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**Mutazioni nel gene *GNAS* e ossificazioni
eterotopiche**
GNAS mutations and heterotopic ossifications

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PATERNALLY INHERITED INACTIVATING MUTATIONS OF THE *GNAS1* GENE
IN PROGRESSIVE OSSEOUS HETEROPLASIA

EILEEN M. SHORE, PH.D., JAIMO AHN, PH.D., SUZANNE JAN DE BEUR, M.D., MING LI, B.A., MEIQI XU, B.S.,
R.J. MCKINLAY GARDNER, M.B., MICHAEL A. ZASLOFF, M.D., PH.D., MICHAEL P. WHYTE, M.D., MICHAEL A. LEVINE, M.D.,
AND FREDERICK S. KAPLAN, M.D.

Case Report

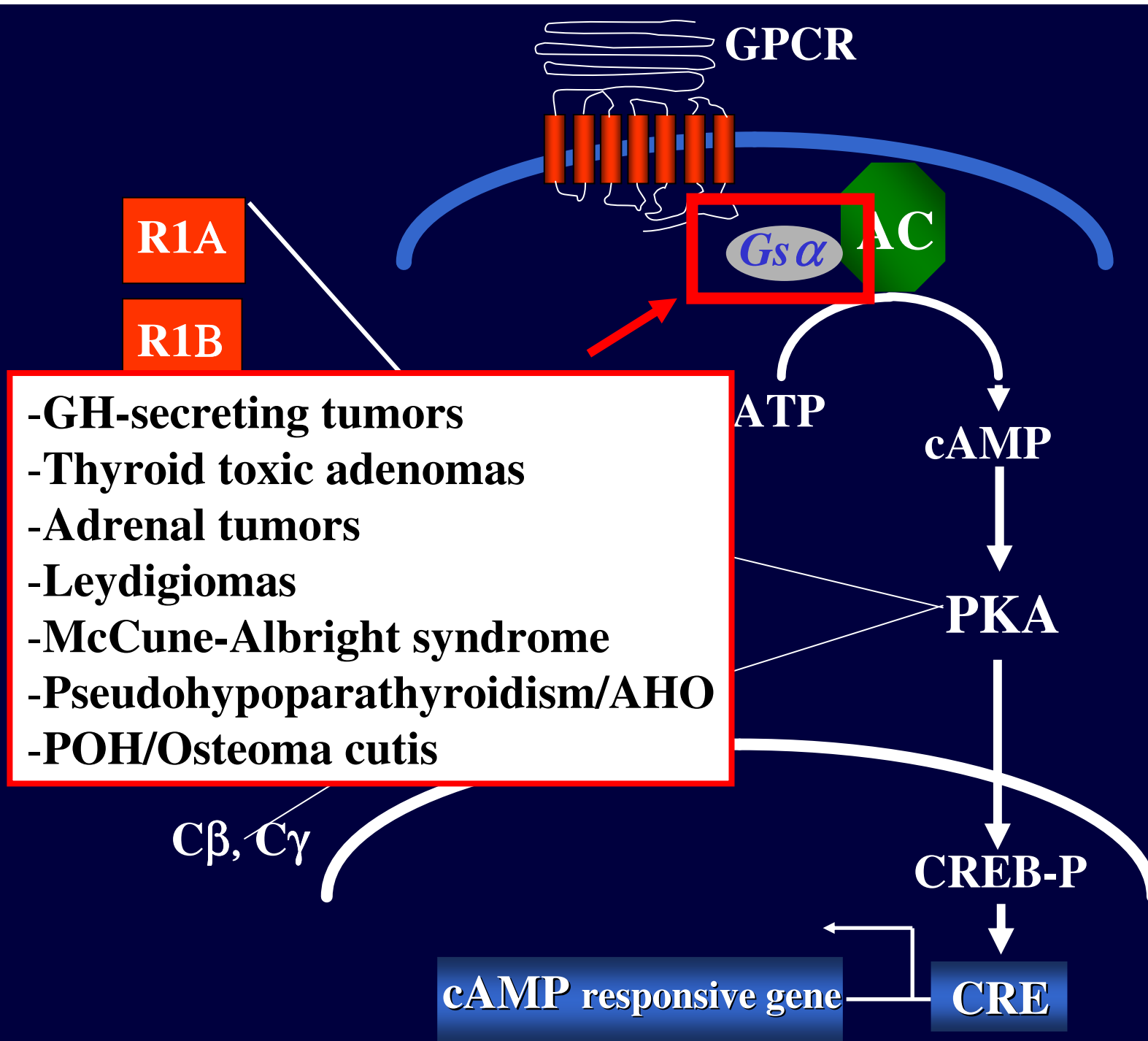
GNAS-associated disorders of cutaneous ossification: Two different clinical presentations

R.J. Schimmel ^{a,1}, S.G.M.A. Pasmans ^{a,*}, M. Xu ^b, S.A.E. Stadhouders-Keet ^c, E.M. Shore ^d,
F.S. Kaplan ^e, N.M. Wulffraat ^f

POH

AHO





ALBRIGHT'S HEREDITARY OSTEODYSTROPHY (AHO):



AHO

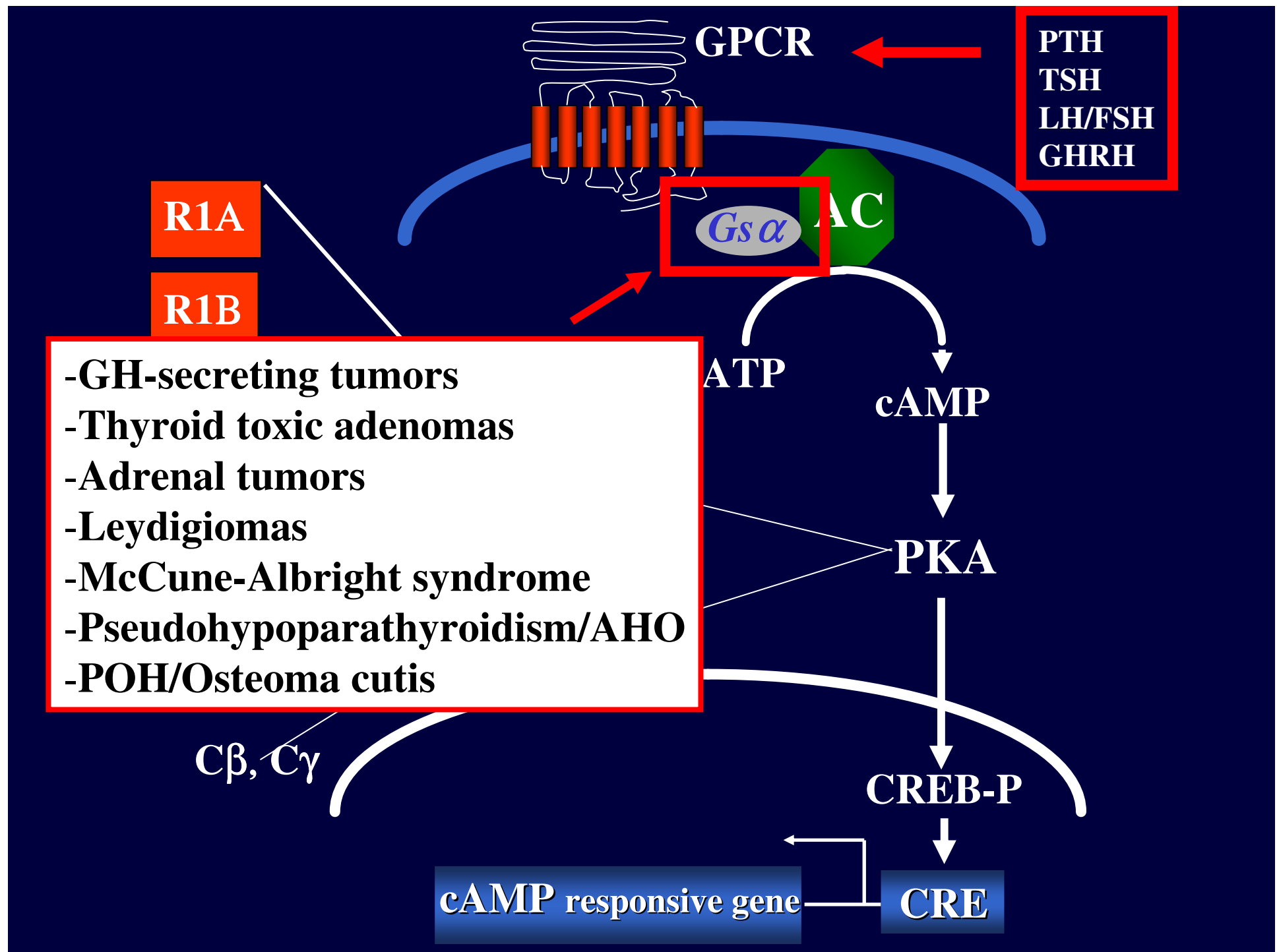
- short stature
- *obesity*
- rounded face
- brachydactyly
- subcutaneous ossifications
- mental retardation



