



# Lésions de la matière blanche : quand soupçonner un problème génétique

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# Conflicts of Interest

No conflicts of interest to be declared for this presentation

## Research Funding

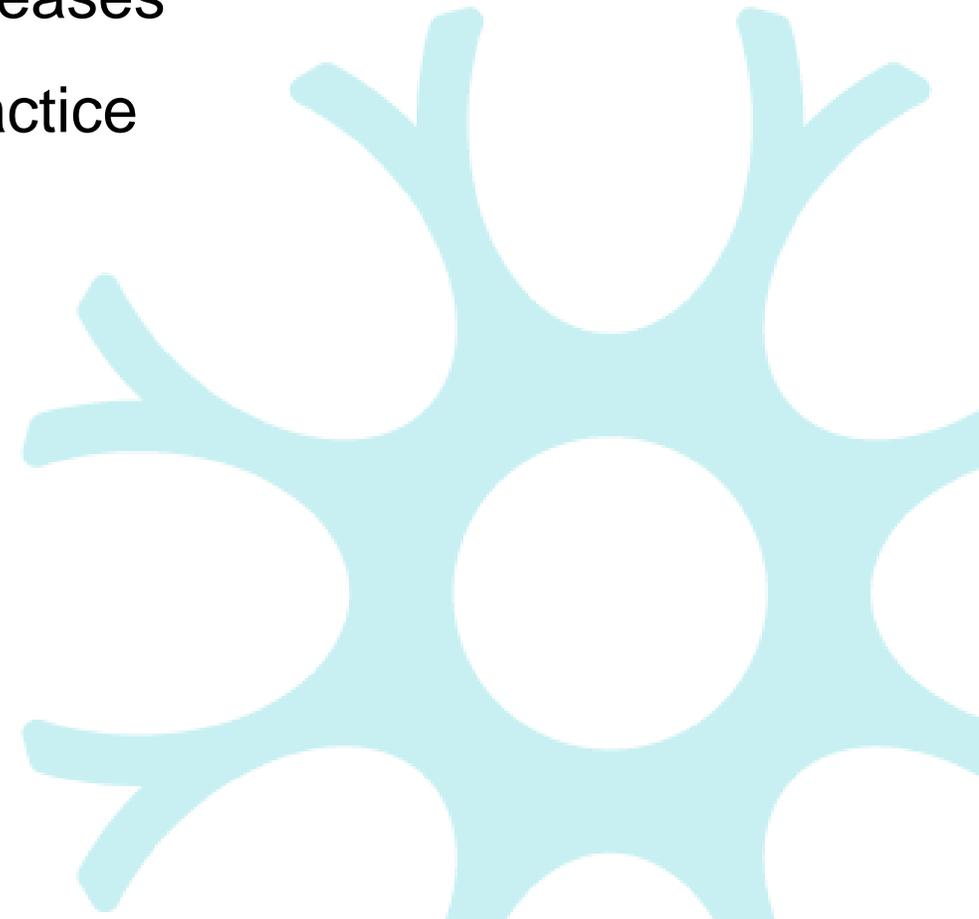
- Canadian Radiological Foundation
- Hoffman-La Roche Canada
- Fonds de Recherche en Santé du Quebec
- Tanenbaum Open Science Institute
- Rare Disease Foundation

## Speaking Honoraria

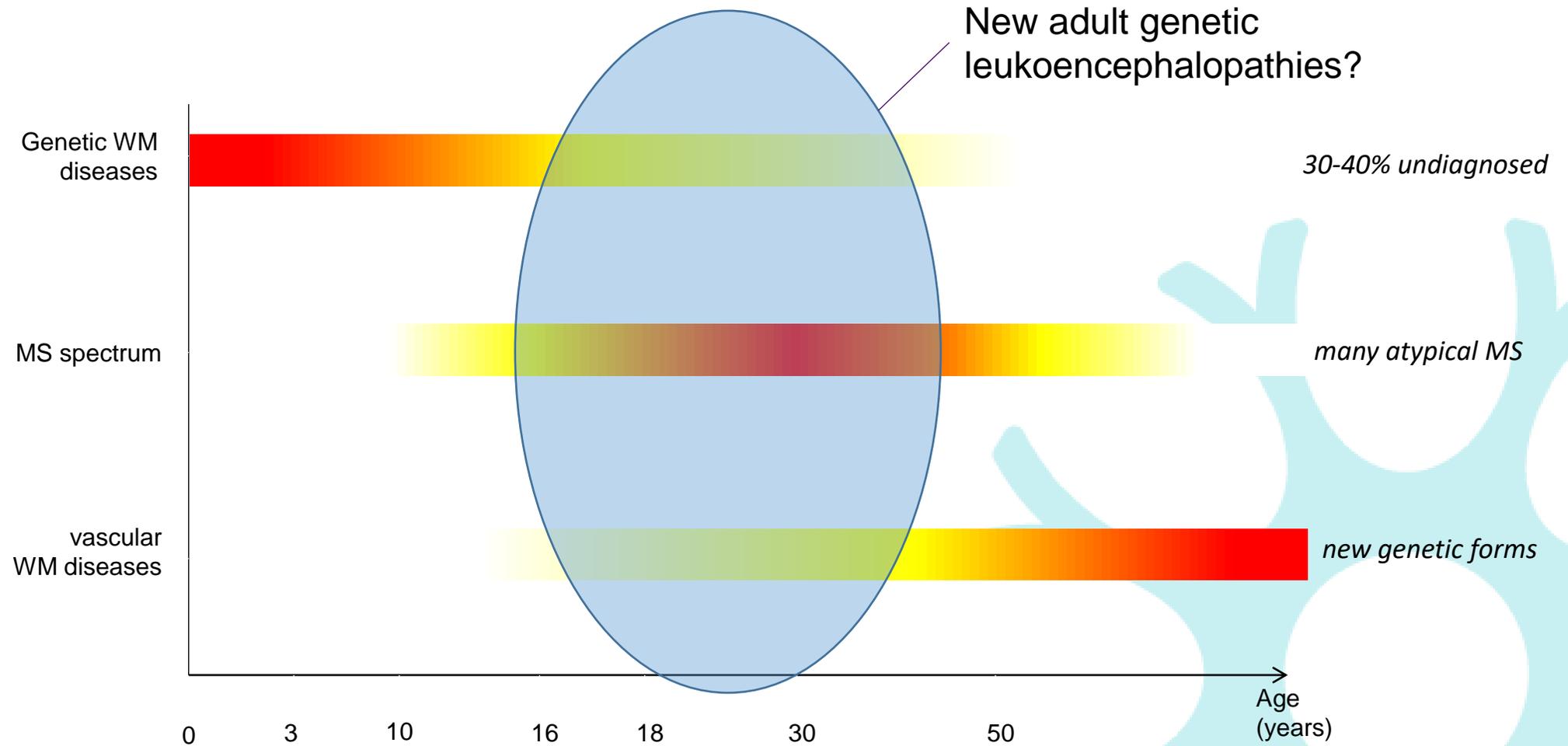
- Novartis

# Outline of the presentation

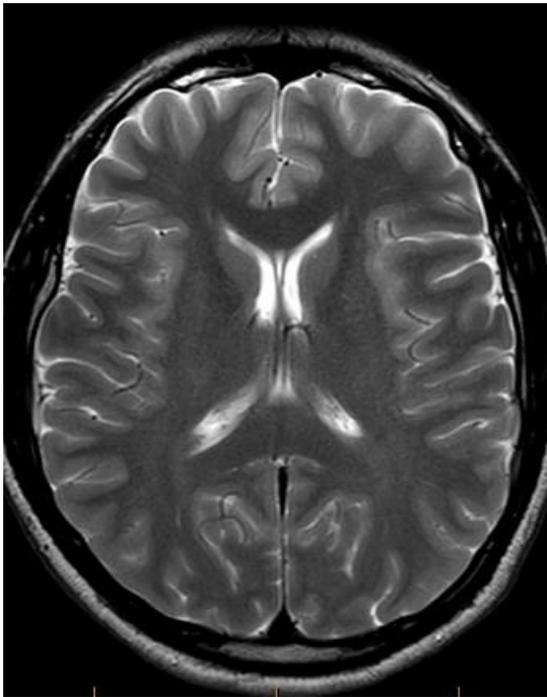
1. Review of hereditary vascular white matter diseases
2. Useful hints for the diagnosis in the clinical practice
3. The challenge of identifying new entities



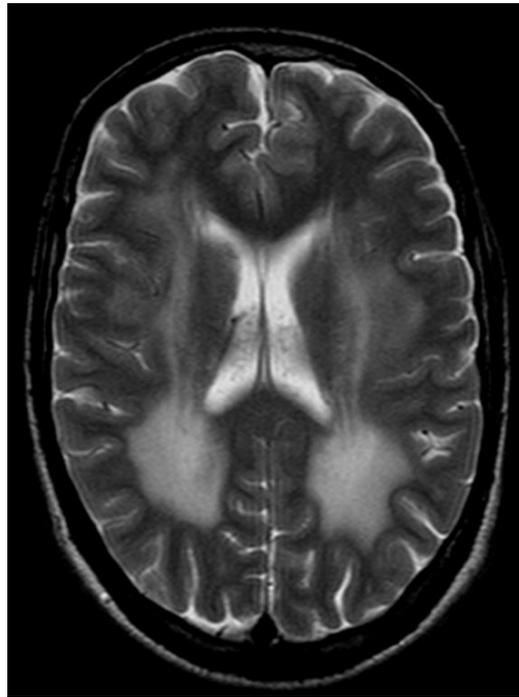
# The Problem



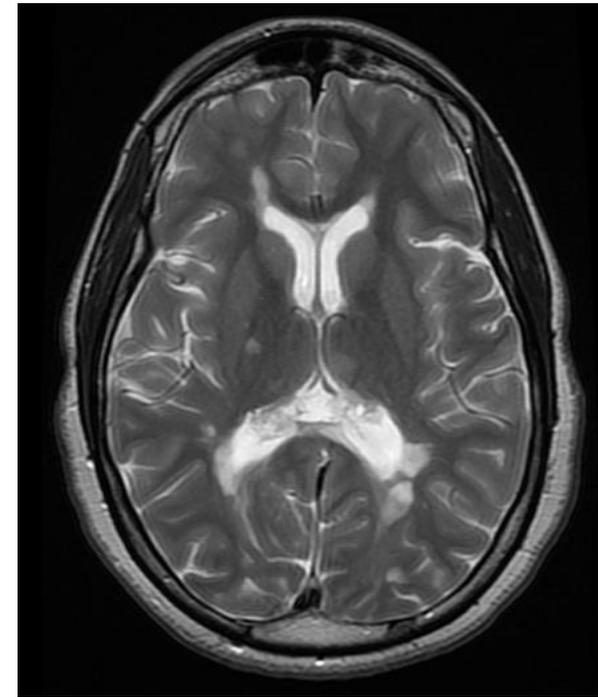
# Misinterpretation of **MRI** abnormalities is the most frequent cause of misdiagnosis and delayed diagnosis of a genetic white matter disorder



