



## Abstracts from the 53rd European Society of Human Genetics (ESHG) Conference: e-Posters

© European Society of Human Genetics 2020. Modified from the conference website and published with permission 2020

Volume 28 | Supplement 1

Virtual Conference

June 6–9, 2020

**Sponsorship:** Publication of this supplement was sponsored by the European Society of Human Genetics. All content was reviewed and approved by the ESHG Scientific Programme Committee, which held full responsibility for the abstract selections.

**Disclosure Information:** In order to help readers form their own judgments of potential bias in published abstracts, authors are asked to declare any competing financial interests. Contributions of up to EUR 10 000.- (Ten thousand Euros, or equivalent value in kind) per year per company are considered “Modest”. Contributions above EUR 10 000.- per year are considered “Significant”.

Presenting authors are indicated with bold typeface in the contributor lists.

### e-Posters

#### E-P01 Reproductive Genetics/Prenatal Genetics

##### E-P01.07

##### Epidemiological monitoring of congenital malformations in Yakutia from 2007 to 2018

**A. I. Fedorov**<sup>1</sup>, **A. L. Sukhomyasova**<sup>1,2</sup>, **A. N. Sleptsov**<sup>2,1</sup>, **N. R. Maksimova**<sup>1</sup>

<sup>1</sup>Research Laboratory “Molecular Medicine and Human Genetics”, Medical Institute, M. K. Ammosov North-Eastern Federal University, Yakutsk, Russian Federation,

<sup>2</sup>Medical Genetic Center, Republican Hospital №1 – “National Medical Center”, Yakutsk, Russian Federation

**Introduction:** Congenital malformations represent an urgent problem that affects the structure of infant and child mortality. In Yakutia, the prevalence of congenital malformations is recording in Register of Medical Genetic Center, Republican Hospital №1 - “National Medical Center”. The purpose of epidemiological monitoring is to

improve the prevention and treatment of congenital malformations.

**Material and methods:** The data from Medical Genetic Center Register was analyzing by the MedCalc 15.8 program.

**Results:** The incidence rate of congenital malformations over a 12-year period averaged 29.4 cases per 1000 newborns with a standard deviation of 2.9. It's high indicator in Russia (>20 ‰). At this period, the average annual number of births was 15725.7 (SD 1174.3). The high frequencies of malformations in 2012, 2017 and 2018 was observing (Table 1). The observed differences are statistically significantly ( $p < 0.05$ ).

Table 1. Congenital malformations prevalence

Years	Incidences with 95% CI
2007	0.0296 (0.02694-0.03246)
2008	0.02734 (0.02479-0.03008)
2009	0.02743 (0.02492-0.03012)
2010	0.02893 (0.02636-0.03168)
2011	0.02981 (0.02723-0.03258)
2012	0.03336 (0.03067-0.03622)

E. Gumuslu<sup>1</sup>, K. Karaer<sup>2</sup>, E. Gumus<sup>3</sup>, A. Ekici<sup>1</sup>, C. Kraus<sup>1</sup>, A. Reis<sup>1</sup>

<sup>1</sup>Institute of Human Genetics, Friedrich-Alexander-Universität Erlangen-Nürnberg, Erlangen, Germany, <sup>2</sup>Gaziantep Genetik Hastalıklar Tanı Merkezi, Gaziantep, Turkey, <sup>3</sup>Sitki Kocman University School of Medicine, Medical Genetics Department, Mugla, Turkey

Autosomal recessive neurodevelopmental disorders are extremely heterogeneous and for many only few affected individuals have been described hampering delineation of the full spectrum of clinical presentation. In a large study of Turkish consanguineous families we identified a family with 3 affected siblings (two males 11 and 8 y.o. and one 5 y.o. female) all presenting with intellectual disability, severe verbal deficiency (2-3 words), short stature (<3p), delayed walking, seizures and dysmorphic features including malar hypoplasia, broad nose, short philtrum, wide mouth and full lips. After excluding aneuploidies exome sequencing revealed a novel frameshift insertion c.475\_478dup, p.(Lys160Ilefs\*2) in the *LARP7* gene. *LARP7* is a negative transcriptional regulator of polymerase II, acting by means of the 7SK RNP system.

