

Diagnosing Marfan syndrome and Loeys-Dietz syndrome

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Genetics of aortopathies

- Aortopathy may be caused by genetic or nongenetic (environmental) factors
- 20% of TAD cases are attributed to genetic causes
- Up to 20% of individuals with a TAD have a positive family history of aortopathy
- >30 genes have been associated with TAD so far

TAD syndromes and conditions attributed to genetic causes

Syndromic TAD

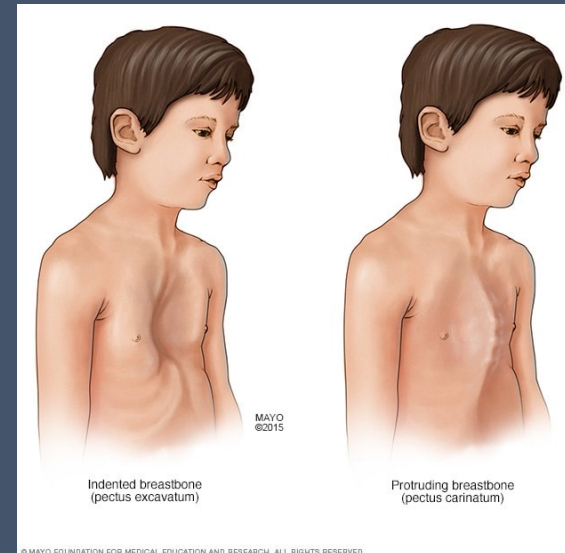
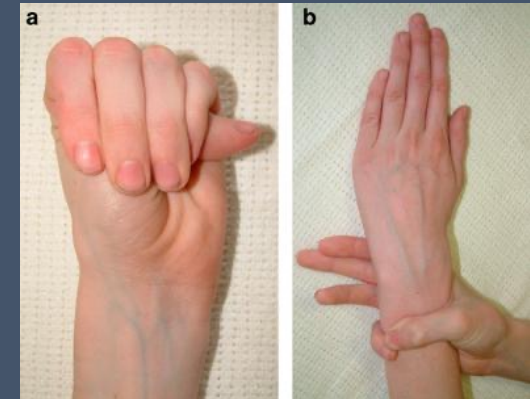
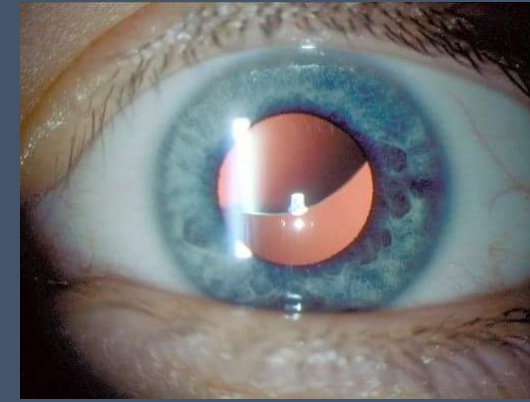
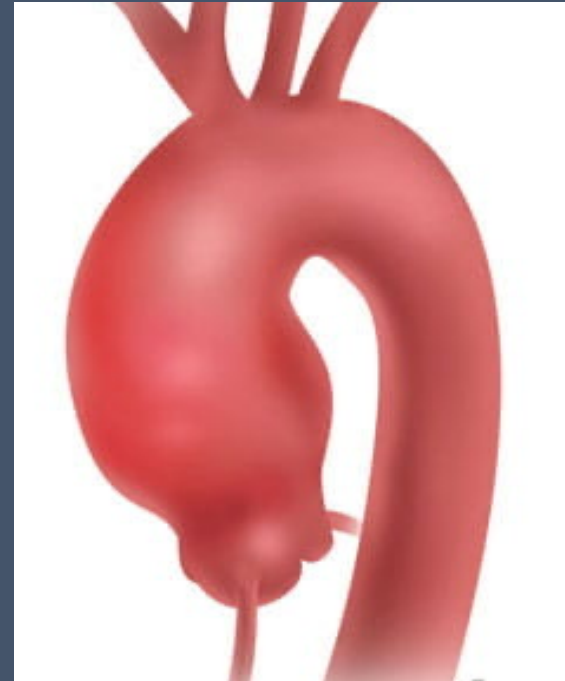
- Marfan syndrome
- Loeys Dietz syndrome
- Vascular EDS
- other

