

Increased Nuchal Translucency

Precision Panel



Overview

Increased Nuchal Translucency (NT) is defined as an abnormal accumulation of fluid in the nuchal area, which is visualized as a thickened sonolucent area. It is a standardized measure obtained between 11 and 14 weeks of gestation to calculate the risk of a fetus being affected by a chromosomal aneuploidy. NT>3.5mm has been found to be associated with fetal chromosomal abnormalities and single-gene disorders as well as cardiac defects and other structural abnormalities in euploid and aneuploid fetuses. Proportionally as NT increases, even with a normal karyotype, there is a higher risk of adverse pregnancy outcomes such as miscarriage, intrauterine death, congenital heart defects and numerous other structural and genetic syndromes. There is not one single cause of increased NT, it is based on a complex and multifactorial process, linked to one or more embryonic processes. It has been shown that a persistently increased NT with a normal karyotype and aCGH has a 4-10% probability of being associated to Noonan Syndrome and/or other RASopathies using Whole Exome Sequencing (WES). However, the general tendency following detection of isolated enlarged NT in an euploid fetus is that most babies with normal detailed ultrasound examination and echocardiography will have uneventful outcomes.

The Igenomix Increased Nuchal Translucency Precision Panel can be used to make a directed and accurate prenatal differential diagnosis of increased nuchal translucency in patients with or without a normal karyotype ultimately leading to a better management and prognosis of the associated comorbidities. It provides a comprehensive analysis of the genes involved in this disease using next-generation sequencing (NGS) to fully understand the spectrum of relevant genes involved.

Indications

The Igenomix Infertility Precision Panel is indicated for those patients with ultrasound measured increased nuchal translucency (TN>3.5mm) with normal or abnormal karyotype and/or aCGH.

Clinical Utility

The clinical utility of this panel is:

- The genetic and molecular confirmation for an accurate clinical diagnosis of associated syndromes of a fetus presenting with increased nuchal translucency.
- Reduce burden of parents over prenatally undetectable conditions.

- Genetic counselling emphasizing the fact that following detection of isolated enlarged NT, most babies with normal detailed ultrasound examination and echocardiography will have uneventful outcome.
- To provide valuable information based on genetic testing combined with fetal ultrasound examination that can influence pregnancy outcome, and provide recurrence risks.