Frameshifting variants in *LARP7* have been associated with Alazami Syndrome (OMIM 615071) characterized by ID, severe growth restriction and characteristic facial dysmorphisms. To date, 15 patients were reported. By comparing this family with the previously reported cases, we strengthen the key features of AS: ID, growth restriction, and highlight the facial features including malar hypoplasia, broad nose, full lips and teeth abnormalities. Interestingly, no cases with seizures were described, so far. As we failed to identify in exome sequencing any variant in seizure associated genes and all three siblings are concordant we wondered if this symptom is part of the clinical spectrum of AS. Although we cannot exclude an undetected cause independent of *LARP7*, we propose that seizures are a so far undescribed symptom associated with Alazami Syndrome.

E. Gumuslu: None. K. Karaer: None. E. Gumus: None. A. Ekici: None. C. Kraus: None. A. Reis: None.

#### E-P08.03

##### Genomic and clinical characterisation of microduplications in a patient with developmental delay

D. Nestoroska, V. Anastasovska, E. Sukarova-Angelovska, M. Pesevska, G. Ilieva

Genetic Laboratory, University Pediatric Clinic, Skopje, Macedonia, The Former Yugoslav Republic of

**Introduction:** The implementation of array Comparative

Genomic Hybridization (aCGH) allows efficient genetic diagnosis of pathological conditions before their full clinical manifestation. Application of novel "genotype-first" diagnosis is of great importance to the patient's health and medical outcome due to higher rates of chromosomal abnormalities detection compared to conventional karyotyping and multiple ligation-dependent probe amplification (MLPA) analysis.

**Materials and methods:** The aCGH technique was used to determine the genetic background of developmental abnormalities in a 8-year-old female Macedonian patient. The blood-derived DNA sample was analyzed using the Affymetrix® CytoScan™ 750K Array (Applied Biosystems) that includes 550 k non-polymorphic and 200 k SNP markers. The data were interpreted by using Chromosome Analysis Suite (ChAS) Software (v4.0).

**Results:** The patient showed the following clinical conditions: motor delay, deafness, lack of concentration and several dysmorphic features (blepharophymosis, telecanthus, narrow palpebral fissures, wide nose, low set ears, small mouth and arched eyebrows). Noteworthy, the girl was operated from atrial septal defect and was previously diagnosed with Ohdo Sy. Karyotyping results revealed a normal female 46, XX karyotype, while the MLPA analysis for microdeletions was negative. The aCGH analysis detected a pathological microduplication occurring at the 10q26.3 cytoregion (787 kb, 26 genes included), as well as mosaic presence of 3 copies of the Xq26.3q28 cytoregion (15,864 kb, 115 genes included).

**Conclusion:** The present chromosomal abnormalities detected by aCGH analysis could be responsible for the developmental delay of the patient, considering their pathological expression according to ClinVar database. Further studies are needed to confirm these preliminary findings.

D. Nestoroska: None. V. Anastasovska: None. E. Sukarova-Angelovska: None. M. Pesevska: None. G. Ilieva: None.

#### E-P08.05

##### BRAT1-related neurodevelopmental disorders: two unrelated patients - one previously undescribed mutation

B. Eichhorn<sup>1</sup>, S. Weidensee<sup>2</sup>, H. Reichenbach<sup>3</sup>, M. Klaus<sup>1</sup>

<sup>1</sup>MVZ Mitteldeutscher Praxisverbund Humangenetik GmbH, Dresden, Germany, <sup>2</sup>MVZ Mitteldeutscher Praxisverbund Humangenetik GmbH, Erfurt, Germany, <sup>3</sup>MVZ Mitteldeutscher Praxisverbund Humangenetik GmbH, Leipzig, Germany

BRAT1 gene mutations cause lethal neonatal rigidity and multifocal seizure syndrome (RMFSL) or



ESHG

**ESHG 2020.2 – LIVE IN YOUR LIVING ROOM.**  
Virtual Conference | June 6 – 9, 2020



## **CERTIFICATE OF ATTENDANCE CONFIRMATION OF PAYMENT**

Reg Nr: 1691

This is to certify that

**Violeta Anastasovska**

has participated in the

**European Human Genetics Virtual Conference 2020**

taking place from June 6-9, 2020

and has paid the registration fee in the amount of EUR 100

For the organiser  
Vienna Medical Academy GmbH  
Alser Strasse 4  
1090 Vienna, Austria