Disproportionate Short Stature: Deletion/Duplication Panel

Test Code: MD171
Turnaround time: 2 weeks
CPT Codes: 81228 x1

**Condition Description**

Skeletal dysplasias are a heterogeneous group of more than 450 disorders with complex mechanisms. Clinical and biochemical features continue to be used reliably to assign patients to this general disease category. Identification of the precise genetic defect is important; however, to permit carrier testing and early prenatal diagnosis. Molecular analysis is likely to expand the clinical spectrum of skeletal dysplasia and may also provide data relevant to prognosis and future therapeutic intervention.

Collectively, the incidence of skeletal dysplasia is estimated to be 1 in 5,000 births. Skeletal dysplasia is referred to as generalized disorders of cartilage and bone, frequently resulting in disproportionate short stature. A variety of complications can be associated with skeletal dysplasias, including orthopedic, neurologic, auditory, visual, pulmonary, cardiac, renal, and psychological.

References:


**Genes**

ACP5, ANKH, ANOS1, B3GALT6, BMPR1B, CANT1, CDKN1C, CHST14, CHST3, COL10A1, COL11A1, COL11A2, COL1A1, COL2A1, COL9A1, COL9A2, COL9A3, COMP, CTSK, CUL7, DDR2, DHCPR2, DYM, DYNC2H1, EIF2AK3, EVC, EVC2, EXT1, EXT2, FAM20C, FBN1, FGFR1, FGFR2, FGFR3, FHL1, FLNA, FLNB, GDF5, GLI3, GPC6, HSPG2, ICK, IFT122, IFT140, IFT80, IHH, KIF22, LIFR, MATN3, MMP13, MMP9, NEK1, NKX3-2, NPR2, OBSL1, PAPSS2, PCTN, PHKAR1A, PTH1R, PTPN11, ROR2, RUNX2, SH3PXD2B, SHOX, SLC26A2, SLC35D1, SLC39A13, SMARCAL1, SOX9, SULF1, TBCE, TCTN3, TRIP11, TRPS1, TRPV4, WDR35, WNT5A

**Indications**

This test is indicated for:

- Short stature with abnormal radiographic findings.

**Methodology**

**Deletion/Duplication Analysis:** DNA isolated from peripheral blood is hybridized to a gene-targeted CGH array to detect deletions and duplications. The targeted CGH array has overlapping probes that cover the entire genomic region.

**Detection**

**Deletion/Duplication Analysis:** 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**

_Submit only 1 of the following specimen types_

**Type: DNA, Isolated**

**Specimen Requirements:**

-Microtainer
-3µg

Isolation using the Perkin Elmer™Chemagen™ 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.

**Type: Whole Blood (EDTA)**

**Specimen Requirements:**

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.
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.

Special Instructions

Please include radiographic findings for expert review at EGL Genetics.

Related Tests

- Disproportionate Short Stature: Sequencing Panel
- Skeletal Dysplasia: Sequencing Panel