation *before:*
- *cyclopia, sirenomelia* *23 d*
- *anencephaly* *26 d*
- *esophageal atresia* *30 d*
- *transposition of great vessels* *34 d*
- *cleft lip* *36 d*
- *Diaphragmatic hernia* *6 week*
- *Cleft palate* *9 week*
- *omphalocele* *10 week*
- *hypospadias* *12 week*

Induction period > sensibility to teratogenic agents



Malformation & Disruption

Malformation

morphological defect of an organ, part of an organ or a larger region resulting from an intrinsically abnormal developmental process

Ex: polydactyly, holoprosencephaly.

Disruption

morphological defect of an organ, part of an organ or a larger region resulting from the extrinsic breakdown of, or interference with, an originally normal developmental process

Ex: amniotic band

Sequence & Syndrome

Sequence

Initial isolated defect or malformation cause a cascade of secondary effects.

Ex: Potter's Sequence

Syndrome

Primary defect cause multiples abnormalities in parallel.

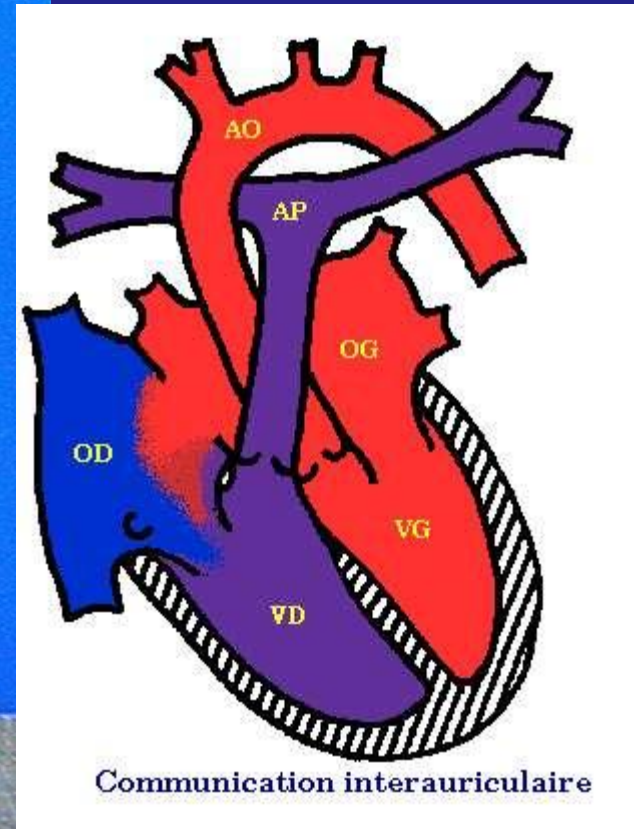
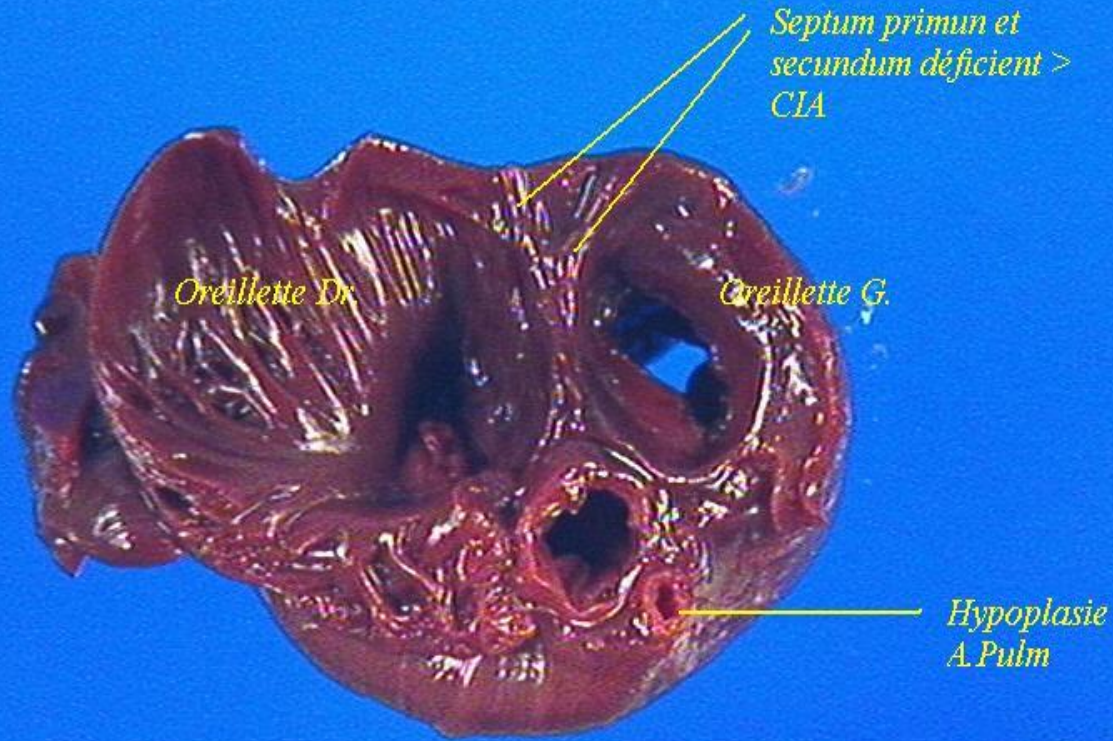
Ex: Trisomy 21

3. Illustrations

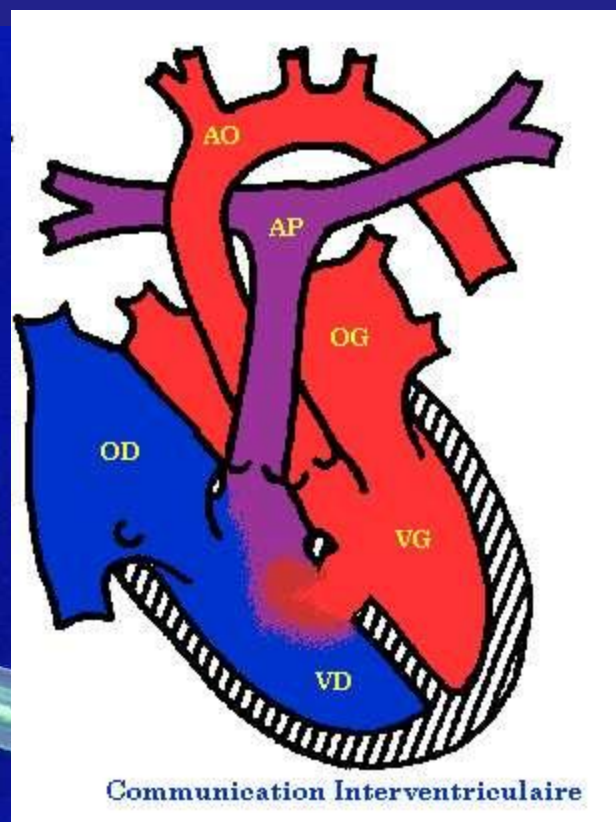
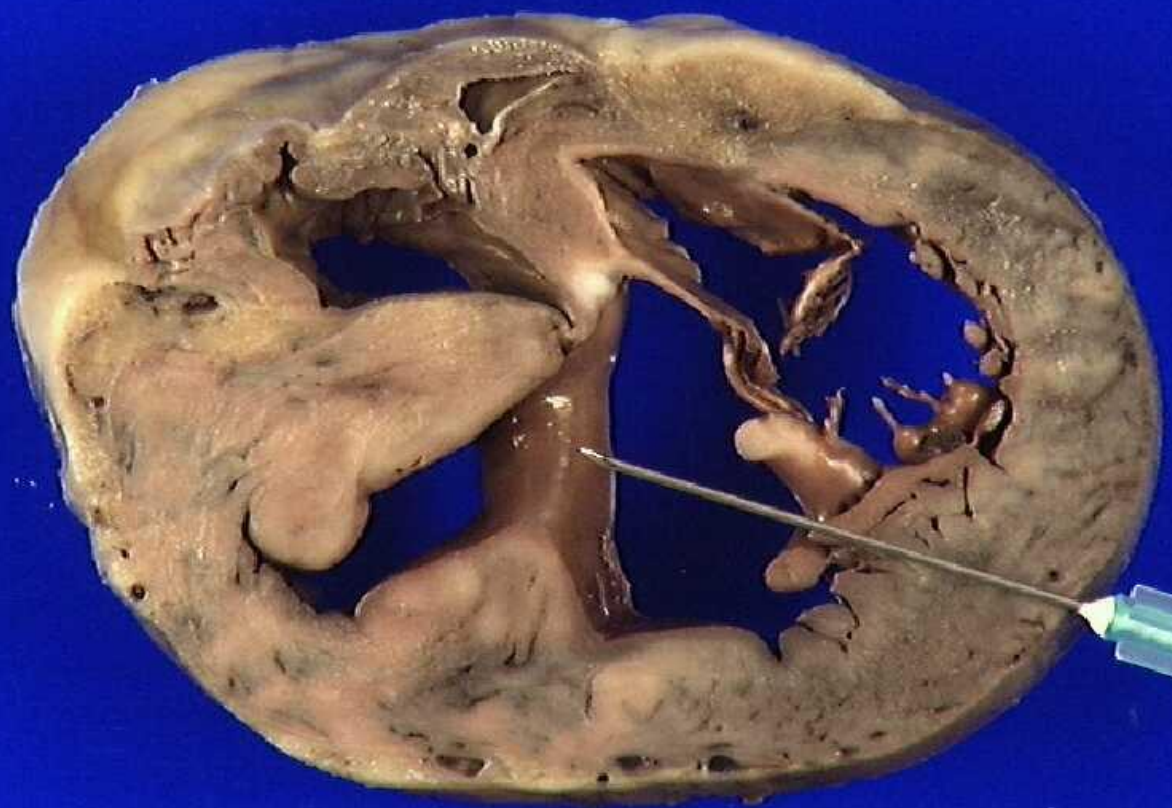
- By System:
 - Heart
 - Central nervous system
 - Urogenital
 - Lungs
 - Digestive system
 - Musculoskeletal
- Particular syndromes
- Chromosomal aberration

