**Condition Description**

Very Long-Chain Acyl-CoA Dehydrogenase Deficiency (VLCADD) is an autosomal recessive disorder of mitochondrial fatty acid beta-oxidation [1]. Three heterogeneous phenotypes of the disorder have been described ranging from a severe onset with cardiac failure in infancy, an intermediate childhood form with hypoketotic hypoglycemia, to an adult onset myopathic form with exertional rhabdomyolysis, primarily affecting skeletal muscle. The severe neonatal form is the most common type [2] and presents with cardiomyopathy, hepatopathy, and skeletal myopathy. The intermediate form is mainly characterized by episodes of hypoketotic hypoglycemia in infancy and cardiomyopathy occurs very rarely in this type [3]. The adult form is characterized by isolated skeletal myopathy, usually triggered by exercise or fasting [4]. Biochemical analysis of VLCADD patients reveals impairment of palmitoyl-CoA oxidation, with reduced or deficient very long-chain acyl-CoA dehydrogenase (VLCAD) activity and VLCAD protein in fibroblasts [5]. The molecular analysis of the ACADVL gene (17p13) in these patients depicts a heterogeneous mutational spectrum, including missense mutations, single amino acid deletions, and splicing defects, with most patients being compound heterozygotes [6]. Few phenotype-genotype correlations are well understood [7]. Gene sequencing is available to test for mutations in the ACADVL gene (HK). For patients with mutations not identified by full gene sequencing, a separate deletion/duplication assay is available using a targeted CGH array (HN).

**References:**

**Genes**

**ACADVL**

**Indications**

This test is indicated for:
- Confirmation of a clinical/biochemical diagnosis of VLCADD.
- Carrier testing in adults with a family history of VLCAD.

**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.

**Detection**

Detection is limited to duplications and deletions. Array CGH will not detect point mutations 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*

**Type: Whole Blood (EDTA)**

**Specimen Requirements:**
EDTA (Purple Top)
Infants and Young Children (2 years of age to 10 years old: 3-5 ml)
Older Children & Adults: 5-10 ml  
Autopsy: 2-3 ml unclotted cord or cardiac blood

Specimen Collection and Shipping:  
Ship sample at room temperature for receipt at EGL within 24 hours of collection. Do not refrigerate or freeze.

Type: DNA, Isolated

Specimen Requirements:  
Microtainer  
3µg  
Isolation using the Perkin Elmer™ Chemagen™ Automated Extraction method or Qiagen™ Puregene kit for DNA extraction is recommended.

Specimen Collection and Shipping:  
Refrigerate until time of shipment in 100 ng/µL in TE buffer. Ship sample at room temperature with overnight delivery.

Special Instructions

Submit copies of diagnostic biochemical test results with the sample. 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

- Urine Organic Acids (OA) and Plasma Acylcarnitine Profile (AR) are used in the diagnosis of a patient with VLCADD.
- Sequence analysis of the ACADVL gene is available and is required before deletion/duplication analysis.
- Prenatal testing is available to couples who are confirmed carriers of mutations. Please contact the laboratory genetic counselor to discuss appropriate testing prior to collecting a prenatal specimen.