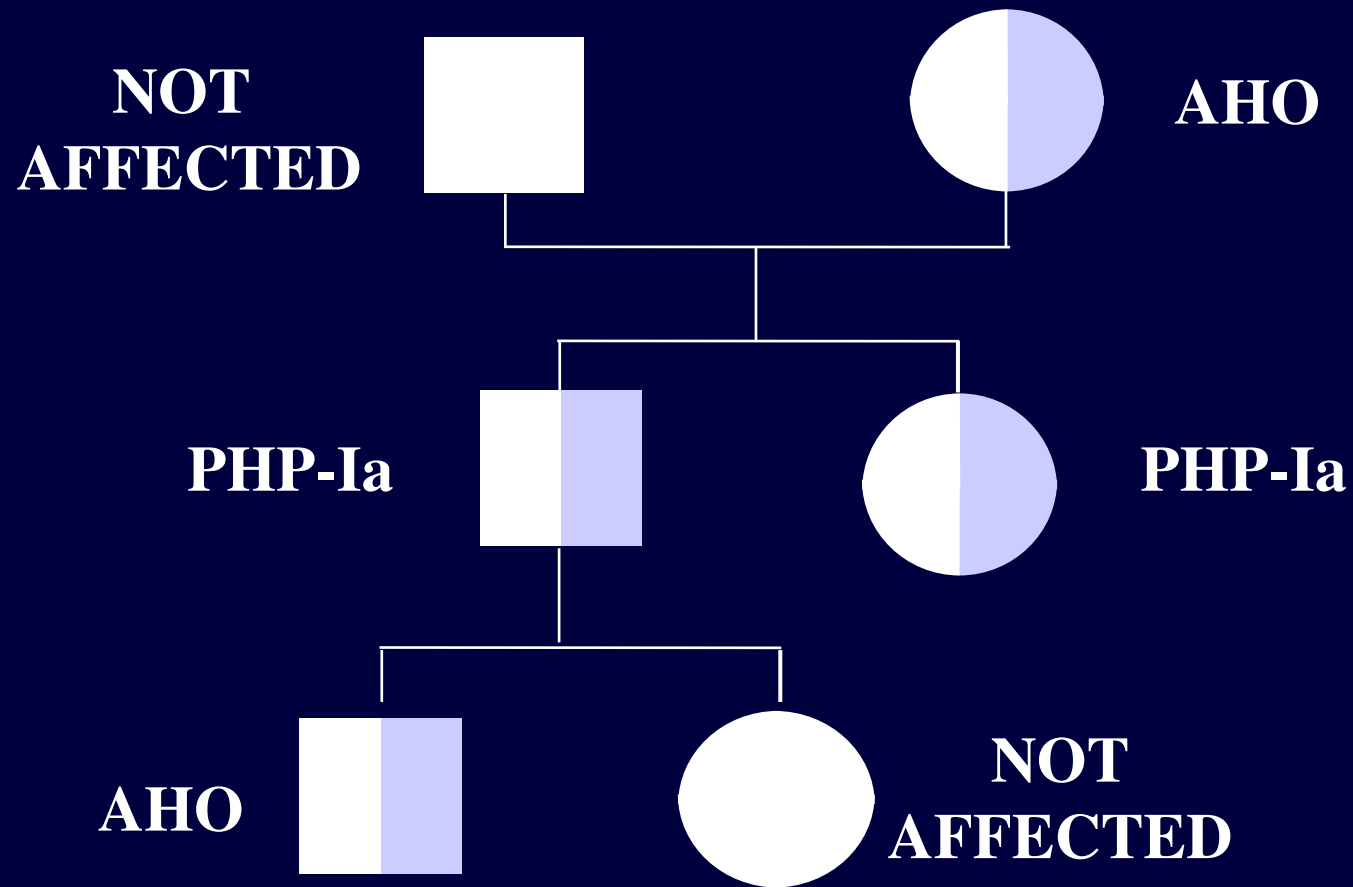
Pseudohypoparathyroidism Ia (PHP-Ia)

AHO
+

- resistance to PTH = hypocalcemia
- resistance to TSH = hypothyroidism
- resistance to gonadotropins
= hypogonadism
- resistance to GHRH = GH deficit