Heart

- CIA = 10%

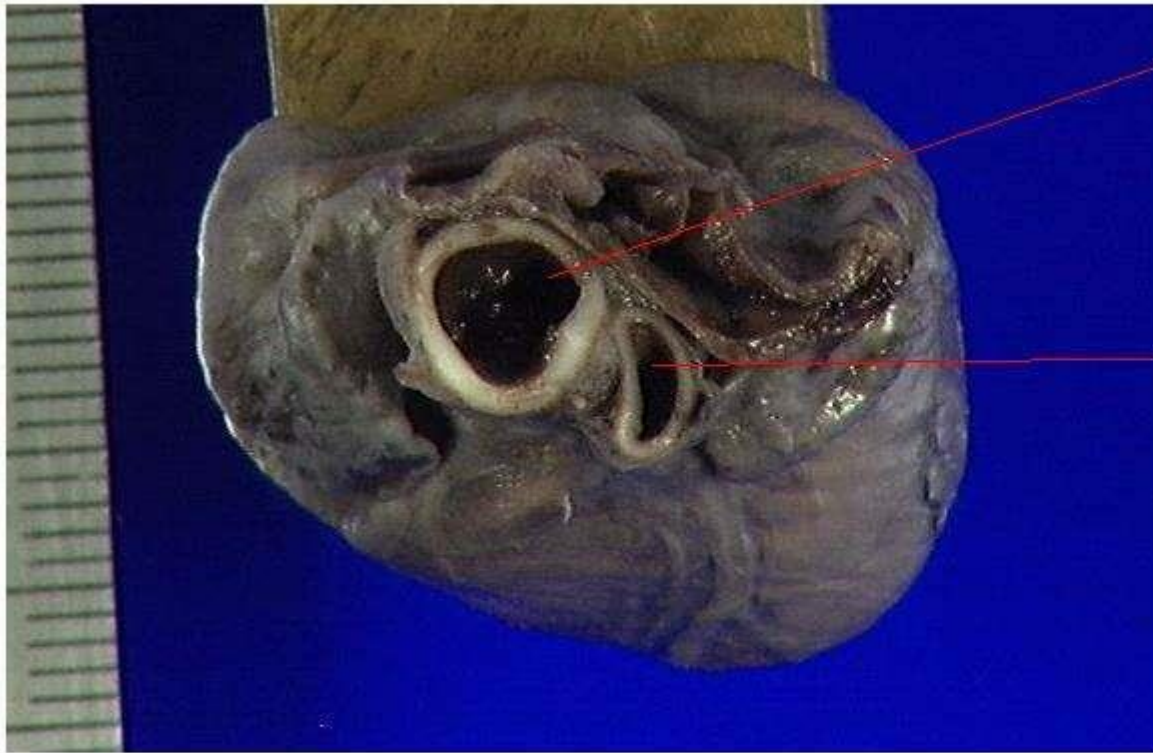


CIV +/- 20 %



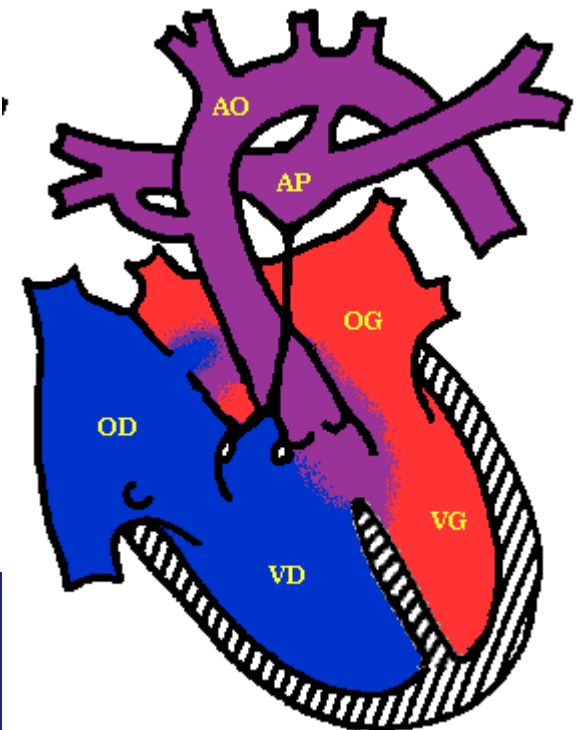
Communication Interventriculaire

Pulmonary stenosis



Aorte

artère pulmonaire
sténosée

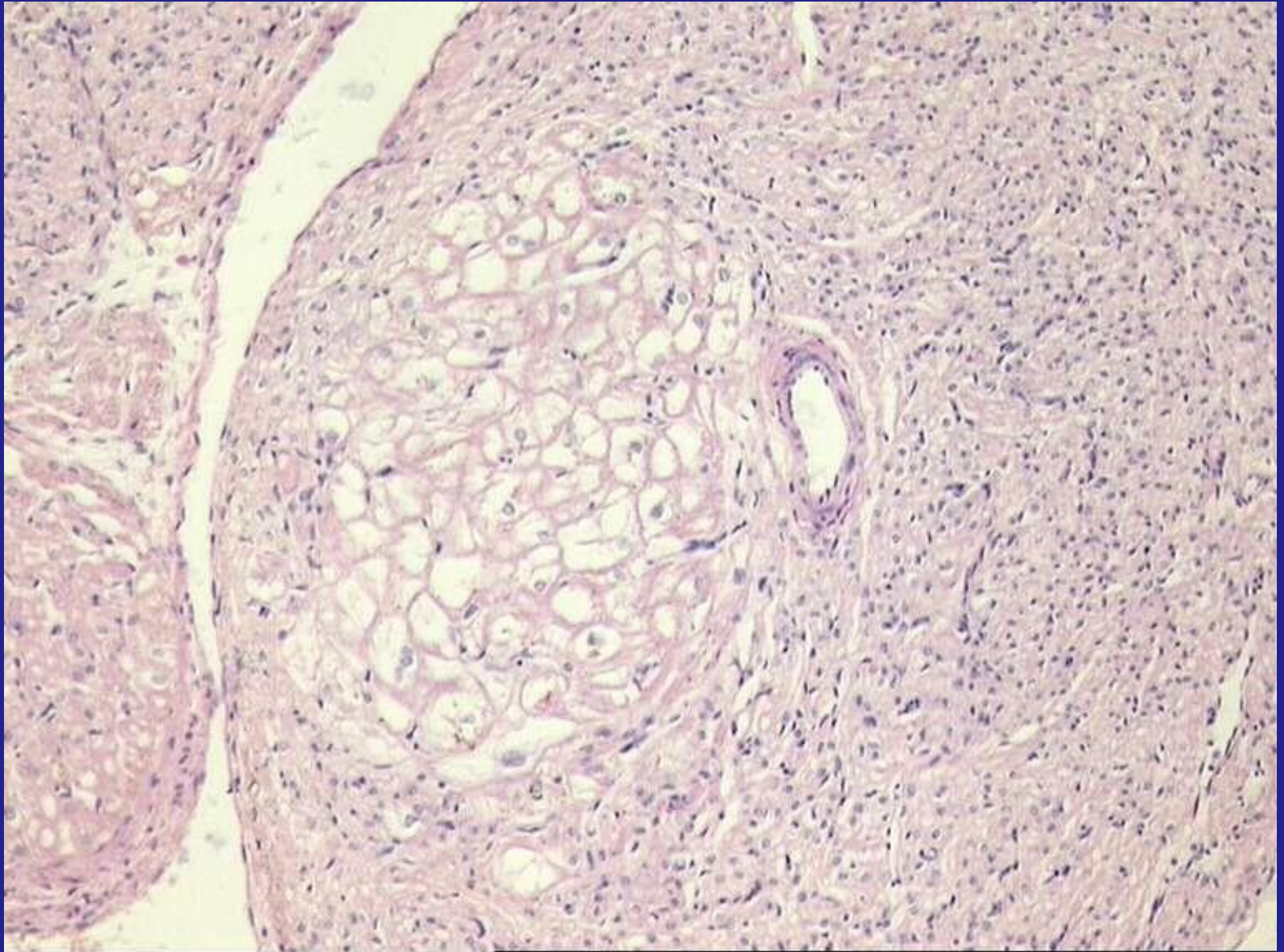


ATRESIE PULMONAIRE AVEC CIV

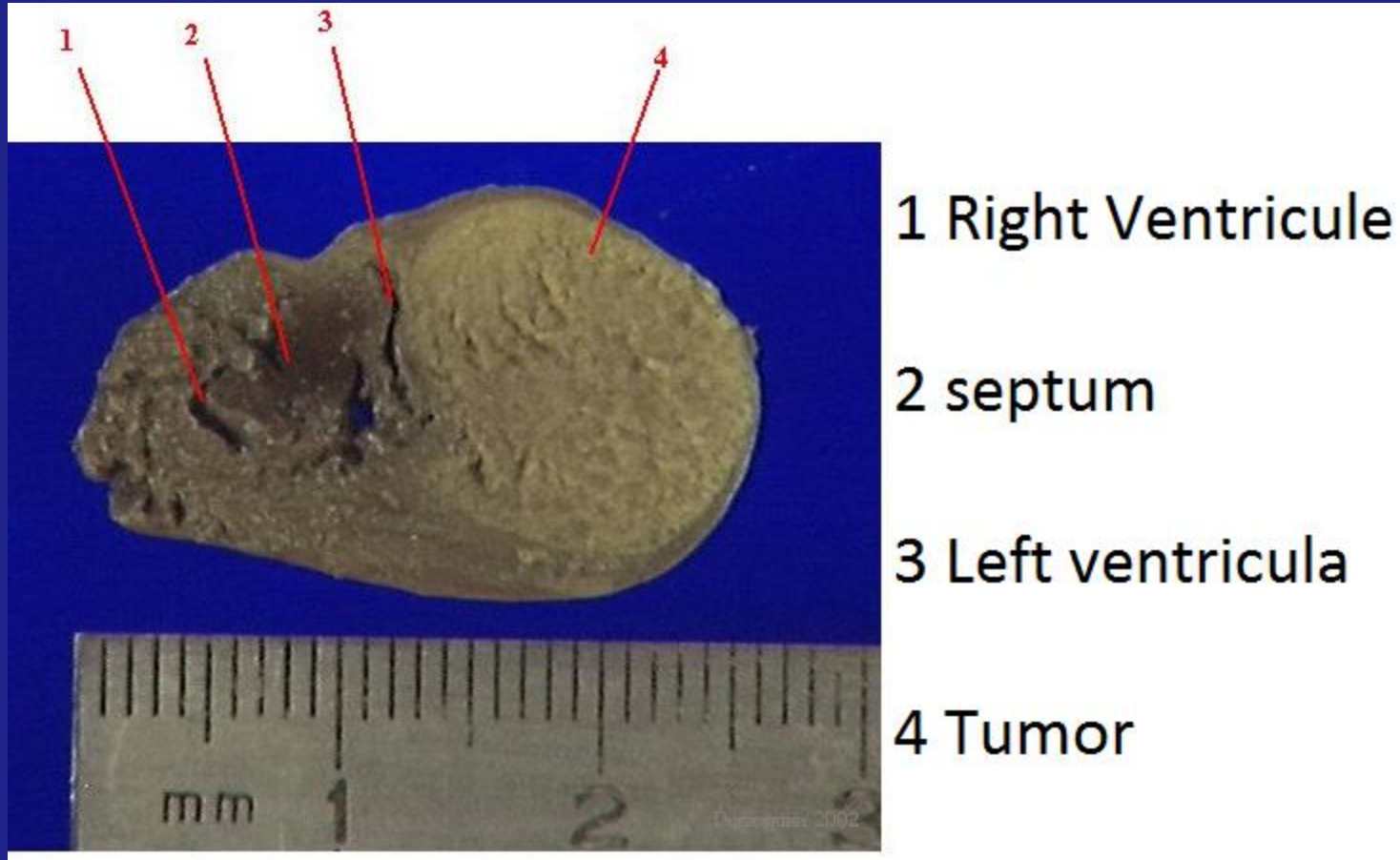
Aortic stenosis



Tumors: rhabdomyoma, teratoma, lipoma



Cardiac teratoma > cardiac failure > IU Death

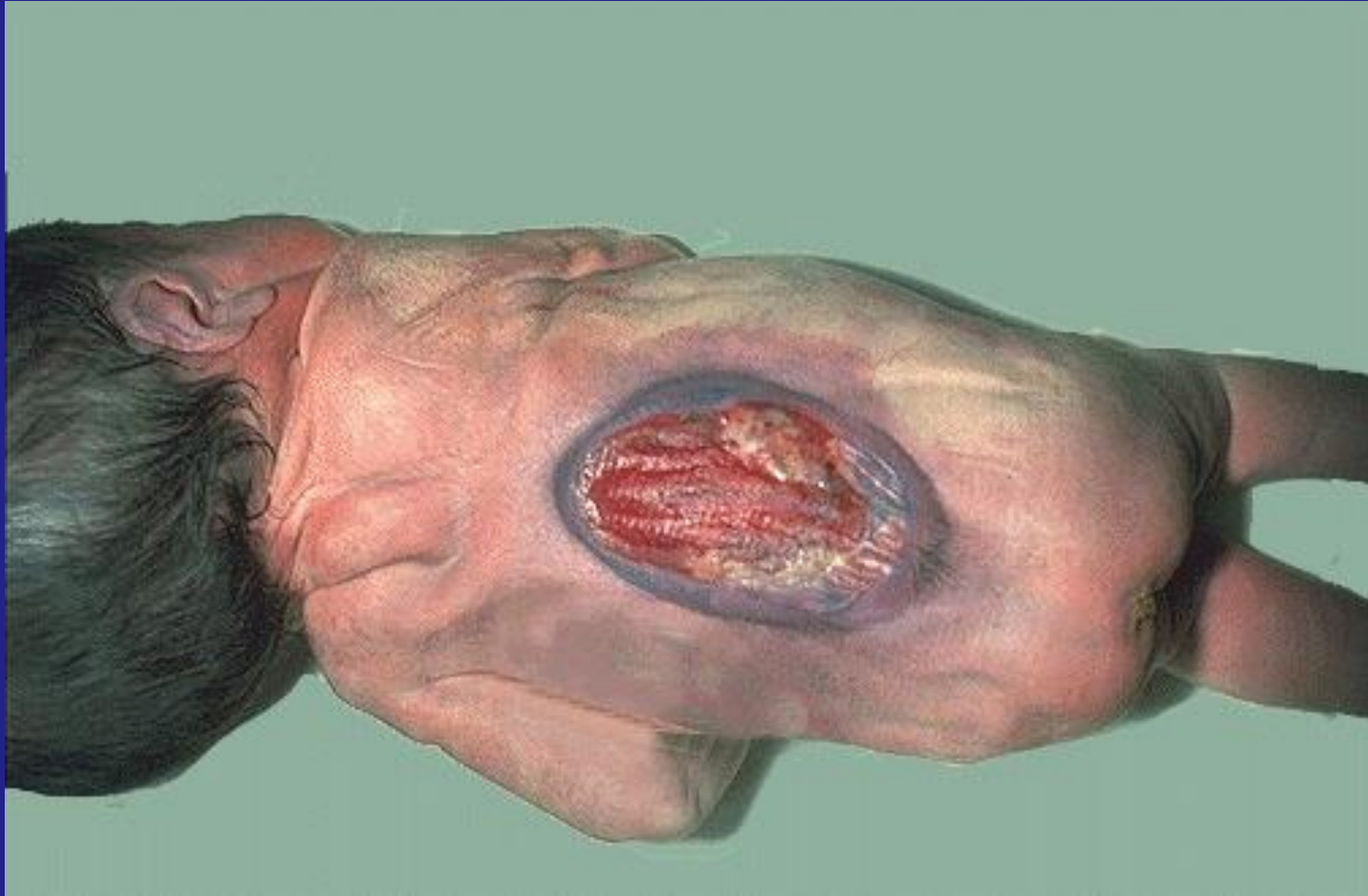


Central nervous system

- Anencephaly



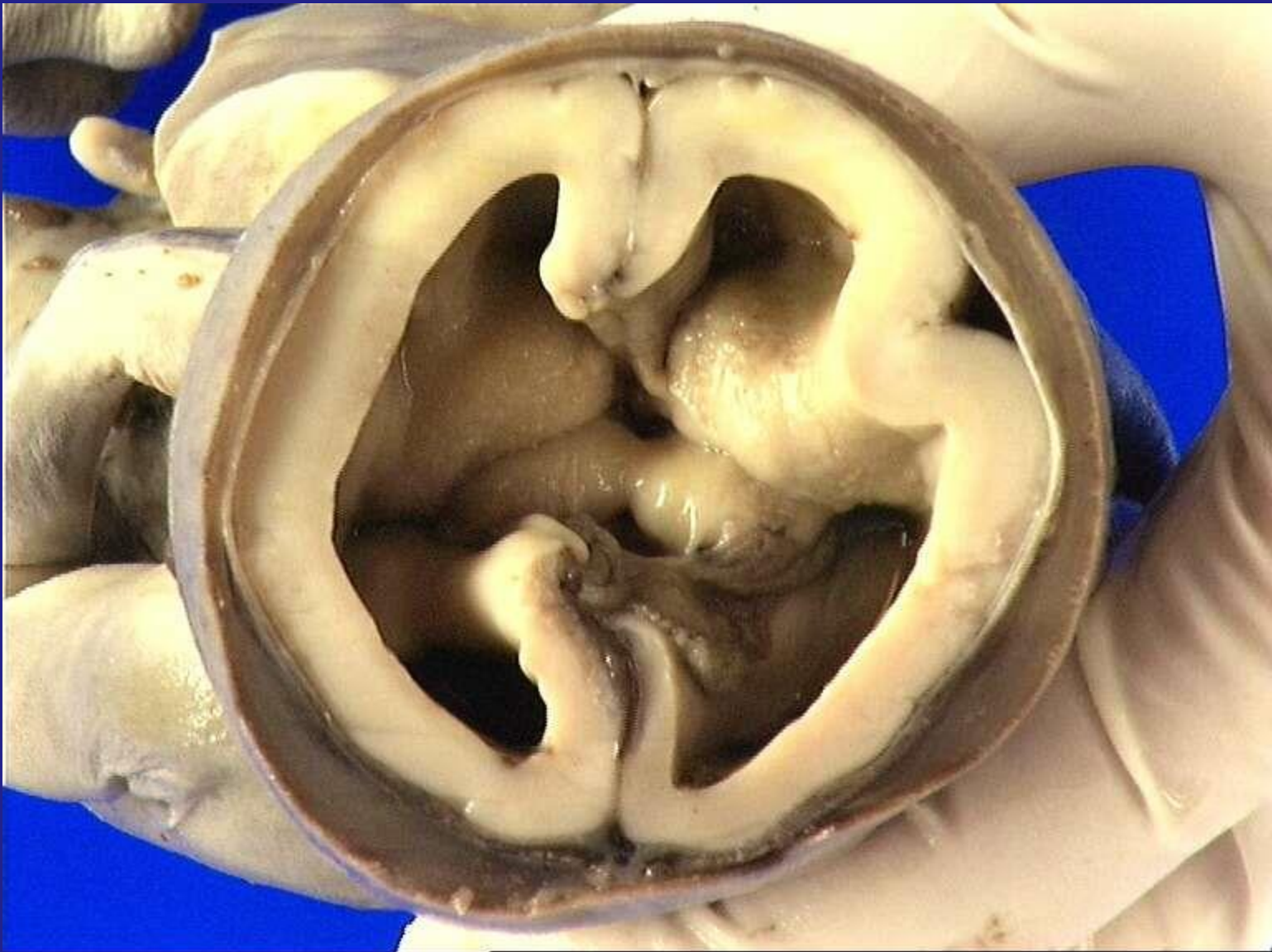
Spina bifida



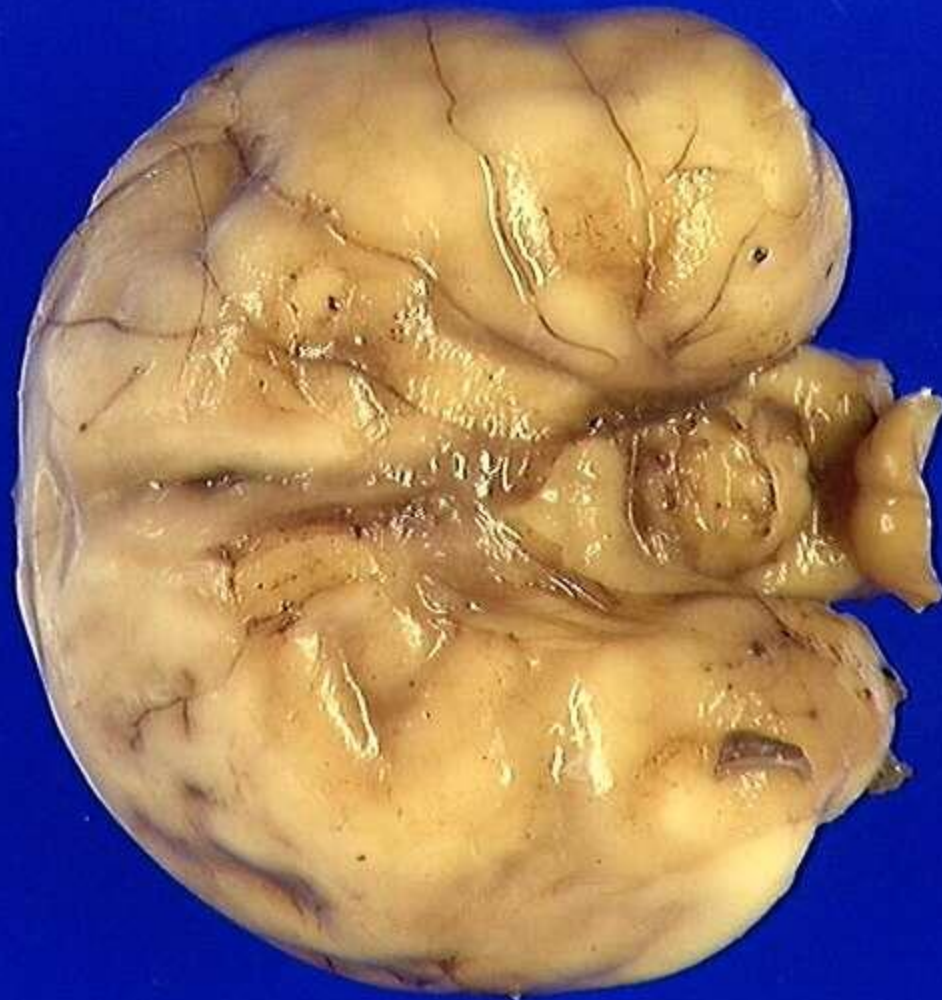
Encephalocele



Hydrocephaly



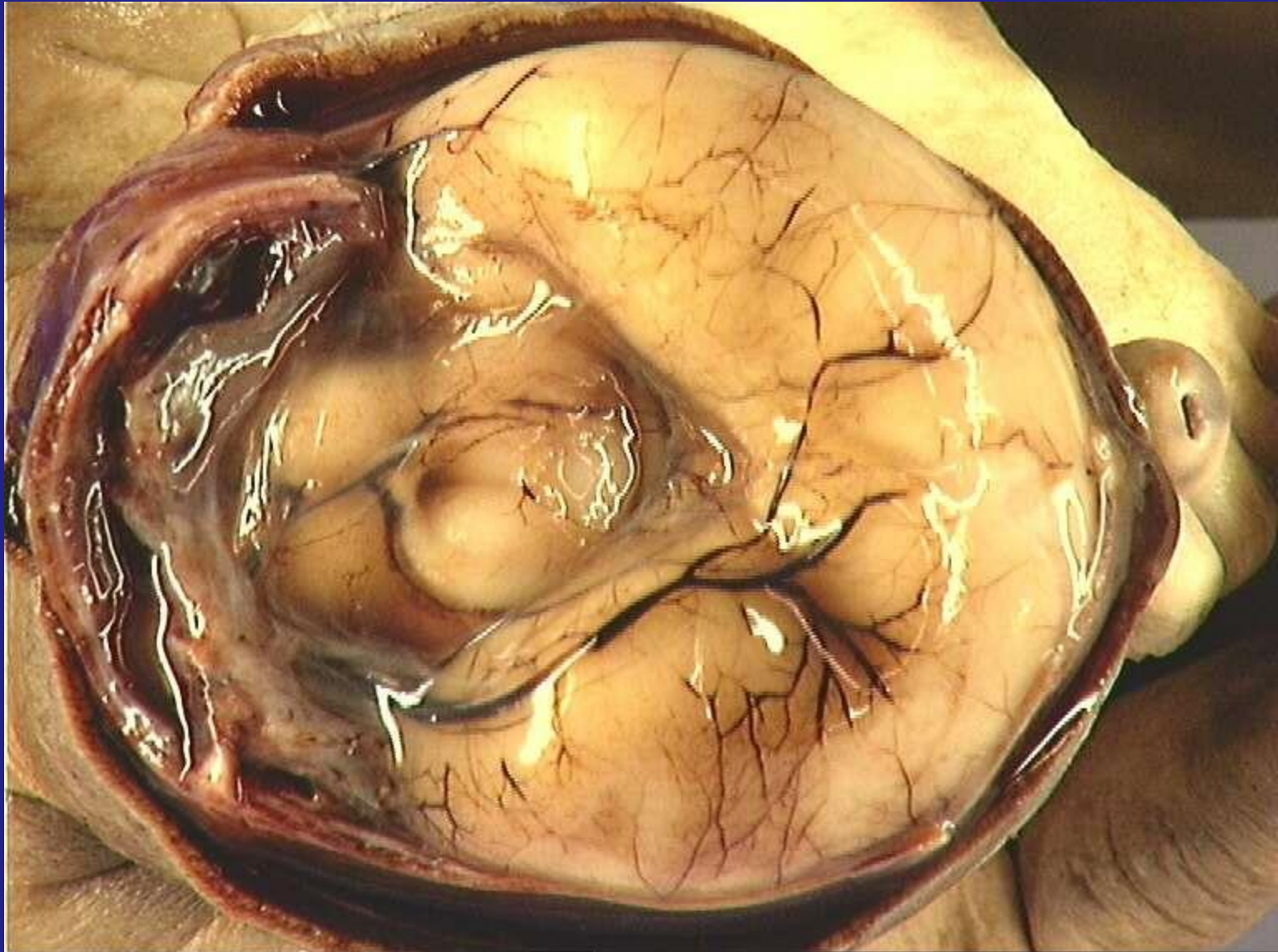
holoprosencephaly