*normal WM*

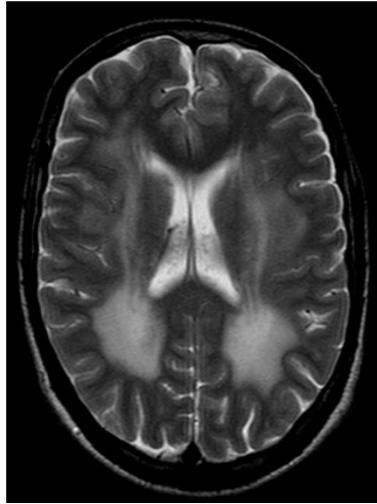


diffuse and symmetric  
=  
genetic

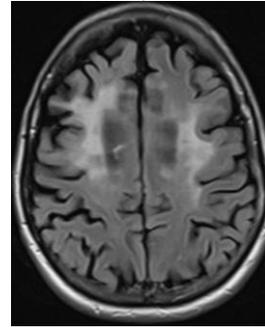


multifocal and asymmetric  
=  
acquired

# The interpretation of **MRI** abnormalities is crucial to correctly classify white matter diseases

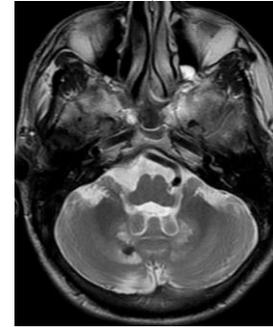


**diffuse and symmetric = genetic**



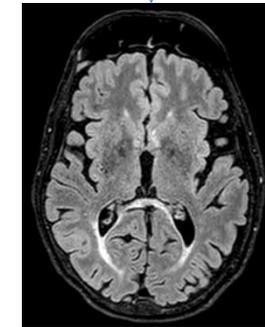
Frontal  
predominance

-Alexander  
disease  
-Metachromatic  
leukodystrophy



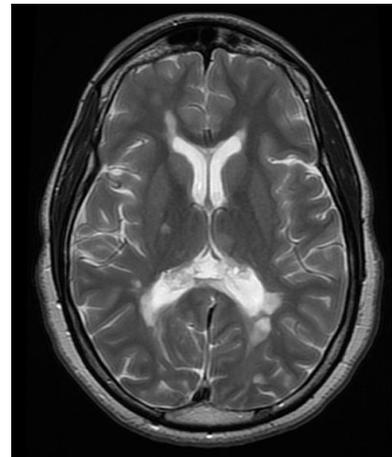
Infratentorial  
predominance

-Cerebrotendinous  
xanthomatosis  
-Adult-Autosomal  
Dominant  
Leukodystrophy

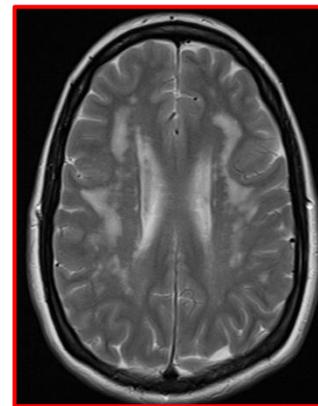


Occipital  
predominance

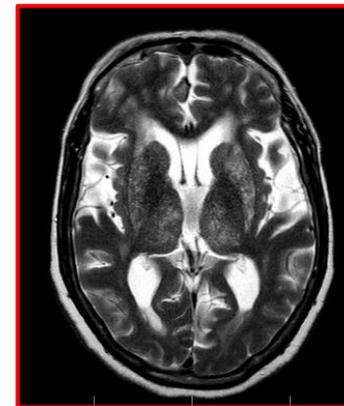
-Krabbe Disease  
-X-linked  
adrenoleukodystrophy



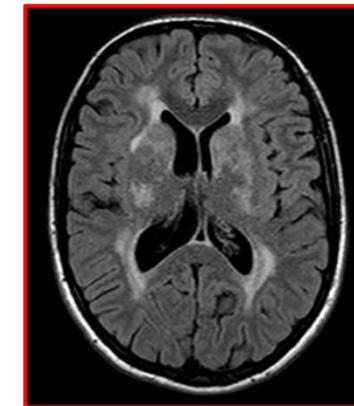
**multifocal and asymmetric = acquired**



CADASIL



CARASIL

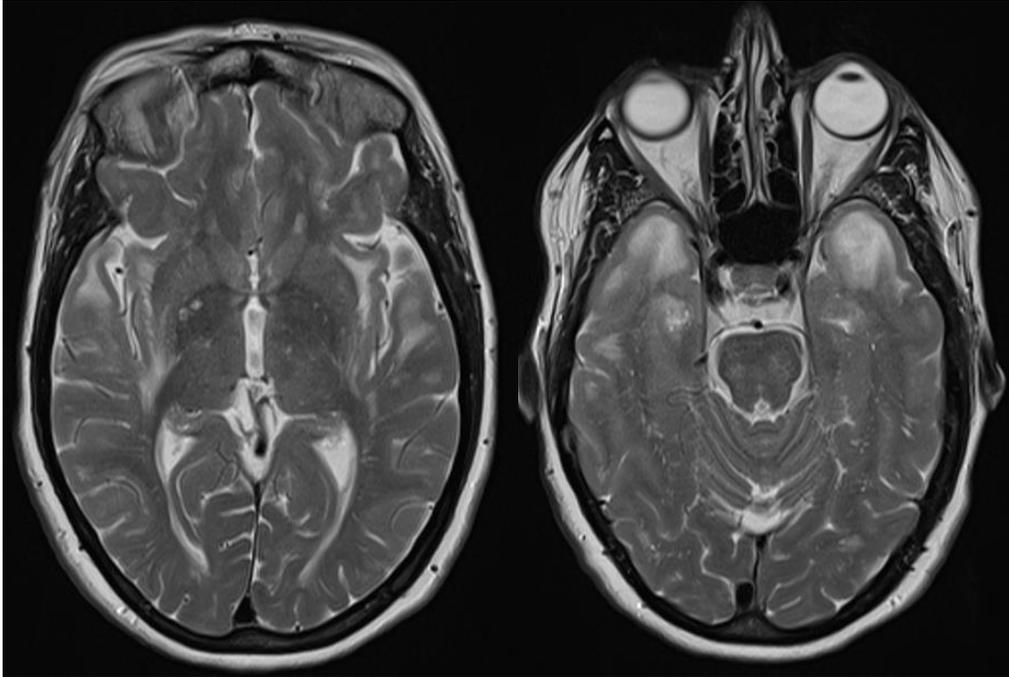


COL4A1-related

# When to suspect a vascular white matter disease of genetic origin

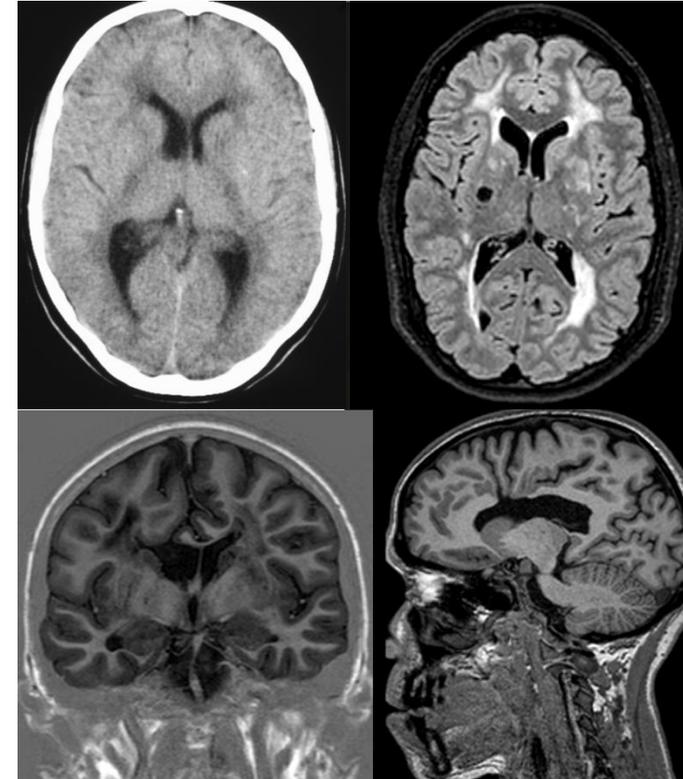
1. Absence of risk factors for acquired cerebrovascular disorders
2. MRI findings can suggest specific forms

# MRI Pattern Recognition



## CADASIL

Involvement of temporal poles and external capsules



## COL4A1-related disorders

Calcifications

Cortical malformations

Enlarged perivascular spaces

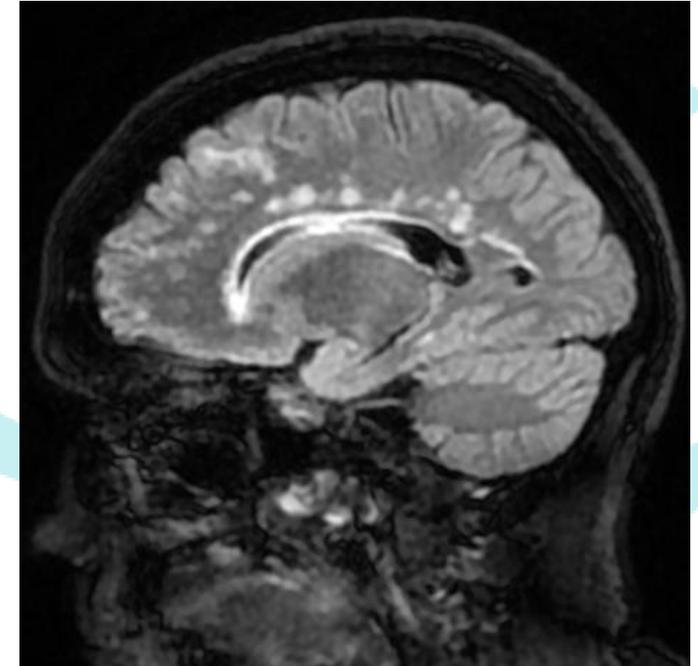
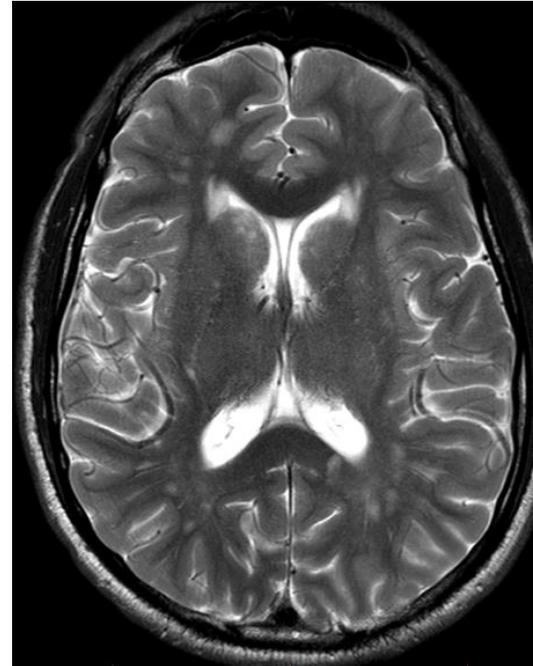
# CADASIL

