

# Paraplégies spastiques

Présentation de trois familles

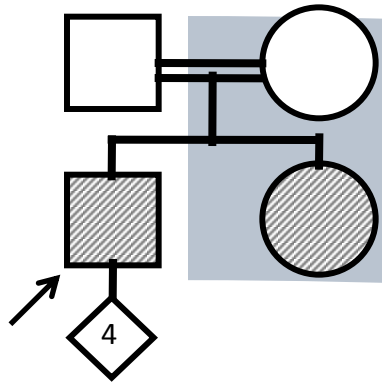
Pauline MARZIN (interne)

Service de génétique Clinique

10/09/2015

# Case 1 : clinical course

Normal Brain and spine MRI – visually evoked potential – EMG studies



Walking difficulties

Progressive worsening

40 y

Lower limbs :  
Babinski – Spasticity  
Nocturnal cramps  
Hypopallesthesia

50 y

Proximal weakness

Tremor

Psychiatric disturbance  
Anosognosia

Nocturnal visual difficulties

Retinis pigmentosa

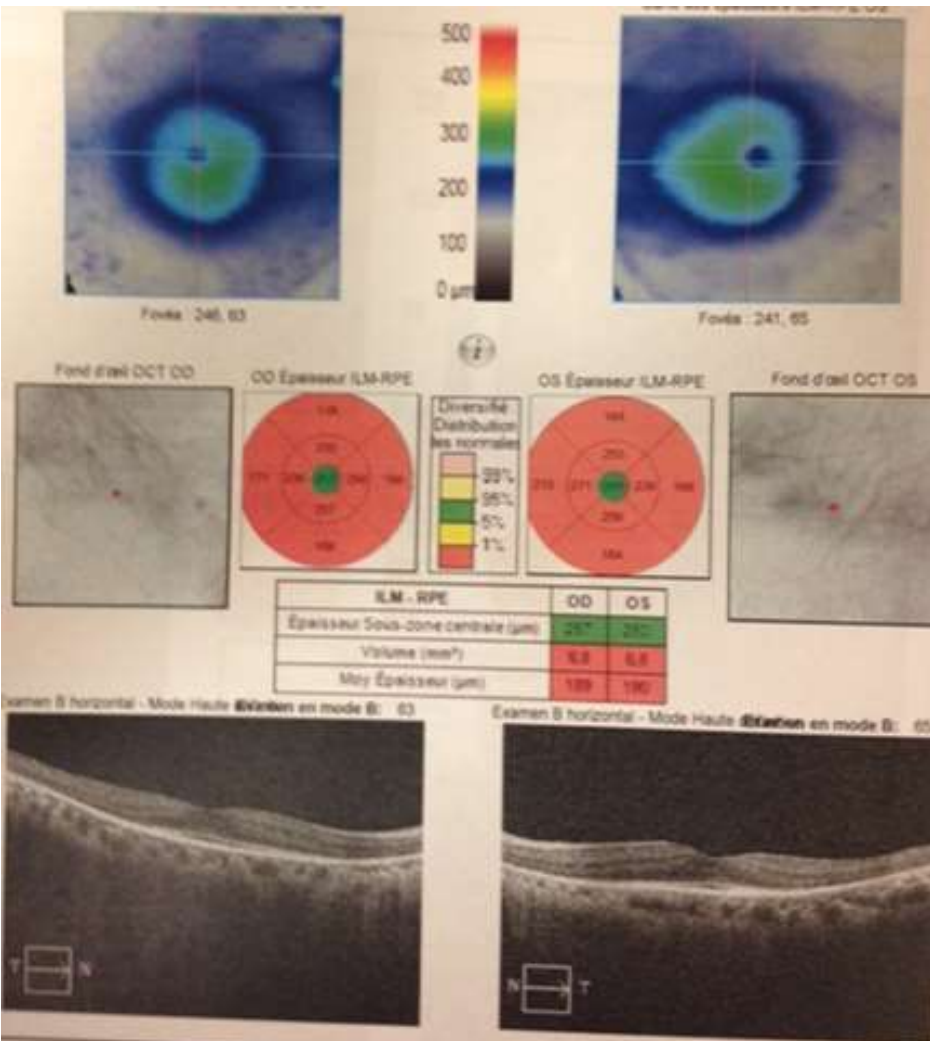
Pyramidal 4 limbs  
cerebellar signs

(upper limbs dysmetria – saccadic eye movement)

Cognitive impairment  
(attentional deficit - memory loss)

Abnormal MRI ...

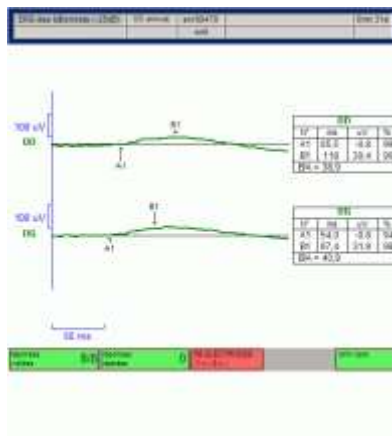
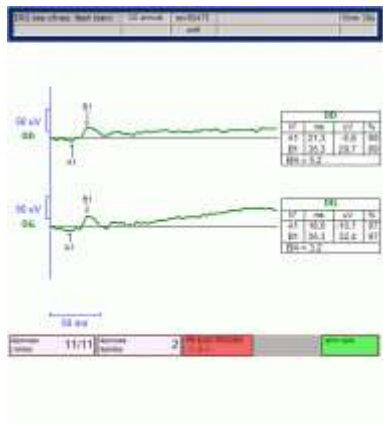
# Bilan ophtalmologique



- Champ visuel : déficit annulaire 10 et 30°.
- OCT :
  - Atrophie maculaire en croissant
  - Atrophie couches externes
  - Amincissement couches internes