Holoprosencephaly - cyclopia



Holoprosencephaly - cyclopia



Hydranencephaly

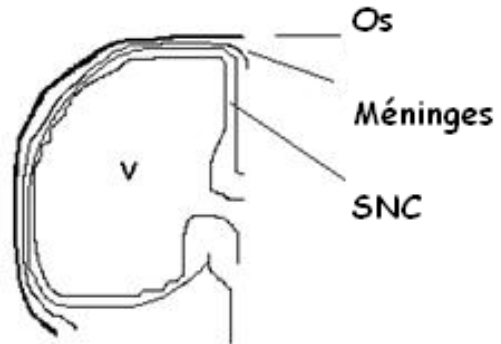
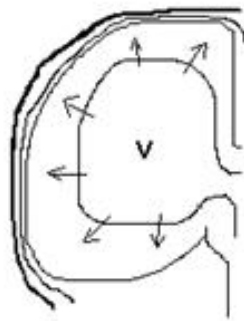
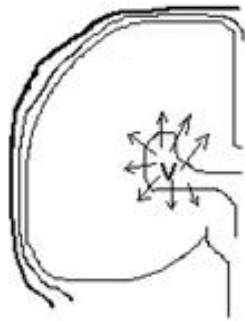


Hydranencéphaly

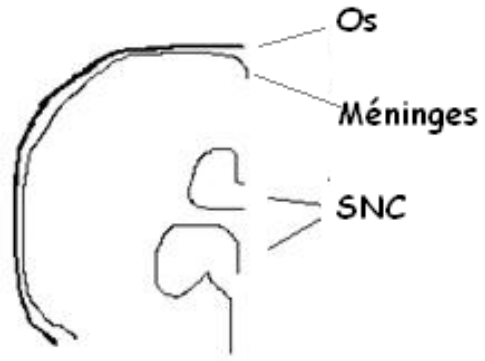
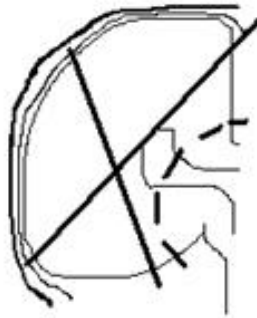
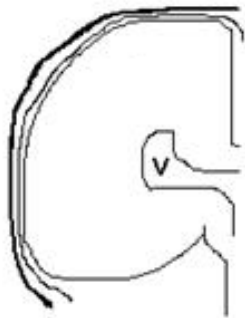


Hydranencéphalie > <hydrocéphalie

Hydrocéphalie



Hydranencéphalie

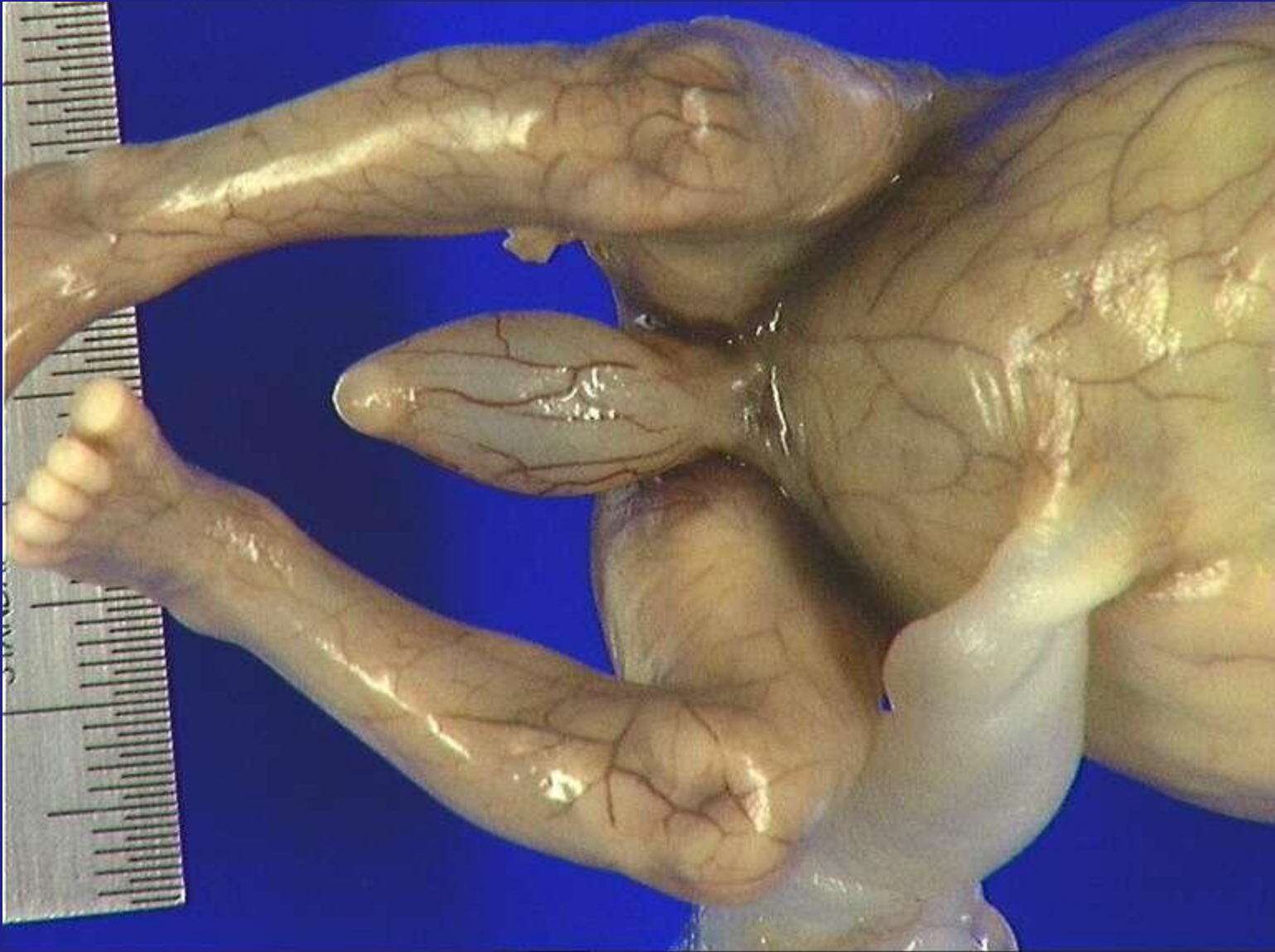


Urogenital anomaly

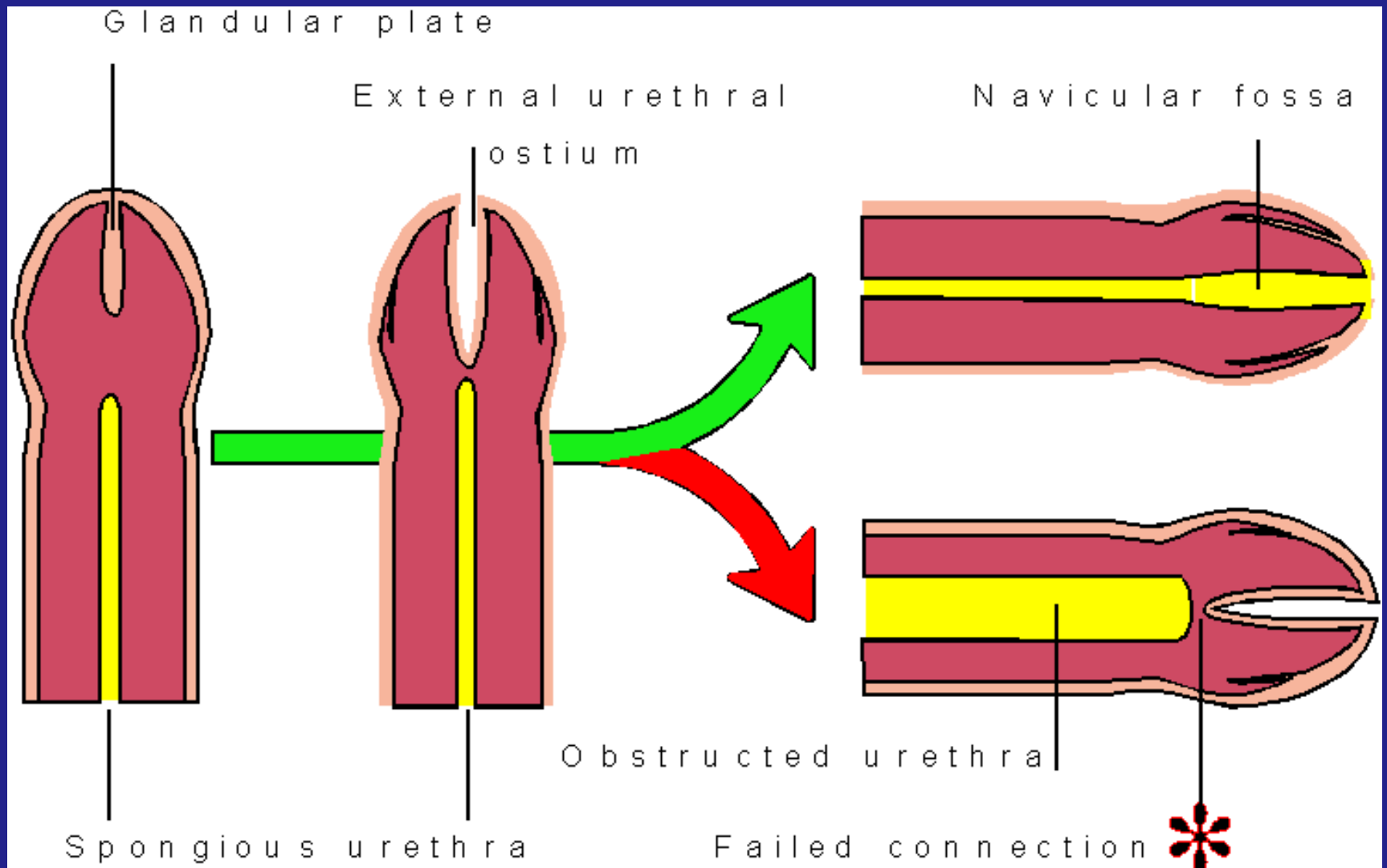
- « Prune Belly »:
 - Urethral stenosis
 - or posterior valves
 - Mostly in male fetuses



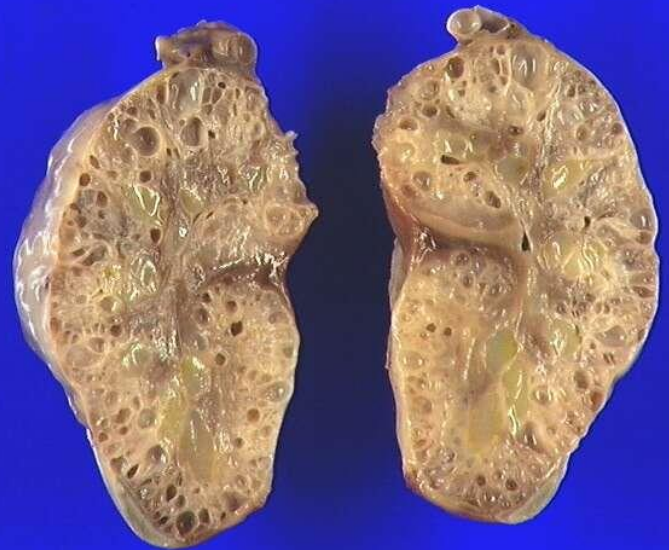
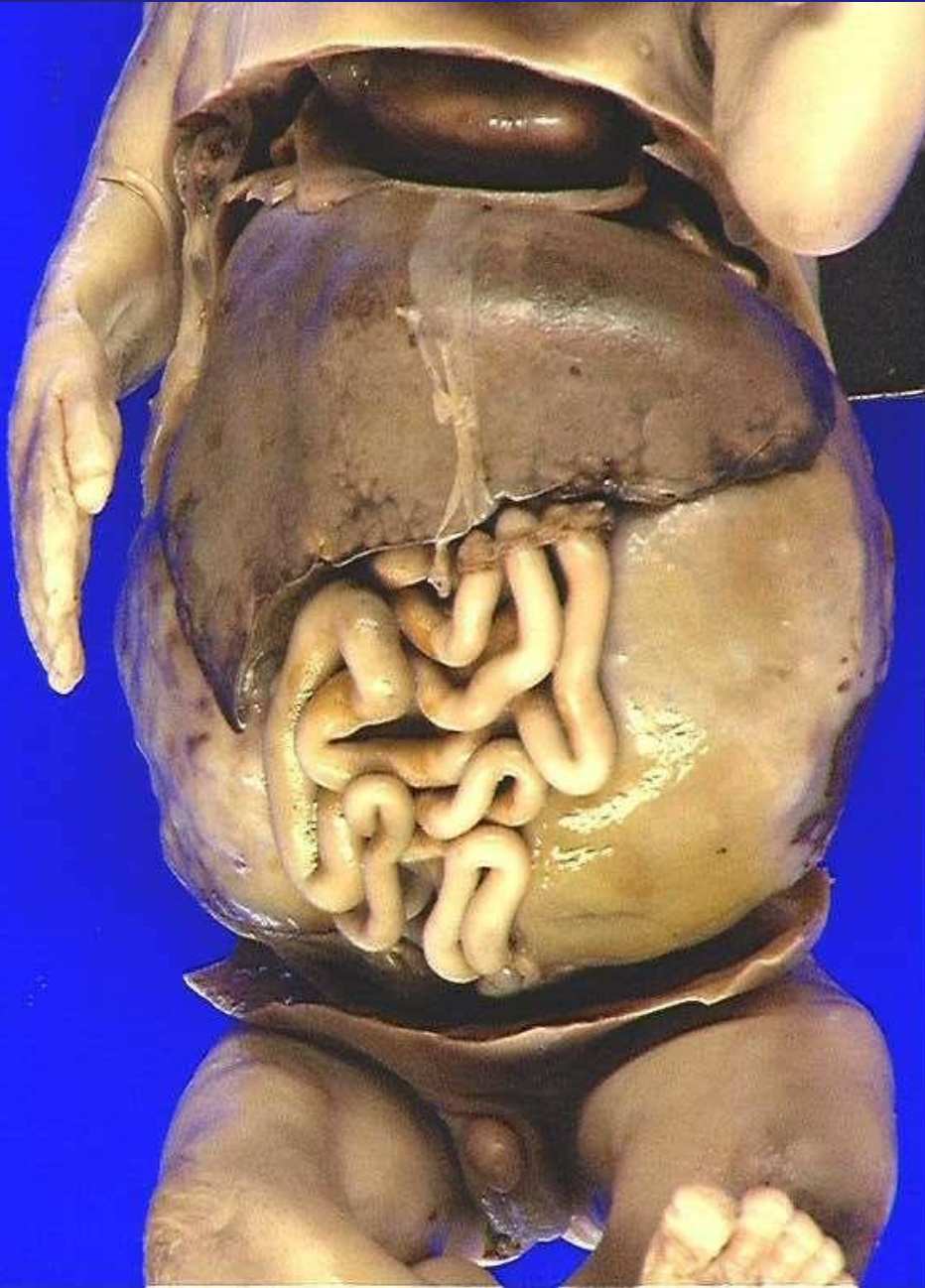
Distal urethral stenosis



