

Contact details:

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Sample Required

See Sample requirements page at
www.nbt.nhs.uk/genetics for full details

Adult: 5mls of blood in EDTA.

Paediatric: at least 1ml EDTA (preferably >2ml)

Samples should be accompanied by a FULLY completed request form (available as download at www.nbt.nhs.uk/genetics or from the laboratory).

Please include details of the test required, family history, address and POSTCODE, NHS number, referring clinician and centre.

Consent and Storage:

All genetic testing requires consent. **It is the responsibility of the referring clinician to ensure that appropriate consent has been obtained.**

DNA is stored from **ALL** patients undergoing DNA testing, unless consent for this is specifically denied.

Stored material from all referrals may be retained for quality assurance purposes and may be used anonymously for the development of new tests for the disorder in question.

Clinical Background and Genetics

- **Distal Arthrogyryposis (DA)** is a group of disorders characterised by congenital contractures in the distal limbs without an obvious neurogenic or myopathic cause. Ten different clinical forms (DA1 to DA10) have been described, with DA1 and DA2B as the most common forms; some other forms are very rare. Features shared amongst all distal arthrogyryposes include consistent patterns of hand and foot involvement, limited involvement of proximal joints, and variable expressivity within families.
- **Utility:** Molecular genetic analysis reduces the requirement for other invasive tests such as nerve conduction studies and muscle biopsy. Testing also enables a precise diagnosis in this difficult group where there is clinical overlap and a wide variety of conditions presenting with contractures, allowing clinicians to decide on appropriate management.

Service offered (See table below for details).

- Ten genes associated with Distal Arthrogyryposis are screened using a custom clinical exome target enrichment Next Generation Sequencing approach. Please contact the lab for further details.
- If required for specific phenotype: Pathogenic variants in the *TPM2* gene are identified by bidirectional direct sequence analysis. Screen sensitivity approx. 99%

Assay	Gene (MIM)	Phenotype	Reporting Time
Level 1 Distal Arthrogyryposis Clinical Exome NGS panel	<i>TPM2</i> (190990) 9p13.3	DA1, DA2B	42 days (routine) 21 days (urgent i.e prenatal diagnosis)
	<i>TNNI2</i> (191043) 11p15.5	DA2B	
	<i>TNNT3</i> (600692) 11p15.5	DA2B	
	<i>MYBPC3</i> (160794) 12q23.2	DA1B, Lethal congenital Contracture Syndrome 4	
	<i>MYH3</i> (160720) 17p13.1	DA2A, DA2B, DA type 8	
	<i>MYH8</i> (160741) 17p13.1	Carney Complex (associated with DA), Trismus-pseudocamptodactyly Syndrome	
	<i>FBN2</i> (612570) 5q23.3	Congenital Contractual Arachnodactyly	
	<i>PIEZ02</i> (613629) 18p11.22-p11.21	DA Type 3, DA type 5, MARDEN-WALKER Syndrome	
	<i>CHST14</i> (608429) 15q15.1	Ehlers-Danlos Syndrome Musculocontractural Type I	
<i>ECEL1</i> (605896) 2q37.1	Arthrogyryposis Distal Type 5		
Level 2 Sanger sequencing of all 9 exons of <i>TPM2</i> (both isoforms covered)	<i>TPM2</i>	DA1, DA2B	42 days
Level 3 Familial (Cascade or segregation).	As required	As required	42 days (routine) 3 days (prenatal diagnosis)

Please contact the laboratory for current test prices.

Referrals

- Diagnostic referrals are accepted from Consultant Clinical Geneticists or specialist clinicians with liaison, from probands with suspected or confirmed diagnosis of Distal Arthrogyryposis.
- Familial referrals are accepted from Consultant Clinical Geneticists with appropriate clinical information.

Quality

- BGL participates in the following external quality assurance schemes: EMQN sequencing QA scheme (since the pilot scheme was introduced in 2002) and UKNEQAS Unclassified Variant interpretation scheme (since the pilot scheme in 2012).

Reference

Bamshad M *et. al* (2009) **Arthrogyryposis: A review and Update.** *J Bone Joint Surg Am*; 91 Suppl 4: 40-6