FAMILY WITH AHO/PHP



Mutations in *GNAS*

Maternal

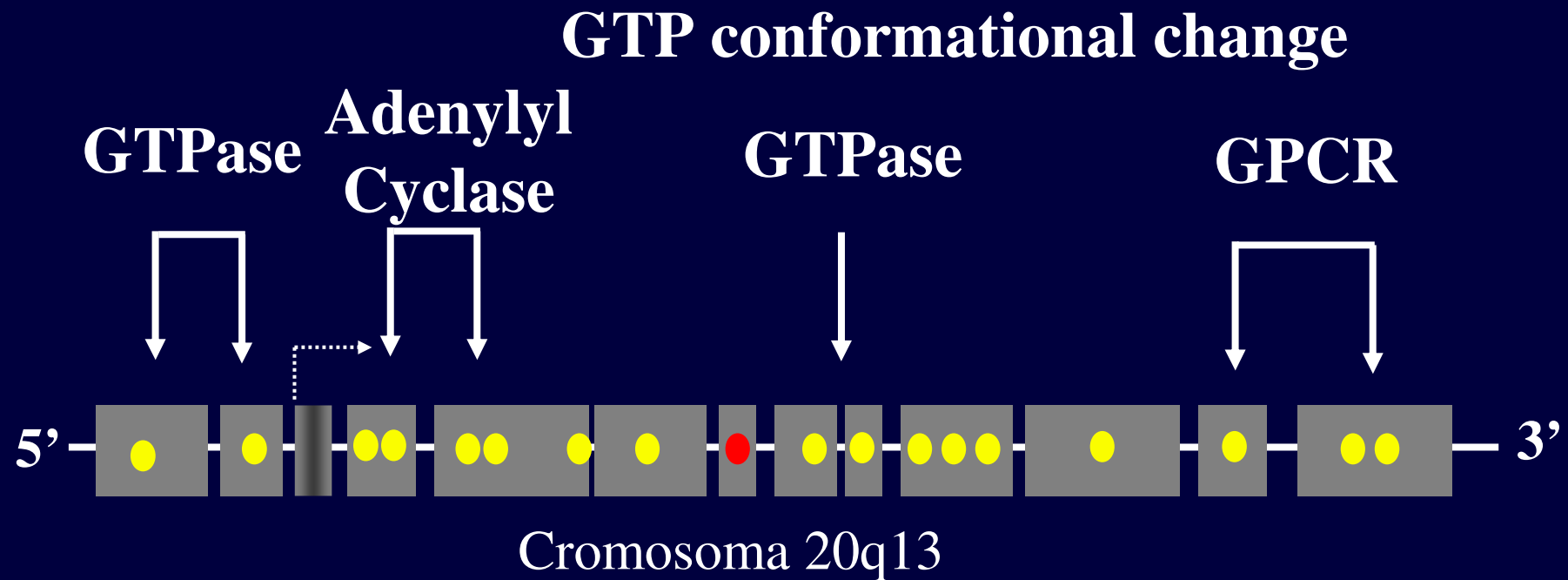
Paternal

**Pseudohypoparathyroidism Ia
(PHP-Ia)**

**Isolated AHO or
Pseudo-pseudohypoparathyroidism
(PPHP)**

POH/Osteoma Cutis

Inactivating mutations associated with AHO/PHP/POH



- Inactivating mutations > altered mRNA > no protein
- Hot-spot (20%)

CLASSIFICATION OF AHO e PHP

Type I

Absent plasmatic and urinary cAMP response to exogenous PTH

- PHP Ia

- PHP Ib

- PHP Ic

- PPHP

GNAS

Type II

Normal plasmatic and urinary cAMP response to exogenous PTH

- PHP II

Pseudohypoparathyroidism type Ib

- Renal resistance to PTH
- No other hormone resistance (TSH?)
- No physical abnormalities
- No mutation in the PTH-R gene
- No mutation in GNAS

2 FORMs { Familial: autosomal dominant
Sporadic



Alterations of imprinting at the GNAS gene
> Reduced expression of Gs α protein
(in selected tissues only)

Pseudohypoparathyroidism and *GNAS* Epigenetic Defects: Clinical Evaluation of Albright Hereditary Osteodystrophy and Molecular Analysis in 40 Patients

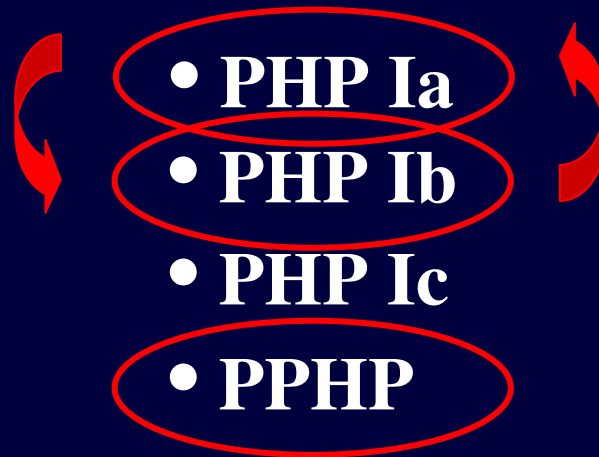
Giovanna Mantovani,* Luisa de Sanctis,* Anna Maria Barbieri, Francesca M. Elli, Valentina Bollati, Valentina Vaira, Pamela Labarile, Sara Bondioni, Erika Peverelli, Andrea G. Lania, Paolo Beck-Peccoz, and Anna Spada

Patient	Sex	Age	Hormone Resistance	AHO features	Abnormal methylation	STX deletion
1	F	9	PTH/TSHs	Br/RF	AB/AS/XL	No
2	M	22	PTH/TSHs	Br/SS/RF/Ob/SO/MR	AB//XL	No
3	F	22	PTH/TSHs	Br/SS/RF/Ob/SO/MR	AB/NESP/AS/XL	No
4	F	18	PTH/TSH	Br/SS/RF/Ob/SO/MR	AB/NESP/AS/XL	No
5	F	15	PTH/TSHs	Br/SS/RF/Ob/SO/MR	AB/XL	No
6	F	4	PTH/TSHs	SS/RF/Ob/SO/MR	AB/AS/XL	No
7	M	3	PTH/TSH	Br/SS/RF/MR	AB/NESP/XL	No
8	M	3	PTH/TSHs	Br/SS/RF/Ob/MR	AB/NESP/XL	No
9	M	8	PTH/TSH	Br/RF/Ob/SO/MR	AB/XL	No
10	M	12	PTH/TSHs	SS/RF	AB/AS/XL	No
11	F	13	PTH/TSHs	Br/SS/RF	AB/XL	No
12	F	10	PTH/TSH	Br/SS	AB/AS/XL	No
13	F	8	PTH/TSH	Br/RF/Ob	AB/NESP/AS/XL	No
14	F	4	PTH/TSHs	Br/RF/Ob	AB/AS/XL	No
15	M	2	PTH/TSH	Br/RF	AB/NESP/XL	No
16	M	13	PTH/TSHs	Br/SS/RF/Ob/SO	AB/NESP/AS/XL	No
17	F	15	PTH	Br/RF/Ob/SO/MR	AB/AS	No
18	M	19	PTH	Br/RF/Ob	AB/AS/XL	No
19	F	13	PTH	Br/SS/RF/Ob/MR	AB/NESP/AS/XL	No
20	F	18	PTH/TSHs	Br/MR	AB/AS/XL	No
21	M	6	PTH/TSHs	Br/SS/RF/Ob	AB/AS	No
22	F	5	PTH/TSHs	Br/SS/RF/Ob/SO/MR	AB/AS	No
23	F	14	PTH	Br/SS/RF/Ob/SO/MR	AB/NESP/AS	No
24	F	7	PTH	Br/SS/RF/Ob	AB/AS	No
25	F	13	PTH/TSH	Br/SS/RF/Ob/MR	No	No
26	F	2	PTH/TSHs	Br/RF/SO	No	No
27	F	12	PTH/TSHs	Br/SS/RF/Ob/SO	No	No
28	M	5	PTH/TSHs	Br/RF/Ob/SO/MR	No	No
29	F	1	PTH/TSH	Br/RF/Ob/SO	No	No
30	F	13	PTH/TSHs	Br/SS/RF/Ob/SO	No	No
31	F	11	PTH/TSH	RF/MR	No	No
32	F	15	PTH/Gn	Br/RF	No	No
33	F	30	PTH/TSH	Br/SS/RF/Ob/SO/MR	No	No
34	F	10	PTH/TSHs	Br/SS/RF/Ob/SO	No	No
35	F	1	PTH	Br/RF/SO/MR	No	No
36	F	12	PTH/TSHs	Br/RF/SO	No	No
37	F	12	PTH	Br/RF	No	No
38	F	23	PTH/TSHs	Br/RF	No	No
39	M	10	PTH	Br/SS/RF/Ob/MR	No	No
40	M	22	PTH/TSHs	Br/SS/MR	No	No

