Mucopolysaccharidosis Type III

Subjects: Genetics & Heredity Contributor: Rita Xu

Mucopolysaccharidosis type III (MPS III), also known as Sanfilippo syndrome, is a progressive disorder that primarily affects the brain and spinal cord (central nervous system). It is characterized by deterioration of neurological function (neurodegeneration), resulting in many of the features of the condition. Other body systems can also be involved, although the physical features are usually mild in the early stages.

Keywords: genetic conditions

1. Introduction

People with MPS III generally do not display any features of the condition at birth, but they begin to show signs and symptoms of the disorder during early childhood. Affected children often initially have delayed speech and behavior problems. They may become restless, destructive, anxious, or aggressive, and some display features of autism spectrum disorder, which is a condition characterized by difficulty with social interactions and communication. Sleep disturbances are also very common in children with MPS III. This condition causes progressive intellectual disability and the loss of previously acquired skills (developmental regression). In later stages of the disorder, people with MPS III may develop seizures and movement disorders.

The physical features of MPS III are less pronounced than those of other types of mucopolysaccharidosis. Individuals with MPS III typically have mildly "coarse" facial features, a large head (macrocephaly), a slightly enlarged liver (mild hepatomegaly), and a soft out-pouching around the belly-button (umbilical hernia) or lower abdomen (inguinal hernia). Some people with MPS III have short stature, joint stiffness, or mild dysostosis multiplex, which refers to multiple skeletal abnormalities seen on x-ray. Affected individuals often experience chronic diarrhea and recurrent upper respiratory and ear infections. People with MPS III may also have hearing loss and vision problems.

MPS III is divided into types IIIA, IIIB, IIIC, and IIID, which are distinguished by their genetic cause. The different types of MPS III have similar signs and symptoms, although the features of MPS IIIA typically appear earlier in life and progress more rapidly. People with MPS III usually live into adolescence or early adulthood.

2. Frequency

MPS III is the most common form of mucopolysaccharidosis; the estimated incidence of all four types combined is 1 in 70,000 newborns. MPS IIIA and MPS IIIB are much more common than MPS IIIC and MPS IIID.

3. Causes

Mutations in the *GNS*, *HGSNAT*, *NAGLU*, and *SGSH* genes cause MPS III. These genes provide instructions for making enzymes involved in the breakdown of large sugar molecules called glycosaminoglycans (GAGs). GAGs were originally called mucopolysaccharides, which is where this condition gets its name. The GNS, HGSNAT, NAGLU, and SGSH enzymes are involved in the step-wise breakdown of a subset of GAGs called heparan sulfate.

MPS IIIA is caused by mutations in the *SGSH* gene, and MPS IIIB is caused by *NAGLU* gene mutations. Mutations in the *HGSNAT* gene result in MPS IIIC, and *GNS* gene mutations cause MPS IIID. Mutations in these genes reduce or eliminate enzyme function. A lack of any one of these enzymes disrupts the breakdown of heparan sulfate. As a result, partially broken down heparan sulfate accumulates within cells, specifically inside the lysosomes. Lysosomes are compartments in the cell that digest and recycle different types of molecules. Conditions such as MPS III that cause molecules to build up inside the lysosomes are called lysosomal storage disorders. Researchers believe that the accumulation of GAGs interferes with the functions of other proteins inside the lysosomes and disrupts the normal functions of cells. It is unknown why the buildup of heparan sulfate mostly affects the central nervous system in MPS III.

3.1. The Genes Associated with Mucopolysaccharidosis Type III

- GNS
- HGSNAT
- NAGLU
- SGSH

4. Inheritance

This condition is inherited in an autosomal recessive pattern, which means both copies of the 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.

5. Other Names for This Condition

- MPS III
- mucopolysaccharidosis III
- Sanfilippo syndrome

References

- 1. Bodamer OA, Giugliani R, Wood T. The laboratory diagnosis ofmucopolysaccharidosis III (Sanfilippo syndrome): A changing landscape. Mol Genet Metab. 2014 Sep-Oct;113(1-2):34-41. doi: 10.1016/j.ymgme.2014.07.013.
- 2. Gilkes JA, Heldermon CD. Mucopolysaccharidosis III (Sanfilippo Syndrome)-disease presentation and experimental therapies. Pediatr Endocrinol Rev. 2014Sep;12 Suppl 1:133-40. Review.
- 3. Malm G, Månsson JE. Mucopolysaccharidosis type III (Sanfilippo disease) inSweden: clinical presentation of 22 children diagnosed during a 30-year period.Acta Paediatr. 2010 Aug;99(8):1253-7. doi: 10.1111/j.1651-2227.2010.01800.x.
- 4. Meyer A, Kossow K, Gal A, Mühlhausen C, Ullrich K, Braulke T, Muschol N.Scoring evaluation of the natural course of mucopolysaccharidosis type IIIA(Sanfilippo syndrome type A). Pediatrics. 2007 Nov;120(5):e1255-61.
- Ruijter GJ, Valstar MJ, van de Kamp JM, van der Helm RM, Durand S, vanDiggelen OP, Wevers RA, Poorthuis BJ, Pshezhetsky AV, Wijburg FA. Clinical andgenetic spectrum of Sanfilippo type C (MPS IIIC) disease in The Netherlands. Mol Genet Metab. 2008 Feb;93(2):104-11.
- 6. Valstar MJ, Bertoli-Avella AM, Wessels MW, Ruijter GJ, de Graaf B, Olmer R,Elfferich P, Neijs S, Kariminejad R, Suheyl Ezgü F, Tokatli A, Czartoryska B,Bosschaart AN, van den Bos-Terpstra F, Puissant H, Bürger F, Omran H, Eckert D,Filocamo M, Simeonov E, Willems PJ, Wevers RA, Niermeijer MF, Halley DJ,Poorthuis BJ, van Diggelen OP. Mucopolysaccharidosis type IIID: 12 new patientsand 15 novel mutations. Hum Mutat. 2010 May;31(5):E1348-60. doi:10.1002/humu.21234.
- 7. Valstar MJ, Ruijter GJ, van Diggelen OP, Poorthuis BJ, Wijburg FA. Sanfilippo syndrome: a mini-review. J Inherit Metab Dis. 2008 Apr;31(2):240-52. doi:10.1007/s10545-008-0838-5.

Retrieved from https://encyclopedia.pub/entry/history/show/11767