

INTELLECTUAL DISABILITY AS PART OF AN EXPANDED PHENOTYPE OF ULNAR-MAMMARY SYNDROME A FAMILIAL CASE

Carolina Fraga^a, Inês Cascais^a, Carla Brandão^b, Leonilde Machado^b, Ana Rita Soares^c

a. Pediatric Department, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto (CHUP), Portugal. b. Pediatric Department, Centro Hospitalar Tâmega e Sousa, Portugal. c. Clinical Genetics, Centro de Genética Médica Dr. Jacinto Magalhães, CHUP, Portugal



Ulnar-mammary syndrome (UMS) is a rare autosomal dominant condition resulting from pathogenic variants in the TBX3 gene, which, as other T-box transcription factors, has an important role in embryonic development.

TBX3 haploinsufficiency results in variable phenotypic features including defects of ulnar ray, underdevelopment of apocrine and mammary glands and genital anomalies.

14-year-old boy

Neurodevelopmental consultation due to learning difficulties.

PAST MEDICAL HISTORY:

- bilateral cryptorchidism surgically corrected
- bilateral clinodactyly of 4th-5th toes surgically corrected.

FAMILY HISTORY

congenital bilateral agenesis of 3^{rd} to 5^{th} fingers and unilateral extension limitation of the arm



unilateral postaxial polydactyly learning difficulties

learning difficulties short stature bilateral cryptorchidism hypogonadotropic hypogonadism mild dysmorphic features

proximal interphalangeal joint deformity of the 5th finger

PHYSICAL EXAMINATION:

Dysmorphic features (≠ from his brother):

- anteverted nostrils, mild micrognathia, long philtrum, thin vermillion of the upper lip, uvula cleft, macrodentia (central incisors);
- symmetrical nipple hypoplasia;
- proximal interphalangeal joint deformity of the 5th finger.

Anthropometric parameters: weight -0.27 SD, height +0.84 SD, BMI -1.27 SD. **Prepubertal**

learning difficulties

NEURODEVELOPMENTAL EVALUATION (WISC III):

- Verbal IQ: extremely low
- Performance IQ: extremely low
- Full IQ: extremely low



ENDOCRINOLOGICAL INVESTIGATION:

Anosmia was dennied.



Total Testoterone: <0,1 nmol/L, LH <0,2 U/L, FSH 3,4 U/L HYPOGONADOTROPIC Normal levels of other pituitary hormones.

Bone age: delayed by 2 years compared to chronological age.

Brain MRI: normal pituitary gland and stalk.

Testosterone treatment was started Pubertal onset confirmed 9 months later.

GENETIC INVESTIGATION:

- Karyotype: 46, XY
- Array: normal
- Fragile X molecular study: negative.
- NGS panel for hypogonadotropic hypogonadism: normal.
- NGS panel for intellectual disability detected a likely pathogenic heterozygous variant c.880dup (p.Arg294Lysfs*13) on TBX3 gene, which segregated in his brother and was inherited from the mother.

Although its dysmorphic and endocrine phenotypes are well described in UMS, intellectual disability is not mentioned in most literature.

As an extremely rare condition, more clinical features are to be described in the newly diagnosed cases. Intellectual disability, a common feature in this family, might be part of UMS spectrum and should be better characterized.