CLASSIFICATION OF AHO e PHP

Type I

Absent plasmatic and urinary cAMP response to exogenous PTH



GNAS

Type II

Normal plasmatic and urinary cAMP response to exogenous PTH

- PHP II

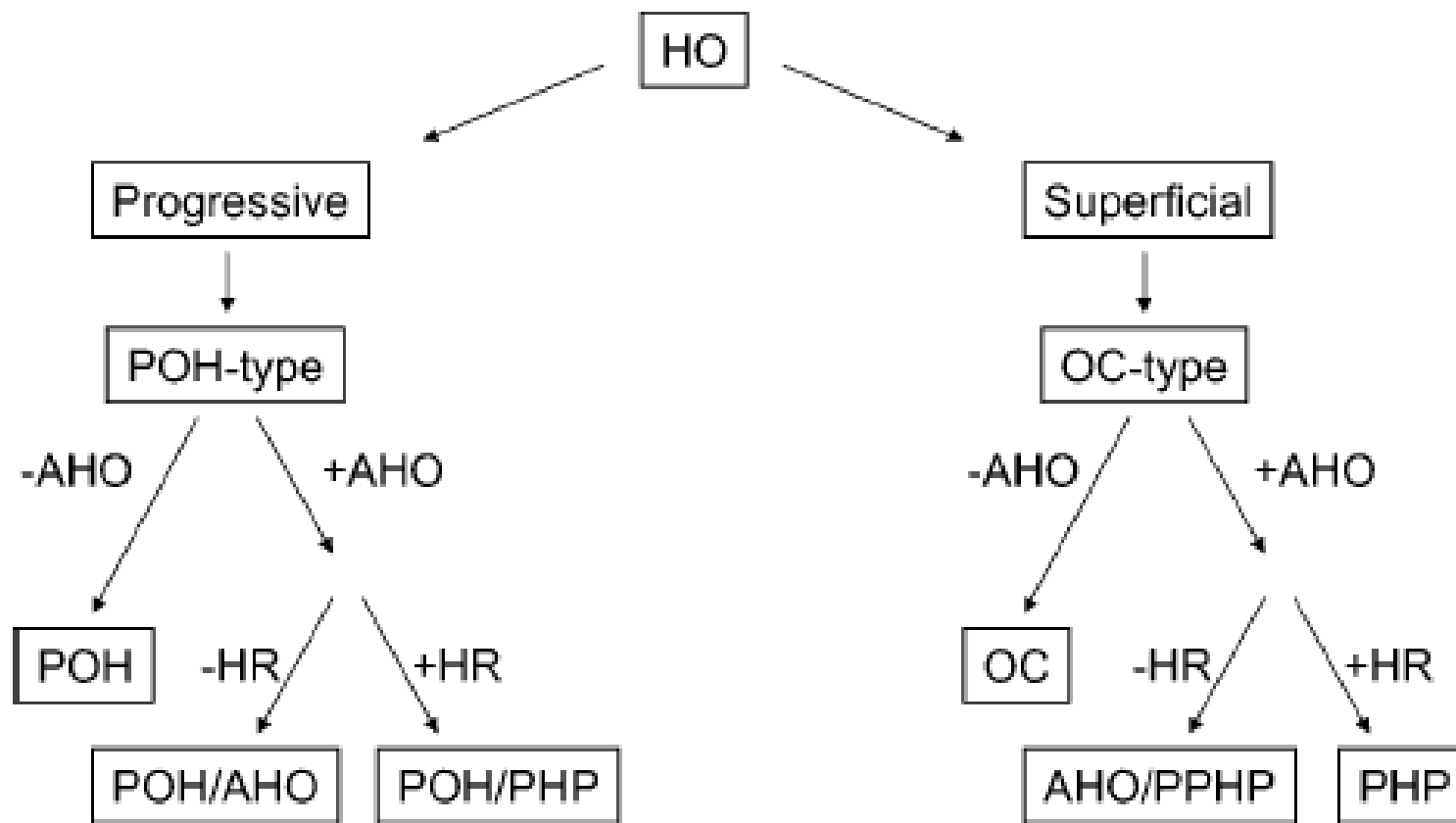
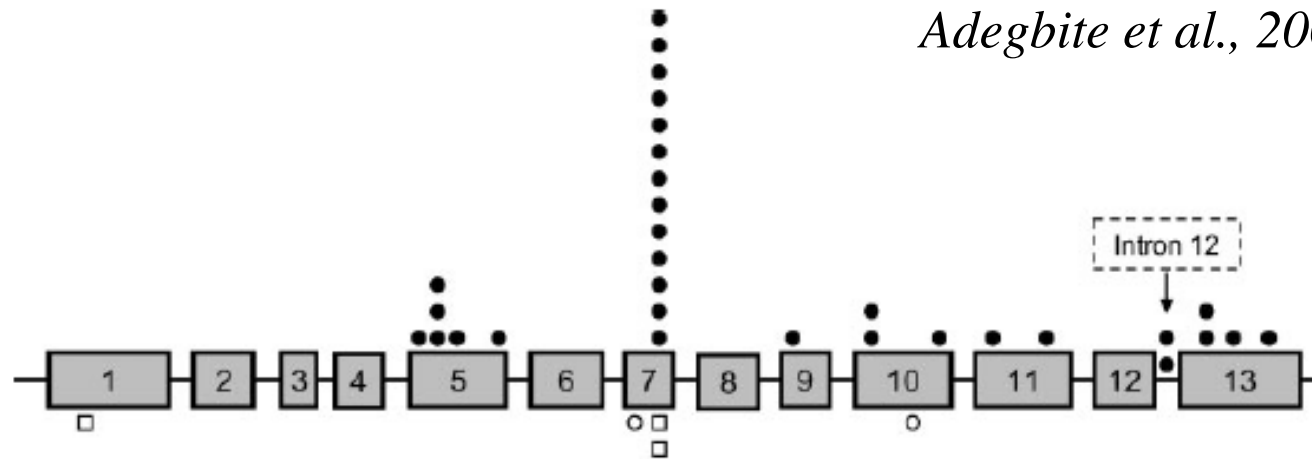
Diagnostic and Mutational Spectrum of Progressive Osseous Heteroplasia (POH) and Other Forms of *GNAS*-Based Heterotopic Ossification

N.S. Adegbite,¹ M. Xu,¹ F.S. Kaplan,^{1,2} E.M. Shore,^{1,3} and R.J. Pignolo^{2*}

