Lissencephaly 2: \textit{RELN} Gene Deletion/Duplication

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

\textbf{Condition Description}

Lissencephaly refers to a “smooth brain” with absent gyri or abnormally wide gyri. This is due to impairment in neuronal migration which leads to a thickened cerebral cortex. Mutations in the \textit{RELN} gene (7q22) cause an autosomal recessive form of lissencephaly that is associated with severe abnormalities of the hippocampus, brainstem, and cerebellum. Additionally, individuals with mutations in the \textit{RELN} gene can have abnormal neuromuscular connectivity, congenital lymphedema, seizures, and developmental delays.

For patients with suspected Lissencephaly 2, 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.

\textbf{References:}

- Hong et al. (2000). Nature Genetics, 26:93-96.  
- OMIM \#257320: Lissencephaly 2  
- OMIM \#600514: \textit{RELN} gene

\textbf{Genes}

\textit{RELN}

\textbf{Indications}

This test is indicated for:

- Confirmation of a clinical diagnosis of lissencephaly 2 in an individual in whom sequence analysis was negative.  
- Carrier testing in adults with a family history of lissencephaly 2 in whom sequence analysis was negative.

\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.

\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.

\textbf{Specimen Requirements}

\textit{Submit only 1 of the following specimen types}

\textbf{Type: Whole Blood (EDTA)}

\textbf{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

\textbf{Specimen Collection and Shipping:}  
Ship sample at room temperature for receipt at EGL within 72 hours of collection. Do not freeze.

\textbf{Type: DNA, Isolated}

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

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

\textbf{Special Instructions}

\textbf{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.
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 *RELN* gene is available and is required before deletion/duplication analysis.
- Sequencing and deletion/duplication analysis of the *DCX* and *PAFAH1B1* genes are 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.