

SATB2-Associated Syndrome

Subjects: Genetics & Heredity

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SATB2-associated syndrome is a condition that affects several body systems. It is characterized by intellectual disability, severe speech problems, dental abnormalities, other abnormalities of the head and face (craniofacial anomalies), and behavioral problems.

Keywords: genetic conditions

1. Introduction

Some of the common features can be described using the acronym SATB2 (which is the name of the gene involved in the condition): severe speech anomalies, abnormalities of the palate, teeth anomalies, behavioral issues with or without bone or brain anomalies, and onset before age 2.

Individuals with *SATB2*-associated syndrome typically have mild to severe intellectual disability, and their ability to speak is delayed or absent. Development of motor skills, such as rolling over, sitting, and walking, can also be delayed. Many affected individuals have behavioral problems, including hyperactivity and aggression. Some exhibit autistic behaviors, such as repetitive movements. A happy or overfriendly personality is also common among individuals with *SATB2*-associated syndrome. Less common neurological problems include feeding difficulties and weak muscle tone (hypotonia) in infancy. About half of affected individuals have abnormalities in the structure of the brain.

The most common craniofacial anomalies in people with *SATB2*-associated syndrome are a high arch or an opening in the roof of the mouth (high-arched or cleft palate), a small lower jaw (micrognathia), and dental abnormalities, which can include abnormally sized or shaped teeth, extra (supernumerary) teeth, or missing teeth (oligodontia). Some people with *SATB2*-associated syndrome have other unusual facial features, such as a prominent forehead, low-set ears, or a large area between the nose and mouth (a long philtrum).

Less-commonly affected are the heart, genitals and urinary tract (genitourinary tract), skin, and hair.

2. Frequency

SATB2-associated syndrome is a rare condition. Its prevalence is unknown.

3. Causes

SATB2-associated syndrome is caused by genetic changes that affect the *SATB2* gene. These include mutations within the *SATB2* gene itself and deletions of large pieces of DNA from chromosome 2 that remove the *SATB2* gene and other nearby genes. The *SATB2* gene provides instructions for making a protein that is involved in the development of the brain and structures in the head and face. The SATB2 protein directs development by controlling the activity of multiple genes in a coordinated fashion.

Researchers suspect that genetic changes affecting the *SATB2* gene reduce the amount of functional SATB2 protein. Reduction of SATB2 function likely impairs normal development of the brain and craniofacial structures, leading to intellectual disability, delayed speech, craniofacial anomalies, and other features of *SATB2*-associated syndrome.

The signs and symptoms of *SATB2*-associated syndrome are usually similar, regardless of the type of mutation that causes it. However, uncommon features of the condition, such as problems with the heart, genitourinary tract, skin, or hair, tend to occur in individuals with large deletions. Researchers suspect these features are related to the loss of other genes near *SATB2*.

3.1.The Gene and Chromosome Associated with SATB2-Associated Syndrome

- SATB2
- chromosome 2

4. Inheritance

SATB2-associated syndrome is not typically inherited. It results from new (de novo) mutations in the gene that occur during the formation of reproductive cells (eggs or sperm) or in early embryonic development. Affected individuals have no history of the disorder in their family.

5. Other Names for This Condition

- 2q32 deletion syndrome
- 2q33.1 microdeletion syndrome
- chromosome 2q32-q33 deletion syndrome
- Glass syndrome
- SAS

References

1. Bengani H, Handley M, Alvi M, Ibitoye R, Lees M, Lynch SA, Lam W, Fannemel M, Nordgren A, Malmgren H, Kvarnung M, Mehta S, McKee S, Whiteford M, Stewart F, Connell F, Clayton-Smith J, Mansour S, Mohammed S, Fryer A, Morton J; UK10K Consortium, Grozeva D, Asam T, Moore D, Sifrim A, McRae J, Hurles ME, Firth HV, Raymond FL, Kini U, Nellåker C, Ddd Study, FitzPatrick DR. Clinical and molecular consequences of disease-associated de novo mutations in SATB2. *Genet Med*. 2017 Aug;19(8):900-908. doi: 10.1038/gim.2016.211.
2. Britanova O, Akopov S, Lukyanov S, Gruss P, Tarabykin V. Novel transcription factor Satb2 interacts with matrix attachment region DNA elements in a tissue-specific manner and demonstrates cell-type-dependent expression in the developing mouse CNS. *Eur J Neurosci*. 2005 Feb;21(3):658-68.
3. Britanova O, de Juan Romero C, Cheung A, Kwan KY, Schwark M, Gyorgy A, Vogel T, Akopov S, Mitkovski M, Agoston D, Sestan N, Molnár Z, Tarabykin V. Satb2 is a postmitotic determinant for upper-layer neuron specification in the neocortex. *Neuron*. 2008 Feb 7;57(3):378-92. doi: 10.1016/j.neuron.2007.12.028.
4. Britanova O, Depew MJ, Schwark M, Thomas BL, Miletich I, Sharpe P, Tarabykin V. Satb2 haploinsufficiency phenocopies 2q32-q33 deletions, whereas loss suggests a fundamental role in the coordination of jaw development. *Am J Hum Genet*. 2006 Oct;79(4):668-78.
5. Dobrev G, Chahrour M, Dautzenberg M, Chirivella L, Kanzler B, Fariñas I, Karsenty G, Grosschedl R. SATB2 is a multifunctional determinant of craniofacial patterning and osteoblast differentiation. *Cell*. 2006 Jun 2;125(5):971-86.
6. Zarate YA, Fish JL. SATB2-associated syndrome: Mechanisms, phenotype, and practical recommendations. *Am J Med Genet A*. 2017 Feb;173(2):327-337. doi:10.1002/ajmg.a.38022.
7. Zarate YA, Kalsner L, Basinger A, Jones JR, Li C, Szybowska M, Xu ZL, Vergano S, Caffrey AR, Gonzalez CV, Dubbs H, Zackai E, Millan F, Telegraf A, Baskin B, Person R, Fish JL, Everman DB. Genotype and phenotype in 12 additional individuals with SATB2-associated syndrome. *Clin Genet*. 2017 Oct;92(4):423-429. doi: 10.1111/cge.12982.