Nonsyndromic TAD

- ACTA2
- MYH11
- other

Marfan syndrome

- Systemic disorder of connective tissue: CVS, eyes, skeletal system and skin
- FBN1 gene found in 95% MFS patients
- FBN1 mutations lead to weakened connective tissue, abnormal elastic fiber formation, and dysregulated TGF- β signaling—leading to features such as aortic aneurysms, lens dislocation, and skeletal overgrowth
- High degree of clinical variability



Marfan syndrome: symptoms

CVS

- Aortic root dilation (80%)
- Aortic rupture (25%)
- MVP (50%)

Ocular

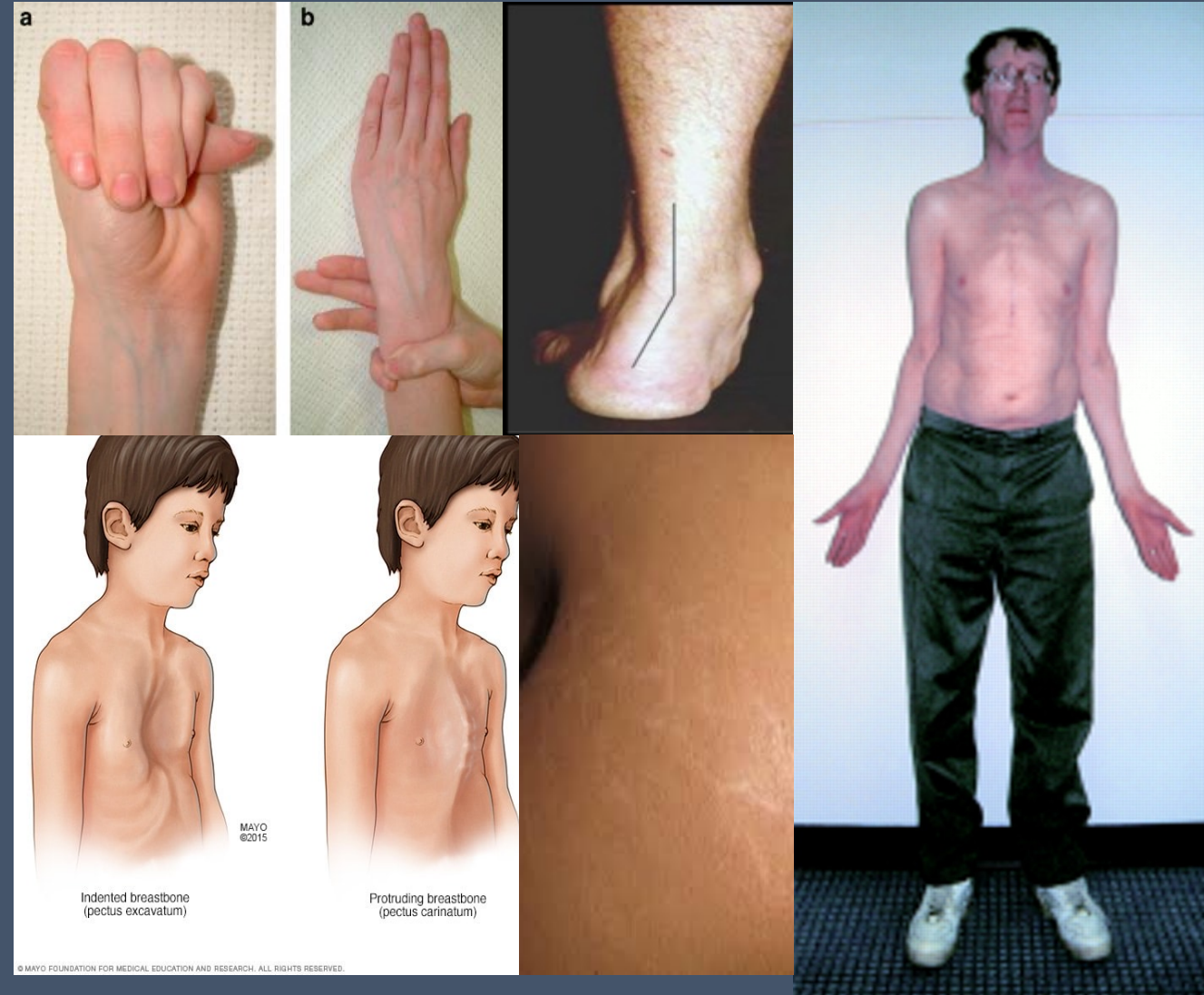
- Ectopia lentis (60%)
- Myopia (50%)
- other