# ERG global

## Case 1



## Normal

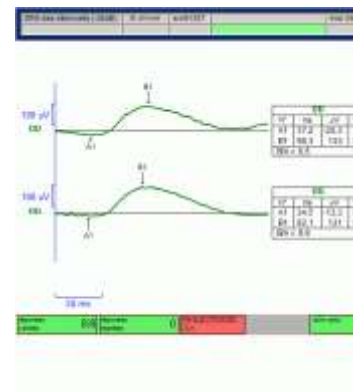
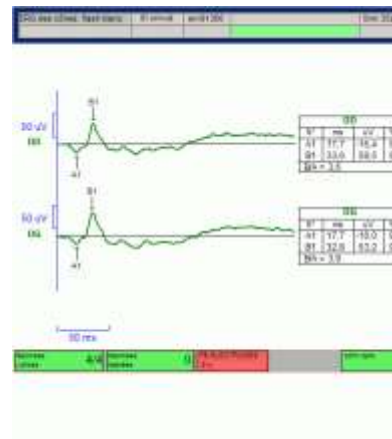
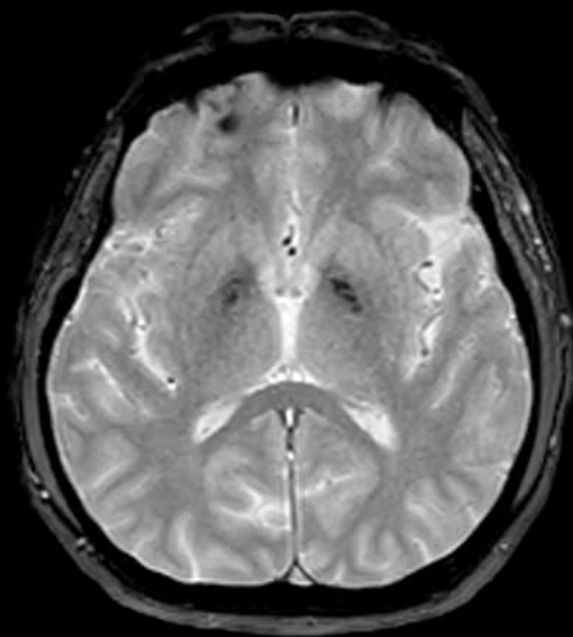
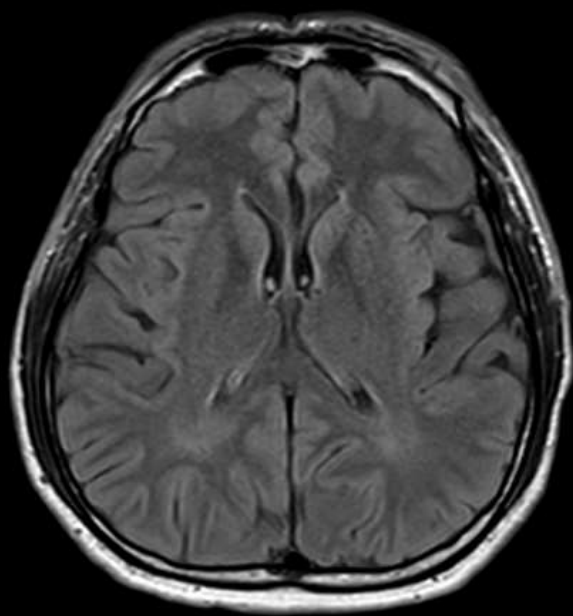
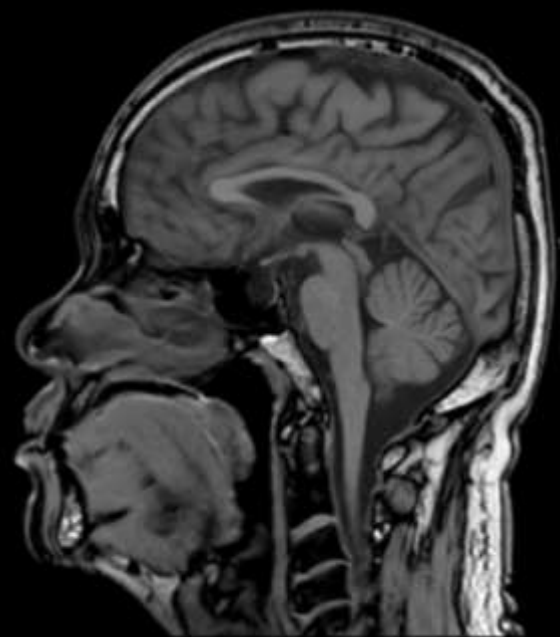