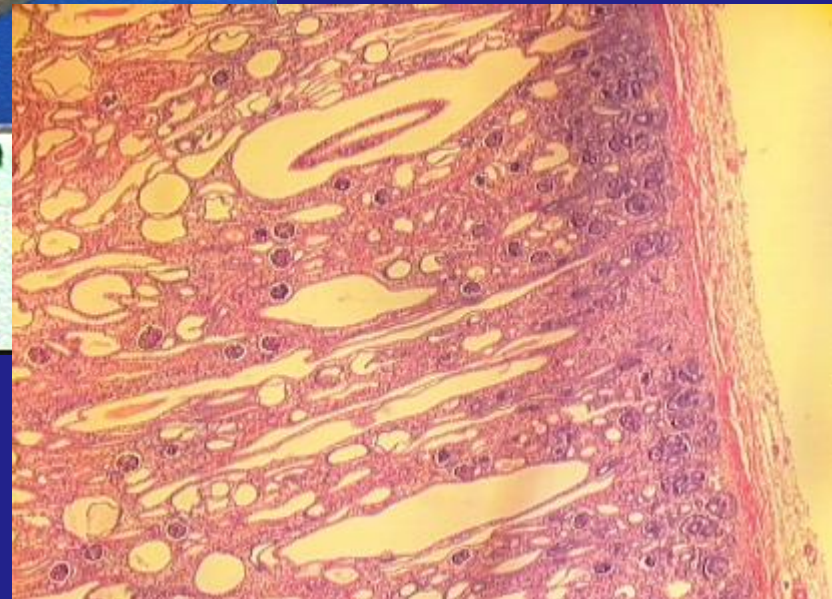
Distal urethral stenosis



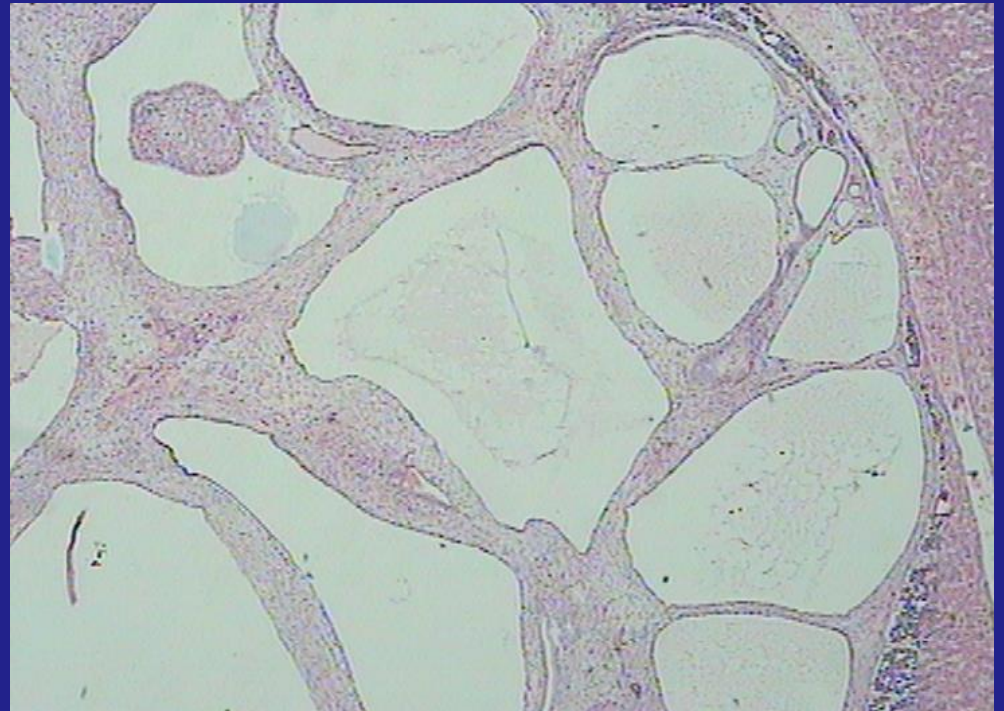
Polycystic kidneys



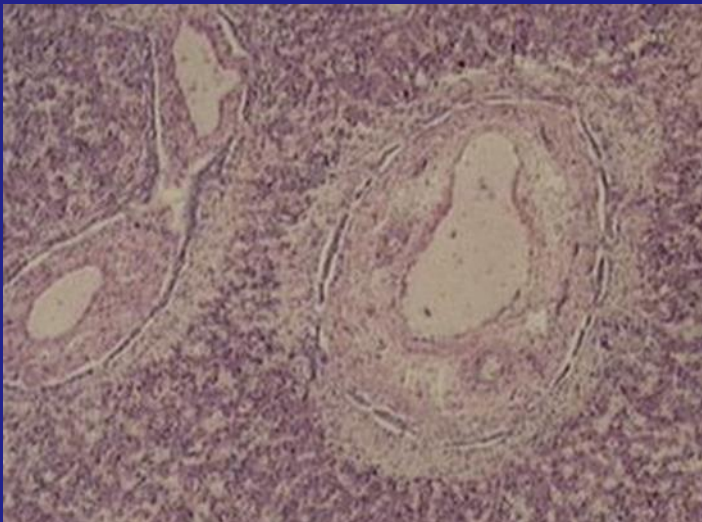
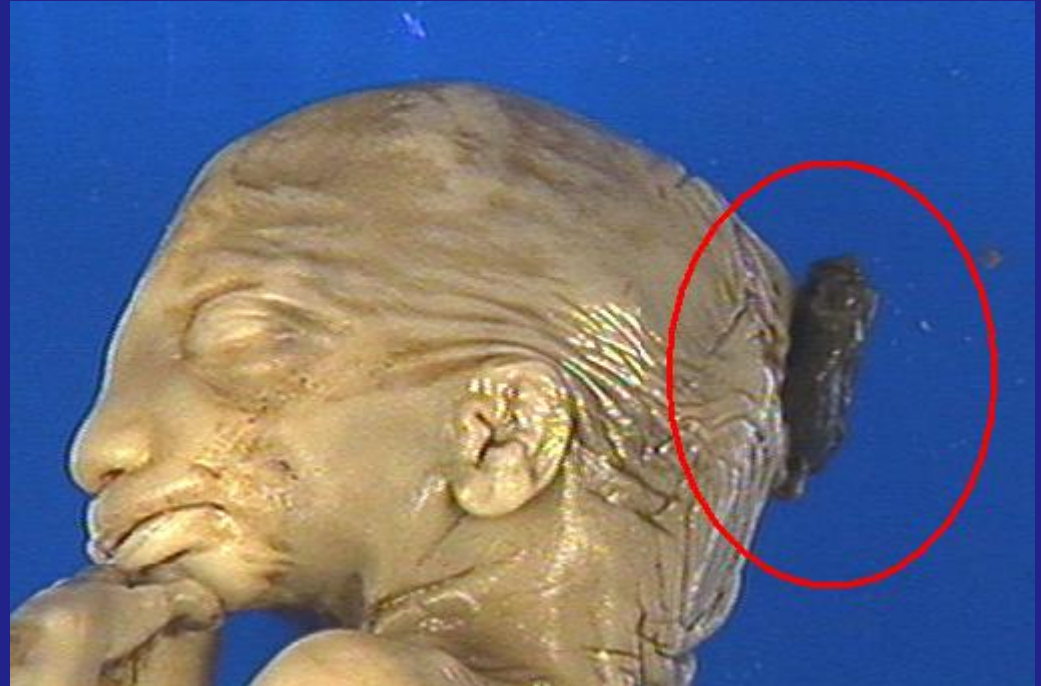
Autosomal recessive polycystic kidney disease (ARPKD)



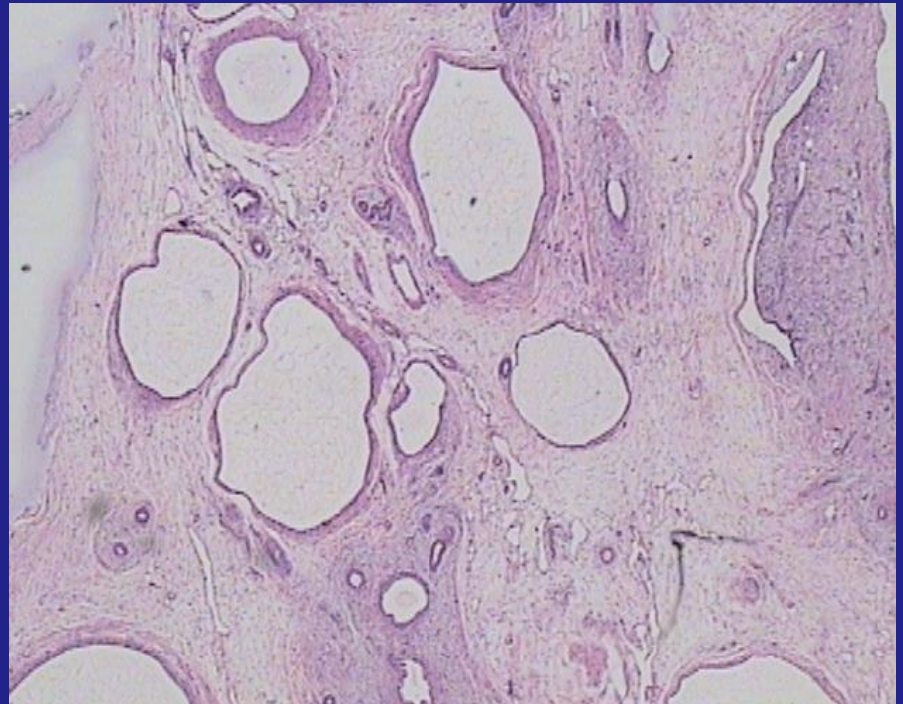
Meckel Gruber



Meckel Gruber



TCF2 / HNF1 mutation



Vesical Extrophy



Lung malformations

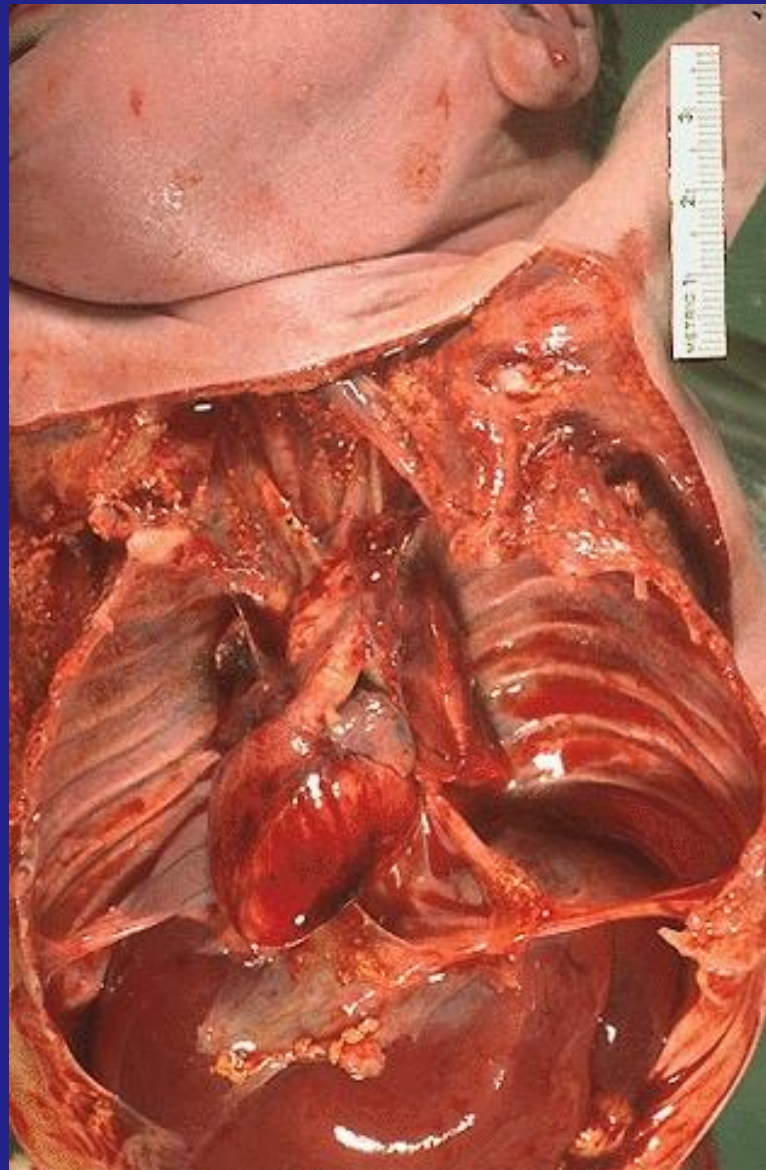
- Lobation anomalies:
anatomical variant, lateralization syndrome,
Ivemark



Congenital cystic adenomatoid malformation (CCAM)



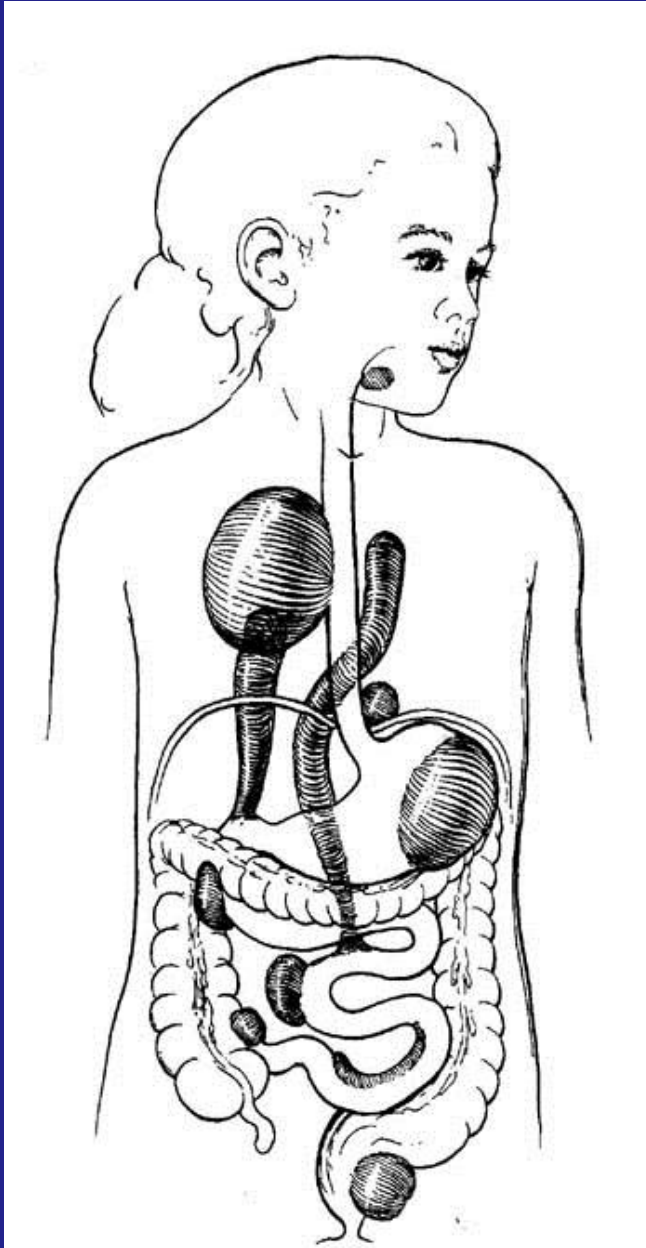
Lung Hypoplasia



Digestive system

- Atresia and fistulae
- Cysts and duplications
- Rotation defect
- Abdominal wall defects
 - gastro/ laparoschisis
 - omphalocele
- Hernia