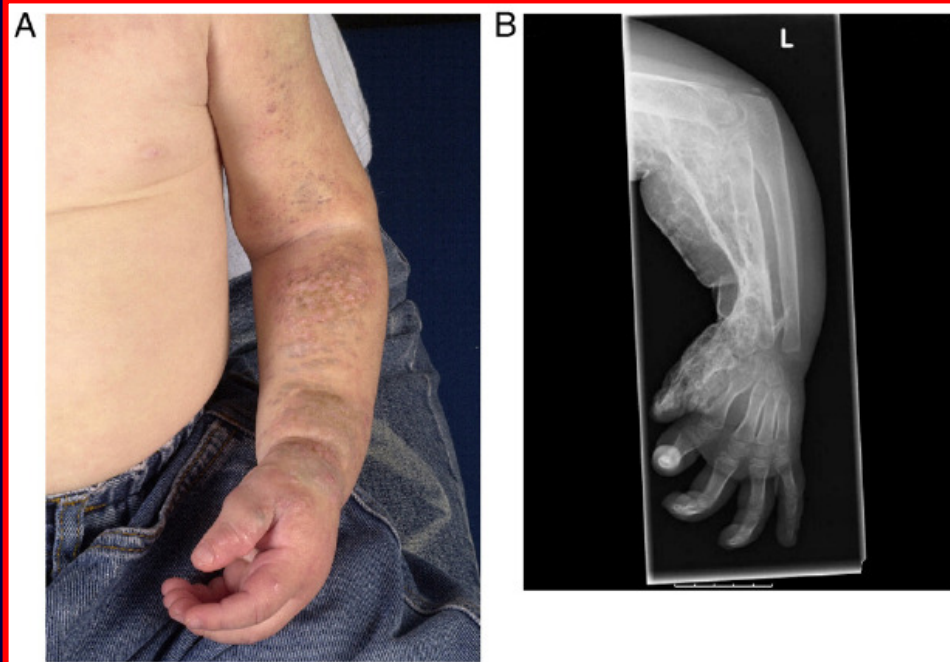
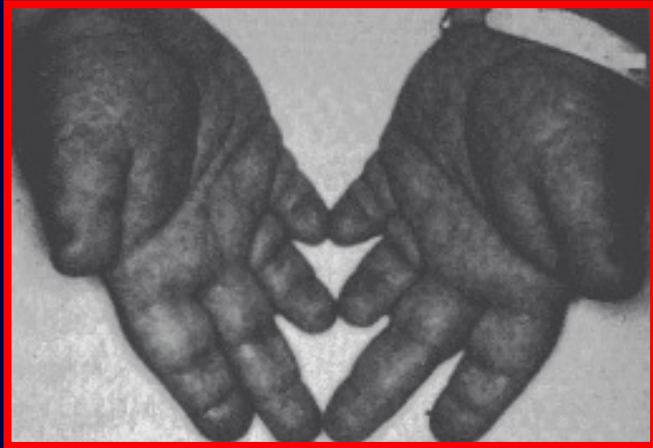
TABLE I. Clinical characteristics of POH and other *GNAS*-based disorders of superficial heterotopic ossification (HO)

Diagnosis	<i>n</i>	Superficial HO	Deep HO ^a	>2 AHO features ^b	PTH resistance ^c
POH	52	+	+	—	—
POH/AHO	6	+	+	+ ^d	—
POH/PHP1a/1c	5	+	+	+ ^d	+ ^d
Osteoma cutis	26	+	— ^d	—	—
AHO	10	+	— ^d	+ ^d	—
PHP1a/1c	12	+	— ^d	+ ^e	+ ^d

N total = 111



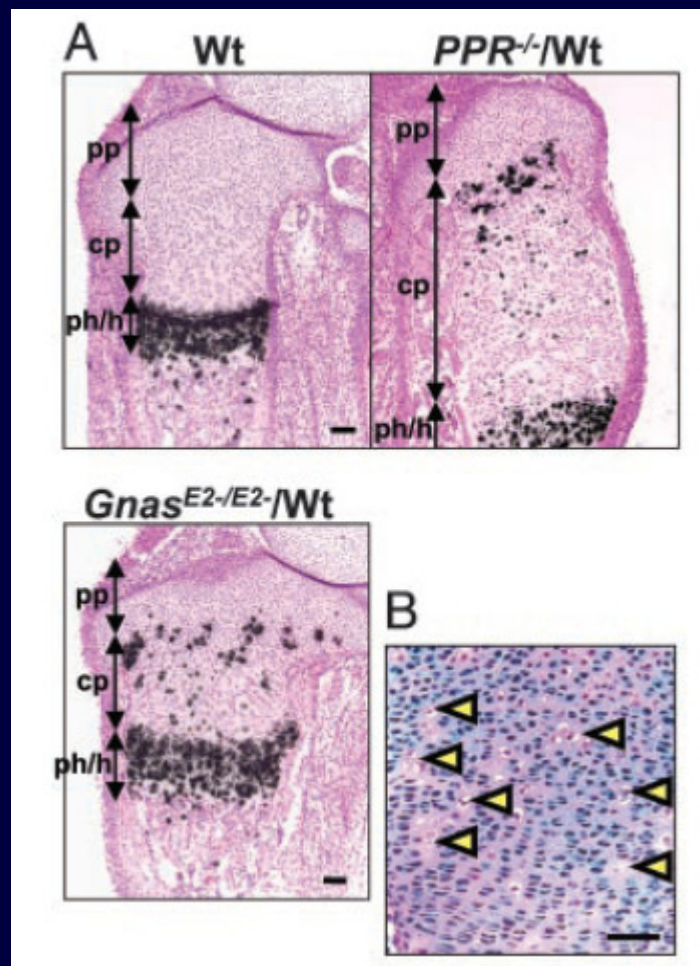
GNAS and ectopic ossifications



?

Stimulatory G protein directly regulates hypertrophic differentiation of growth plate cartilage *in vivo*

