Autoimmune Lymphoproliferative Syndrome

Subjects: Genetics & Heredity Contributor: Catherine Yang

Autoimmune lymphoproliferative syndrome (ALPS) is an inherited disorder in which the body cannot properly regulate the number of immune system cells (lymphocytes). ALPS is characterized by the production of an abnormally large number of lymphocytes (lymphoproliferation). Accumulation of excess lymphocytes results in enlargement of the lymph nodes (lymphadenopathy), the liver (hepatomegaly), and the spleen (splenomegaly).

Keywords: genetic conditions

1. Introduction

Autoimmune disorders are also common in ALPS. Autoimmune disorders occur when the immune system malfunctions and attacks the body's own tissues and organs. Most of the autoimmune disorders associated with ALPS target and damage blood cells. For example, the immune system may attack red blood cells (autoimmune hemolytic anemia), white blood cells (autoimmune neutropenia), or platelets (autoimmune thrombocytopenia). Less commonly, autoimmune disorders that affect other organs and tissues occur in people with ALPS. These disorders can damage the kidneys (glomerulonephritis), liver (autoimmune hepatitis), eyes (uveitis), or nerves (Guillain-Barre syndrome). Skin problems, usually rashes or hives (urticaria), can also occur in ALPS.

ALPS can have varying patterns of signs and symptoms. Most commonly, lymphoproliferation becomes apparent during childhood. Enlargement of the lymph nodes and spleen frequently occur in affected individuals. Autoimmune disorders typically develop several years later, most frequently as a combination of hemolytic anemia and thrombocytopenia, also called Evans syndrome. People with this classic form of ALPS generally have a near-normal lifespan, but have a greatly increased risk of developing cancer of the immune system cells (lymphoma) compared with the general population.

Some people have signs and symptoms that resemble those of ALPS, including lymphoproliferation, lymphadenopathy, splenomegaly, and low blood counts, but the specific pattern of these signs and symptoms or the genetic cause may be different. Researchers disagree whether individuals with these non-classic forms should be considered to have ALPS or a separate condition.

2. Frequency

ALPS is a rare disorder; its prevalence is unknown.

3. Causes

Mutations in the *FAS* gene cause ALPS in approximately 75 percent of affected individuals; these mutations are associated with the classic form of the disorder. The *FAS* gene provides instructions for making a protein involved in cell signaling that results in the self-destruction of cells (apoptosis).

When the immune system is turned on (activated) to fight an infection, large numbers of lymphocytes are produced. Normally, these lymphocytes undergo apoptosis when they are no longer required. *FAS* gene mutations lead to an abnormal protein that interferes with apoptosis. As a result, excess lymphocytes accumulate in the body's tissues and organs and often begin attacking them, leading to autoimmune disorders. Interference with apoptosis allows cells to multiply without control, leading to the lymphomas that often occur in people with this disorder.

Non-classic forms of ALPS may be caused by mutations in additional genes, some of which have not been identified.

3.1. The genes associated with Autoimmune lymphoproliferative syndrome

- KRAS
- MAGT1
- NRAS
- PIK3CD
- STAT3

3.2. Additional Information from NCBI Gene

- CASP10
- CTLA4
- FASLG

4. Inheritance

In most people with ALPS, including the majority of those with *FAS* gene mutations, this condition is inherited in an autosomal dominant pattern, which means one copy of an altered gene in each cell is sufficient to cause the disorder. In these cases, an affected person usually inherits the mutation from one affected parent. Other cases with an autosomal dominant pattern result from new (de novo) gene mutations that occur early in embryonic development in people with no history of the disorder in their family.

In a small number of cases, including some cases caused by *FAS* gene mutations, ALPS is inherited in an autosomal recessive pattern, which means both copies of a gene in each cell have mutations. The parents of an individual with an autosomal recessive condition each carry one copy of the mutated gene, but they typically do not show signs and symptoms of the condition.

ALPS can also arise from a mutation in lymphocytes that is not inherited but instead occurs during an individual's lifetime. This alteration is called a somatic mutation.