## Cerebral Autosomal Dominant Arteriopathy with Sub-cortical Infarcts and Leukoencephalopathy

- Autosomal dominant
- Mutations in the *NOTCH3* gene

### ***Diagnostic challenges***

- Relapsing course
- No migraine
- No psychiatric symptoms
- No family history

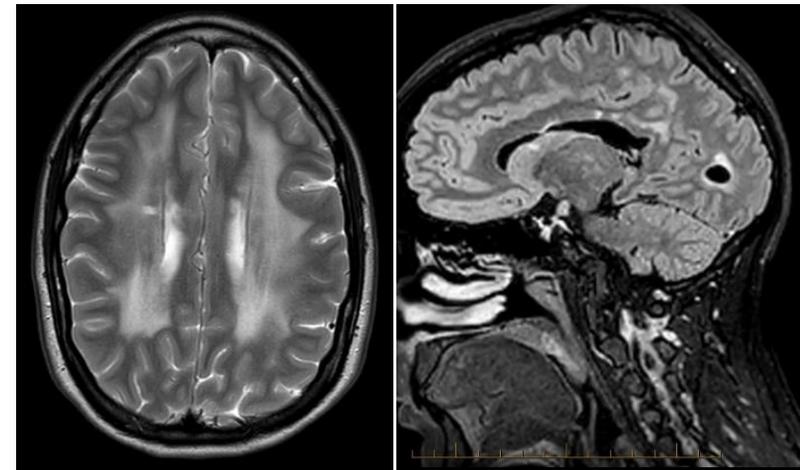
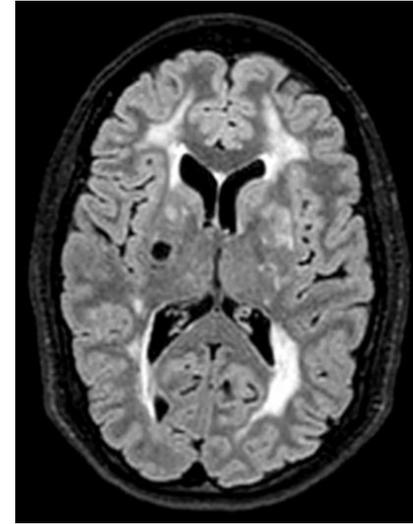
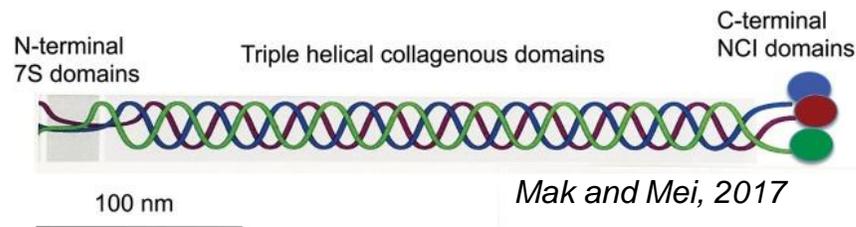
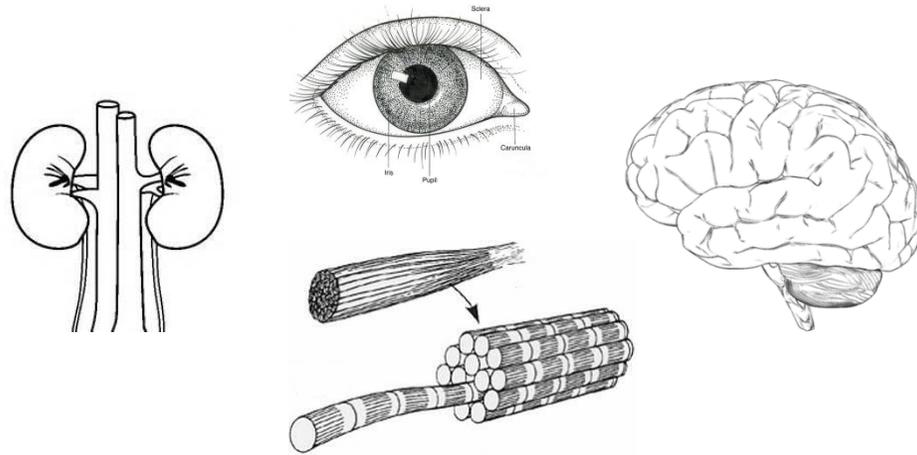


# When to suspect a vascular white matter disease of genetic origin

1. Absence of risk factors for acquired cerebrovascular disorders
2. MRI findings suggests specific forms
3. Extraneurological involvement can orient the diagnosis

# COL4A1-related disorders

- Autosomal dominant (*de novo* in 27%)
- Clinically heterogeneous
- High intrafamilial variability in age of onset and presentation



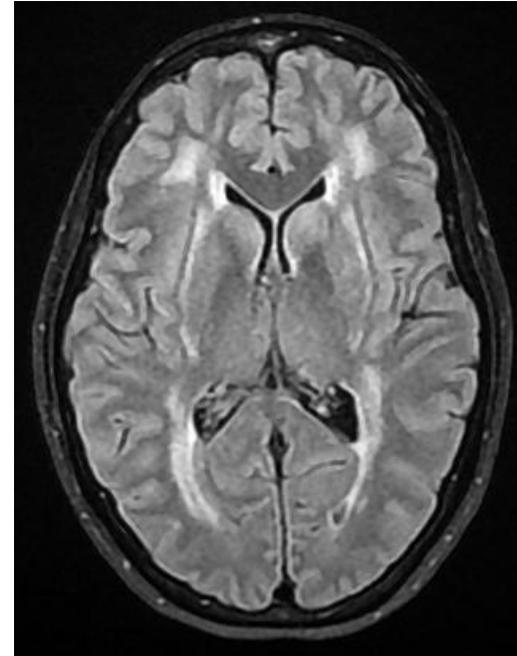
# COL4A2-related disorders

Woman with cranial pain syndrome  
Low IQ  
Cramps

## Family history

Negative  
Six younger siblings with higher cognitive functioning

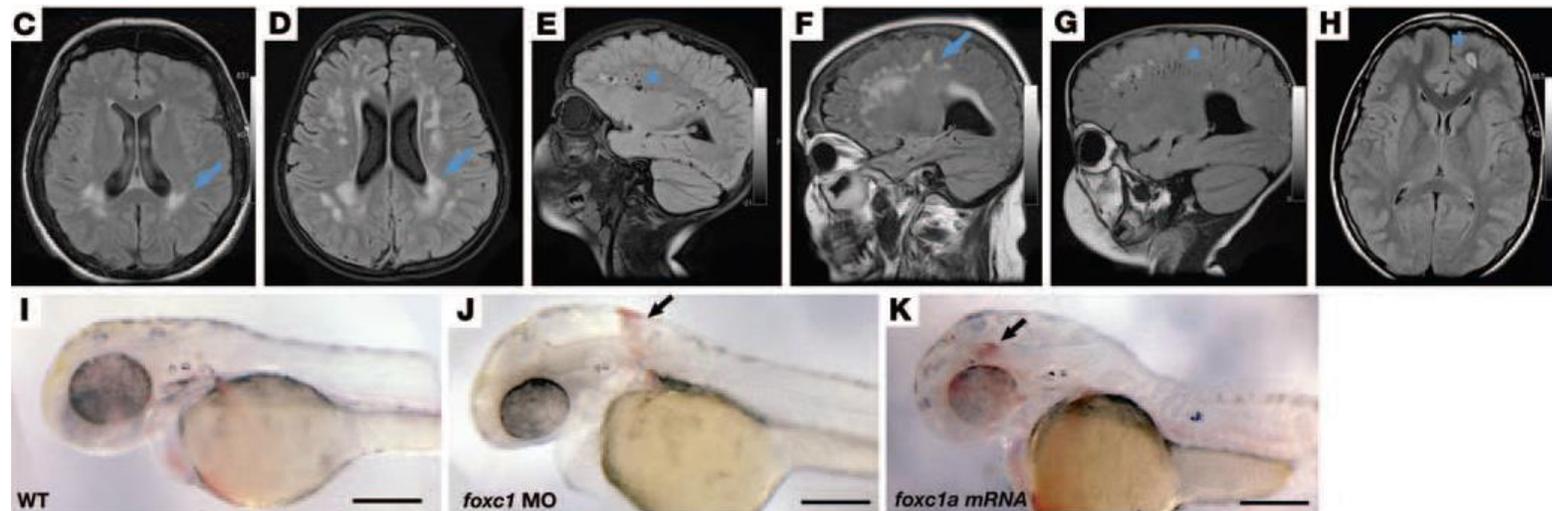
Heterozygous *COL4A2* mutation



# Mutation of *FOXC1* and *PITX2* induces cerebral small-vessel disease

Curtis R. French,<sup>1</sup> Sudha Seshadri,<sup>2</sup> Anita L. Destefano,<sup>3</sup> Myriam Fornage,<sup>4</sup> Corey R. Arnold,<sup>5</sup> Philip J. Gage,<sup>6</sup> Jonathan M. Skarie,<sup>7</sup> William B. Dobyns,<sup>8</sup> Kathleen J. Millen,<sup>8</sup> Ting Liu,<sup>9</sup> William Dietz,<sup>9</sup> Tsutomu Kume,<sup>9</sup> Marten Hofker,<sup>10</sup> Derek J. Emery,<sup>11</sup> Sarah J. Childs,<sup>5</sup> Andrew J. Waskiewicz,<sup>12</sup> and Ordan J. Lehmann<sup>1,13</sup>