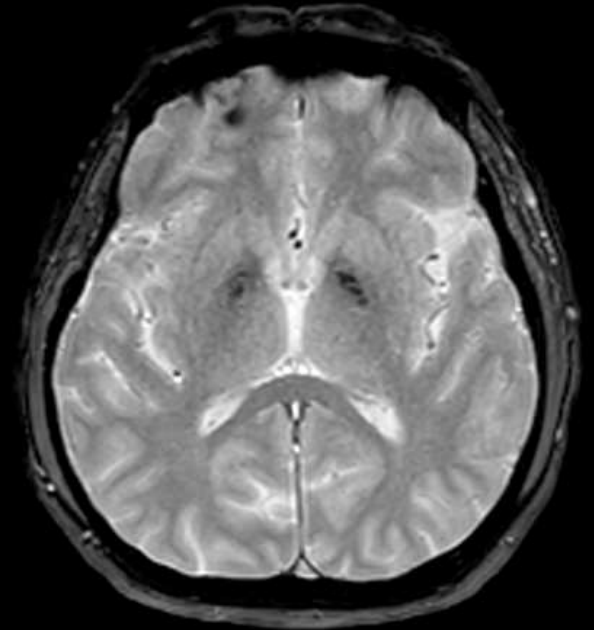
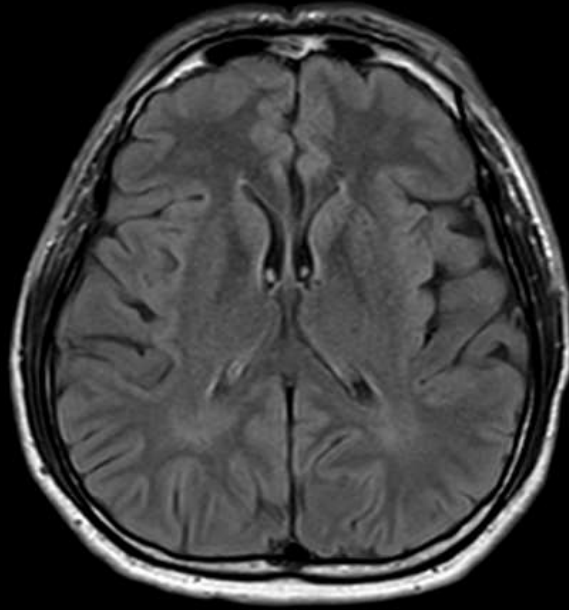
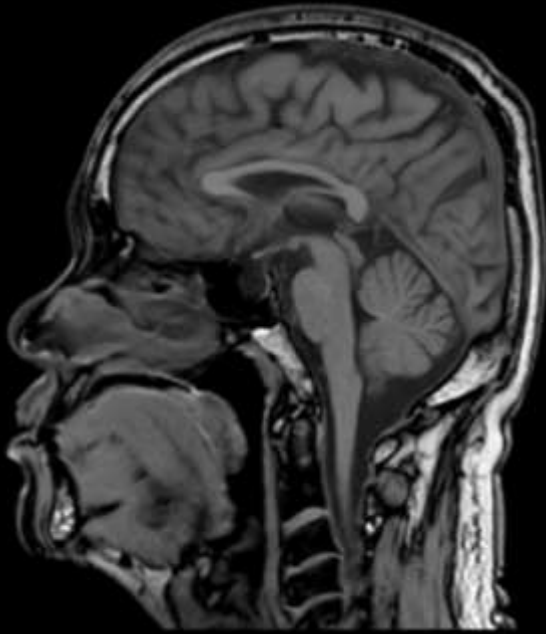
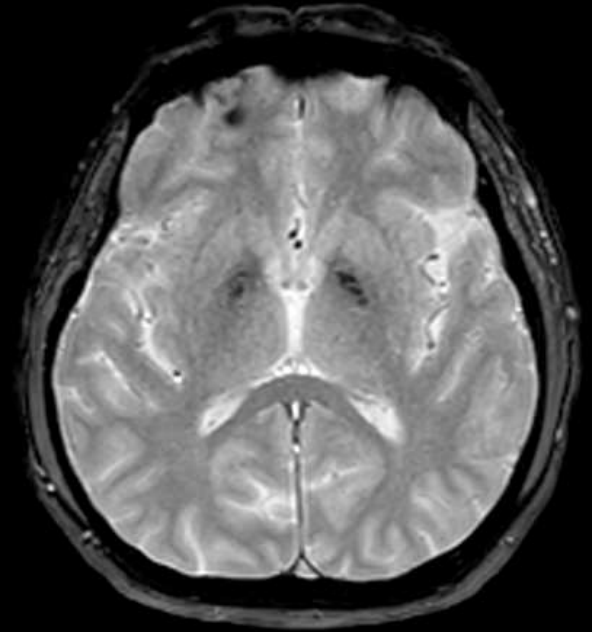
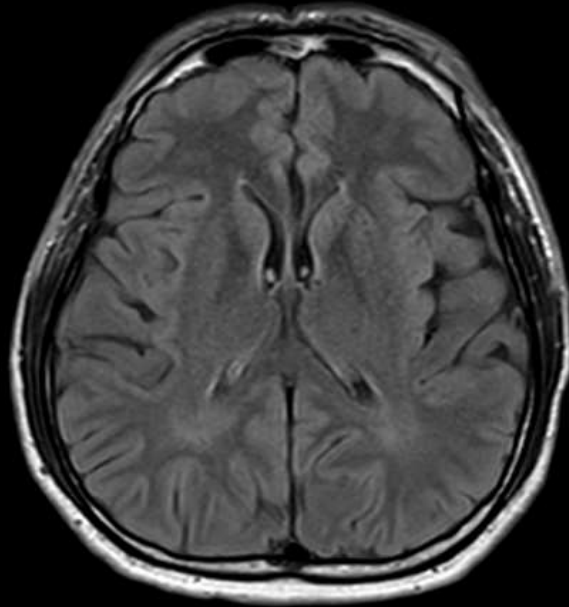
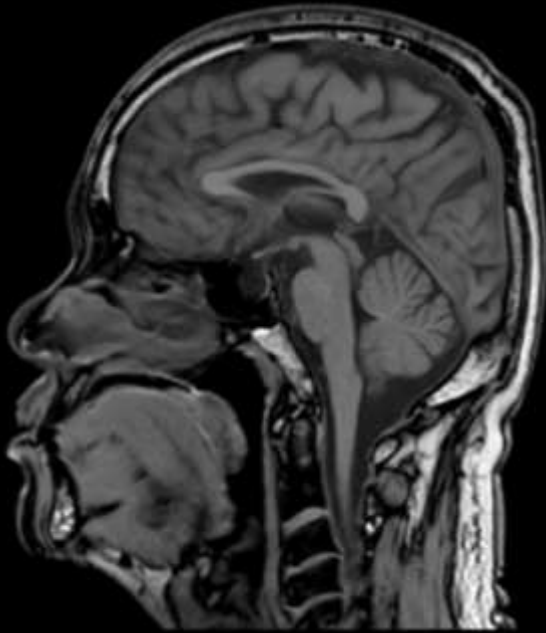