Systemic

- Scoliosis (50%)
- Long extremities (50%)
- Pectus deformity (60%)
- other

MFS Systemic score

Feature	Points
Wrist and thumb sign	3
Wrist or thumb sign	1
Pectus carinatum	2
Pectus excavatum / chest asymmetry	1
Hindfoot deformity	2
Flatfoot (pes planus)	1
Pneumothorax	2
Dural ectasia	2
Protrusio acetabuli	2
Arm span > height + low upper/lower segment ratio	1
Scoliosis / kyphosis	1
Reduced elbow extension	1
≥3 facial features	1
Skin striae	1
Myopia >3D	1
Mitral valve prolapse	1



Diagnosing Marfan syndrome: revised Ghent criteria (2010)

- Patients with negative family history of MFS:
 - Aortic root dilation* AND FBN1 mutation
 - Aortic root dilation* AND ectopia lentis
 - Aortic root dilation* AND MFS score >7
 - Ectopia lentis and FBN1
- Patients with positive family history of MFS:
 - Aortic root dilation* AND + FHx
 - MFS score >7 AND + FHx
 - Ectopia lentis AND + FHx

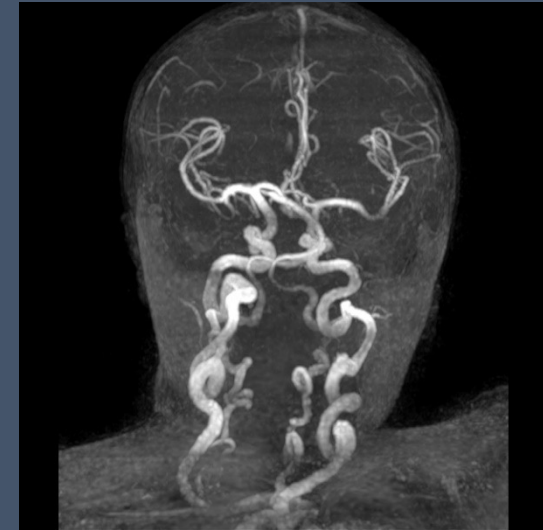
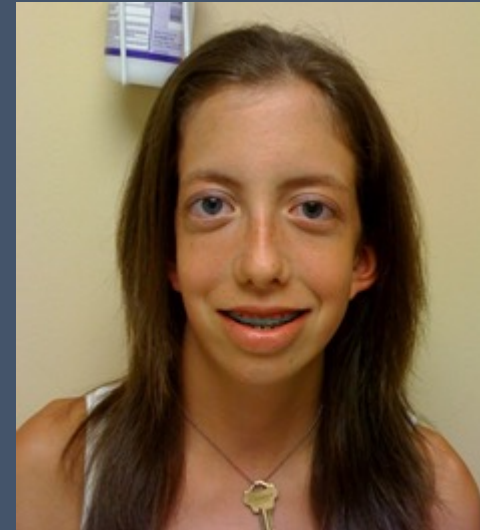
* Z score > 2

Genetic testing

- FBN1 gene analysis
- TAAD or CTD panel
- WES/WGS

Loeys Dietz syndrome

- Aneurysms are found through the arterial tree; aorta and branches are tortuous; dissections happen earlier
- No lens dislocation
- Distinct facial features including hypertelorism, cleft palate and bifid uvula
- Skeletal findings: arachnodactyly, pectus deformity, joint laxity
- Skin sx: soft and velvety
- Other: increased risk of allergic diseases



Diagnosing Loeys-Dietz syndrome

- No consensus clinical diagnostic criteria for Loeys-Dietz syndrome (LDS) have been published.
- LDS should be suspected in individuals with the vascular, skeletal, craniofacial, cutaneous, allergic/inflammatory, ocular, and family history findings

Genetic testing for LDS

- Mutations found in *TGFBR1*, *TGFBR2*, *TGFB2*, *TGFB3*, *SMAD3* genes (75% *de novo*)
- Genes involved in TGF- β signaling pathway; crucial for connective tissue development, vascular integrity, and immune regulation
- Genetic testing: TAAD panel, exome/genome sequencing