PMP22 Gene Sequence Analysis in Hereditary Neuropathy with Liability to Pressure Palsy (HNPP) and Charcot-Marie-Tooth 1E (CMT1E)

Clinical Features:
Hereditary neuropathy with liability to pressure palsy (HNPP): is characterized by recurrent episodes of sensory and motor neuropathy in a single nerve. While any nerve in the peripheral nervous system can be affected, the ulnar, peroneal, median, brachial plexus and radial nerves are most commonly affected. Almost all affected individuals show prolongation of distal nerve conduction latencies. Other features include: reduced or absent tendon reflexes, pes cavus, episodic foot drop, atrophy and weakness of the hands, carpal tunnel syndrome, and pain, while less common features include: motor brachial paralysis, proximal muscle atrophy, respiratory insufficiency, white matter lesions on brain MRI, hypoglossal nerve paralysis of the tongue, and scapuloperoneal syndrome. An episode can last from minutes to months. Individuals typically present in the 2nd or 3rd decade, although the age of onset can range from neonatal period into the 7th decade.

Charcot-Marie-Tooth type 1E (CMT1E): has been associated with a spectrum of clinical features ranging from mild, episodic neuropathy, similar to HNPP, to severe, early onset demyelinating Dejerine-Sottas syndrome. Typical features include: delays in motor development, distal muscle weakness, foot deformities, loss of deep tendon reflexes, and sensory defects, a small subset of patients with PMP22 point variants present with axonal neuropathy. Deafness, pressure palsies, and vestibular abnormalities are also reported. Nerve conduction velocities are often very reduced (under 10 m/s), and pathogenic variants causing CMT1E are typically associated with a more severe clinical presentation than PMP22 duplications.

Genetics:
Autosomal dominant with variable expressivity. HNPP is caused by loss of function variants in the PMP22 gene. The most common cause of HNPP is a 1.5 Mb deletion on the short arm of chromosome 17, which includes the PMP22 gene. While approximately 80% of individuals with HNPP have this recurrent deletion, the remaining 20% have point variants in the PMP22 gene. CMT1E is also caused by point variants in the PMP22 gene; however, less than 5% of all CMT1 is caused by PMP22 point variants. Therefore, for individuals presenting with CMT1, we recommend the Hereditary Neuropathy panel, Demyelinating CMT panel, CMT panel, or Core CMT panel, which contain other genes for which point variants account for higher percentages of CMT1 cases. Deletion/duplication analysis of the PMP22 gene is also available as a single gene test and is included in the Neuropathy panels (see the Hereditary Neuropathy Panel).
Test Methods:
Using genomic DNA, coding exons and flanking splice junctions of the evaluated gene are enriched using a proprietary targeted capture method developed by GeneDx. The products are sequenced on an Illumina instrument using paired end reads. The sequence data is aligned to reference sequences based on human genome build GRCh37/UCSC hg19. Sanger sequencing is used to compensate for low coverage and refractory amplifications. The presence of any potentially disease-associated sequence variant(s) is confirmed by dideoxy DNA sequence analysis or by another appropriate method.

Test Sensitivity:
The clinical sensitivity of sequencing and deletion/duplication analysis of the gene(s) included in this panel depends in part on the patient’s clinical phenotype. Approximately 20% of individuals with HNPP do not have the recurrent PMP22 deletion but instead have a pathogenic variant in PMP22 detectable by sequence analysis\(^1\). Less than 5% of patients with CMT1 will have a point variant in PMP22\(^2\). The technical sensitivity of the sequencing test is estimated to be 98%. Deletions involving more than 20 bp and insertions involving more than 10 bp are not reliably detected by the sequencing methodology.

References: