Mucopolysaccharidosis Type I: **IDUA** Gene Deletion/Duplication

**Condition Description**

Mucopolysaccharidosis type I or Hurler Syndrome (MPS I) is a progressive multystem disorder with features that range over a continuum from mild to severe. MPS I is an autosomal recessive progressive disorder that results from the body’s inability to make lysosomal alpha-L-iduronate, an enzyme that helps break down mucopolysaccharides. The enzyme deficiency found in MPS type I causes mucopolysaccharides to build up in the body, causing damage to many tissues and organs in the body.

MPS Type I is divided into three subtypes, but there is no clear distinction between the groups. Therefore, a classification based on disease severity has been suggested: Hurler as severe MPS I, Hurler-Scheie as intermediate MPS I, and Scheie as mild MPS I. Treatment is available through hematopoietic stem cell/bone marrow transplantation or enzyme replacement therapy.

MPS I is caused by mutations in the **IDUA** gene and the diagnosis relies on the demonstration of deficient activity of the lysosomal enzyme alpha-L-iduronidase in peripheral blood leukocytes or cultured fibroblasts. Diagnostic sequencing analysis of the **IDUA** gene coding region is now available for MPS type I patients and their at-risk relatives on a clinical basis.

For questions about testing for MPS I, call EGL Genetics at (470) 378-2200 or (855)831-7447. For further clinical information about lysosomal storage diseases, including management and treatment, call the Emory Lysosomal Storage Disease Center at (404) 778-8565 or (800) 200-1524.

**References:**

**Indications**

- Confirmation of a clinical diagnosis of MPS I Disease
- Prenatal testing for known familial mutations.
- Assessment of carrier status in high risk family members known mutation analysis.

**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**

**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

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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 EGL Genetics, please submit a copy of the sequencing report with the test requisition. Contact the laboratory if further information is needed.

**Related Tests**
- Mucopolysaccharide screen (urine GAG) (GA)
- Known mutation analysis (Custom Diagnostics) is available to test family members.
- Prenatal testing is available for known familial mutations only. Please call the Laboratory Genetic Counselor for specific requirements for prenatal testing before collecting a fetal sample.