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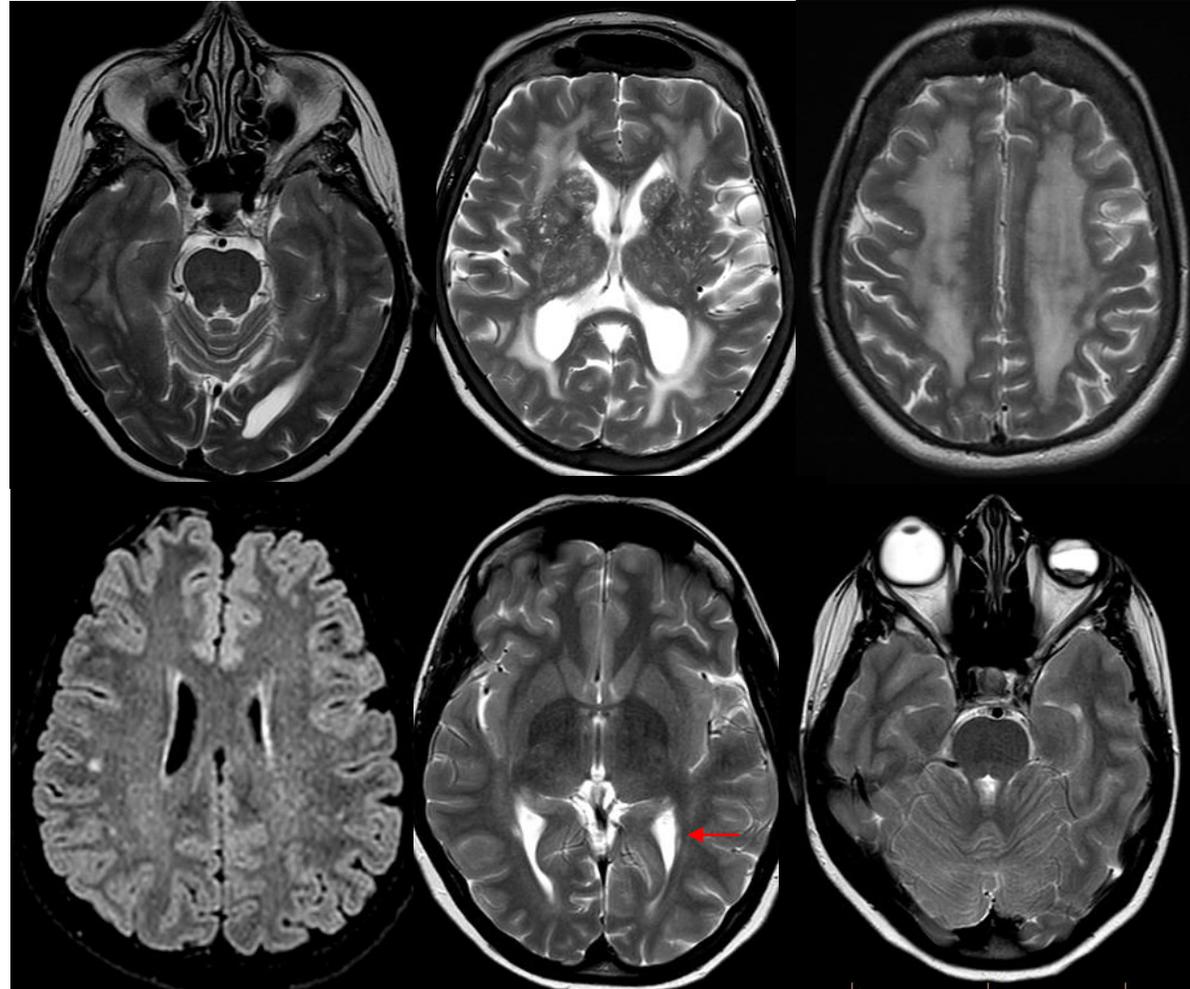


# FOXC1-related disorders

- Progressive hearing loss
- Eye abnormalities
- Cerebral small vessel disease



Axenfeld-Rieger Anomaly



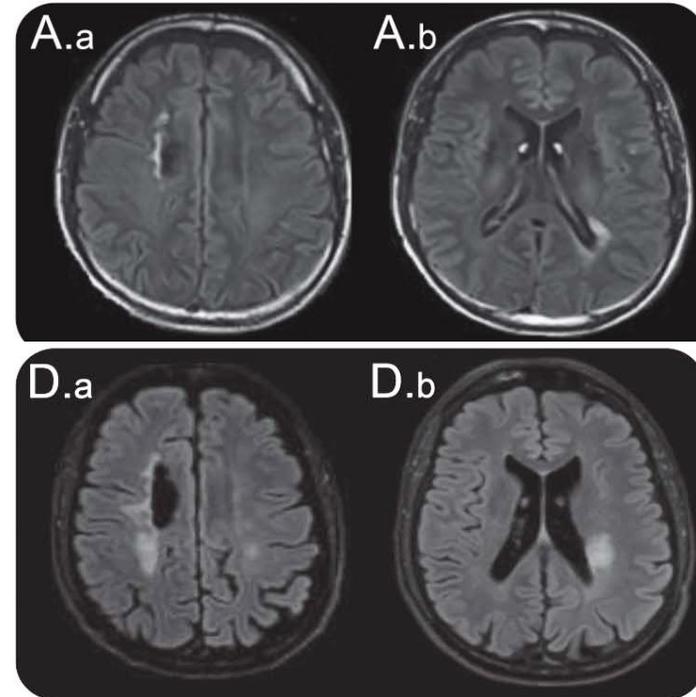
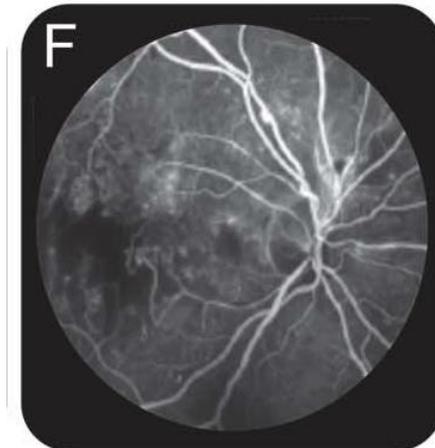
*Tabassum et al. to be submitted*

# Retinal Vasculopathy with Cerebral Leukodystrophy (RVCL)

Autosomal dominant mutations in  
*TREX1*

Retinal microangiopathy

Genetic endotheliopathy affecting  
multiple organs: eye, kidney, brain

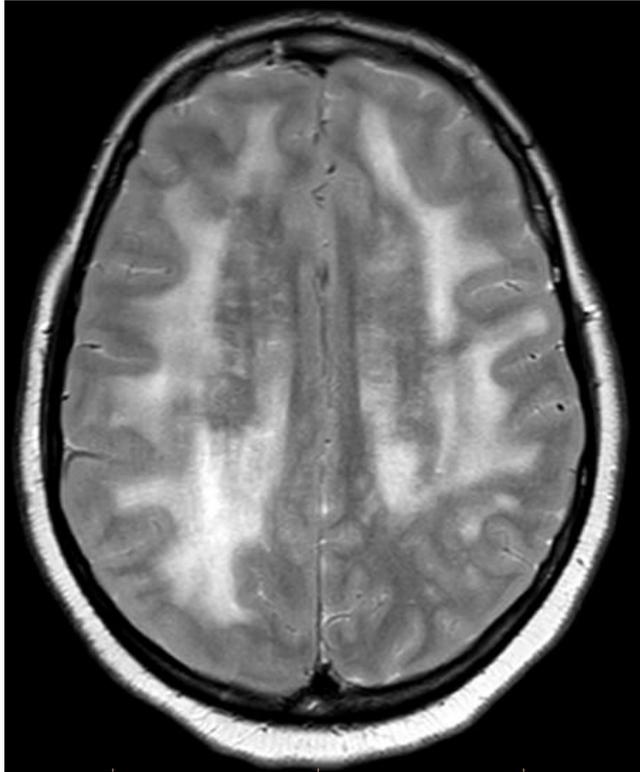


*Schuh et al., Neurology 2015*

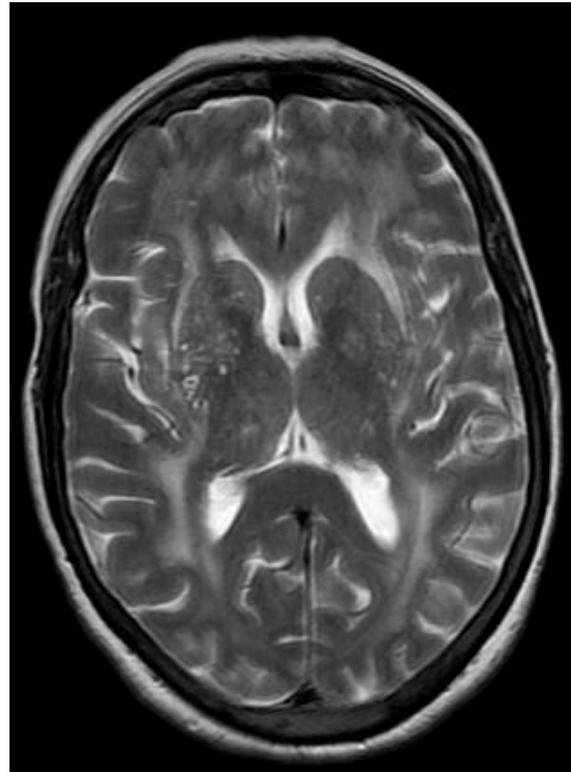
# Useful reminders for the clinical practice

- Hereditary CSVD are underrecognized
- MRI features and patterns can narrow down the differential genetic diagnosis
- MRI alone may not be sufficient in identifying all genetic CSVD and there is a need to integrate genetic and clinical datasets

