



HAL
open science

Phenotypic variability of MTO1-deficiency

Josef Finsterer, Sinda Zarrouk-Mahjoub

► **To cite this version:**

Josef Finsterer, Sinda Zarrouk-Mahjoub. Phenotypic variability of MTO1-deficiency. *Molecular Genetics and Metabolism Reports*, 2018, 15, pp.28-29. 10.1016/j.ymgmr.2018.01.003 . pasteur-02009144

HAL Id: pasteur-02009144

<https://riip.hal.science/pasteur-02009144>

Submitted on 6 Feb 2019

HAL is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.



Distributed under a Creative Commons Attribution - NonCommercial - NoDerivatives 4.0 International License



Correspondence



Phenotypic variability of MTO1-deficiency

ARTICLE INFO

Keywords:

Mitochondrial
Phenotype
Genotype
Epilepsy
Cardiac involvement
Multisystem disease

We read with interest the article by O'Byrne et al. about the presentation of 2 and review of 35 patients with MTO1-deficiency [1]. We have the following comments and concerns.

Patient-1 had febrile seizures since age 2.5y and absence seizures since age 3.5y [1]. Which antiepileptic drugs (AEDs) were administered during the course? This issue is crucial since some AEDs, such as valproic acid, carbamazepine, phenytoin, or phenobarbital may exhibit mitochondrion-toxic effects, and may worsen the phenotype [2]. Particularly valproic acid may exhibit severe side effects in patients with a mitochondrial disorder (MID) and may even cause death, particularly in patients carrying *POLG1* mutations [3]. Seizures were refractory to treatment at age 11y [1]. Was refractoriness attributable to the mitochondrion-toxic effect of the applied AEDs?

At age 11y patient-1 developed multiple, transient T2-hyperintensities within the peduncles, basal ganglia, and the cortex [1]. Were these imaging abnormalities stroke-like lesions, the morphological equivalent of stroke-like episodes (SLEs)? Did the phenotype deteriorate during this episode? Were these lesions hyperintense on DWI and ADC, thus indicative of a vasogenic edema, typical for a stroke-like lesion? Did the patient receive L-arginine during this episode, which is frequently recommended as acute treatment of SLEs [4]. Were other causes of the transient T2-hyperintensities, such as ADEM or an epiphenomenon of the seizure activity, considered?

One of the dominant phenotypic features seems to be hypertrophic cardiomyopathy and arrhythmias (Table 1) [1]. How many of the analysed patients developed heart failure or systolic dysfunction and required cardiac therapy? Was non-compaction, frequently associated with MIDs [5], detected in any patient?

Overall, this interesting study could be more meaningful by providing more details about the AED treatment and its influence on the phenotype, about the cerebral imaging findings, about the cardiac involvement in the disease, and about the family history.

Conflicts of interest

There are no conflicts of interest.

Funding

No funding was received.

Author contribution

JF: design, literature search, discussion, first draft, SZ-M: literature search, discussion, critical comments

Table 1
Phenotypic features in 35 patients carrying MTO1 mutations.

Feature	Number of patients
Brain	
Intellectual disability	26
Muscle hypotonia	22
Failure to thrive	15
Abnormal cerebral imaging	15
Seizures	12
Optic atrophy	9
Ataxia	7
Developmental delay	6
Dystonia	1
Eyes	
Cataract	1
Pigmentary retinopathy	1
Heart	
Hypertrophic cardiomyopathy	27
Cardiac arrhythmias	8
Dilated cardiomyopathy	1
Muscle	
Lactic acidosis	20
Myopathy	7
Respiratory insufficiency	5
Endocrine abnormalities	
Hypoglycemia	2
Short stature	1
Gastrointestinal	
Feeding difficulties	15
Hepatopathy	3
Renal	
Hypocalcemia	1
Tubulopathy	1
Others	
Dysmorphism	1
Microcephaly	1
Hyper-ammonemia	1

References

- [1] J.J. O'Byrne, M. Tarailo-Graovac, A. Ghani, M. Champion, C. Deshpande, A. Dursun, R.K. Ozgul, P. Freisinger, I. Garber, T.B. Haack, R. Horvath, I. Barić, R.A. Husain, L.A.J. Kluijtmans, U. Kotzaeridou, A.A. Morris, C.J. Ross, S. Santra, J. Smeitink, M. Tarnopolsky, S.B. Wortmann, J.A. Mayr, M. Brunner-Krainz, H. Prokisch, W.W. Wasserman, R.A. Wevers, U.F. Engelke, R.J. Rodenburg, T.W. Ting, R. McFarland, R.W. Taylor, R. Salvarinova, C.D.M. van Karnebeek, The genotypic and phenotypic spectrum of MTO1 deficiency, *Mol. Genet. Metab.* 123 (2018) 28–42.
- [2] J. Finsterer, S. Zarrouk Mahjoub, Mitochondrial toxicity of antiepileptic drugs and their tolerability in mitochondrial disorders, *Expert Opin. Drug Metab. Toxicol.* 8 (2012) 71–79.
- [3] J. Hynynen, T. Komulainen, E. Tukiainen, A. Nordin, J. Arola, R. Kälviäinen, L. Jutila, M. Röyttä, R. Hinttala, K. Majamaa, H. Mäkisalo, J. Uusimaa, Acute liver failure after valproate exposure in patients with POLG1 mutations and the prognosis after liver transplantation, *Liver Transpl.* 20 (2014) 1402–1412.
- [4] I. Siddiq, E. Widjaja, I. Tein, Clinical and radiologic reversal of stroke-like episodes in MELAS with high-dose L-arginine, *Neurology* 85 (2015) 197–198.
- [5] J. Finsterer, Cardiogenetics, neurogenetics, and pathogenetics of left ventricular hypertrabeculation/noncompaction, *Pediatr. Cardiol.* 30 (2009) 659–681.

Josef Finsterer^{a,*}, Sinda Zarrouk-Mahjoub^{b,1}

^a *Krankenanstalt Rudolfstiftung, Vienna, Austria*

^b *University of Tunis El Manar, Genomics Platform, Pasteur Institute of Tunis, Tunisia*

E-mail address: ffigs1@yahoo.de

* Corresponding author at: Postfach 20, 1180 Vienna, Austria.

¹ Both authors contributed equally.