Figure V-3-1





Middle aged man  
Spastic paraplegia +  
cerebellar signs  
cognitive and psychiatric disturbance  
**Retinis pigmentosa**  
**T2\* Hypo signal of internal pallidum**  
Consanguinity – sister walking difficulties



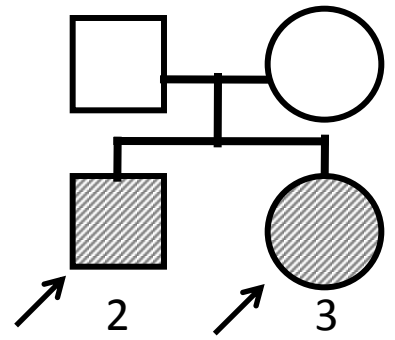
Middle aged man  
Spastic paraplegia +  
cerebellar signs  
cognitive and psychiatric disturbance  
Retinitis pigmentosa  
T2\* Hyposignal of internal pallidum  
Consanguinity – sister walking difficulties

## Hypothesis

- PANK2
- PLA2G6
- Peroxisome
- mitochondrie



# Cases 2,3,4,5,6 : clinical courses



Maculopathy

Developmental delay – mild ID -

Normal walking

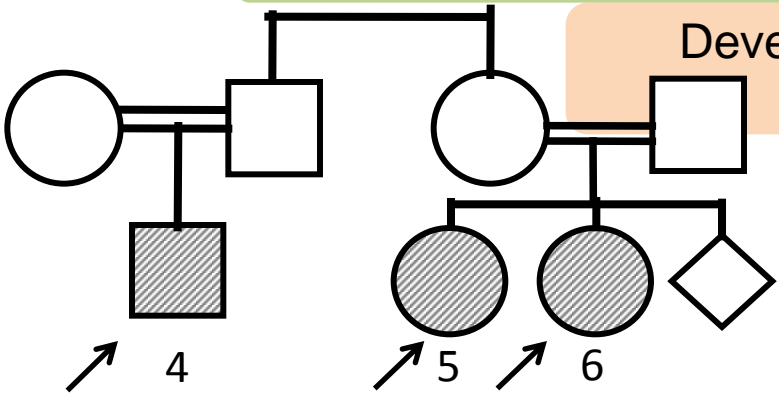
Spastic paraplegia

Upper limbs



Spastic paraplegia

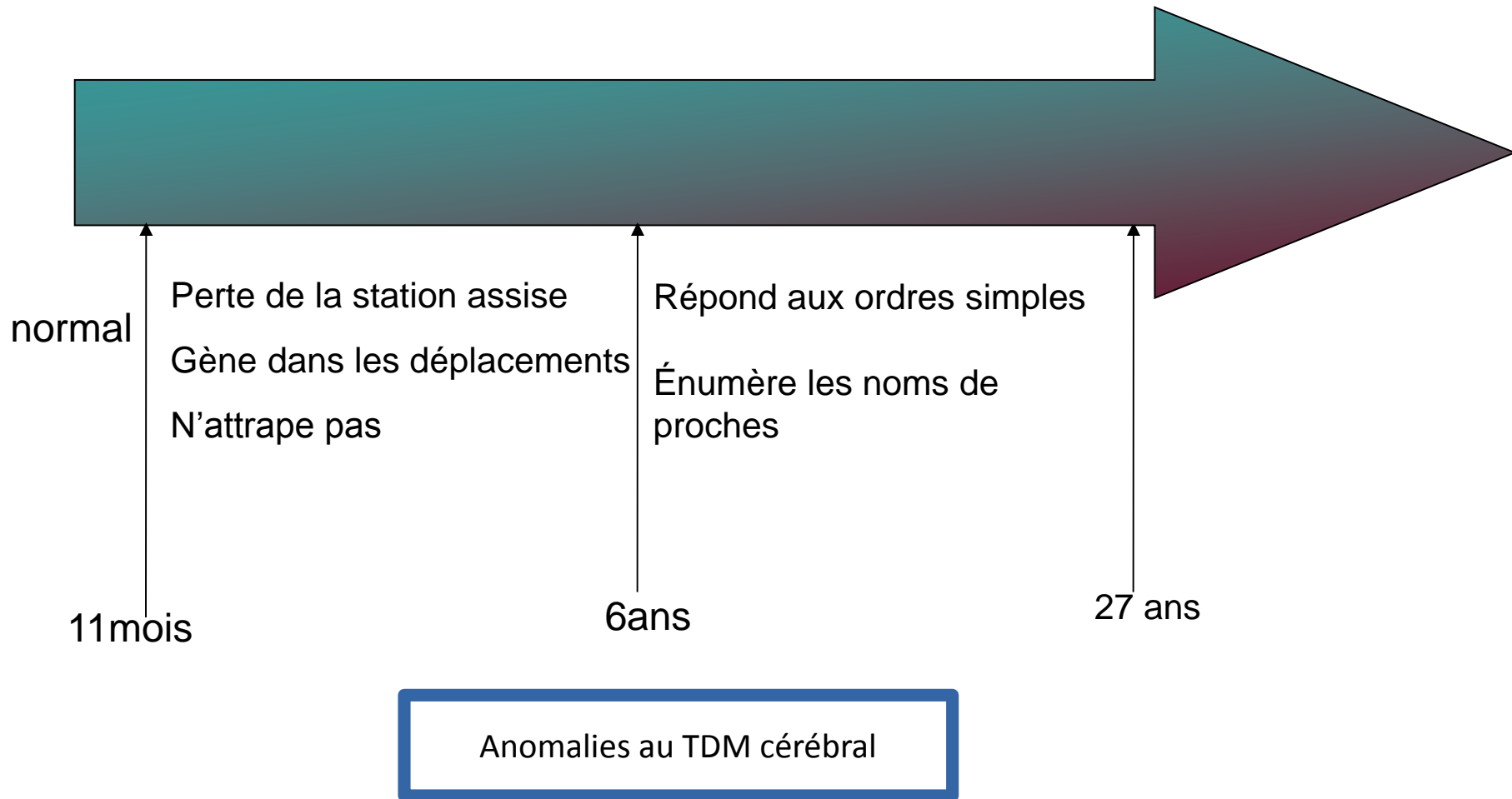
Extrapyramidal signs



Developmental delay – moderate ID –  
Progressive microcephaly



## Case 5 : retard de développement psychomoteur



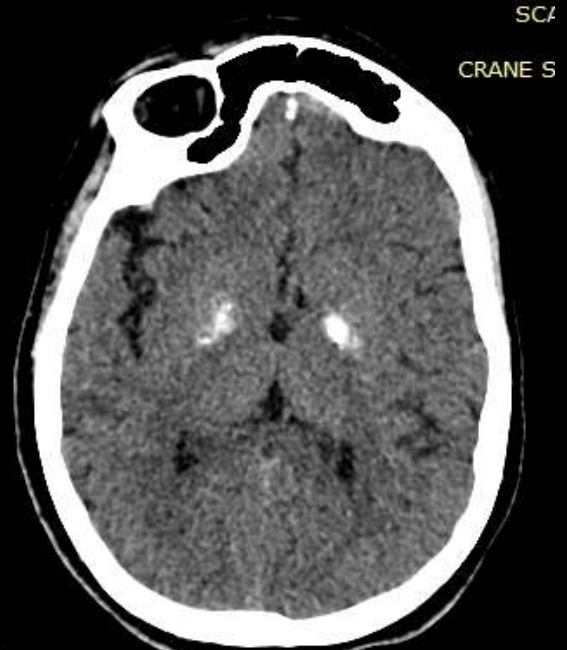




Case 2



Case 5



Case 6

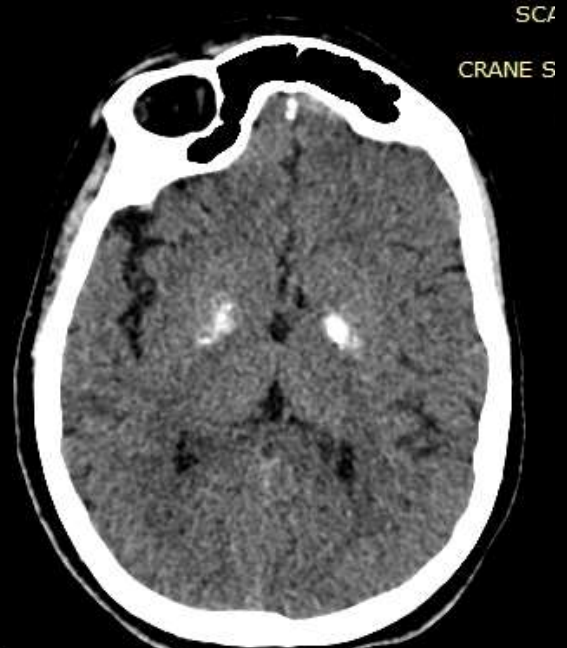
Early onset  
Spastic paraplegia +  
Developmental delay  
Maculopathy  
Basal ganglia calcifications  
Consanguinity