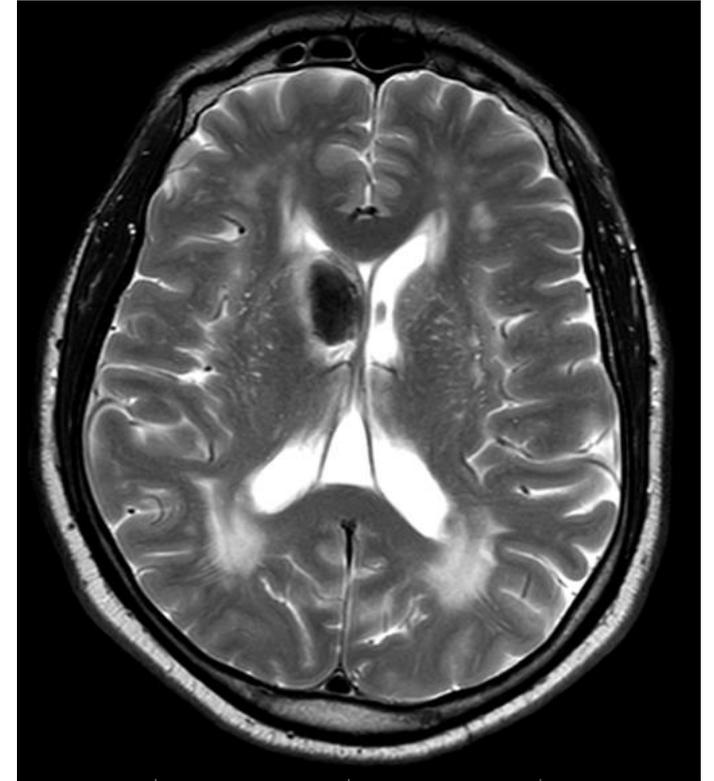
# Undiagnosed vascular white matter diseases of genetic origin



32-year-old woman, migraine



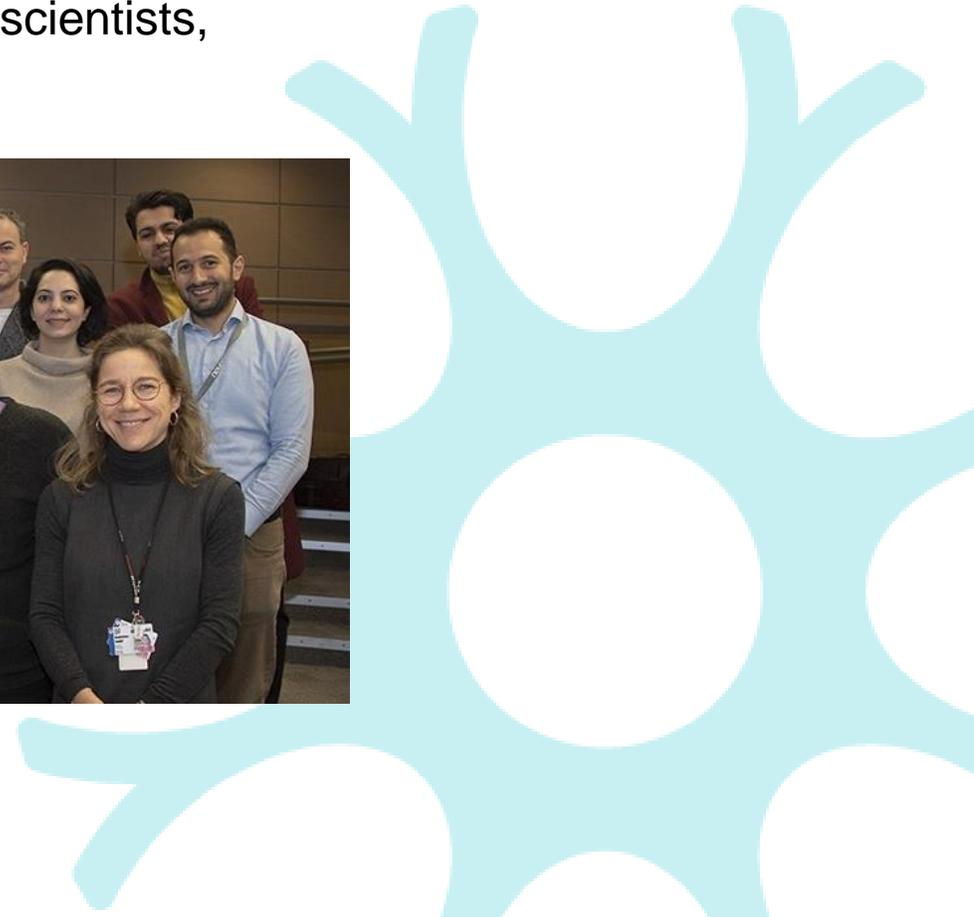
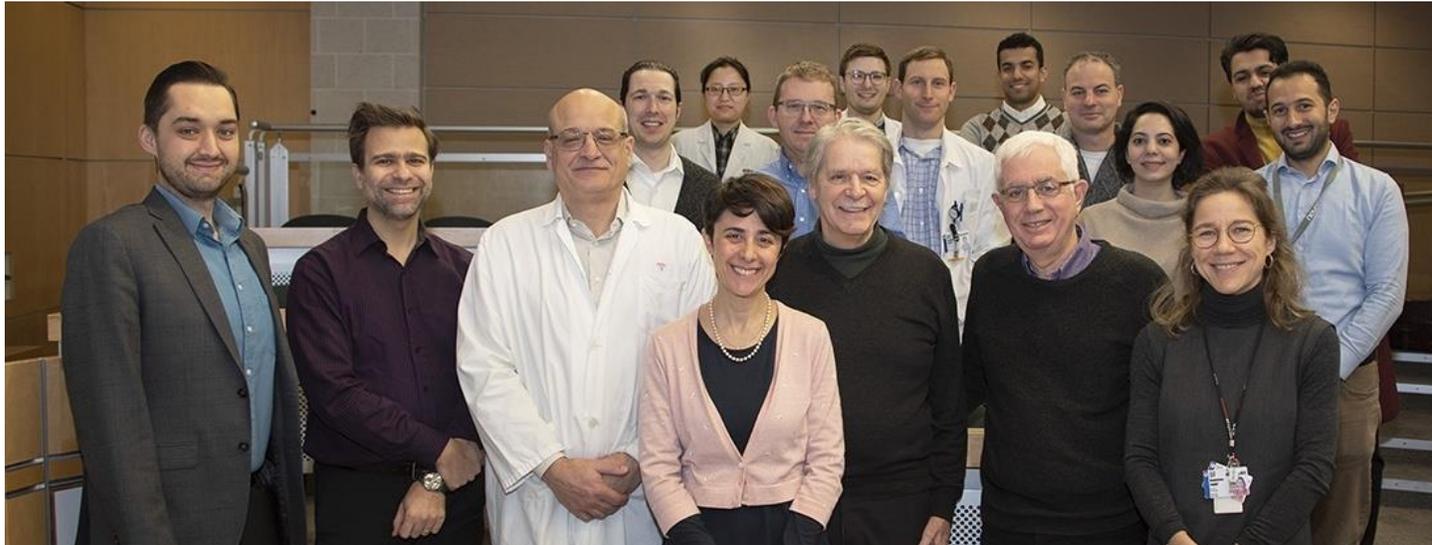
67-year-old woman, ataxia and vertigo.  
Same symptoms and MRI findings in the sister



47-year-old man, episodes of intracranial hemorrhage.  
Important family history for "sudden death".

# White Matter Rounds

- Created in 2013
- Now an established monthly meeting
- Multidisciplinary team including MS clinicians and scientists, neurogeneticists, imaging experts





Check for updates

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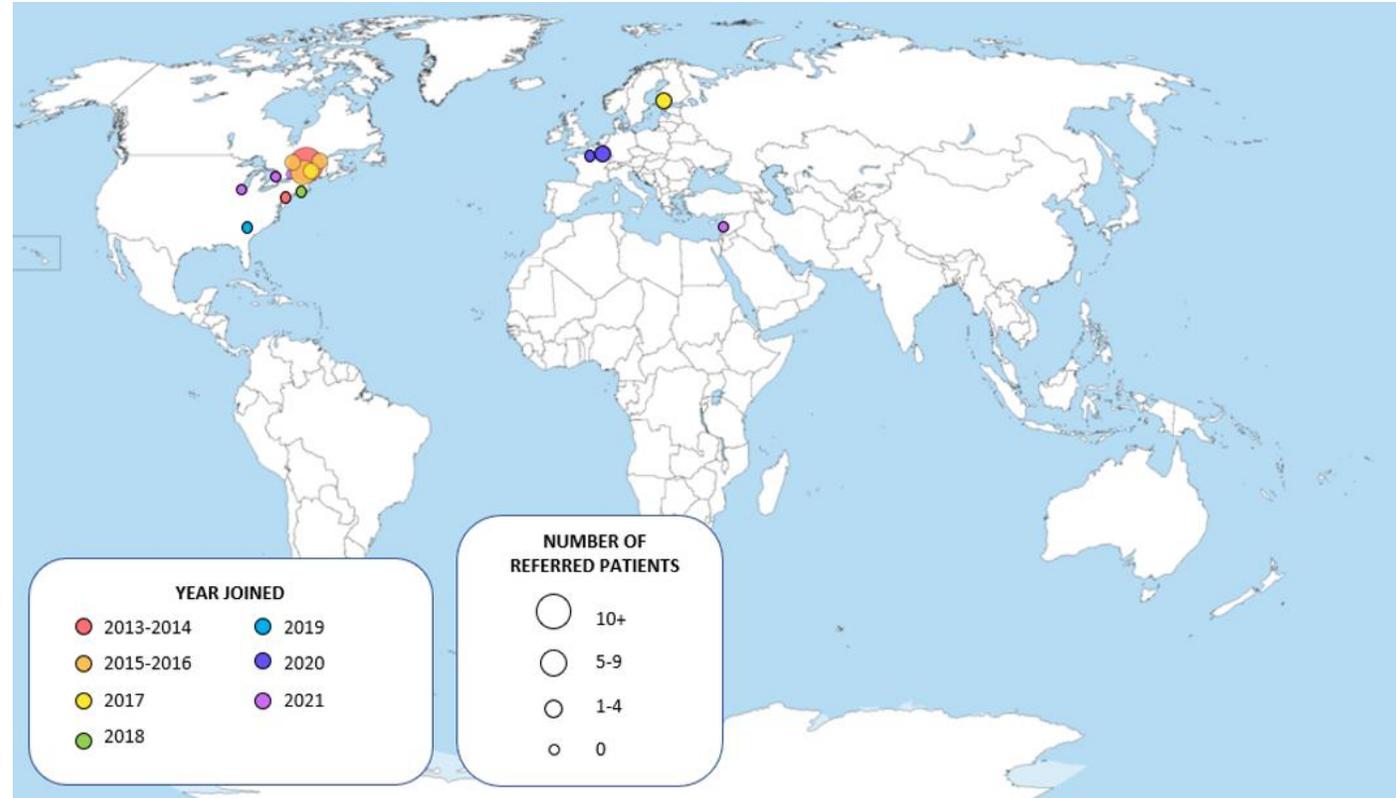
SPECIALTY SECTION  
 This article was submitted to  
 Neurogenetics,  
 a section of the journal  
 Frontiers in Neurology

