Compound RYR1 heterozygosity with MH-susceptibility, central cores and multiminicore disease in one family.

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❖Proband: female, born 1977

First investigations at age 3 because of delayed motor milestones: 'myopathy with cores' 2004 Pt contacts centre for NMD, University of Antwerp because of child wish: new investigations

Clinical findings: +/- invalidating weakness shoulder/hip girdles

Muscle biopsy 2004

- Fatty infiltration, fibrosis, necrotic fibres, centralization of several nuclei in numerous fibres
- Almost type 1 fibre 'uniformity'
- EM: multiple core-like myofibrillar alterations corresponding to 'multi-minicore type lesions, focal
- loss of striations, rods in atrophic fibres
- Conclusion: "Multi-minicore disease + rods"
- IVCT 2004: 16 mN at 2 mM caff, 35 mN at 2% Hal, 20 mN at 75 microM 4CmC: MHS
- 106 exon RYR1 sequencing 2005 CHU Grenoble proband: 20 polymorphisms, 4 'variants of unknown signficance including p.Val4849Ile, no 'causative mutations'.
- Western blot analysis Basel 2013 : 50% less RYR1 protein compared to control
- Muscle MRI 2013: symm T1-weighted signal abnormalities in select muscle

R 1 9 0 Proband 0

Glu3583Gln

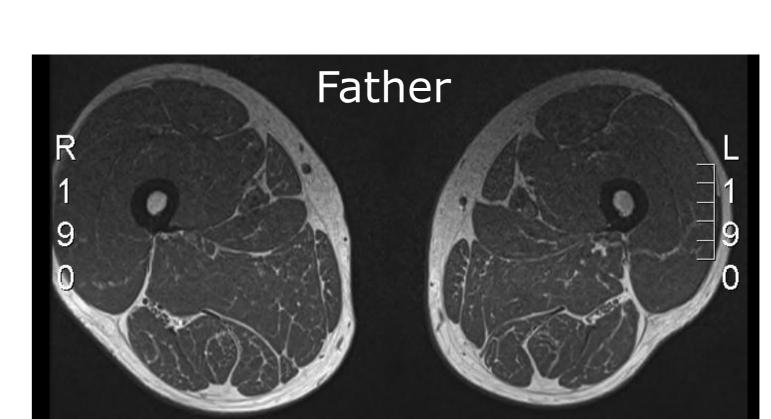
M Rect fem.

M Vast Lat

M Sartorius

Adductor group

M Gracilis



***Father of proband**

- No clinical symptoms/complaints
- Histology: Normal fibre type distribution (1 & 2)

No centralization of nuclei. Central cores on histology

• IVCT: 16 mN at 2 mM caff, 35 mN at 2% Hal, 20 mN at 75 microM 4CmC: MHS

MRI : normal

• Western blot analysis: RYR1 equal to control

- 106 exon RYR1 sequencing
 - variant p.Val4849Ile , polymorphism p.Glu3583Gln.



*Mother and sister of proband: no consent for investigations except DNA testing

• variants p.Ile1571Val, p.Arg3366His, p.Tyr3933Cys polymorphism p.Gly2060Cys.