Case 2



Case 5



Case 6

Early onset

Spastic paraplegia +

Developmental delay

Maculopathy

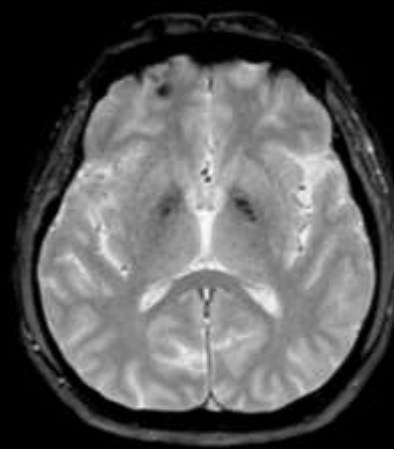
Basal ganglia calcifications

Consanguinity

- Sd d'aicardi goutieres
- Mitochondrie



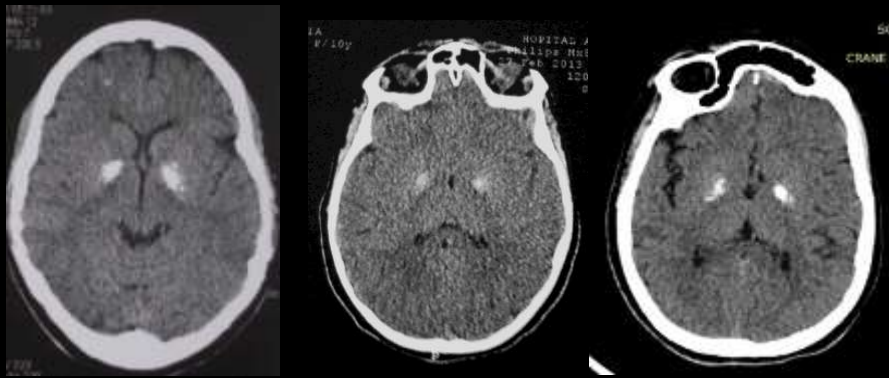




Whole exome sequencing



Mutation dans le gène DDHD1



Whole exome sequencing



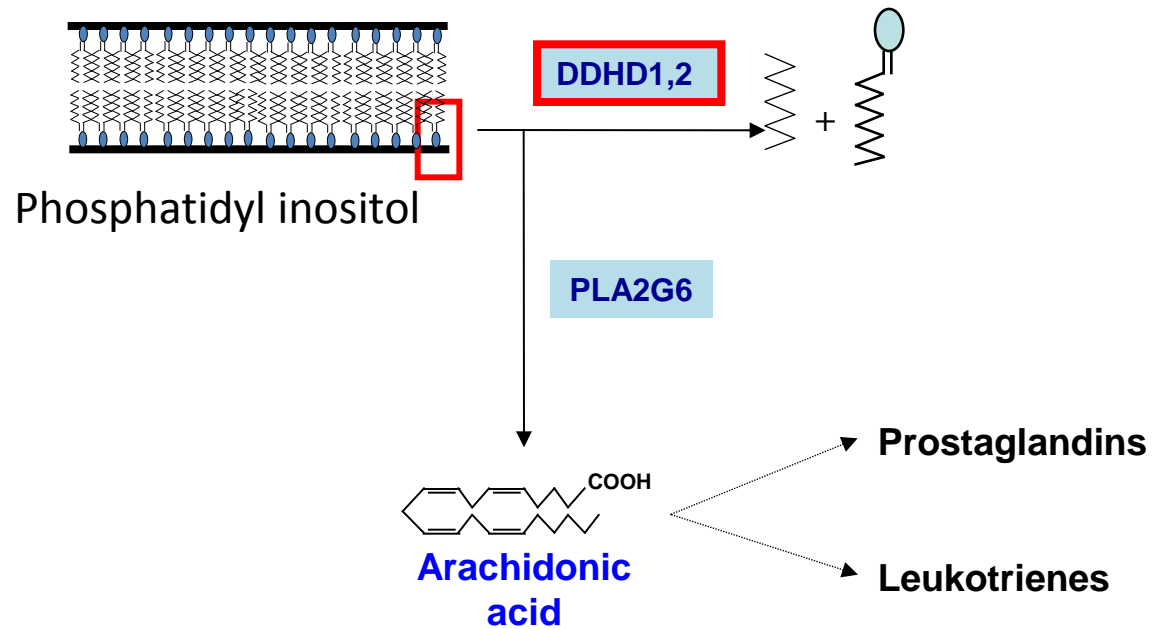