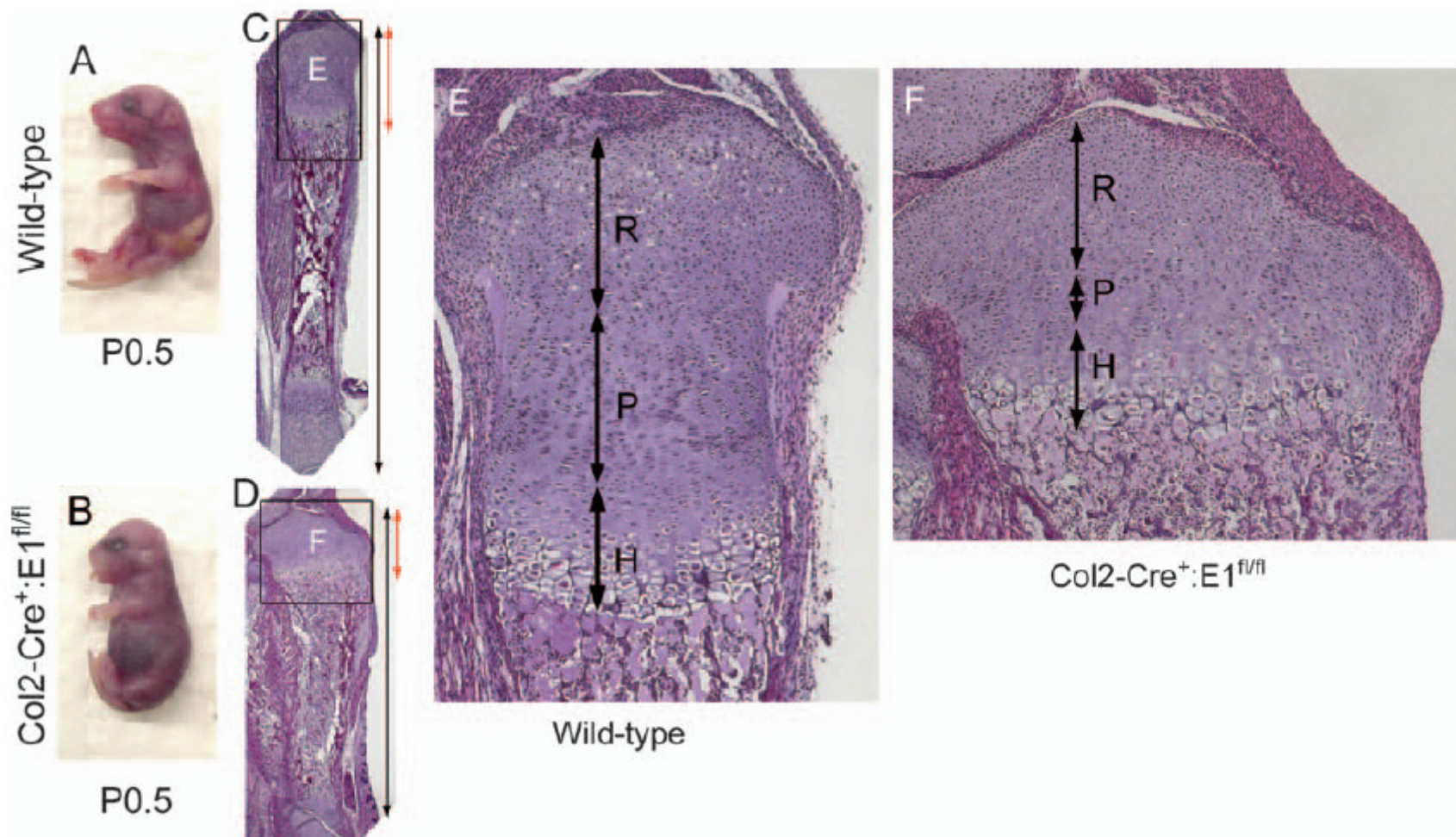
Murat Bastepe*, Lee S. Weinstein†, Naoshi Ogata‡, Hiroshi Kawaguchi‡, Harald Jüppner*, Henry M. Kronenberg*, and Ung-il Chung‡§



In chondrocytes, the reduction of Gs α protein induces premature hypertrophic differentiation of the growth plate and, likely, premature bone formation with reduced long bones length

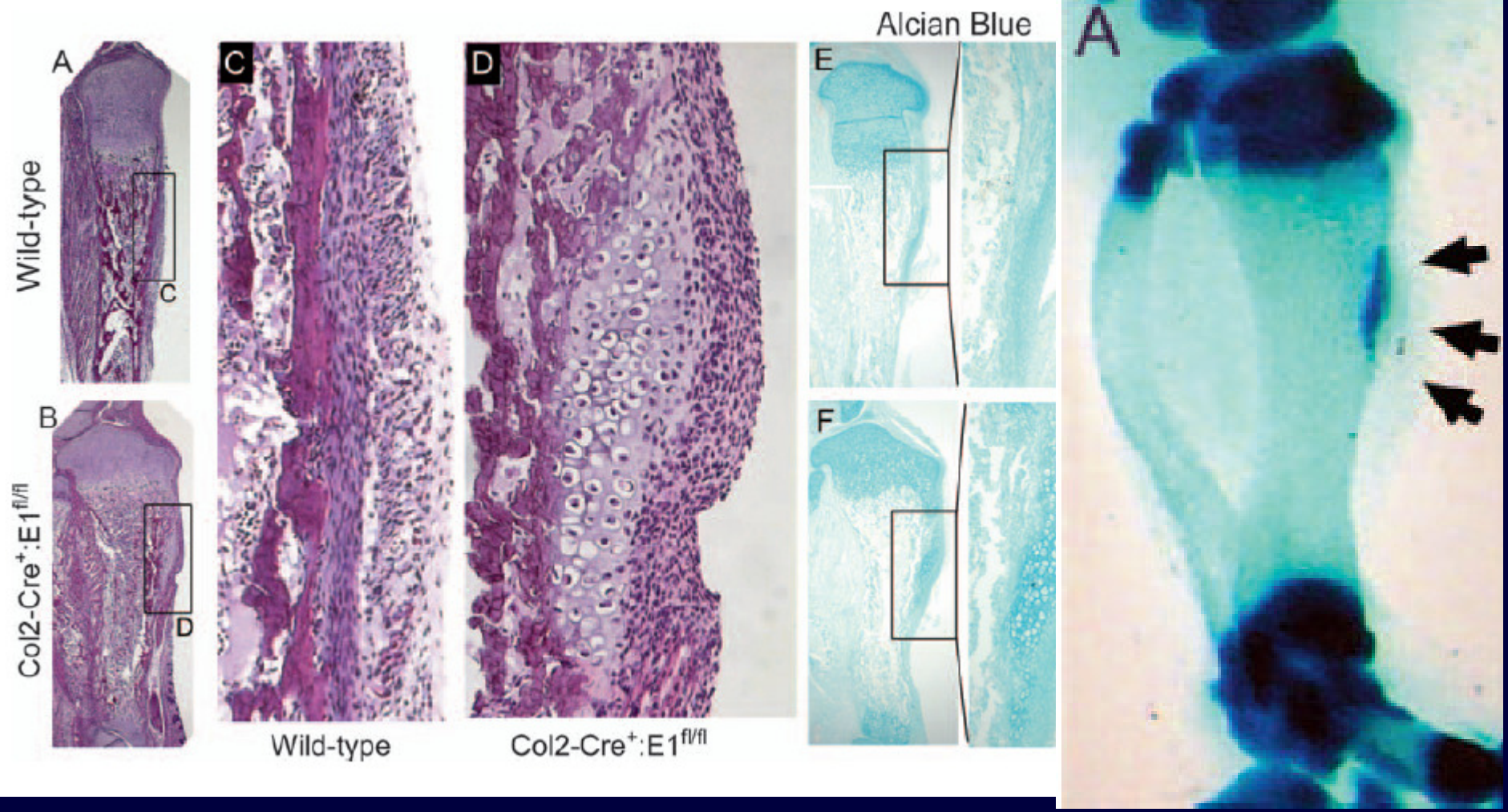
Chondrocyte-Specific Knockout of the G Protein $G_s\alpha$ Leads to Epiphyseal and Growth Plate Abnormalities and Ectopic Chondrocyte Formation