Digestives cysts



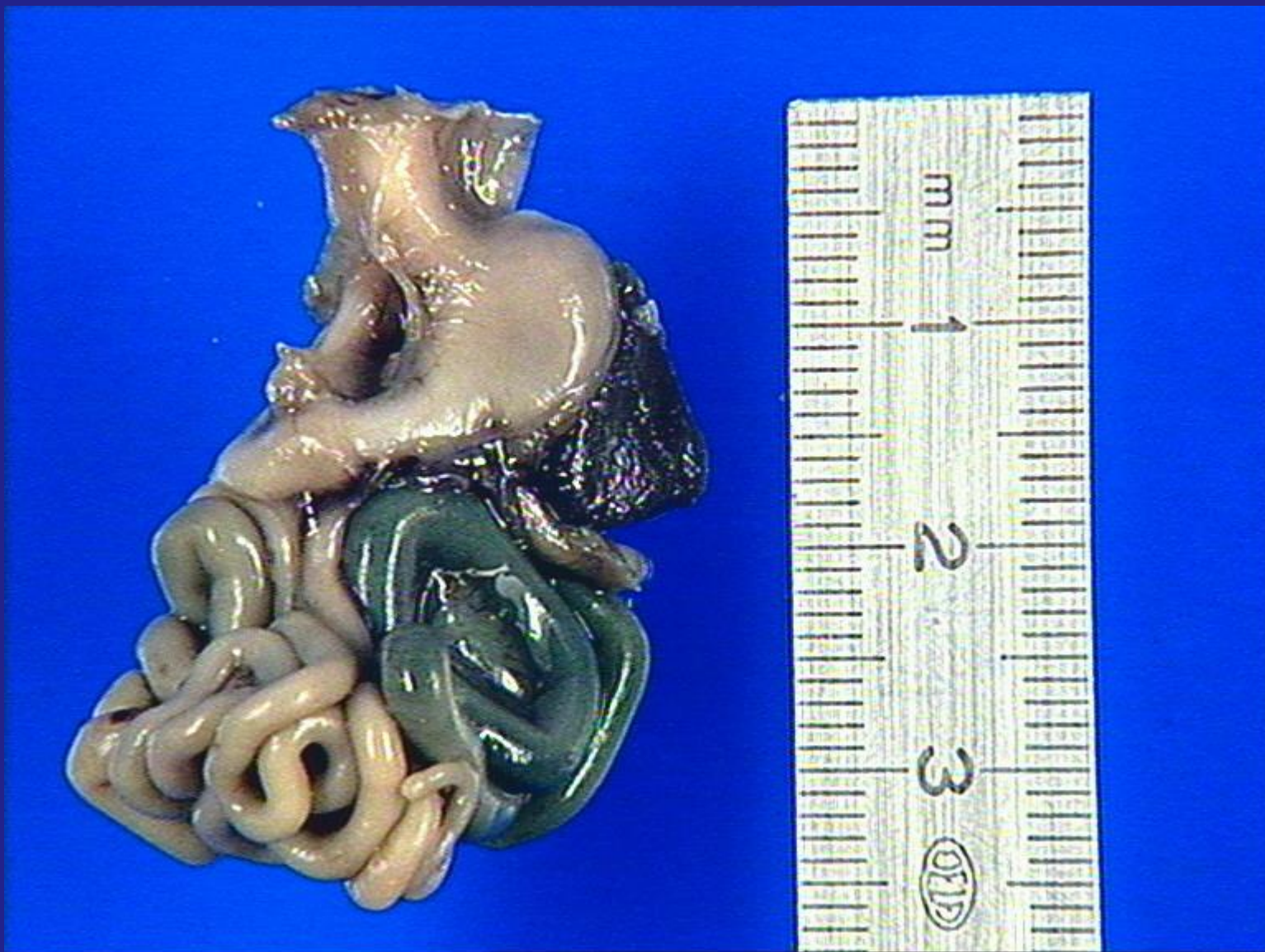
Intestinal cyst



Malrotation (1)



Malrotation (2)



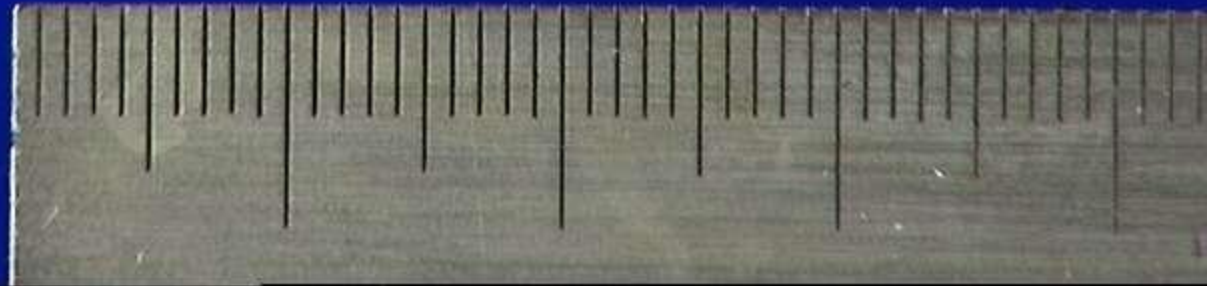
Gastroschisis



Omphalocele



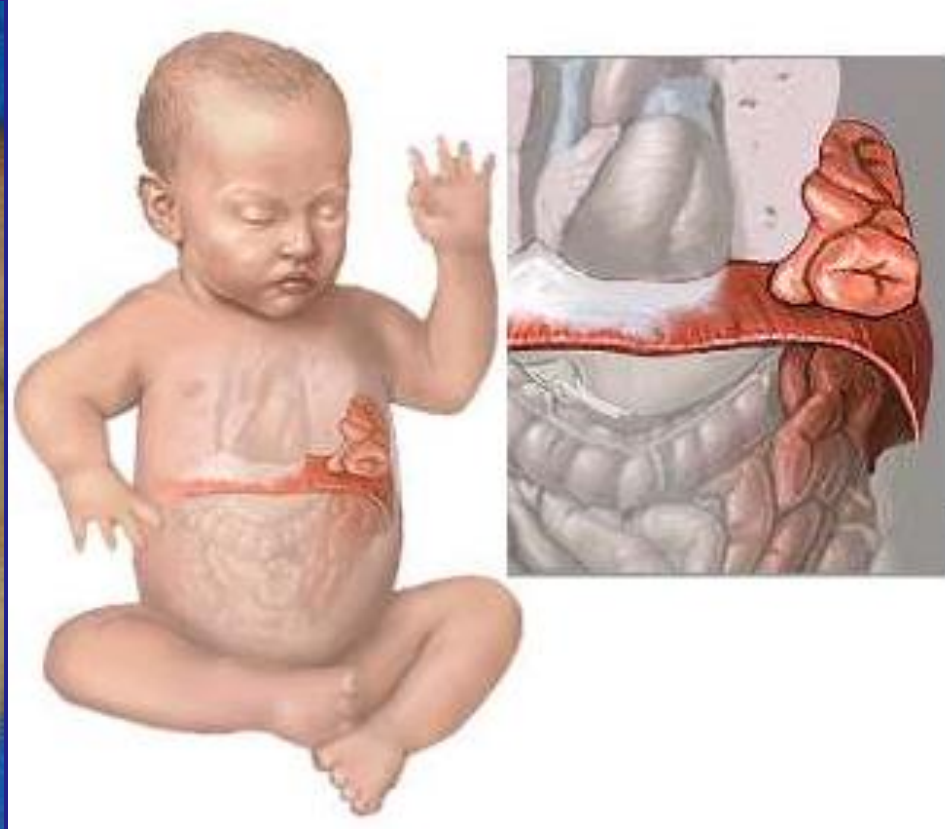
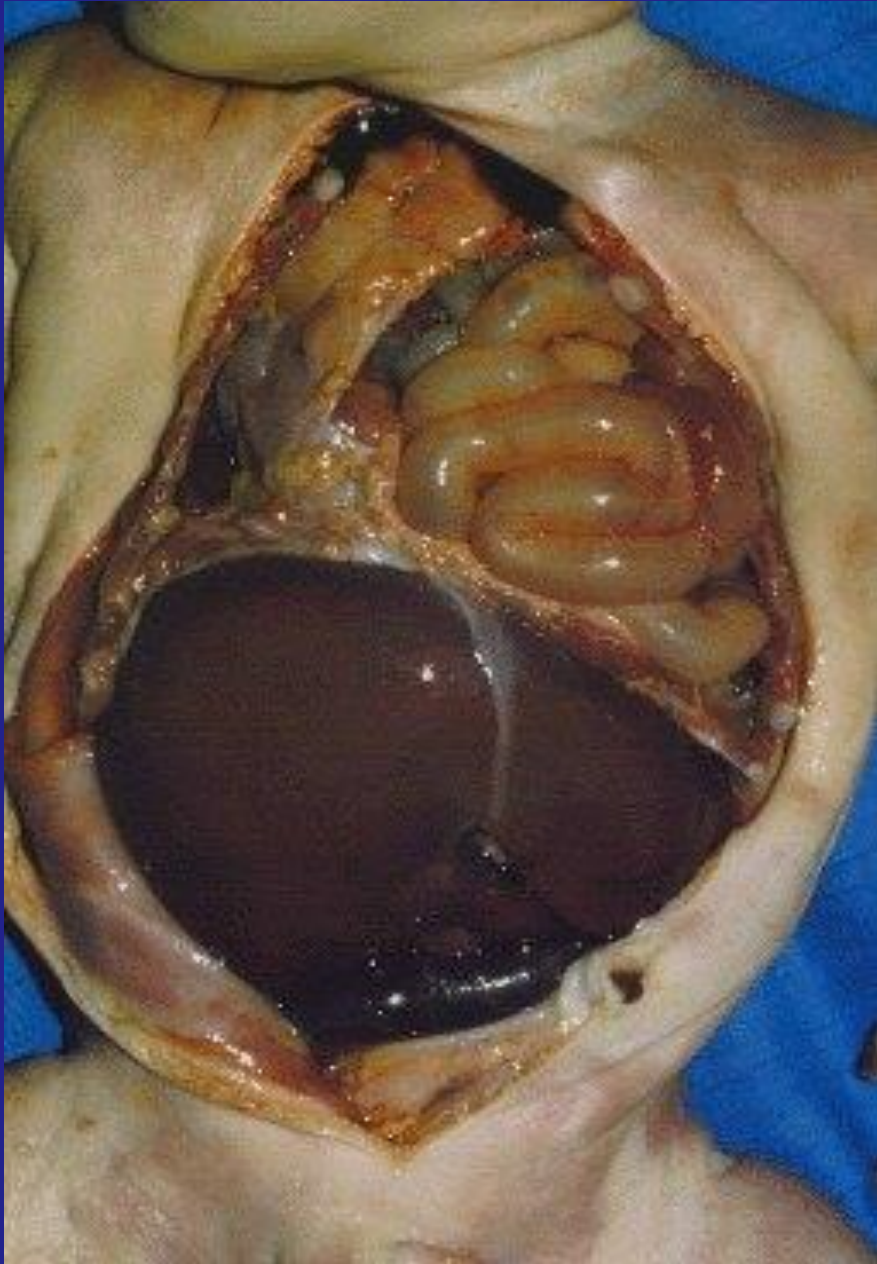
Omphalocele (2)



Meckel Diverticulum



Diaphragmatic hernia



Musculo-skeletal system

- Ossification disorders: osteogenesis imperfecta, achondrogenesis, chondrodysplasia...
 - > Sometime complex to identify!
- Minor anomalies: polydactyly/syndactyly
- Member agenesis or atrophy

Osteogenesis imperfecta

(Lobstein disease, Osteopsathyrosis)

- Type II = most severe
- Numerous fractures IU
- « dwarfism »
- < 1/10.000 naissances



abnormal collagen
Mutation Col1A1 / A2

Achondrogenesis

- group of severe disorders that affect cartilage
- small body, short limbs, various skeletal abnormalities



ACHONDROGENESIS



At least 3 types:

1A (Trip11)

1B (SLC26A2)

2 (COL2A1)

Common feature

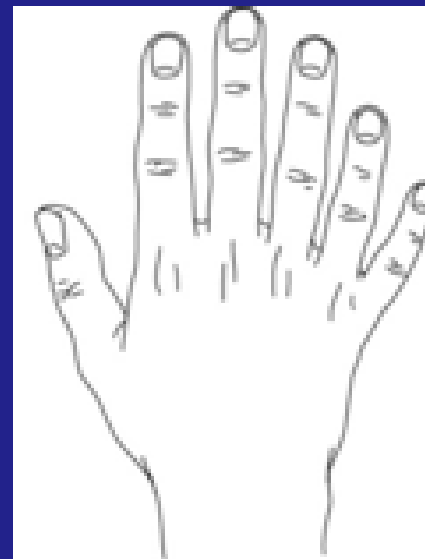
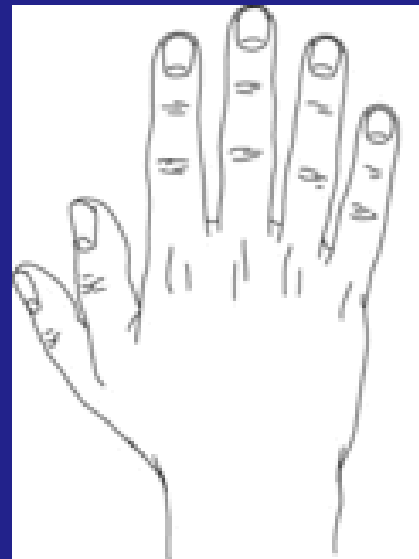
-short limbs

-narrow chest

-Spine and pelvis
ossification defect

Polydactyly

- Isolated (familial marquor) or part of a syndrome
- Radial or preaxial
- Ulnar or postaxial