Mutation dans le gène CYP2U1

# PS liées au métabolisme lipidique

Exemple de DDHD1 et CYP2U1



# Phospholipids remodeling : phospholipases



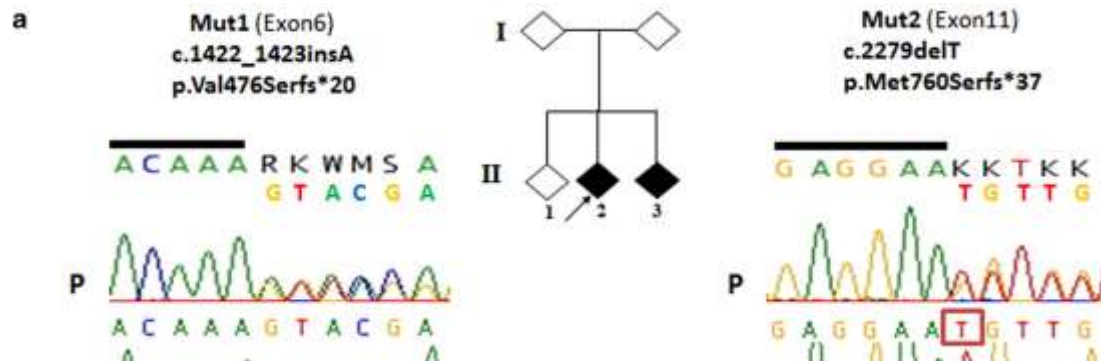
# DDHD1 (SPG28) mutations

## DDHD1 mutations: rather pure HSP

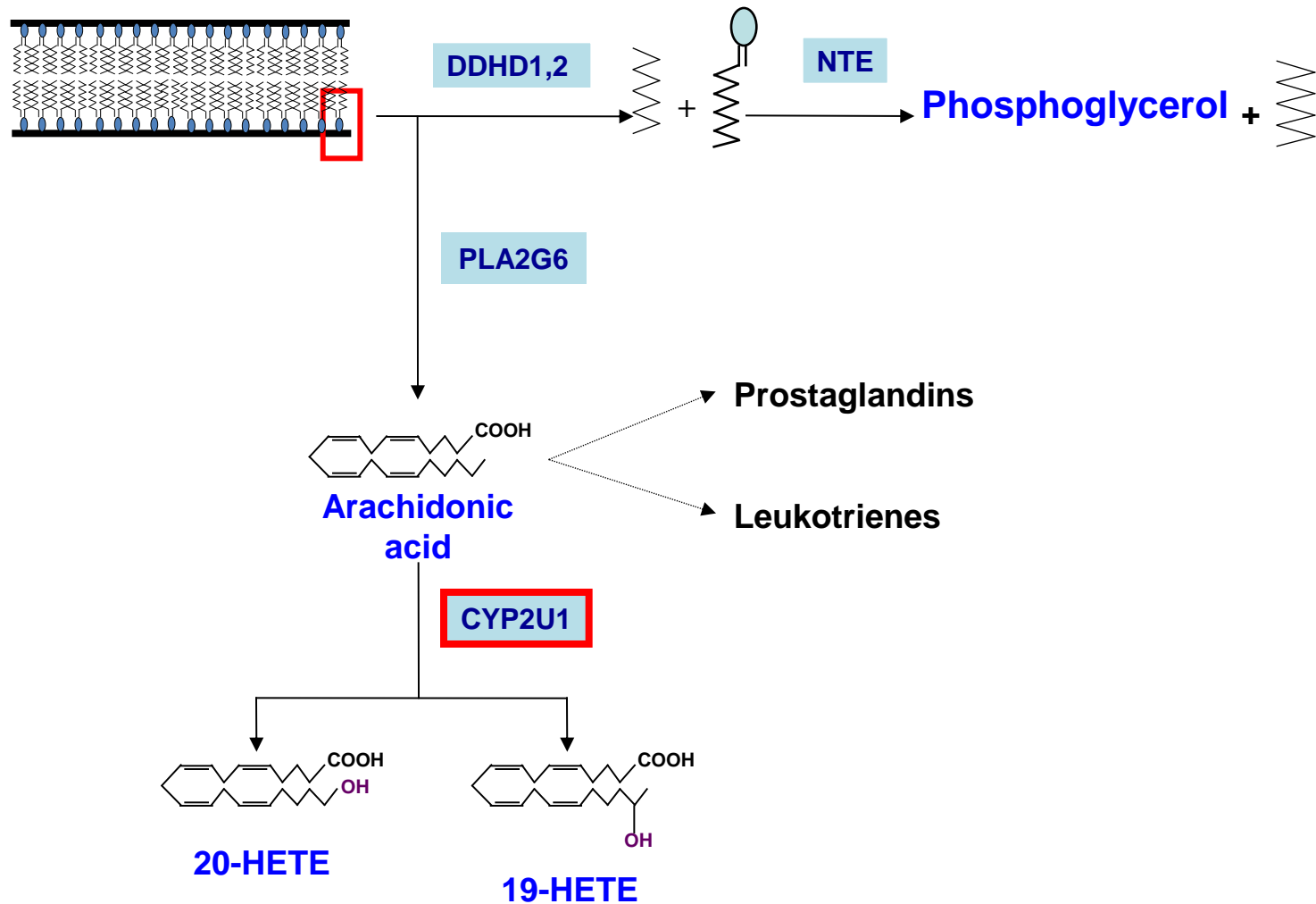
- Onset in childhood or adolescence
- Slowly progressive till adulthood
- cerebellar eye movement disturbances

