Stocco Dos Santos XLMR Syndrome: \textit{SHROOM4} Gene Deletion/Duplication

\textbf{Test Code:} DKIAA  
\textbf{Turnaround time:} 2 weeks  
\textbf{CPT Codes:} 81228 x1

\begin{tabular}{|l|}
\hline
\textbf{Condition Description} \\
\hline
A mutation in the \textit{SHROOM4} gene (Xp11.2) has been reported in a Brazilian family in which males had severe intellectual disability, bilateral congenital hip luxation and short stature. The \textit{SHROOM4} gene was also found to be disrupted in two unrelated females with mild to moderate intellectual disabilities. Other features included delayed or no speech, seizures, kyphosis and hyperactivity. Carrier females displayed seizures and depression. No mutations in \textit{SHROOM4} were identified in more than 1000 control X chromosomes. \\
For patients with suspected Stocco Dos Santos X-linked mental retardation syndrome, 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: \\
\begin{itemize}
\item OMIM \#300434: Stocco Dos Santos X-Linked Mental Retardation Syndrome. 
\item OMIM \#300572: Shrrom Family Member 4. 
\end{itemize}
\hline
\textbf{Genes} \\
KIAA1202, \textit{SHROOM4} \\
\hline
\textbf{Indications} \\
This test is indicated for: \\
\begin{itemize}
\item Confirmation of a clinical diagnosis of Stocco Dos Santos X-linked mental retardation syndrome in an individual in whom sequence analysis was negative. 
\item Carrier testing in adults with a family history of Stocco Dos Santos X-linked mental retardation syndrome in whom sequence analysis was negative. 
\end{itemize}
\hline
\textbf{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. \\
\textbf{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. \\
\hline
\textbf{Specimen Requirements} \\
Submit only 1 of the following specimen types \\
\begin{itemize}
\item Preferred specimen type: Whole Blood 
\end{itemize} \\
\textbf{Type: Whole Blood} \\
Specimen Requirements: \\
In EDTA (purple 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 delivery. 
\textbf{Type: Saliva}
Specimen Requirements:

Oragen™ 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 EGL Genetics, please submit a copy of the sequencing report with the test requisition.

**Related Tests**

- Sequence analysis of the **SHROOM4** gene is available and is required before deletion/duplication analysis.
- 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.

Disclaimer: This information is confidential and subject to change without notice. It may not be reproduced in whole or part unless authorized in writing by an authorized EGL representative.