Genes & Diseases

GENE	OMIM DISEASES	INHERITANCE*	% GENE COVERAGE (20X)	HGMD**
ADARB1	Neurodevelopmental Disorder With Hypotonia, Microcephaly, And Seizures	AR	99.98	NA of NA
ADM	Pheochromocytoma, Malignant Hypertension, Congestive Heart Failure, Pulmonary Hypertension, Renal Hypertension	-	99.8	NA of NA
ATN1	Congenital Hypotonia, Epilepsy, Developmental Delay, And Digital Anomalies, Dentatorubral-Pallidoluysian Atrophy Naito-Oyanagi Disease, Haw River Syndrome, Ataxia, Chorea, Seizures, And Dementia Dentatorubral Pallidoluysian Atrophy	AD	99.86	11 of 11
BAZ1B	Williams Syndrome	-	99.05	5 of 5
BMPER	Diaphanospondylodysostosis	AR	99.98	22 of 22
BUB1	Mosaic Variegated Aneuploidy Syndrome	AD	99.76	18 of 19
BUB1B	Mosaic Variegated Aneuploidy Syndrome	AD,AR	99.84	30 of 31
BUB3	Mosaic Variegated Aneuploidy Syndrome	-	99.98	6 of 6
CEP57	Mosaic Variegated Aneuploidy Syndrome	AR	99.64	6 of 6
CLIP2	Williams Syndrome	-	99.99	1 of 1
CSGALNACT1	Mild Skeletal Dysplasia With Joint Laxity And Advanced Bone Age	AR	100	4 of 5
DHCR7	Smith-Lemli-Opitz Syndrome	AR	100	217 of 217
EFNB2	Craniofrontonasal Syndrome, Congenital Chylothorax, Arteriovenous Malformation	-	98.47	2 of 2
ELN	Autosomal Dominant Cutis Laxa, Supravalvular Aortic Stenosis, Williams-Beuren Syndrome, Familial Thoracic Aortic Aneurysm And Aortic Dissection, Williams Syndrome	AD	99.99	95 of 96
FGFR3	Severe Achondroplasia With Developmental Delay And Acanthosis Nigricans, Camptodactyly, Tall Stature, And Hearing Loss Syndrome, Crouzon Syndrome With Acanthosis Nigricans, Hypochondroplasia , Lacrimoauriculodentodigital Syndrome, Muenke Syndrome, Thanatophoric Dysplasia Type I, Thanatophoric Dysplasia Type II, Camptodactyly-Tall Stature-Scoliosis-Hearing Loss, Isolated Brachycephaly, Isolated Plagiocephaly, Muenke Syndrome, Saethre-Chotzen Syndrome	AD,AR	99.89	77 of 78
FIG4	Amyotrophic Lateral Sclerosis, Charcot-Marie-Tooth Disease, Cleidocranial Dysplasia With Micrognathia, Absent Thumbs, And Distal Polymicrogyria, Bilateral Temporoccipital, Amyotrophic Lateral Sclerosis , Bilateral Parasagittal Parieto-Occipital Polymicrogyria, Yunis-Varon Syndrome	AD,AR	99.92	72 of 72
FLT4	Congenital Heart Defects, Capillary Infantile Hemangioma, Lymphatic Malformation, Milroy Disease, Tetralogy Of Fallot	AD	100	119 of 120
FOXC2	Lymphedema-Distichiasis Syndrome	AD	87.59	54 of 95
GPC6	Autosomal Recessive Omodysplasia	AR	99.92	3 of 3
GTF2I	Williams Syndrome	-	63.79	NA of NA
GTF2IRD1	Williams Syndrome	-	99.98	1 of 1
HDAC8	Cornelia De Lange Syndrome, Wilson-Turner Syndrome	X,XD,G	99.78	NA of NA
KMT2A	Hairy Elbows, Short Stature, Facial Dysmorphism, And Developmental Delay, Cornelia De Lange Syndrome, Wiedemann-Steiner Syndrome	AD	98.14	144 of 149
LIMK1	Williams Syndrome	-	100	2 of 2
NF1	Juvenile Myelomonocytic Leukemia, Neurofibromatosis-Noonan Syndrome, Familial Spinal Neurofibromatosis Type I, Watson Syndrome, 17q11.2 Microduplication Syndrome, Hereditary Pheochromocytoma-Paraganglioma	AD	97.97	3082 of 3166
NFATC1	Atrioventricular Septal Defect, Crouzon Syndrome with Acanthosis Nigricans, Autosomal Recessive Osteopetrosis	-	99.83	10 of 11