Liguori et al, 2014

Tesson et al, 2012



# Phospholipids remodeling : phospholipases



# CYP2U1 mutations (SPG56)

Early onset HSP (<8 years old)

From pure to complex HSP (frequently involving the upper limbs)

Dystonia, cognitive impairment, infraclinical axonal neuropathy

MRI: thin corpus callosum, basal ganglia calcifications



# Paraplégies Spastiques Héréditaires

## Forme Pure

- Spasticité membres inférieurs
- Hypopallesthésie
- Troubles sphinctériens
  
- IRM normal

## Forme Complexe

Spasticité membres inférieurs

Signes neuro et/ou extra  
neurologiques:

Déficiência intellectuelle

Ataxie cérébelleuse

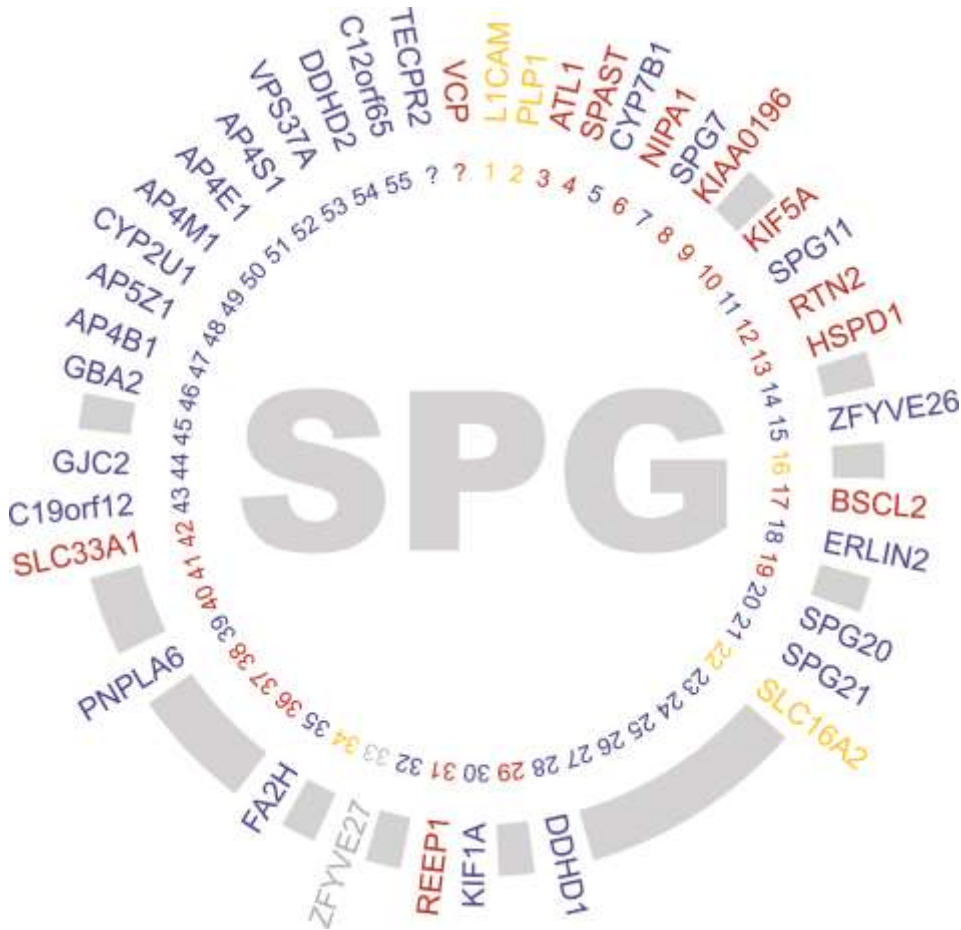
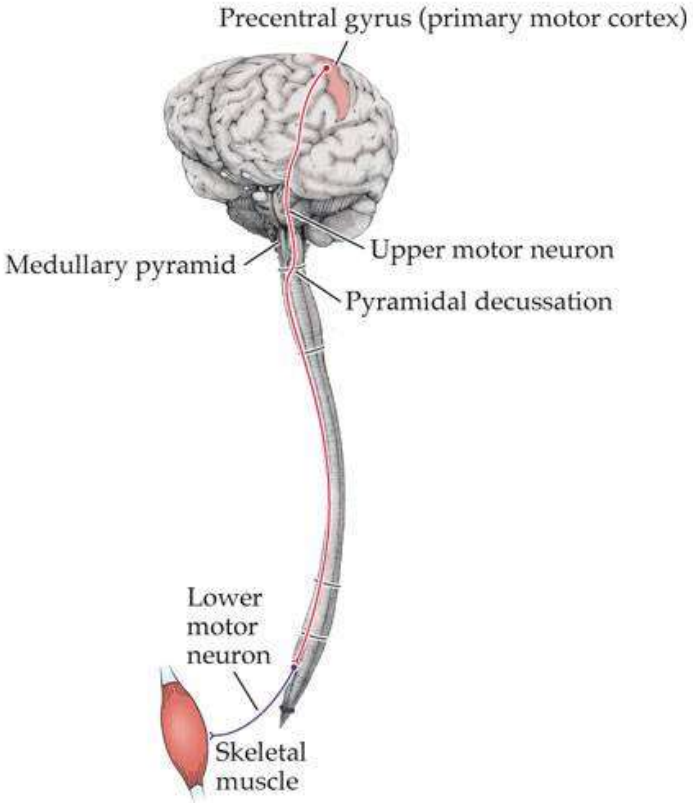
Neuropathie