Polydactyly

- Meckel Gruber



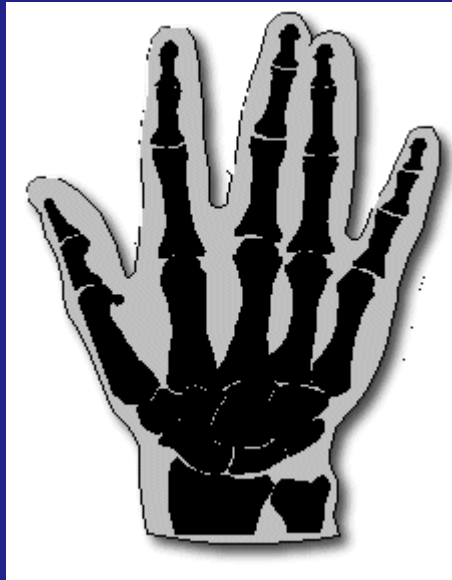
POLYDACTYLY

Trisomy 13



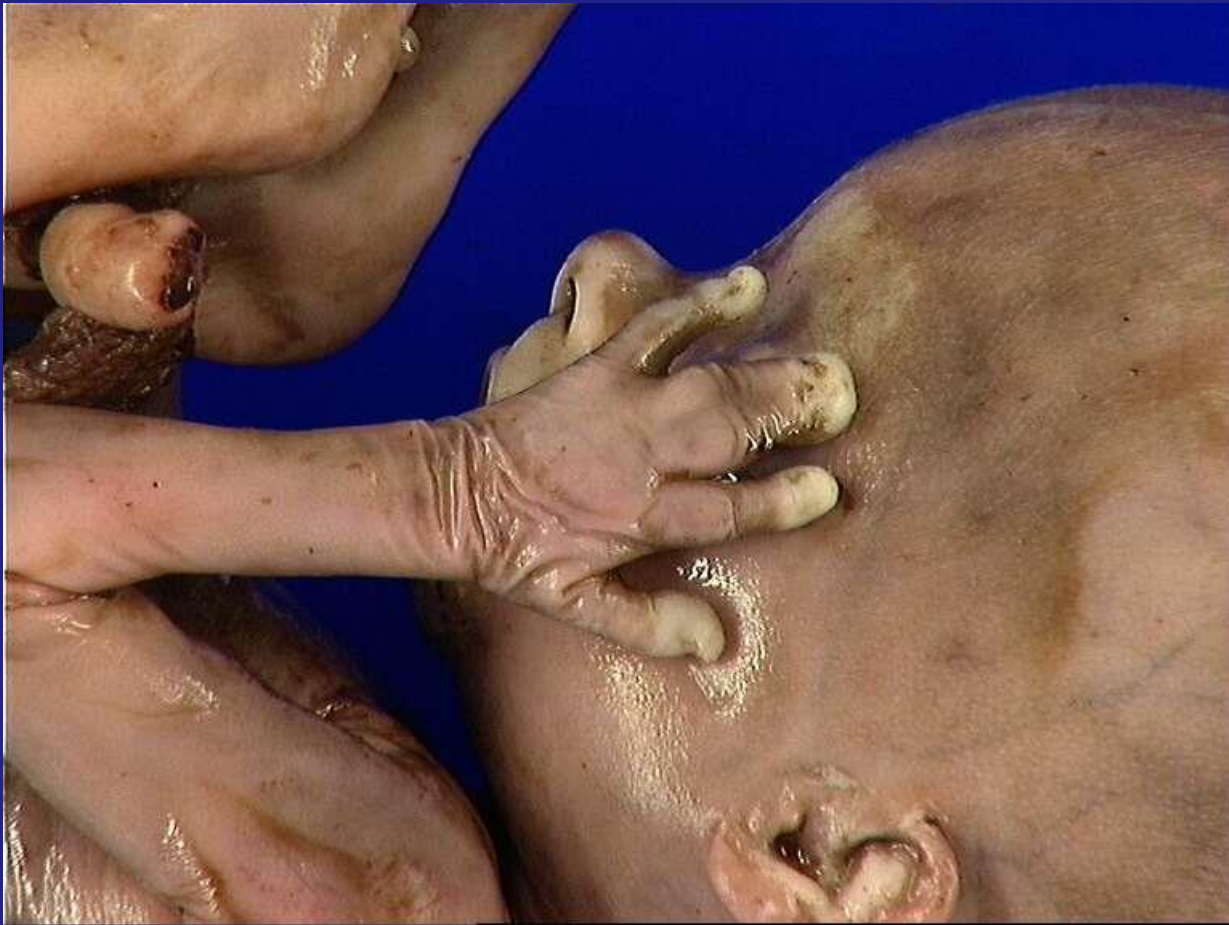
Syndactyly

Isolated or Syndromic (Apert, Poland, ...)
Complete or partial



Syndactyly

Bilateral syndactyly III-IV > Triploidy



"mitten" hand / Pseudosyndactyly.



Ectrodactyly (cleft hand)



- Could be seen in a lot of genetic disorders:

- split hand/split foot malformation (SHFM1 > 4)

- Trisomy 6

- Ectrodactyly-Cleft Palate (ECP) syndrome

- Ectrodactyly-Polydactyly

- Ectrodactyly-Ectodermal Dysplasia-Clefting (EEC) syndrome

In total more than 50 syndromes!

Phocomelia / Thalidomide like

- Multiples types
- Heterogenous group
- Multifactorial

- Thalidomide was withdraw
in 1962

Other agents:

Retinoic acid, Mebendazole,
Radiations.

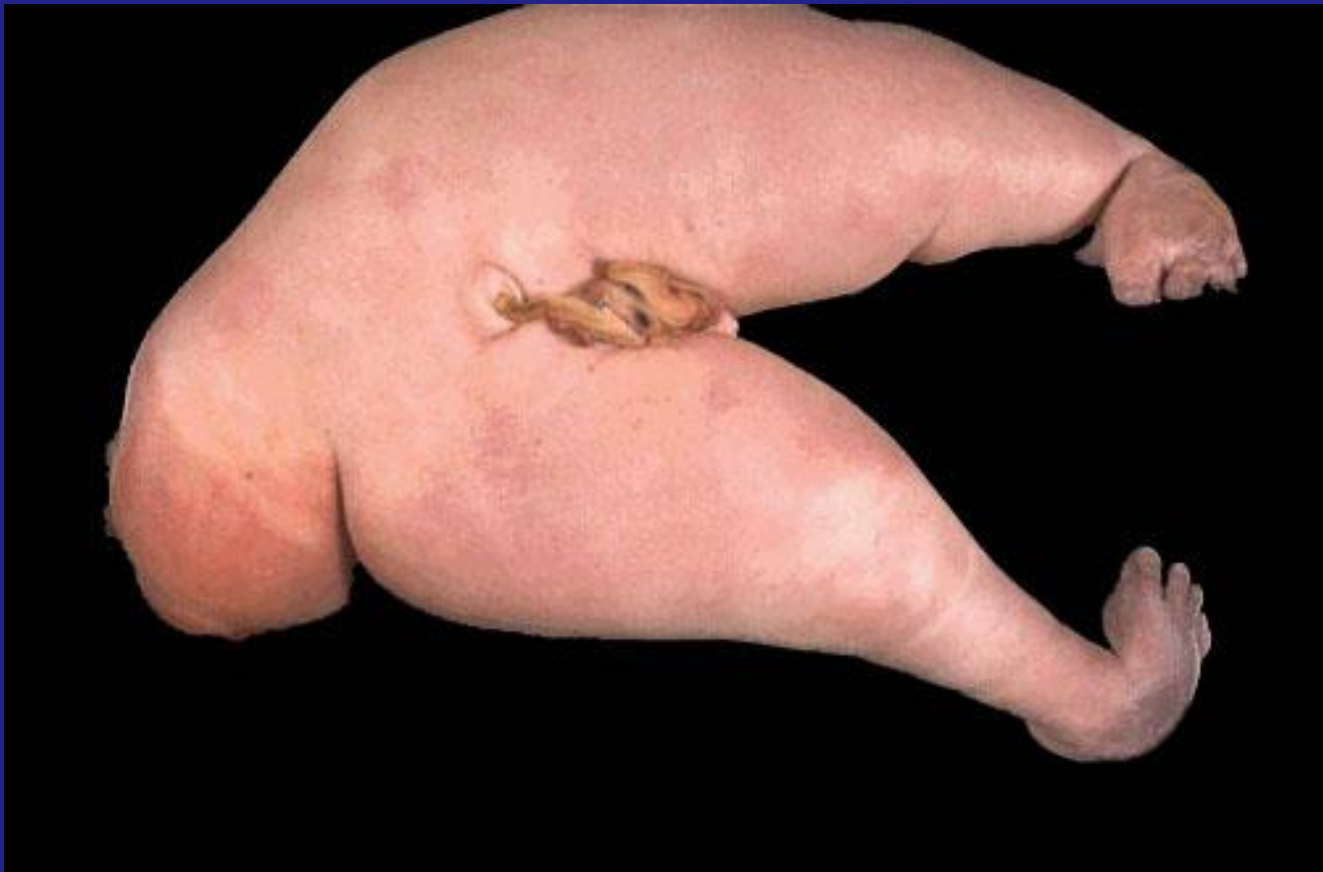


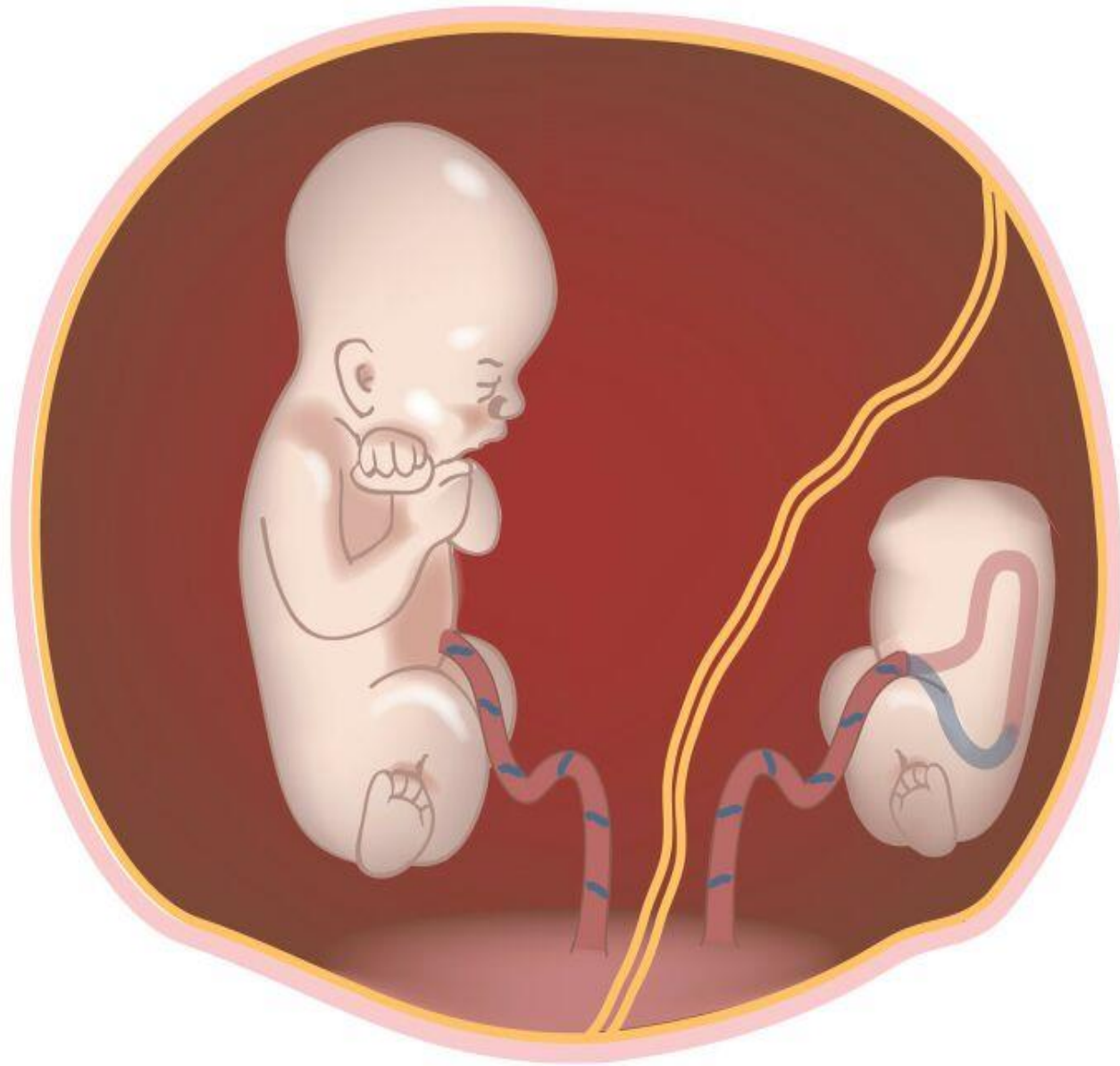
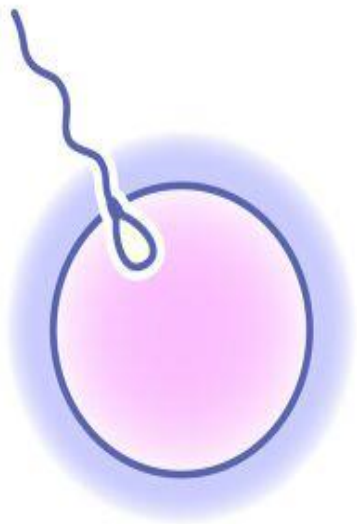
Particular syndromes

- Acardiac « monsters »
- body stalk anomaly
- iniencephaly
- Caudal regression syndrome
- sirenomely
- Amniotic band syndrome
- Twin-twin transfusion syndrome
- Siamese twins

Acardiac « Monster »

- TRAP Sequence:
- Twin Reversed Arterial Perfusion



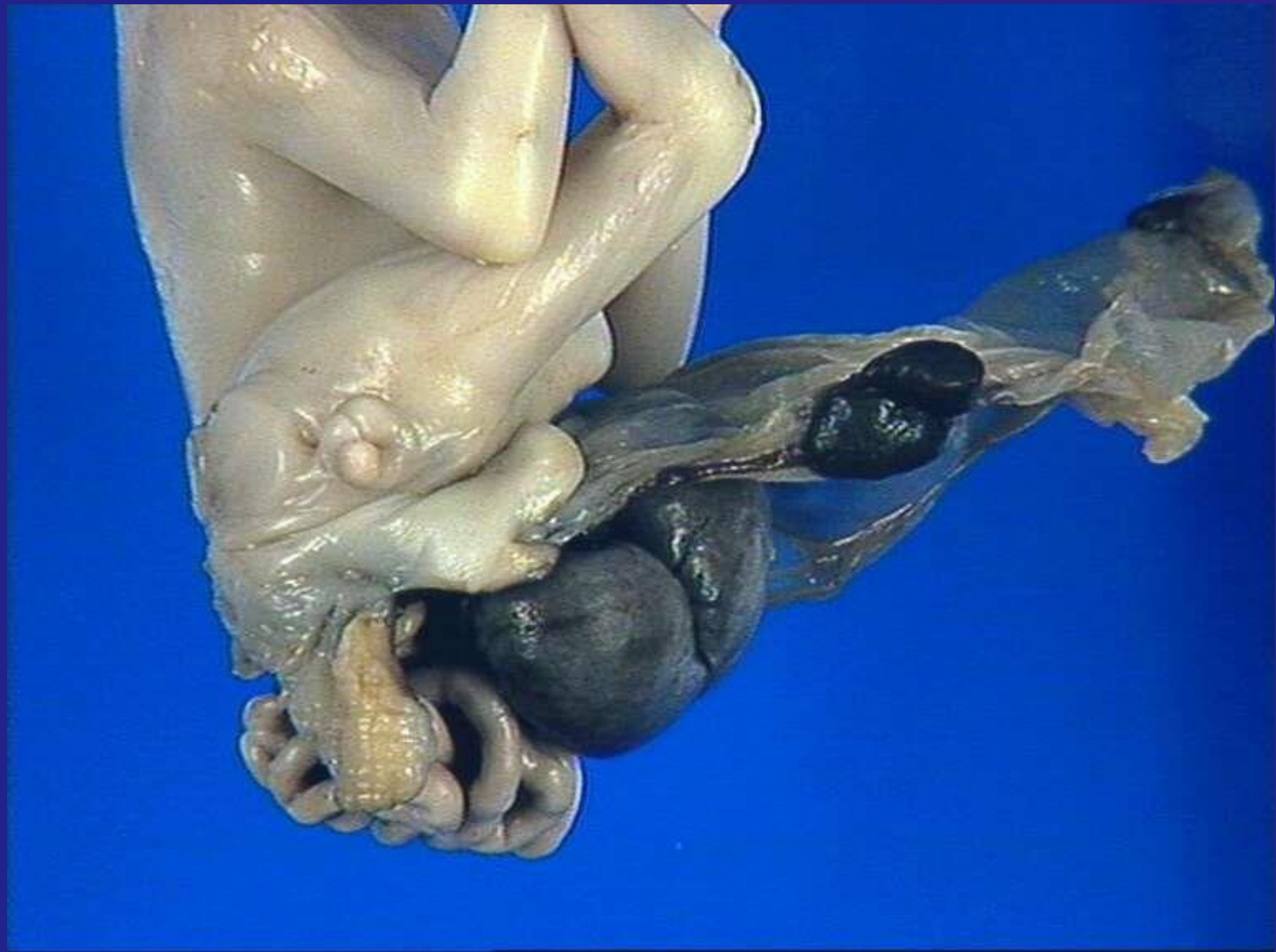


TRAP Sequence
(Twin-Reversed Arterial
Perfusion Sequence)

Body stalk anomaly

- Aggenesis of umbilical cord





Body stalk anomaly (2)