RECEIVED 25 April 2022  
 ACCEPTED 30 June 2022  
 PUBLISHED 25 July 2022

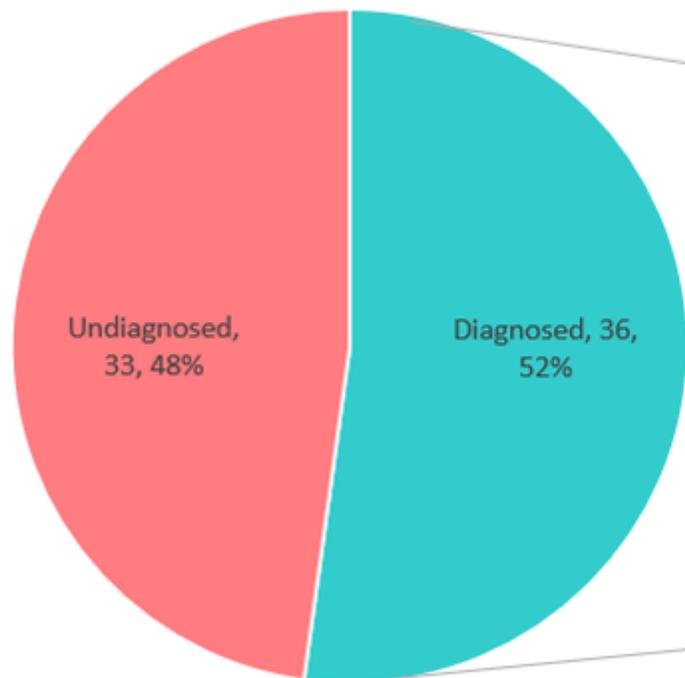
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 Huang YT, Giacomini PS, Massie R,  
 Venkateswaran S, Trudelle A, Fadda G,  
 Sharifian-Dorche M, Boudjani H,  
 Poliquin-Lasnier L, Airas L,  
 Saveriano AW, Ziller MG, Miller E,  
 Martinez-Rios C, Wilson N, Davila J,  
 Rush C, Longbrake EE, Longoni G,  
 Macaron G, Bernard G, Tampieri D,  
 Antel J, Brais B and La Piana R (2022)

# The White Matter Rounds experience: The importance of a multidisciplinary network to accelerate the diagnostic process for adult patients with rare white matter disorders

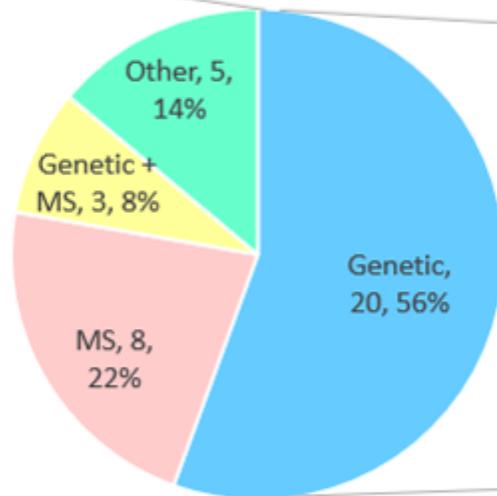
Yu Tong Huang<sup>1</sup>, Paul S. Giacomini<sup>1</sup>, Rami Massie<sup>1</sup>, Sunita Venkateswaran<sup>2</sup>, Anne-Marie Trudelle<sup>3</sup>, Giulia Fadda<sup>1</sup>, Maryam Sharifian-Dorche<sup>1</sup>, Hayet Boudjani<sup>4</sup>, Laurence Poliquin-Lasnier<sup>5</sup>, Laura Airas<sup>6</sup>, Alexander W. Saveriano<sup>1</sup>, Matthias Georg Ziller<sup>1,7</sup>, Elka Miller<sup>8</sup>, Claudia Martinez-Rios<sup>8</sup>, Nagwa Wilson<sup>8</sup>, Jorge Davila<sup>8</sup>, Carolina Rush<sup>9</sup>, Erin E. Longbrake<sup>10</sup>, Giulia Longoni<sup>11</sup>, Gabrielle Macaron<sup>12</sup>, Geneviève Bernard<sup>1,13,14,15</sup>, Donatella Tampieri<sup>16</sup>, Jack Antel<sup>1</sup>, Bernard Brais<sup>1</sup> and Roberta La Piana<sup>1,17\*</sup> on behalf of the White Matter Rounds Network



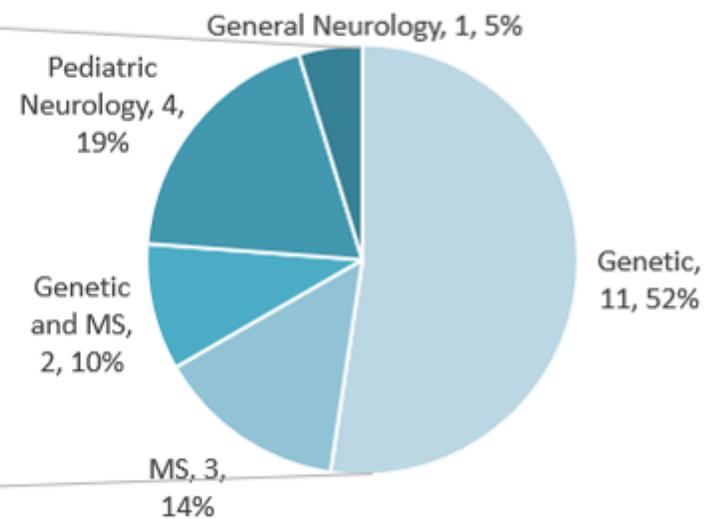
Diagnostic Outcomes (Total = 74)



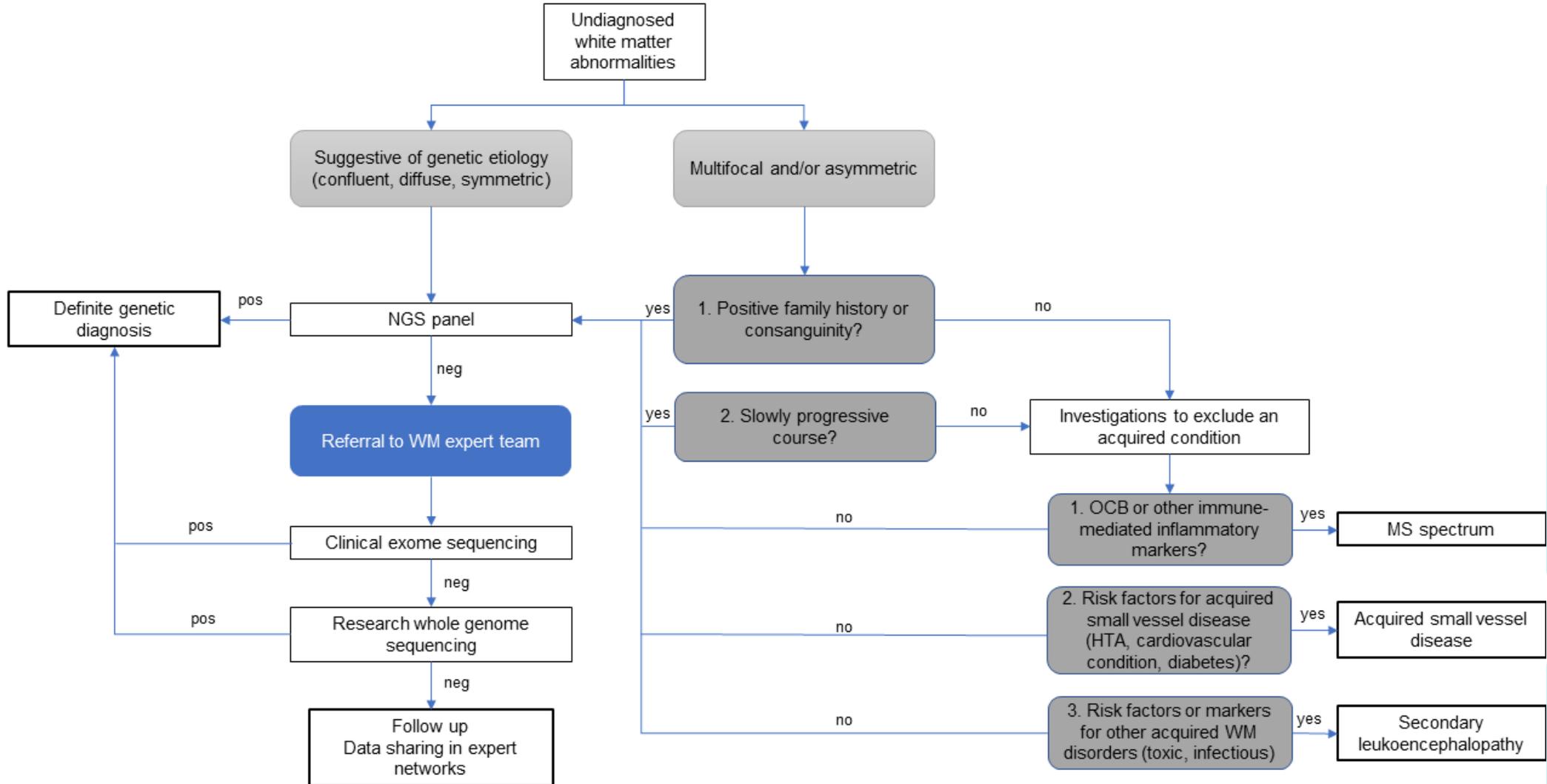
Final diagnosis (Total = 36)



Referring specialty for patients with final genetic or double (genetic + MS) diagnosis (Total = 23)