5. Other Names for This Condition

- ALPS
- Canale-Smith syndrome

References

- Bleesing JJH, Nagaraj CB, Zhang K. Autoimmune Lymphoproliferative Syndrome.2006 Sep 14 [updated 2017 Aug 24]. In: Adam MP, Ardinger HH, Pagon RA, WallaceSE, Bean LJH, Stephens K, Amemiya A, editors. GeneReviews® [Internet]. Seattle(WA): University of Washington, Seattle; 1993-2020. Available fromhttp://www.ncbi.nlm.nih.gov/books/NBK1108/
- 2. Dowdell KC, Niemela JE, Price S, Davis J, Hornung RL, Oliveira JB, Puck JM, Jaffe ES, Pittaluga S, Cohen JI, Fleisher TA, Rao VK. Somatic FAS mutations arecommon in patients with genetically undefined autoimmune lymphoproliferativesyndrome. Blood. 2010 Jun 24;115(25):5164-9. doi: 10.1182/blood-2010-01-263145.
- 3. Fleisher TA. The autoimmune lymphoproliferative syndrome: an experiment of nature involving lymphocyte apoptosis. Immunol Res. 2008;40(1):87-92. doi:10.1007/s12026-007-8001-1.
- 4. Lenardo MJ, Oliveira JB, Zheng L, Rao VK. ALPS-ten lessons from aninternational workshop on a genetic disease of apoptosis. Immunity. 2010 Mar26;32(3):291-5. doi: 10.1016/j.immuni.2010.03.013.
- 5. Madkaikar M, Mhatre S, Gupta M, Ghosh K. Advances in autoimmunelymphoproliferative syndromes. Eur J Haematol. 2011 Jul;87(1):1-9. doi:10.1111/j.1600-0609.2011.01617.x. Review.
- Neven B, Magerus-Chatinet A, Florkin B, Gobert D, Lambotte O, De Somer L, Lanzarotti N, Stolzenberg MC, Bader-Meunier B, Aladjidi N, Chantrain C, Bertrand Y, Jeziorski E, Leverger G, Michel G, Suarez F, Oksenhendler E, Hermine O,Blanche S, Picard C, Fischer A, Rieux-Laucat F. A survey of 90 patients withautoimmune lymphoproliferative syndrome related to TNFRSF6 mutation. Blood. 2011 Nov 3;118(18):4798-807. doi: 10.1182/blood-2011-04-347641.
- 7. Oliveira JB, Bidère N, Niemela JE, Zheng L, Sakai K, Nix CP, Danner RL, BarbJ, Munson PJ, Puck JM, Dale J, Straus SE, Fleisher TA, Lenardo MJ. NRAS mutation causes a human autoimmune lymphoproliferative syndrome. Proc Natl Acad Sci U S A.2007 May 22;104(21):8953-8.

- Oliveira JB, Bleesing JJ, Dianzani U, Fleisher TA, Jaffe ES, Lenardo MJ,Rieux-Laucat F, Siegel RM, Su HC, Teachey DT, Rao VK. Revised diagnostic criteriaand classification for the autoimmune lymphoproliferative syndrome (ALPS): reportfrom the 2009 NIH International Workshop. Blood. 2010 Oct 7;116(14):e35-40. doi: 10.1182/blood-2010-04-280347.
- Price S, Shaw PA, Seitz A, Joshi G, Davis J, Niemela JE, Perkins K, HornungRL, Folio L, Rosenberg PS, Puck JM, Hsu AP, Lo B, Pittaluga S, Jaffe ES, FleisherTA, Rao VK, Lenardo MJ. Natural history of autoimmune lymphoproliferativesyndrome associated with FAS gene mutations. Blood. 2014 Mar 27;123(13):1989-99. doi: 10.1182/blood-2013-10-535393.
- Rao VK. Approaches to Managing Autoimmune Cytopenias in Novel ImmunologicalDisorders with Genetic Underpinnings Like Autoimmune LymphoproliferativeSyndrome. Front Pediatr. 2015 Jul 21;3:65. doi: 10.3389/fped.2015.00065.
- 11. Takagi M, Shinoda K, Piao J, Mitsuiki N, Takagi M, Matsuda K, Muramatsu H,Doisaki S, Nagasawa M, Morio T, Kasahara Y, Koike K, Kojima S, Takao A, Mizutani S. Autoimmune lymphoproliferative syndrome-like disease with somatic KRASmutation. Blood. 2011 Mar 10;117(10):2887-90. doi: 10.1182/blood-2010-08-301515.
- 12. Teachey DT, Seif AE, Grupp SA. Advances in the management and understanding of autoimmune lymphoproliferative syndrome (ALPS). Br J Haematol. 2010Jan;148(2):205-16. doi: 10.1111/j.1365-2141.2009.07991.x.Review.
- 13. Turbyville JC, Rao VK. The autoimmune lymphoproliferative syndrome: A raredisorder providing clues about normal tolerance. Autoimmun Rev. 2010May;9(7):488-93. doi: 10.1016/j.autrev.2010.02.007.
- 14. Worth A, Thrasher AJ, Gaspar HB. Autoimmune lymphoproliferative syndrome:molecular basis of disease and clinical phenotype. Br J Haematol. 2006Apr;133(2):124-40. Review.

Retrieved from https://encyclopedia.pub/entry/history/show/11118