Akio Sakamoto,¹ Min Chen,¹ Tatsuya Kobayashi,² Henry M Kronenberg,² and Lee S Weinstein¹

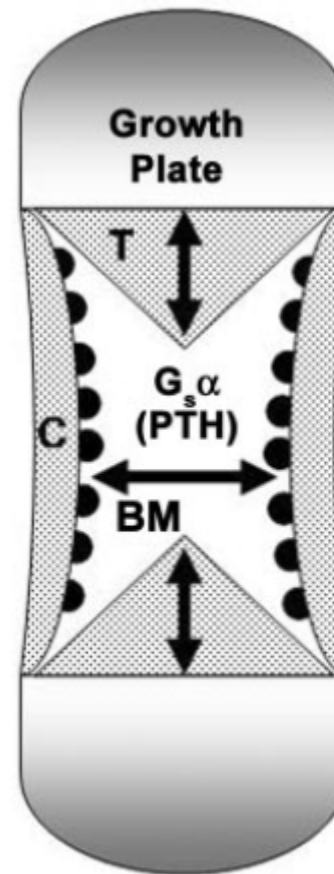
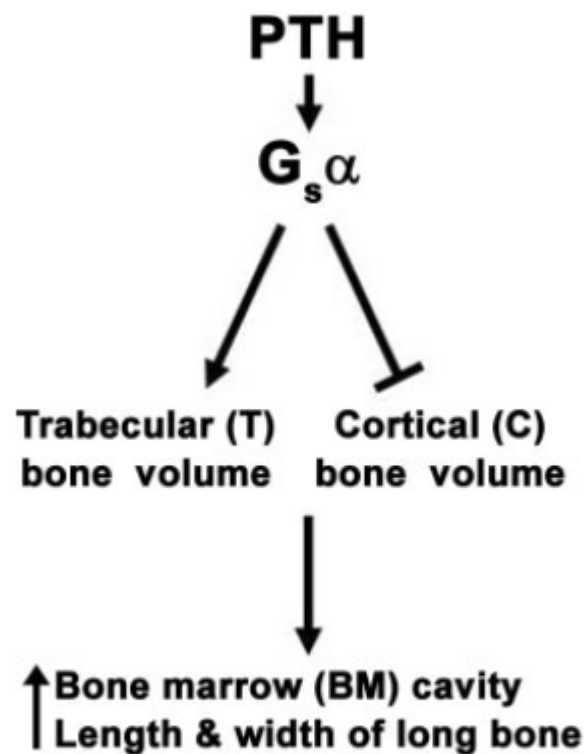


Chondrocyte-Specific Knockout of the G Protein $G_s\alpha$ Leads to Epiphyseal and Growth Plate Abnormalities and Ectopic Chondrocyte Formation

Akio Sakamoto,¹ Min Chen,¹ Tatsuya Kobayashi,² Henry M Kronenberg,² and Lee S Weinstein¹



Deficiency of the G-protein α -Subunit $G_s\alpha$ in Osteoblasts Leads to Differential Effects on Trabecular and Cortical Bone*

**Wild-type****BGsKO**

CASE REPORT

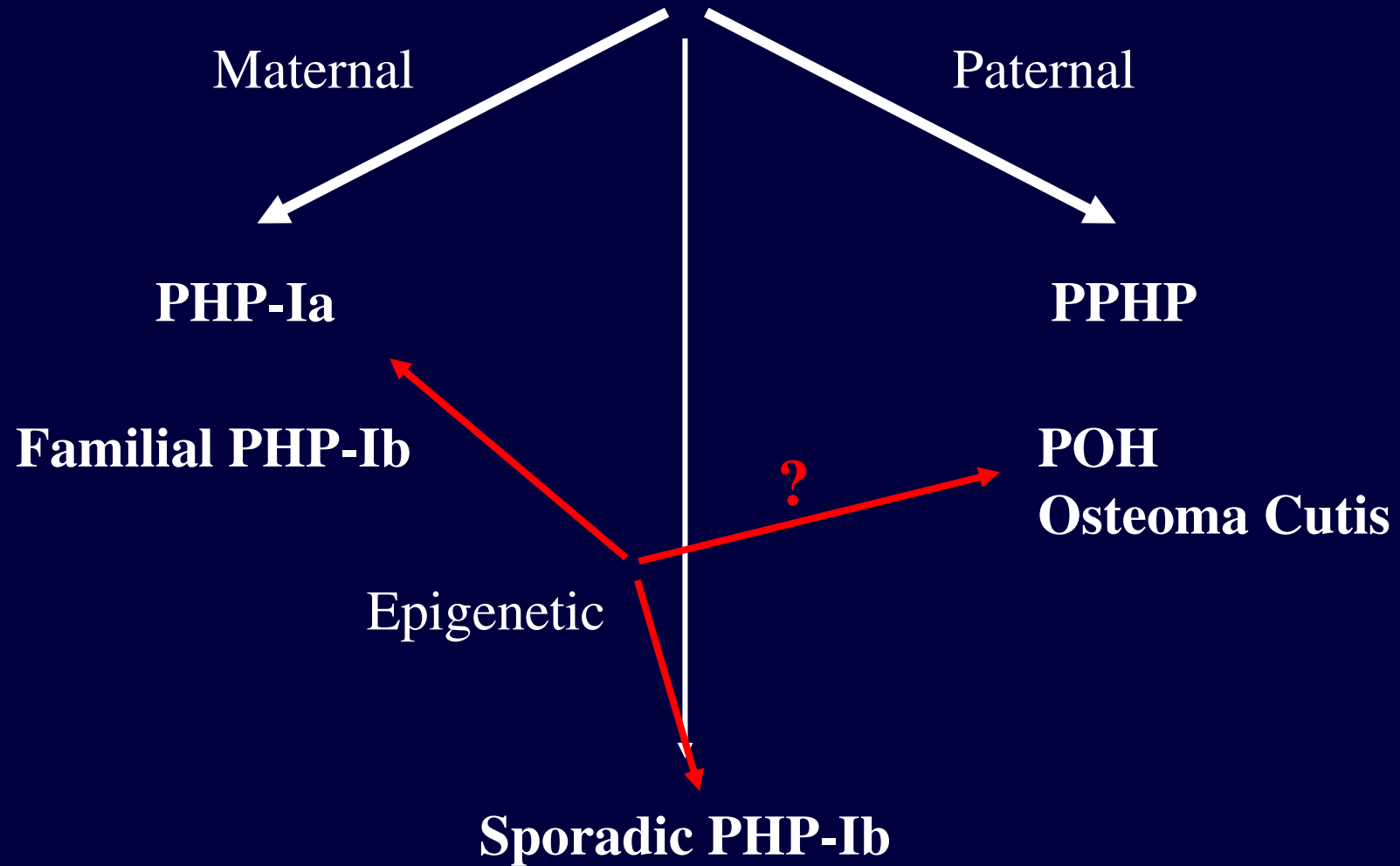
Osteosclerosis in two brothers with autosomal dominant pseudohypoparathyroidism type 1b: bone histomorphometric analysis

Anne Marie Sbrocchi, Frank Rauch¹, Margaret L Lawson, Stasia Hadjiyannakis, Sarah Lawrence, Murat Bastepe², Harald Jüppner² and Leanne Marie Ward

Table 2 Histomorphometric results in trans-iliac bone samples: structural parameters.