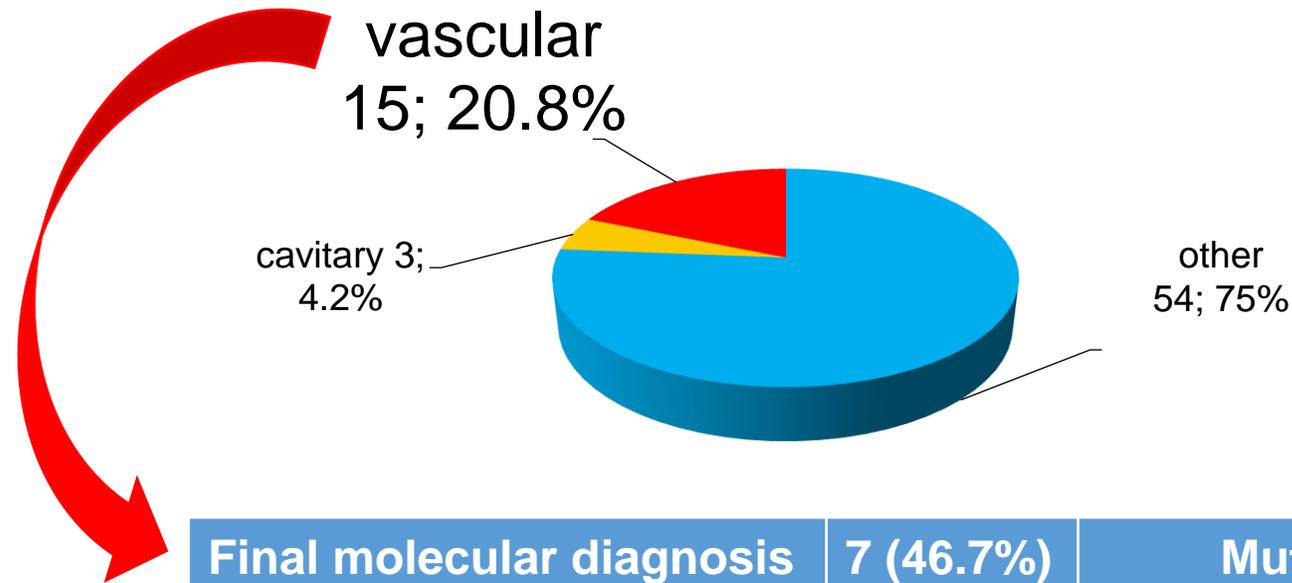
# Diagnostic Algorithm



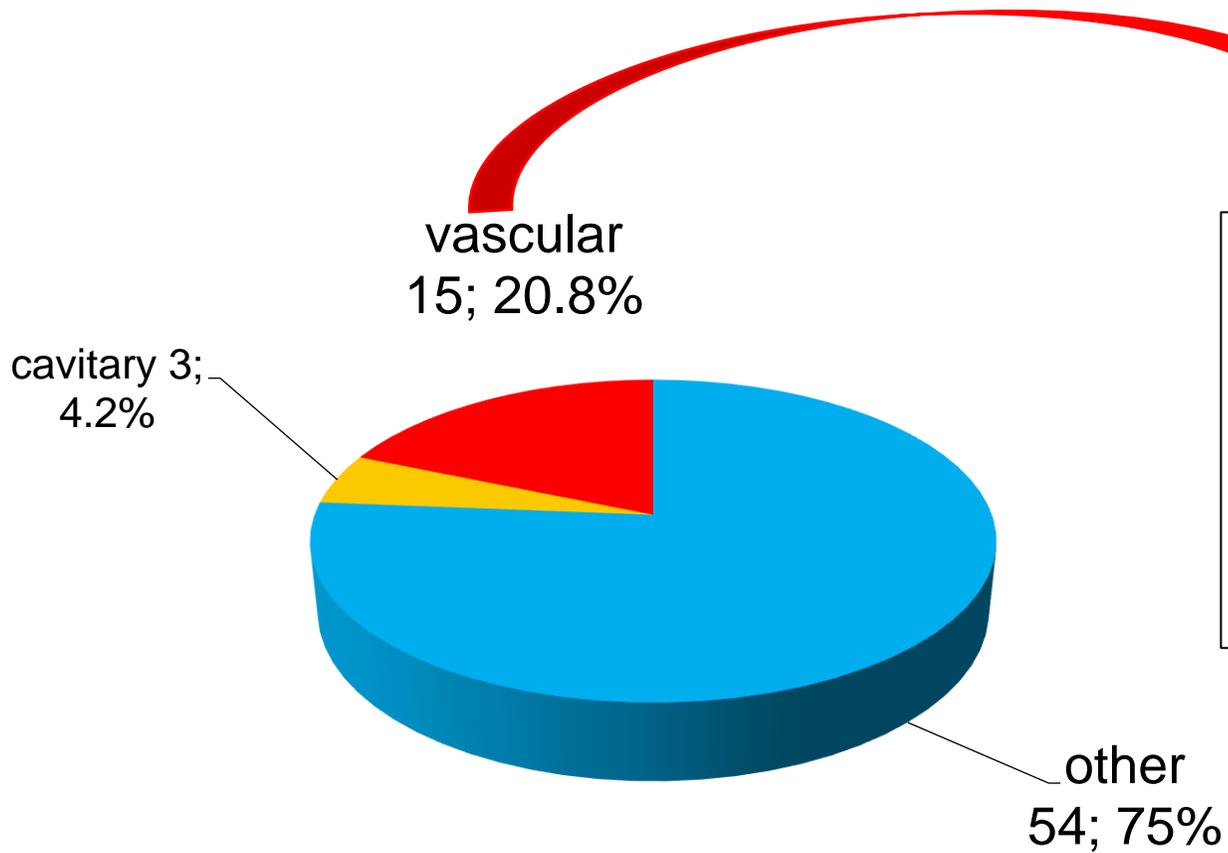
# Aims

- 1) To assess the **rate** of subjects with leukoencephalopathy of vascular origin in our cohort of genetic leukoencephalopathies
  
- 2) To identify **specific MRI patterns** that
  - a. will orient the diagnosis
  - b. will guide the genetic analysis in undiagnosed forms

# Prevalence of vascular MRI patterns in our cohort



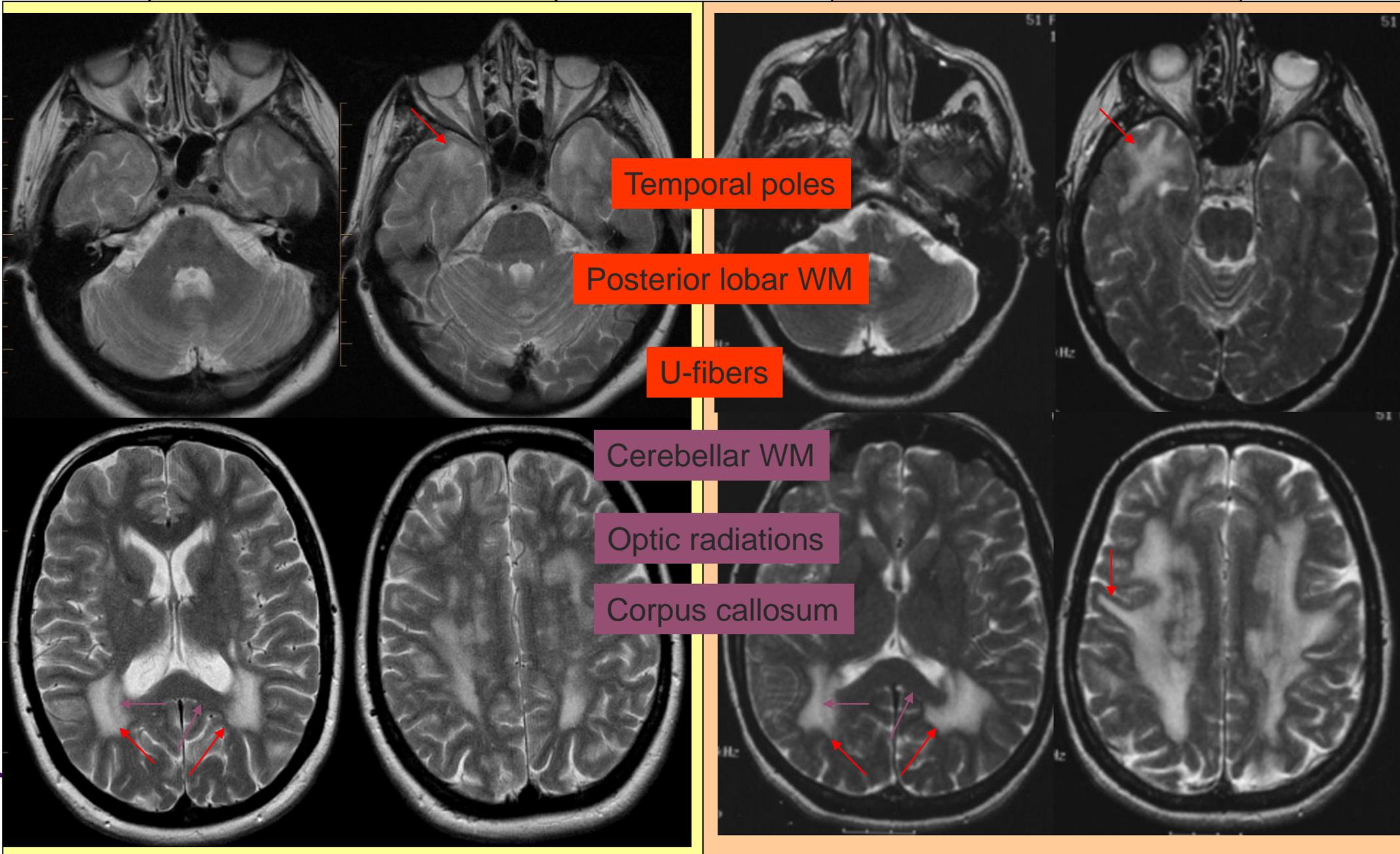
Final molecular diagnosis	7 (46.7%)	Mutated Gene and Mutation
CADASIL	4	NOTCH3, c.323G>T; p.Cys108Phe NOTCH3, c.1337G>A; p.Cys446Tyr
CARASIL	1	HTRA1 c.83_93 del; p.Gly28Alafs*137
COL4A1-related disorder	1	COL4A c.3734G>T (p.Gly1245Val)
FOXC1-related disorder	1	FOXC1 c.331delC, p.Arg111AlafsX70



