Phosphoglycerate Kinase-1 Deficiency: PGK1 Gene Deletion/Duplication

Test Code: DPGK1
Turnaround time: 2 weeks
CPT Codes: 81228 x1

Condition Description

Phosphoglycerate kinase-1 (PGK) deficiency is an X-linked condition with a highly variable clinical phenotype that can include hemolytic anemia, myopathy, rhabdomyolysis, intellectual disability, and other neurologic involvement. These symptoms may occur individually or in various combinations. The anemia may be severe and transfusion dependent. Episodes of rhabdomyolysis, myoglobinuria, and acute renal failure may occur without hemolytic anemia, especially after exercise. Reported neurological manifestations include seizures, severe encephalopathy, spastic tetraparesis, and hemiplegic migraines.

Individuals with PGK deficiency tend to fall into two groups: those that have a predominantly hemolytic form and those that have a predominantly myopathic form. Varying degrees of intellectual disability and other neurological symptoms can be seen in both forms. The clinical phenotype is usually similar in affected individuals in the same family. Female carriers of PGK deficiency may show chronic, mild hemolytic anemia.

Mutations in the PGK1 gene (Xq13) cause PGK deficiency. Most families have unique mutations. The PGK1 gene encodes the phosphoglycerate kinase-1 protein, which catalyzes the reversible conversion of 1,3-diphosphoglycerate to 3-phosphoglycerate during glycolysis, generating one molecule of ATP.

For patients with suspected PGK deficiency, sequence analysis is recommended as the first step in mutation identification. For patients in whom mutations are not identified by full gene sequencing, deletion/duplication analysis is appropriate.

References:
- OMIM #300653: Phosphoglycerate Kinase 1 Deficiency

Genes

PGK1

Indications

This test is indicated for:
- Confirmation of a clinical diagnosis of PGK deficiency in an individual in whom sequence analysis was negative.
- Carrier testing in adult females with a family history of PGK deficiency in whom sequence analysis was negative.

Methodology

DNA isolated from peripheral blood is hybridized to a CGH array to detect deletions and duplications. The targeted CGH array has overlapping probes which cover the entire genomic region.

Please note that a "backbone" of probes across the entire genome are included on the array for analytical and quality control purposes. Rarely, off-target copy number variants causative of disease may be identified that may or may not be related to the patient's phenotype. Only known pathogenic off-target copy number variants will be reported. Off-target copy number variants of unknown clinical significance will not be reported.

Detection

Detection is limited to duplications and deletions. The CGH array will not detect point or intronic mutations. Results of molecular analysis must be interpreted in the context of the patient's clinical and/or biochemical phenotype.

Specimen Requirements

Submit only 1 of the following specimen types

* Preferred specimen type: Whole Blood

Type: Whole Blood

Specimen Requirements:

In EDTA (purple top) or ACD (yellow top) tube:
Infants (2 years): 3-5 ml
Older Children & Adults: 5-10 ml

Specimen Collection and Shipping: Refrigerate until time of shipment. Ship sample within 5 days of collection at room temperature with overnight
Type: Saliva

Specimen Requirements:

Oragene™ Saliva Collection kit (available through EGL) used according to manufacturer instructions.

Specimen Collection and Shipping: Store sample at room temperature. Ship sample within 5 days of collection at room temperature with overnight delivery.

Special Instructions

Submit copies of diagnostic biochemical test results with the sample, if appropriate. Contact the laboratory if further information is needed.

Sequence analysis is required before deletion/duplication analysis by targeted CGH array. If sequencing is performed outside of Emory Genetics Laboratory, please submit a copy of the sequencing report with the test requisition.

Related Tests

- Sequence analysis of the PGK1 gene is available and is required before deletion/duplication analysis.
- A next generation sequence analysis panel of 90+ XLID genes is available.
- A CGH array-based test for deletion/duplication analysis of 90+ XLID genes is available.
- Custom diagnostic mutation analysis (KM) is available to family members if mutations are identified by targeted mutation testing or sequencing analysis.
- Prenatal testing is available only for known familial mutations to individuals who are confirmed carriers of mutations. Please contact the laboratory genetic counselor to discuss appropriate testing prior to collecting a prenatal specimen.