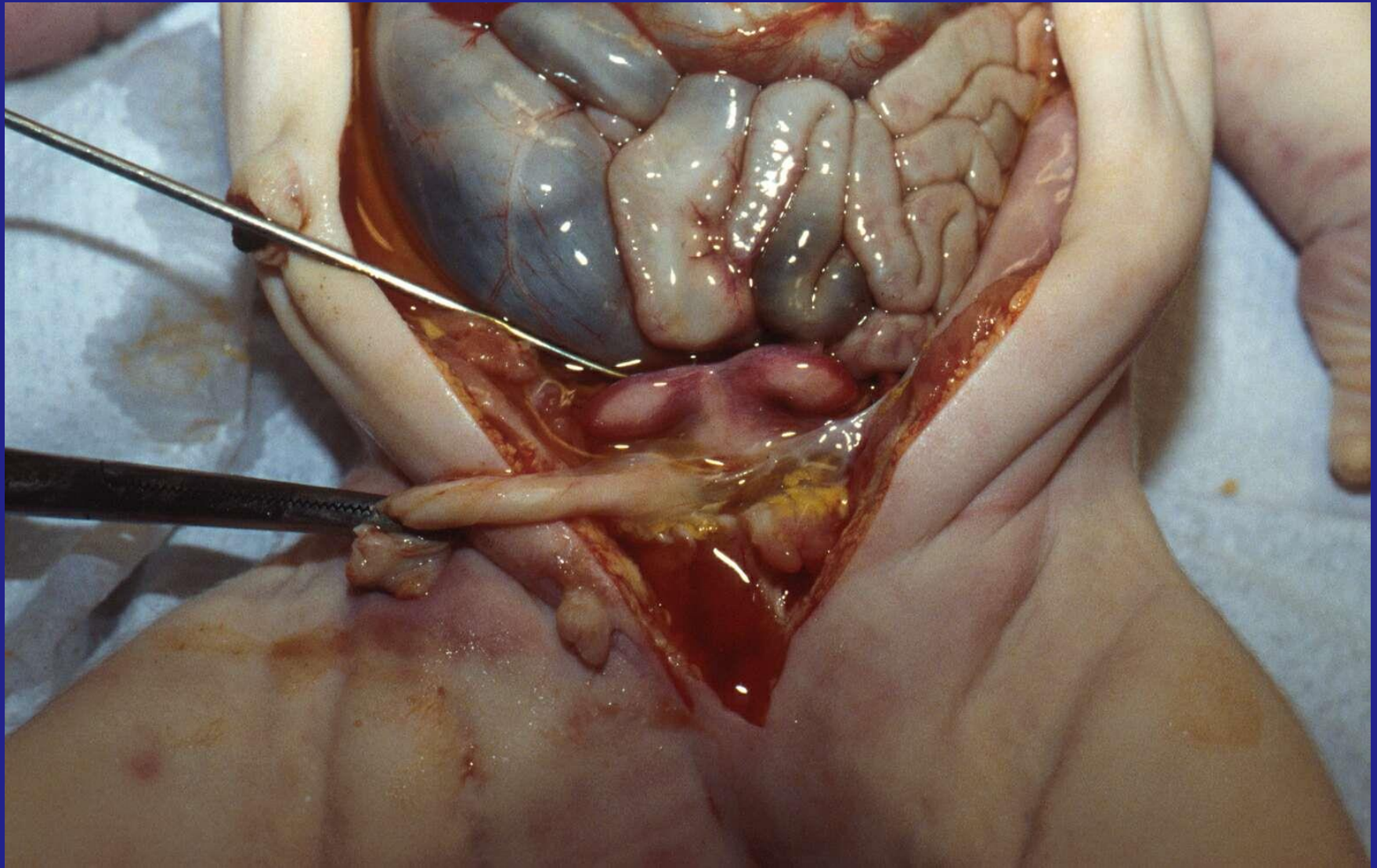




Caudal regression syndrome



Caudal regression syndrome



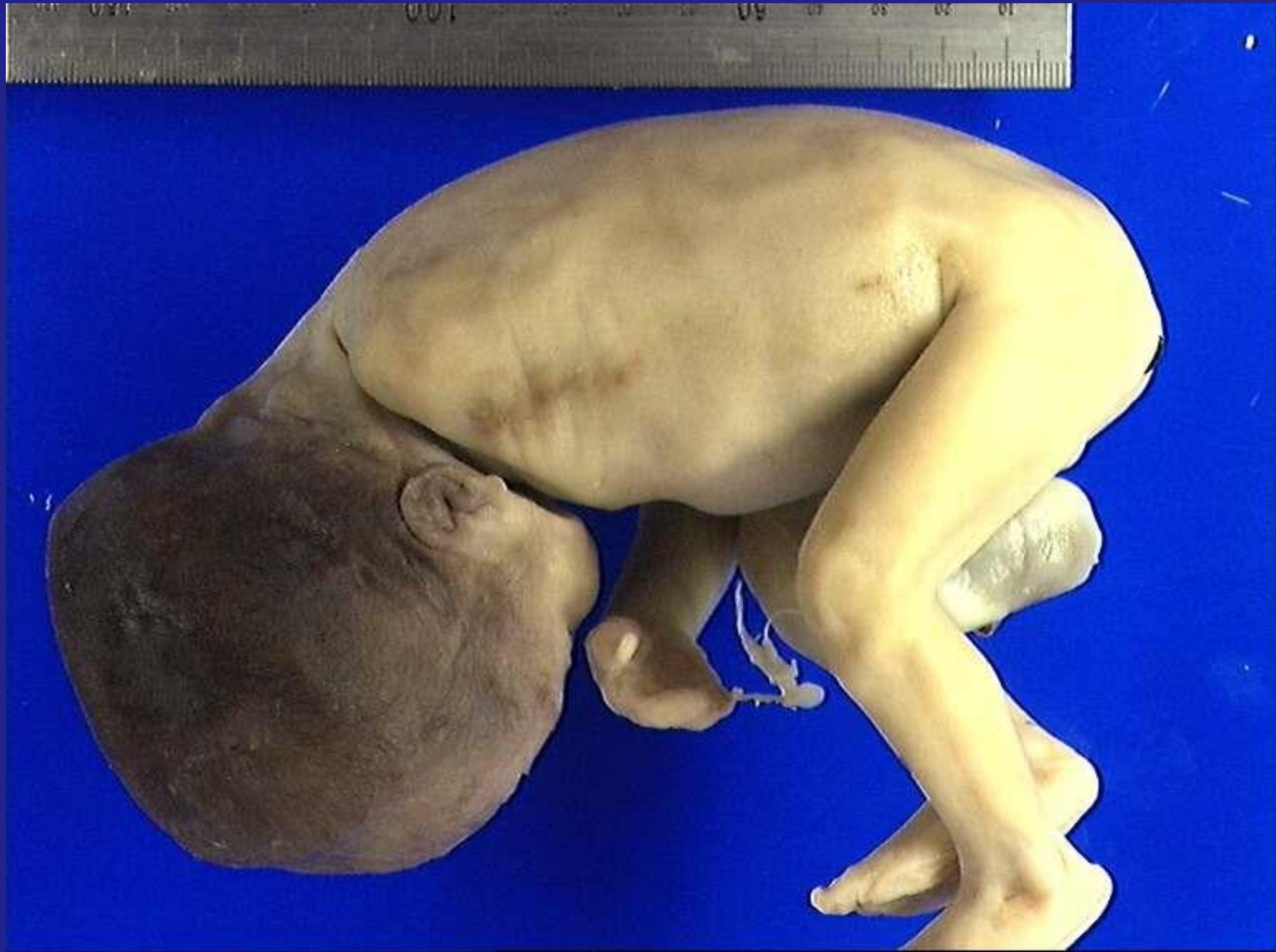
Sirenomely

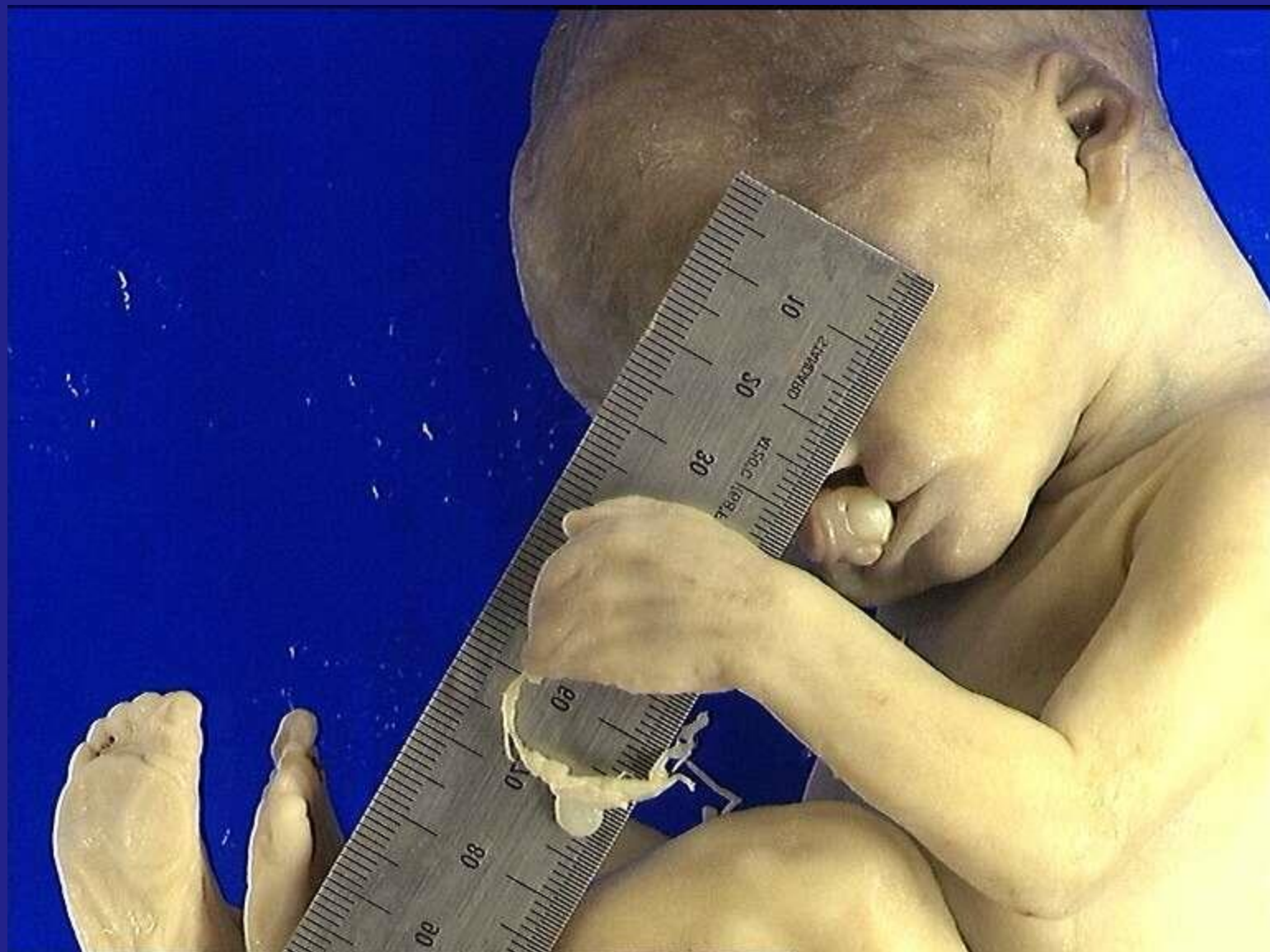
(extreme form of caudal regression)

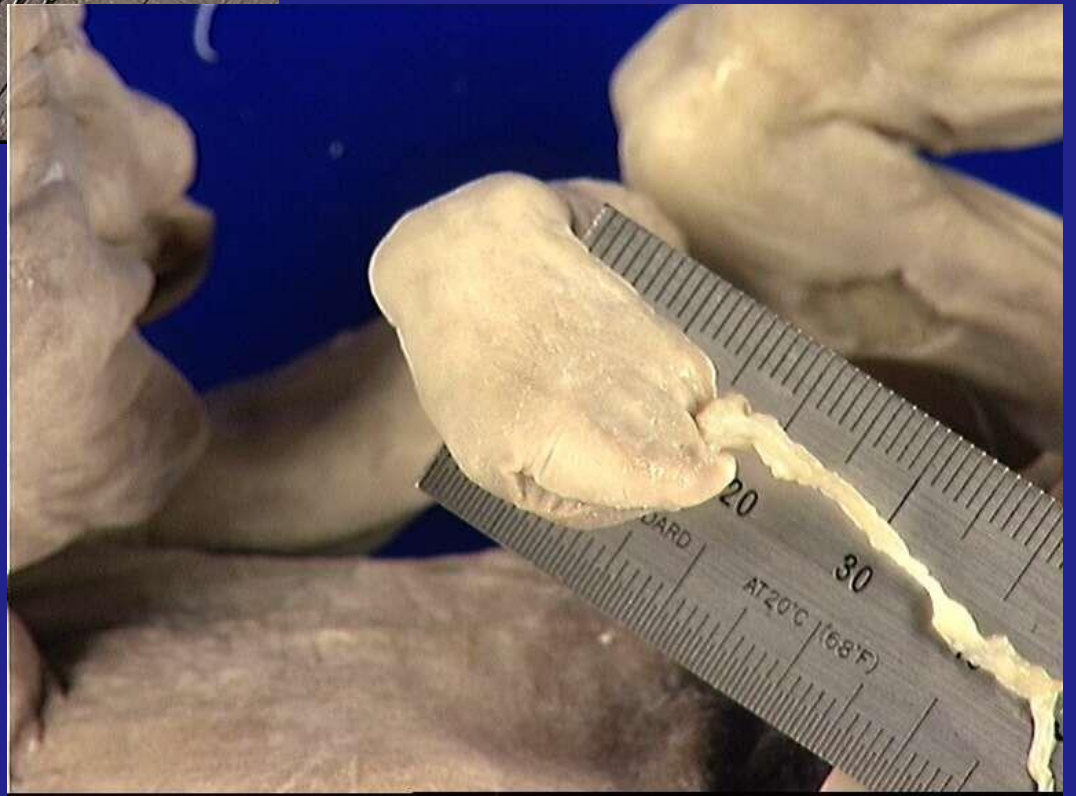
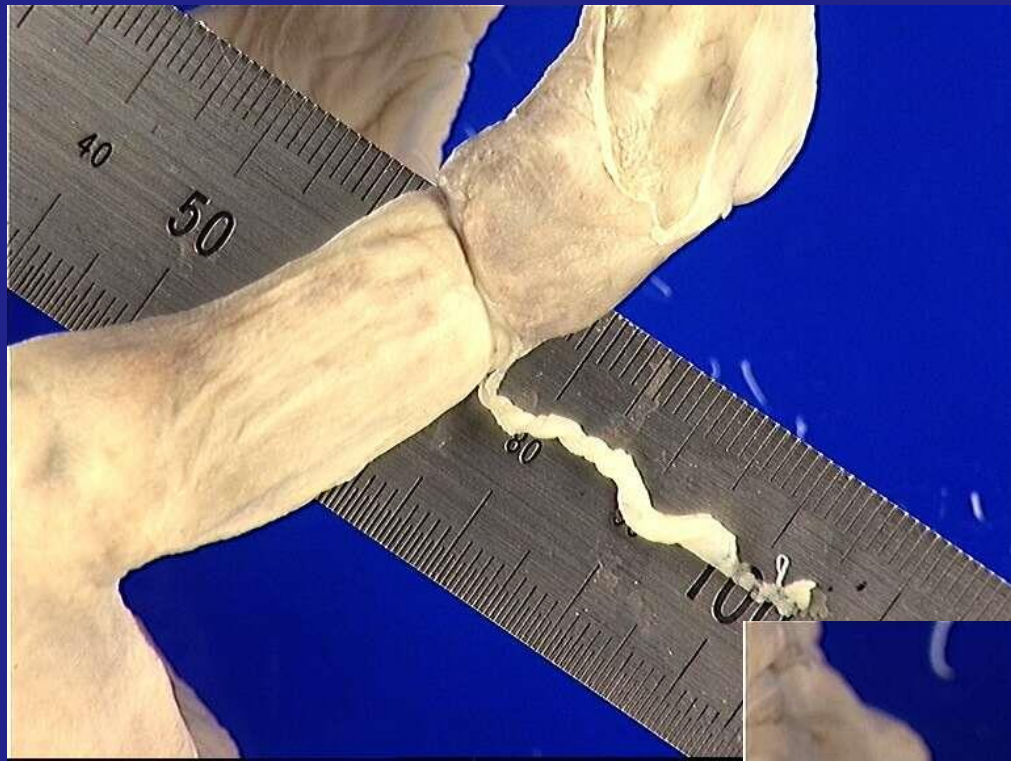
1cm 127 R 76-6