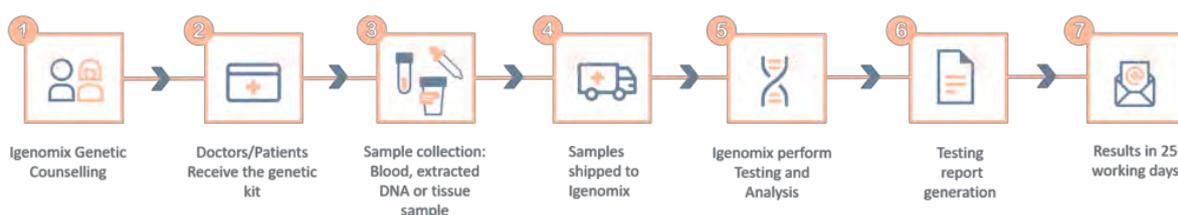


NIPBL	Cornelia De Lange Syndrome	AD	99.32	409 of 426
NR2F2	46,XX Sex Reversal, Congenital Heart Defects, Partial Atrioventricular Septal Defect	AD	97.37	16 of 18
ODC1	Global Developmental Delay-Alopecia-Macrocephaly-Facial Dysmorphism-Structural Brain Anomalies Syndrome	AD	100	7 of 7
PDPN	Lymphangioma, Atypical Neurofibroma		99.91	NA of NA
PIGN	Multiple Congenital Anomalies-Hypotonia-Seizures Syndrome, Fryns Syndrome, Multiple Congenital Anomalies-Hypotonia-Seizures Syndrome	AR	93.97	36 of 39
PIK3CA	Capillary Malformation Of The Lower Lip, Lymphatic Malformation Of Face And Neck, Asymmetry Of Face And Limbs, And Partial/Generalized Overgrowth, Congenital Lipomatous Overgrowth, Vascular Malformations, And Epidermal Nevi, Cowden Syndrome	AD	99.58	54 of 58
PROX1	Lymphangioma, Hereditary Lymphedema, Acquired Hemangioma	-	99.87	NA of NA
RAD21	Cornelia De Lange Syndrome, Mungan Syndrome	AD,AR	99.8	16 of 17
RFC2	Williams Syndrome	-	100	3 of 3
SETD5	Autosomal Dominant Mental Retardation, Cornelia De Lange Syndrome, Intellectual Disability-Facial Dysmorphism Syndrome Due To Setd5 Haploinsufficiency	AD	99.77	37 of 37
SMC1A	Cornelia De Lange Syndrome, Semilobar Holoprosencephaly, Wiedemann-Steiner Syndrome	X,XR,XD,G	100	NA of NA
SMC3	Cornelia De Lange Syndrome	AD	100	30 of 30
TBL2	Williams Syndrome	-	96.14	NA of NA
TBX1	Conotruncal Heart Malformations, Truncus Arteriosus Communis, DiGeorge Syndrome, Tetralogy Of Fallot, Velocardiofacial Syndrome, 22q11.2 Deletion Syndrome, 22q11.2 Microduplication Syndrome	AD,AR	88.7	35 of 42
TIE1	Angiosarcoma, Arteriovenous Malformation, Malignant Renovascular Hypertension	-	99.88	1 of 1
TRIP13	Mosaic Variegated Aneuploidy Syndrome, Nephroblastoma	AR	98.14	2 of 2
VAC14	Childhood-Onset Striatonigral Degeneration, Yunis-Varon Syndrome	AR	100	11 of 11
VEGFA	Poems Syndrome	-	99.53	8 of 8
VEZF1	Distal Arthrogryposis Type 3, Distal Arthrogryposis Type 4	-	98.88	NA of NA

*Inheritance: AD: Autosomal Dominant; AR: Autosomal Recessive; X: X linked; XLR: X linked Recessive; Mi: Mitochondrial; Mu: Multifactorial.

**Number of clinically relevant mutations according to HGMD

Methodology



Contact us

Call +34 963 905 310 or send an email to supportspain@igenomix.com for any of the following objectives:

- Get more information about the test.
- Request your kit.
- Request a pick up of the kit after collecting the sample.

References

1. Burger, N. B., Bekker, M. N., de Groot, C. J., Christoffels, V. M., & Haak, M. C. (2015). Why increased nuchal translucency is associated with congenital heart disease: a systematic review on genetic mechanisms. *Prenatal diagnosis, 35*(6), 517–528. <https://doi.org/10.1002/pd.4586>
2. Matyášová, M., Dobšáková, Z., Hiemerová, M., Kadlecová, J., Nikulenkov Grochová, D., Popelínská, E., Svobodová, E., & Vlašín, P. (2019). Prenatal diagnosis of Noonan syndrome in fetuses with increased nuchal translucency and a normal karyotype. *Prenatální diagnostika syndromu Noonanové u plodů se zvýšeným šijovým projasněním a normálním karyotypem. Ceska gynekologie, 84*(3), 195–200.
3. Sinajon, P., Chitayat, D., Roifman, M., Wasim, S., Carmona, S., Ryan, G., Noor, A., Kolomietz, E., & Chong, K. (2020). Microarray and RASopathy-disorder testing in fetuses with increased nuchal translucency. *Ultrasound in obstetrics & gynecology : the official journal of the International Society of Ultrasound in Obstetrics and Gynecology, 55*(3), 383–390. <https://doi.org/10.1002/uog.20352>
4. Alamillo, C. M., Fiddler, M., & Pergament, E. (2012). Increased nuchal translucency in the presence of normal chromosomes. *Current Opinion in Obstetrics & Gynecology, 24*(2), 102-108. doi:10.1097/gco.0b013e3283505b25
5. Bilardo, C., Timmerman, E., Pajkrt, E., & Van Maarle, M. (2010). Increased nuchal translucency in euploid fetuses-what should we be telling the parents? *Prenatal Diagnosis, 30*(2), 93-102. doi:10.1002/pd.2396