**XLID, PTCHD1-related: PTCHD1 Gene Deletion/Duplication**

**Condition Description**

Intellectual disability (ID) is a nonprogressive cognitive impairment affecting 1-3% of the Western population. It is estimated that up to 50% of moderate-severe cases have genetic causes and approximately 10% are due to X-linked intellectual disability disorders (XLID). XLID can be syndromic or nonsyndromic and is observed in all ethnic groups. More than 100 XLID syndromes have been described in the literature to date. Fragile X is the most common XLID syndrome (~1 in 4000 males) while others can be quite rare with only a few patients reported in the literature. Males can have moderate to severe intellectual disability depending on the syndrome, and carrier females can also be affected, but typically have milder clinical symptoms.

Filges et al. (2011) reports a family in which two brothers have XLID. An approximate 200kb deletion containing the PTCHD1 (Xp22.11) gene only was identified in the brothers and their clinically unaffected mother. Additional males with disruption or mutation of the PTCHD1 gene have been identified. Affected males have moderate to severe ID. Additional features reported include hypotonia, autistic features, and transient ataxic movement; however, as none of these features are found consistently in individuals with a mutation in the PTCHD1 gene, it is thought that expressivity is variable. The PTCHD1 gene is expressed in the human brain with preferential expression in the temporal lobe, cortex, and cerebellum.

Please note that the PTCHD1 gene is not currently part of our XLID 90+ gene panel.

For patients with suspected PTCHD1-related XLID, 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 #300828: PTCHD1 gene
- OMIM #300830: Chromosome Xp22 Deletion syndrome

**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. 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**

**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 72 hours of collection. Do not 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**

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 *PTCHD1* 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.
- X-Linked Intellectual Disability panels are available for 30, 60, and 90+ genes.