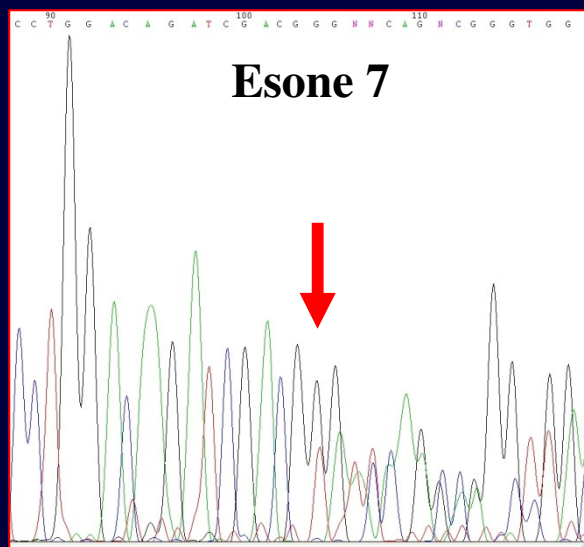
	Reference range ^a	Proband 1		Proband 2	
		Raw result	Percentage of age- and gender-matched mean	Raw result	Percentage of age- and gender-matched mean
Core width (μm)	8.2 ± 1.6	13.3	162	8.4	102
Cortical width (μm)	1006 ± 195	2429	241	2106	209
Cortical porosity (%)	6.6 ± 5	7.2	128	10.8	220
Bone volume/tissue volume (%)	27.8 ± 4.5	35.5	128	45.6	164
Trabecular number (/mm)	1.8 ± 0.3	1.8	96	2	108
Trabecular thickness (μm)	153 ± 24	203	132	230	150

***GNAS* mutations/alterations**

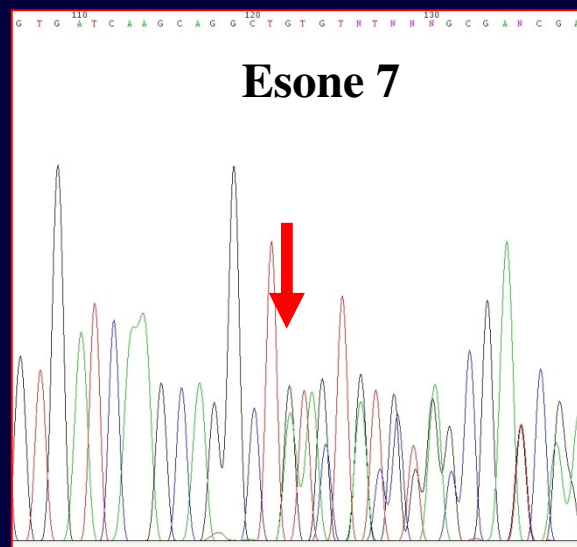


POH/OC patients studied in our laboratory:

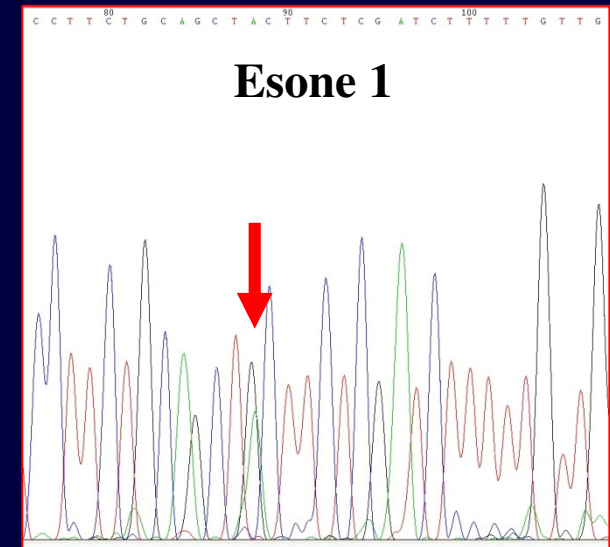
- 8 patients: 4M, 4F
- 5 OC, 3 POH, no apparent endocrine manifestation, 1 case with suspect AHO/PHP
- From: Milano (N=4), Modena (N=1), Roma (N=1), Mestre (N=1), Brescia (N=1)
- Age at diagnosis: 1 – 42 anni
- *GNAS* analysis: 5 *de novo* mutations
- In 3 negative cases: no imprinting alteration



delT184

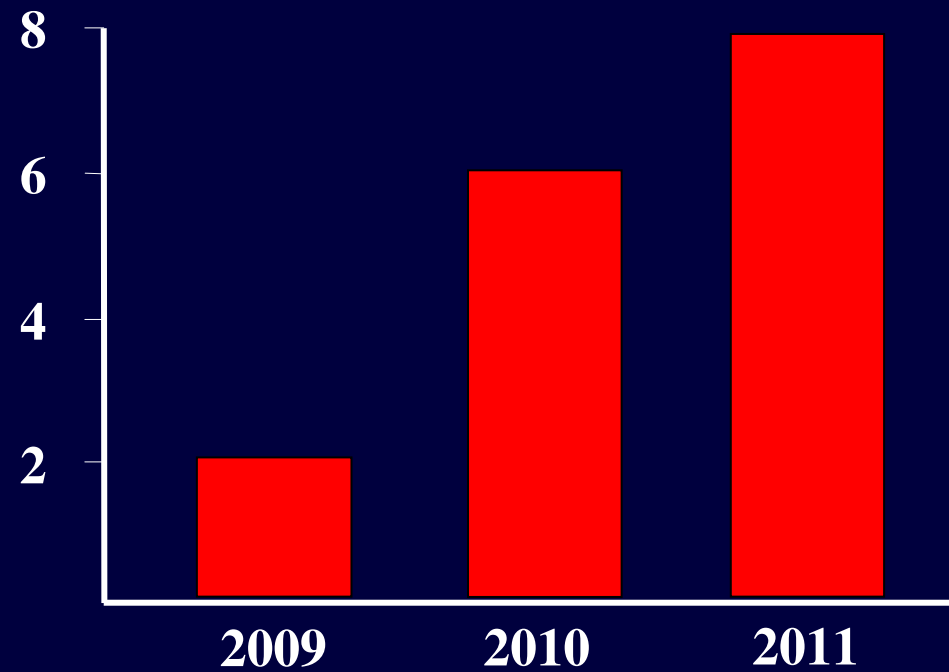


delGACT189/190



CAG→TAG, Gln29X

POH/OC patients studied in our laboratory:



Grazie a:

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Fondazione IRCCS Ca' Granda
University of Milan**

Francesca Elli
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Anna Maria Barbieri
Sara Bondioni
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Anna Spada

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Aurora Rossodivita (Roma)
Mohamad Maghnie (Genova)
Mariangela Cisternino (Pavia)
Valeria Brunelli (Milano)
Giovanna Weber (Milano)
Roberto Bufo (Cerignola)
Paola Ferrari (Modena)

Agnès Linglart (Paris)