In-solution hybridization of all coding exons is performed on the patient's genomic DNA. Although some deep intronic duplications, Down syndrome and ring chromosome 14 and 20. In addition, epilepsy can occur as an isolated finding, 40% of which are believed to be due to genetic causes. Approximately 2% of the genetic causes of isolated epilepsy are due to monogenetic causes while the rest are thought to be due to multifactorial genetic and environmental causes. Of the monogenetic genes identified, the majority code for ion channel subunits and neurotransmitter receptors.

The Epilepsy and Seizure Disorders Panel is comprised of a next generation sequencing (NGS) for syndromic and non-syndromic causes of seizures. It is recommended that individuals with seizures have a chromosomal microarray as a first tier test. Please click here for information on our EmArray Cyto and CytoScan SNP Array.

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References:


Genes

ABAT, ADGRG1, ADSL, AKT3, ALDH5A1, ALDH7A1, ALG13, ANKRD11, ARHGEF9, ARX, ASPM, ASXL1, ATP1A2, ATP1A3, ATP6AP2, BCKDK, CACNA1A, CACNA1E, CACNA2D2, CACNB4, CASK, CASR, CDKL5, CENPJ, CHD2, CHRNA2, CHRNA4, CHRNA5, CLCN4, CLN3, CLN5, CLN6, CLN8, CNTNAP2, CPA5, CSTB, CTSD, CYP27A1, DCX, DEPDC5, DNAJC5, DNM1, DNM1L, DYSK1A, EF1A2, EFHC1, EMT1, EPM2A, FLNA, FOLR1, FOXG1, GABRA1, GABRB1, GABRB2, GABRG2, GABRG3, GAMT, GATM, GNAO1, GOSR2, GRIN1, GRIN2A, GRIN2B, HCN1, HCN4, HRNRNPJ, IQSEC2, KANSL1, KCNA1, KCNA2, KCNAB1, KCNBD1, KCNJ10, KCNJ11, KCNMA1, KCNO2, KCNQ3, KCNQ4, KCTD7, LGI1, LUS, MAGI2, MBDS, MECPR2, MEF2C, MFSD8, MTHFR, MTR, NDE1, NDUF4C1, NEDD4L1, NEXM1, NHLRC1, NIPR2, NLR3, N.RXN1, OPHN1, PACS1, PAFAH1B1, PCDH19, PHF6, PIGA, PIK3CA, PLCB1, PNKP, PNPO, POLG, PPT1, PRICKLE1, PRICKLE2, PRRT2, PURA, QARS, RELN, SCARB2, SCN1A, SCN1B, SCN2A, SCN3A, SCN8A, SHH, SIK1, SLC25A5, SLC3A5, SLC5A9, SLC7A1, SLC25A9, SLC25A12, SLC25A19, SLC25A22, SLC2A1, SLC35A2, SLC6A1, SLC9A6, SMARCA2, SMCA1, SNAP25, SPTAN1, ST3GL3, ST3GL5, STIL, STX1B, STXB1, SYN1, SYNAP1, SZZ2, TBC1D4, TCF4, TPP1, TSC1, TSC2, TSEN54, UBE3A, USP9X, WDR45, WDR62, WOX5, ZEB2

Indications

This test is indicated for:

- Individuals with epilepsy.

Methodology

Next Generation Sequencing: In-solution hybridization of all coding exons is performed on the patient's genomic DNA. Although some deep intronic regions may also be analyzed, this assay is not meant to interrogate most promoter regions, deep intronic regions, or other regulatory elements, and does not detect single or multi-exon deletions or duplications. Direct sequencing of the captured regions is performed using next generation sequencing. The patient's gene sequences are then compared to a standard reference sequence. Potentially causative variants and areas of low coverage are Sanger-sequenced. Sequence variations are classified as pathogenic, likely pathogenic, benign, likely benign, or variants of unknown significance. Variants of unknown significance may require further studies of the patient and/or family members.

Detection

Next Generation Sequencing: Clinical Sensitivity: Unknown. Mutations in the promoter region, some mutations in the introns and other regulatory element mutations cannot be detected by this analysis. Large deletions/duplications will not be detected by this analysis. Results of molecular analysis should be interpreted in the context of the patient's clinical/biochemical phenotype.

Analytical Sensitivity: ~99%.

Specimen Requirements

Submit only 1 of the following specimen types
Type: DNA, Isolated

Specimen Requirements:
Microtainer
8µg
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.

Type: Saliva

Specimen Requirements:
Oragene™ Saliva Collection Kit
Orangene™ Saliva Collection Kit used according to manufacturer instructions. Please contact EGL for a Saliva Collection Kit for patients that cannot provide a blood sample.

Specimen Collection and Shipping:
Please do not refrigerate or freeze saliva sample. Please store and ship at room temperature.

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.

Related Tests

- CytoScan + SNP and EmArray Cyto.
- 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.
- Epilepsy and Seizure Disorders: Deletion/Duplication Panel.