Amniotic band syndrome







Twin-Twin transfusion syndrome



Siamese Twins





Chromosomal anomaly

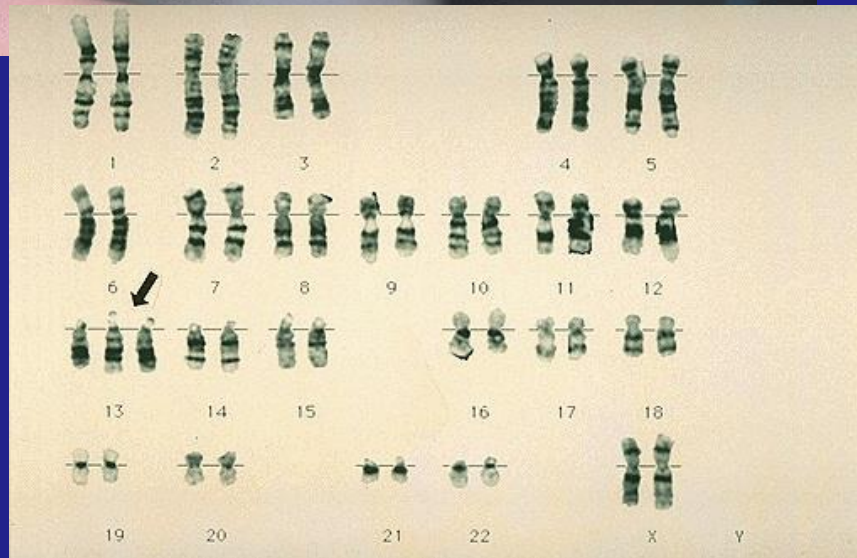
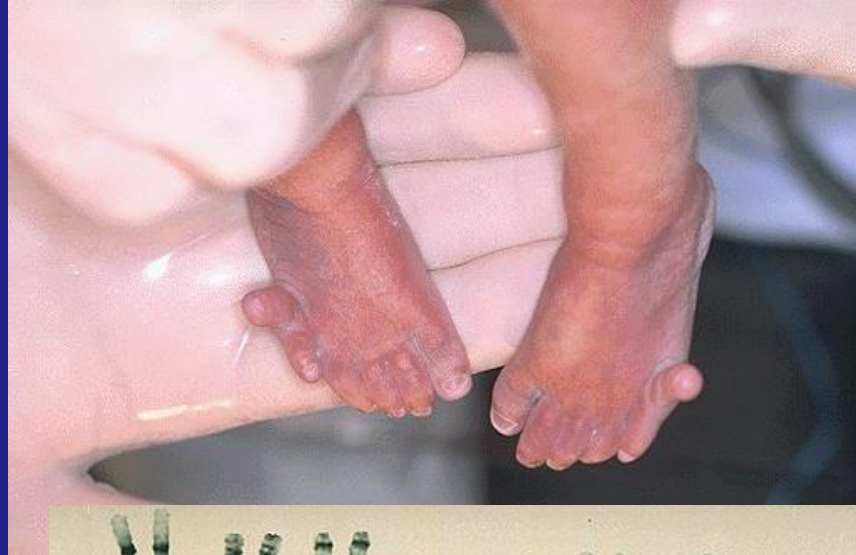
- Trisomy 13
- Trisomy 18
- Trisomy 21

- Turner syndrome(X0)

- Triploidy

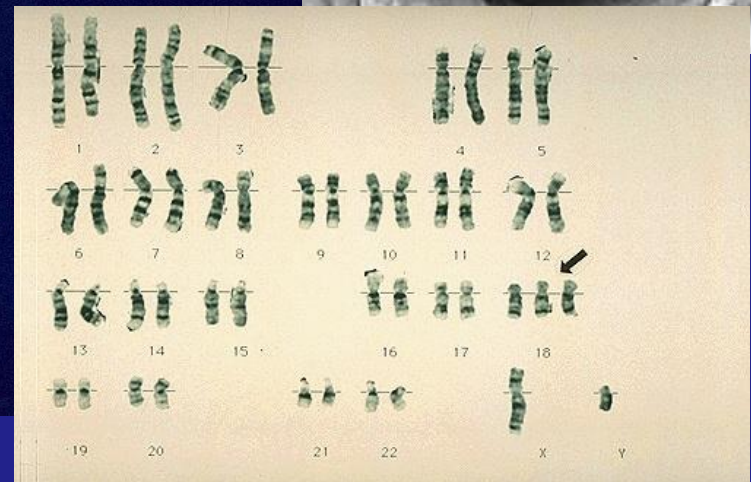
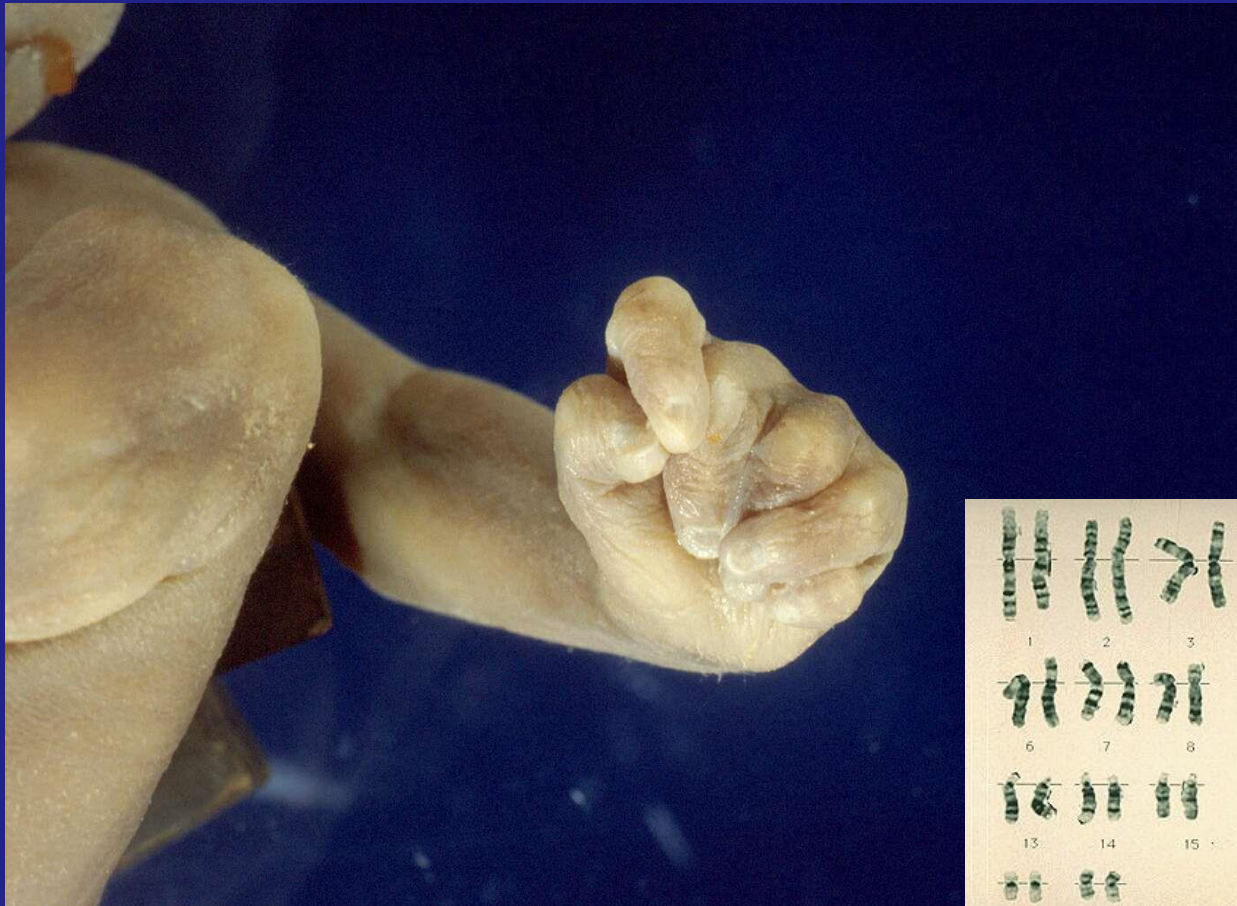
Trisomy 13 (Patau Syndrome)

- 1/4000 - 1/10.000 birth
 - dysmorphism, cleft lip / palate, polydactyly, microphthalmia



Trisomy 18 (Edwards Syndrome)

- 1/8.000 birth ! Sex ratio 4F / 1M
 - dysmorphism, microcephaly, micrognathia, arthrogryposis,
 - visceral malformations are frequent



Trisomie 18

- Phenotype may vary!!! In this case macrocephaly



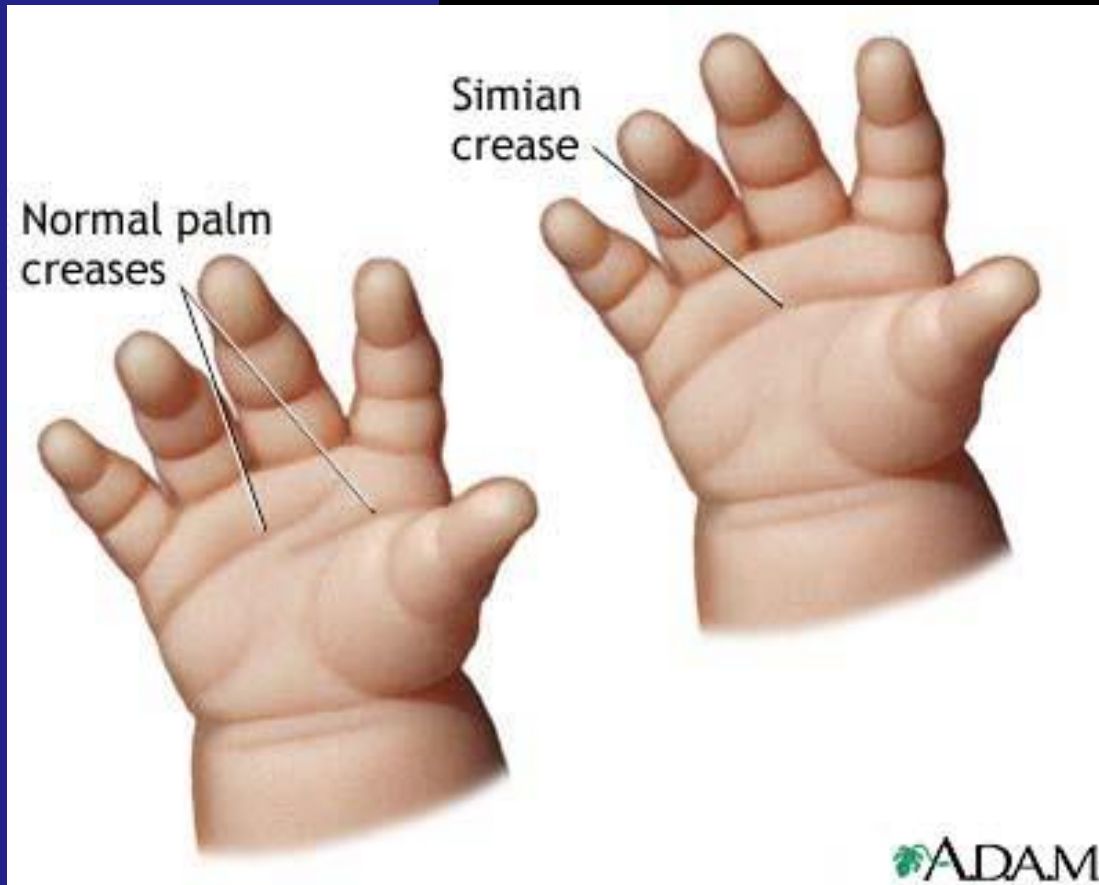
Trisomy 21 (Down Syndrome)

- Frequency is highly related to maternal age:
1/700 birth at 20 > 1/13 at 45 !
- Large Protruding tongue , upward-slanting palpebral fissures, flat nasal bridge , low set ears, single transverse palmar crease, short fifth finger with clinodactyly, cystic hygroma, heart defect.



Trisomy 21

single transverse palmar crease



Trisomy 21

- Secondary signs:

Single umbilical artery

isolated myocardial calcification

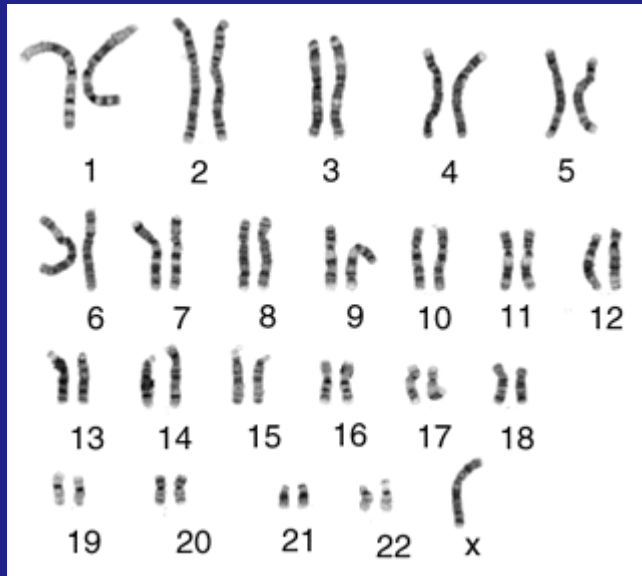


Turner Syndrome (X0)

- 0,4 / 1000 female birth
- (Real frequency is higher, elevated miscarriage rate)
- Short stature, short neck , cystic hygroma, loss of ovarian function.



Turner Syndrome (X0)



Triploidy

- Up to 10% in first trimester spontaneous abortion, rare at birth
- Typical syndactyly III-IV, cleft lip/palate, omphalocele, CNS anomalies (50%), cardiac malformation (30%)

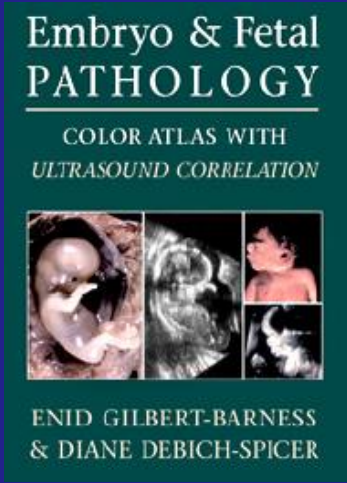
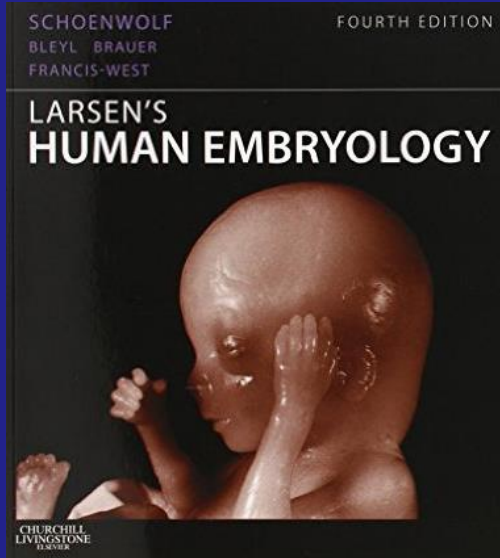
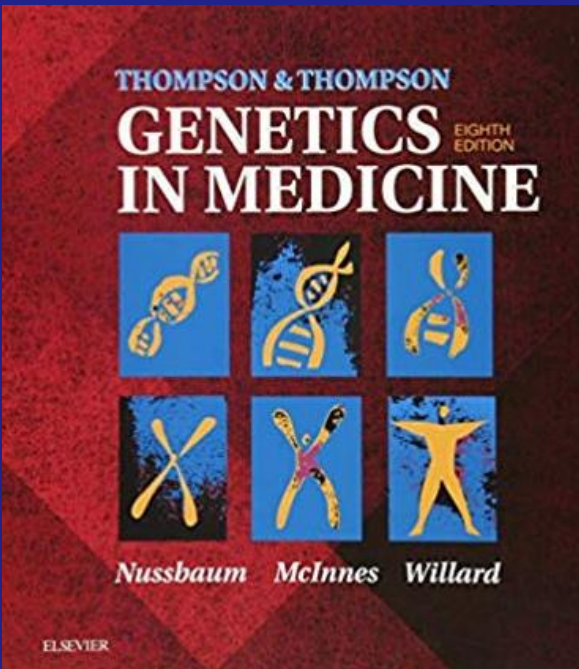


Triploidy

	fetus size	Adrenals	Placenta
<u>Diandric</u>	NI / Light IUGR	NI	partial hydatiform
<u>Digynic</u>	Marked IUGR	hypoplastic	small, non molar



L O N D O N
M E D I C A L
D A T A B A S E S



Dr DUGAUQUIER Christian

IPG Gosselies 2019