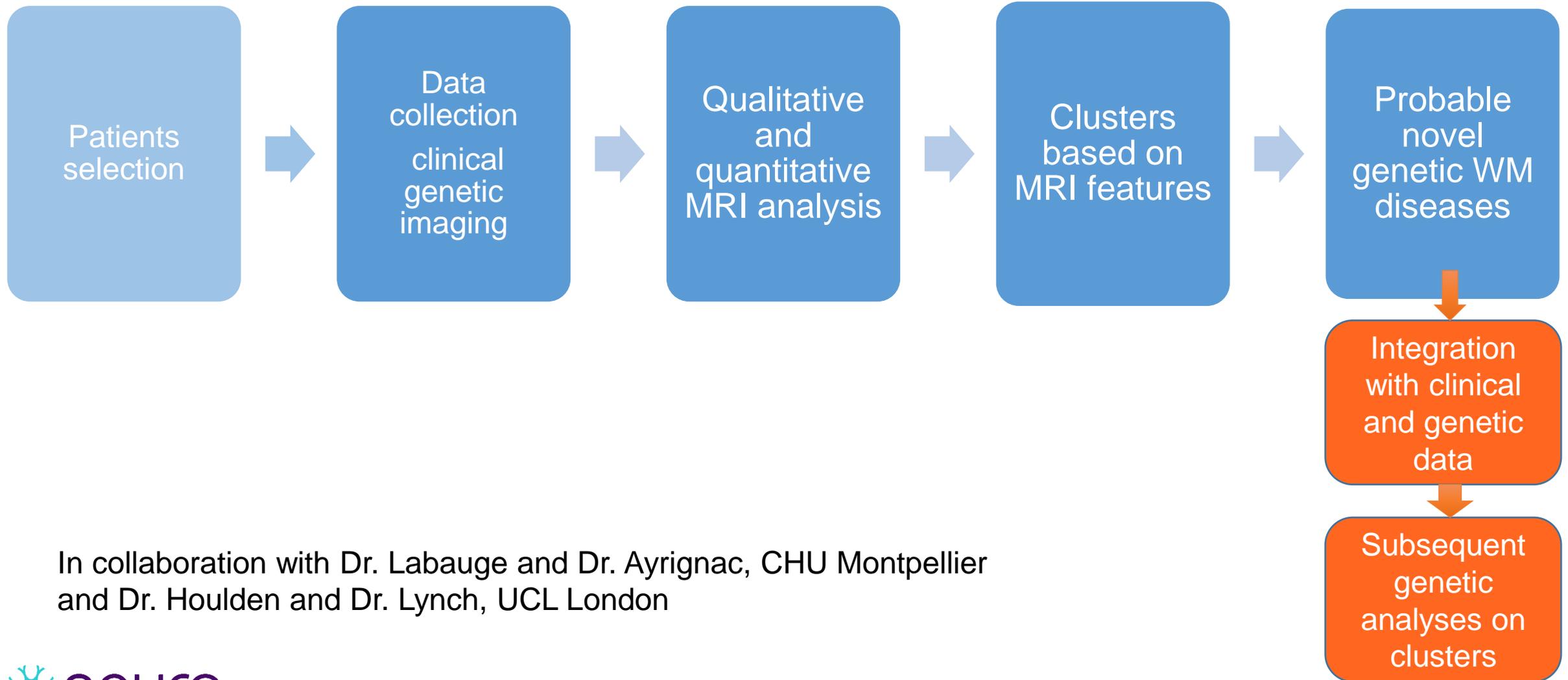
No variants in genes associated with known genetic small vessel diseases in 8 subjects\*  
53.3%

# Case 1

# Case 2

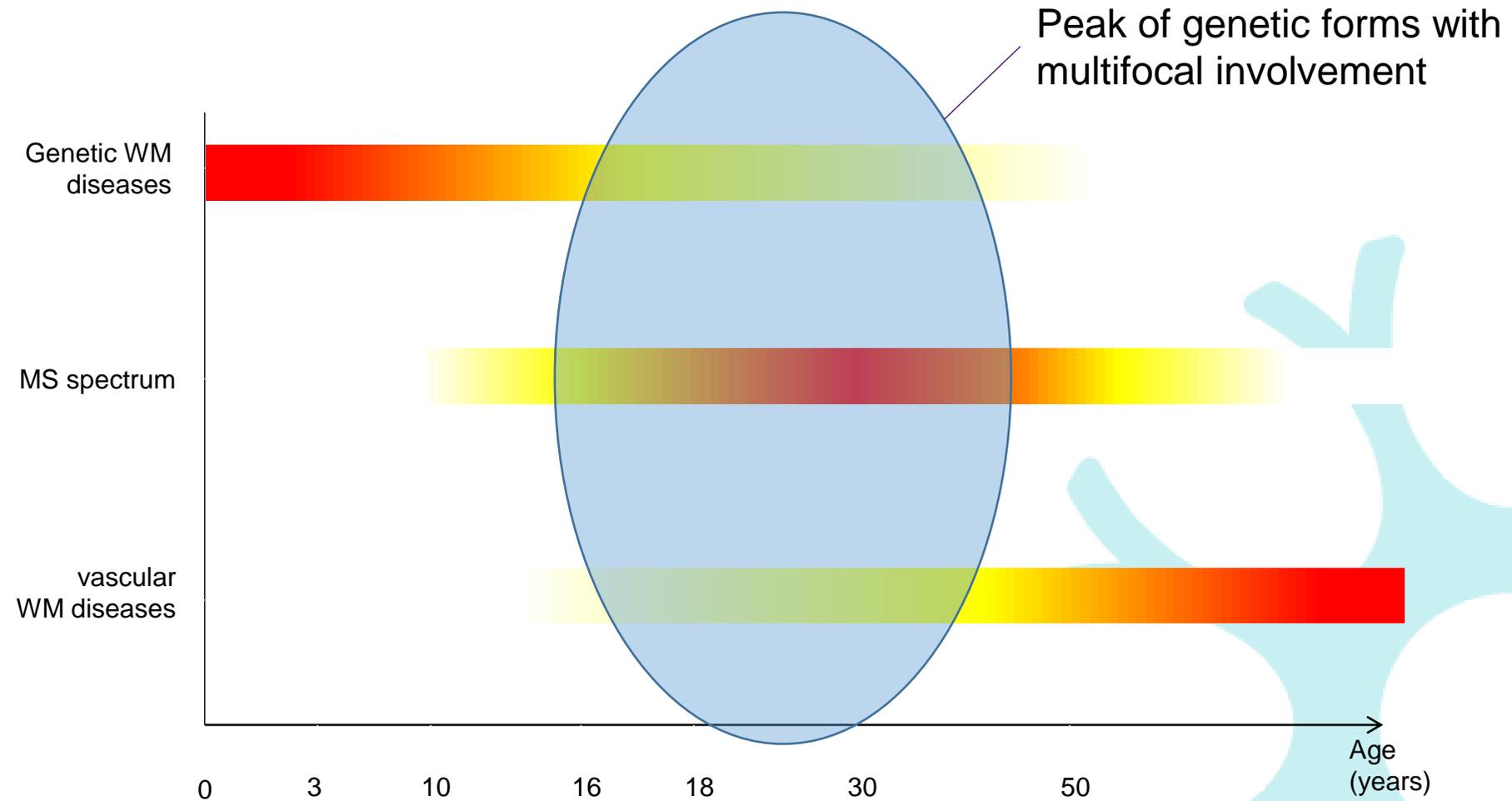


# Project Outline and Future Directions

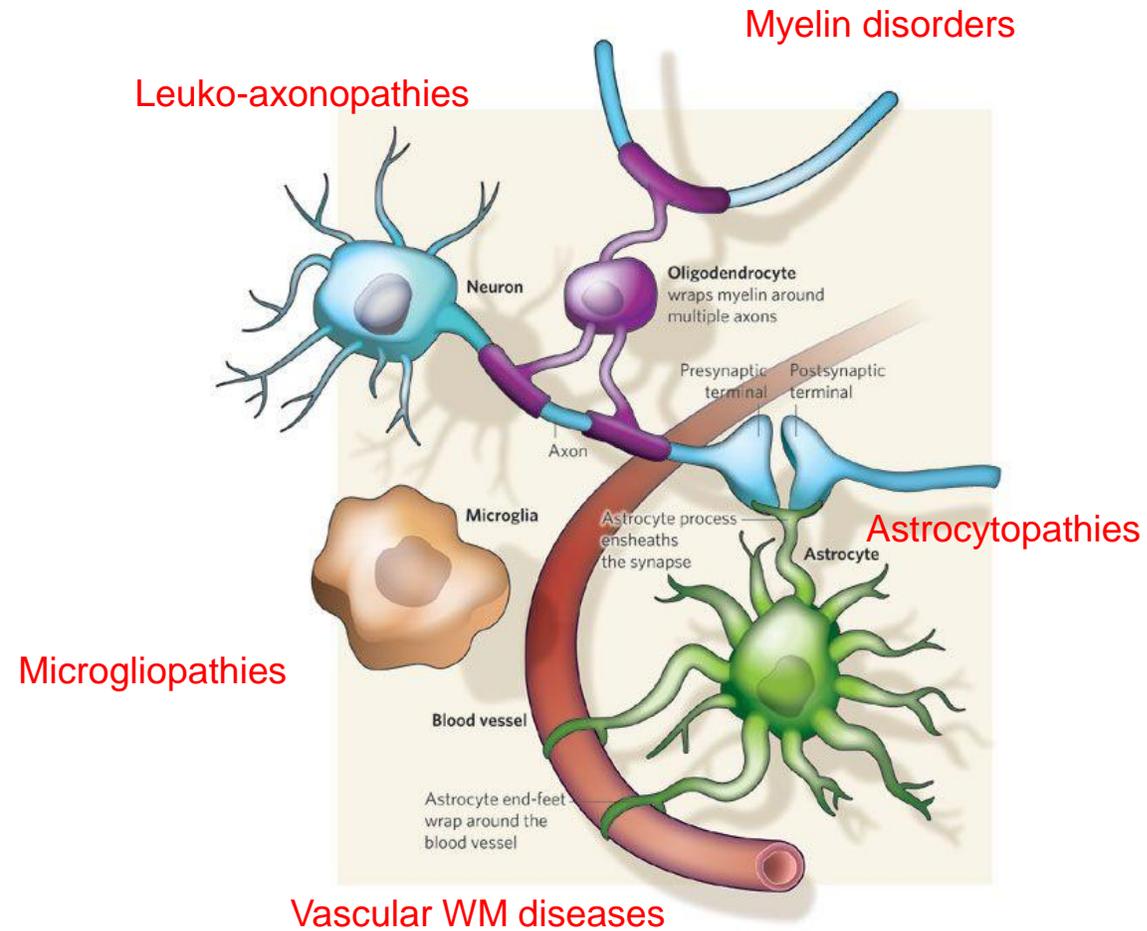


In collaboration with Dr. Labauge and Dr. Ayrignac, CHU Montpellier  
and Dr. Houlden and Dr. Lynch, UCL London

# Conclusions



# Conclusions



van der Knaap & Bugiani, Acta Pathol 2017

# Acknowledgements



## WHITE Lab

Dr. Maryam Sharifian  
Shihan Shen  
Ruwan Bedeir  
Diana Casas  
Hanifa Hasan  
Justin Simo  
Jianyu Li

## White Matter Rounds Network

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P. Duquette	N. Wilson
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