Atrophie optique

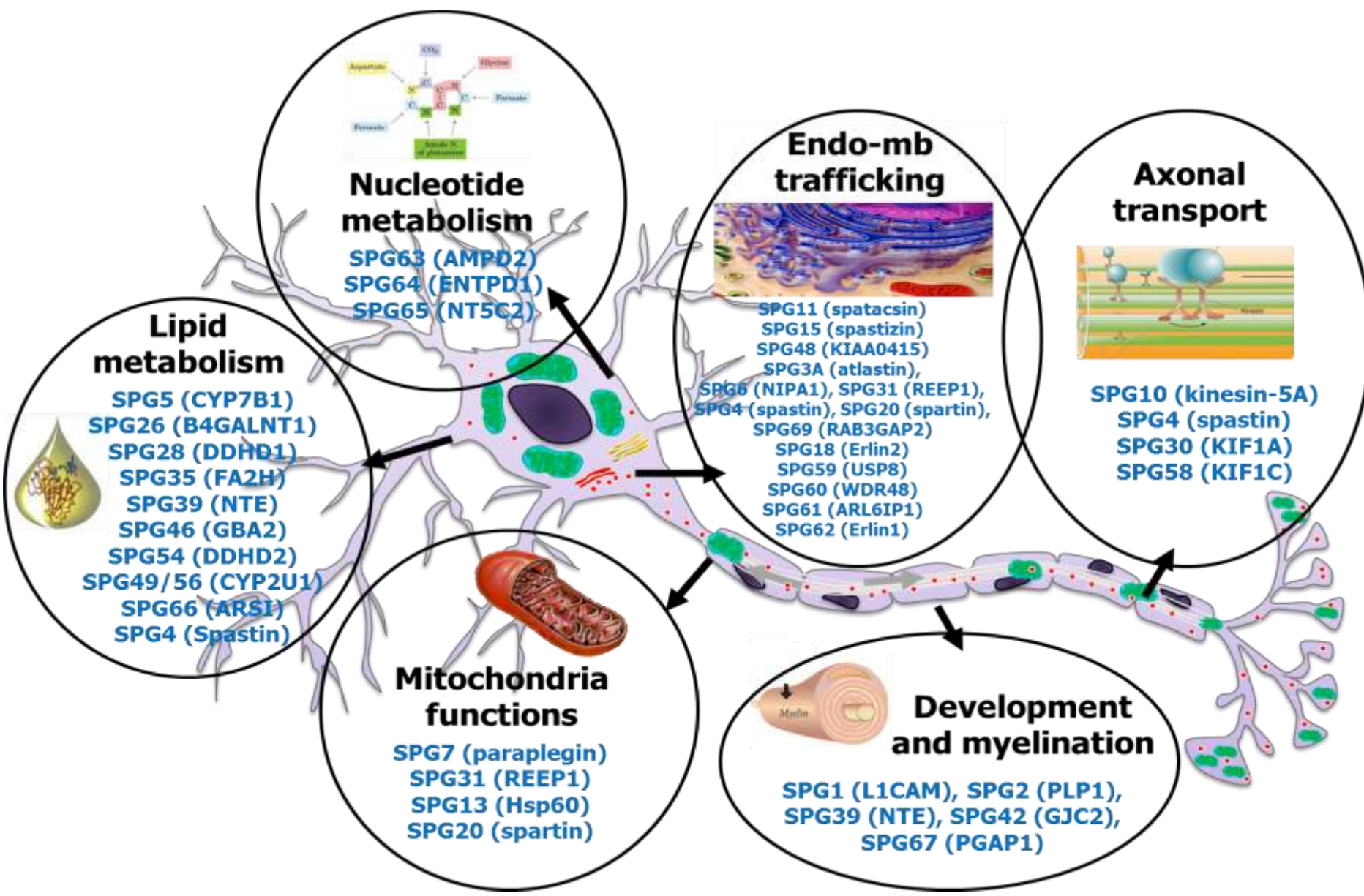
Épilepsie ...

IRM cérébrale : anomalies  
fréquentes

# HSP and lipid metabolism : few diseases inside the myriad of HSP



© 2002 Sinauer Associates, Inc.



**METABOLIC  
SPASTIC PARAPLEGIA**

**EMG**

**CLINICAL**

**BIOMARKERS**

**CT / MRI / MRS**

**INAD – PLA2G6**  
*(regression  
neuropathy  
optic atrophy)*

NH3, AAP, OAU  
Hcy, B12, folates  
**VLCFA**  
**oxysterols**  
**cholestanol**  
**Lipidomic?**

**Leucodystrophy**

**Ichthyosis**  
FALDH, ELOVL4

**NBIA**  
PLA2G6, FA2H

**Hypogonadism**  
NTE

**BG calcifications**  
**CYP2U1, DDHD1**

**Fundoscopy**  
Optic atrophy: PLA2G6  
**Retinitis:** FALDH, NTE, DDHD1  
**Maculopathy:** CYP2U1  
Cataract : GBA2

**Thin CC +/- abnormal WM**  
DDHD1/2, CYP2U1  
FA2H, GBA2  
GPI-anchor synthesis

**Candidate gene**  
**HSP panel, exome?**

**MRS**  
FALDH, DDHD2



# Remerciements

**Service de génétique  
clinique :**

**Alexandra Durr  
Fanny Mochel  
Claire Ewencyk  
Cyril Mignot  
Delphine Heron  
Marie-Lorraine Monin  
Perrine Charles  
Rabab Debs**

**UF neurogénétique  
et l'équipe de l'ICM**

**Giovanni Stevanin  
Mathilde Mairey  
Laure Raymond  
Guillaume Banneau**

**Equipe de la Banque**

**ADN :  
Sylvie Forlani  
Christelle Dussert  
Yassaman Ghassab**