

RAG2 Gene

Subjects: **Genetics & Heredity**

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recombination activating 2

genes

1. Normal Function

The *RAG2* gene provides instructions for making a member of a group of proteins called the RAG complex. This complex is active in immune system cells (lymphocytes) called B cells and T cells. These cells have special proteins on their surface that recognize foreign invaders and help protect the body from infection. These proteins need to be diverse to be able to recognize a wide variety of substances. The genes from which these proteins are made contain segments known as variable (V), diversity (D), and joining (J) segments. During protein production within lymphocytes, these gene segments are rearranged in different combinations to increase variability of the resulting proteins. The RAG complex is involved in this process, which is known as V(D)J recombination.

During V(D)J recombination, the RAG complex attaches (binds) to a section of DNA called a recombination signal sequence (RSS), which is next to a V, D, or J segment. The RAG complex makes small cuts in the DNA between the segment and the RSS so the segment can be separated and moved to a different area in the gene. This process of DNA rearrangement within B cells and T cells is repeated multiple times in different areas so that the V, D, and J segments are arranged in various combinations. The variety of proteins produced throughout life following V(D)J recombination provides greater recognition of foreign invaders and allows the body to fight infection efficiently.

2. Health Conditions Related to Genetic Changes

2.1. Omenn syndrome

More than 20 mutations in the *RAG2* gene have been found to cause an immune system disorder called Omenn syndrome. This condition is a type of severe combined immunodeficiency (SCID), which is a group of disorders characterized by an almost total lack of immune protection from foreign invaders such as bacteria, viruses, and fungi. Omenn syndrome is characterized by a reduced ability to fight infections and autoimmunity, in which the immune system attacks the body's own tissues and organs. Without treatment, Omenn syndrome is often fatal in infancy.

Most of the *RAG2* gene mutations that cause Omenn syndrome change single protein building blocks (amino acids) in the RAG2 protein. These changes can impair RAG complex formation and function, including its ability to bind to DNA. As a result, V(D)J recombination is diminished and the diversity of proteins on the surface of B cells and T cell is severely limited, impairing the cells' ability to recognize foreign invaders and fight infections. The abnormal B and T cells result in the frequent, life-threatening infections of Omenn syndrome. The decrease in lymphocyte function leads to a reduction in the numbers of B cells, but the number of T cells is typically normal. The abnormal T cells attack the body's own cells and tissues, accounting for the autoimmune features of Omenn syndrome.

2.2. Other disorders

RAG2 gene mutations can cause other disorders of the immune system (immunodeficiencies). Mutations that completely eliminate the production or function of the RAG2 protein cause a form of SCID that is associated with few or no B cells or T cells. Individuals with this form of SCID have recurrent, persistent infections beginning in infancy, which are usually fatal within the first year of life.

RAG2 gene mutations that result in the production of RAG2 proteins that retain some normal function cause another form of immunodeficiency. This condition is characterized by somewhat reduced numbers of B and T cells, but affected individuals typically do not develop severe infections until late childhood. People with this form of immunodeficiency may also have areas of inflammation (granulomas) in various tissues that can cause tissue damage.

3. Other Names for This Gene

- RAG-2
- recombination activating gene 2
- V(D)J recombination-activating protein 2

References

1. Bai X, Liu J, Zhang Z, Liu C, Zhang Y, Tang W, Dai R, Wu J, Tang X, Zhang Y, Ding Y, Jiang L, Zhao X. Clinical, immunologic, and genetic characteristics of RAG mutations in 15 Chinese patients with SCID and Omenn syndrome. *Immunol Res.* 2016 Apr;64(2):497-507. doi: 10.1007/s12026-015-8723-4.
2. Carmona LM, Schatz DG. New insights into the evolutionary origins of the recombination-activating gene proteins and V(D)J recombination. *FEBS J.* 2017 Jun;284(11):1590-1605. doi: 10.1111/febs.13990.

3. Cassani B, Poliani PL, Moratto D, Sobacchi C, Marrella V, Imperatori L, Vairo D, Plebani A, Giliani S, Vezzoni P, Facchetti F, Porta F, Notarangelo LD, Villa A, Badolato R. Defect of regulatory T cells in patients with Omenn syndrome. *J Allergy Clin Immunol*. 2010 Jan;125(1):209-16. doi: 10.1016/j.jaci.2009.10.023.
 4. Notarangelo LD, Kim MS, Walter JE, Lee YN. Human RAG mutations: biochemistry and clinical implications. *Nat Rev Immunol*. 2016 Apr;16(4):234-46. doi:10.1038/nri.2016.28.
 5. Ru H, Chambers MG, Fu TM, Tong AB, Liao M, Wu H. Molecular Mechanism of V(D)J Recombination from Synaptic RAG1-RAG2 Complex Structures. *Cell*. 2015 Nov 19;163(5):1138-1152. doi: 10.1016/j.cell.2015.10.055. in: *Cell*. 2015 Dec 17;163(7):1807.
 6. Somech R, Simon AJ, Lev A, Dalal I, Spierer Z, Goldstein I, Nagar M, Amariglio N, Rechavi G, Roifman CM. Reduced central tolerance in Omenn syndrome leads to immature self-reactive oligoclonal T cells. *J Allergy Clin Immunol*. 2009 Oct;124(4):793-800. doi: 10.1016/j.jaci.2009.06.048.
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