

# Citogenética Clínica

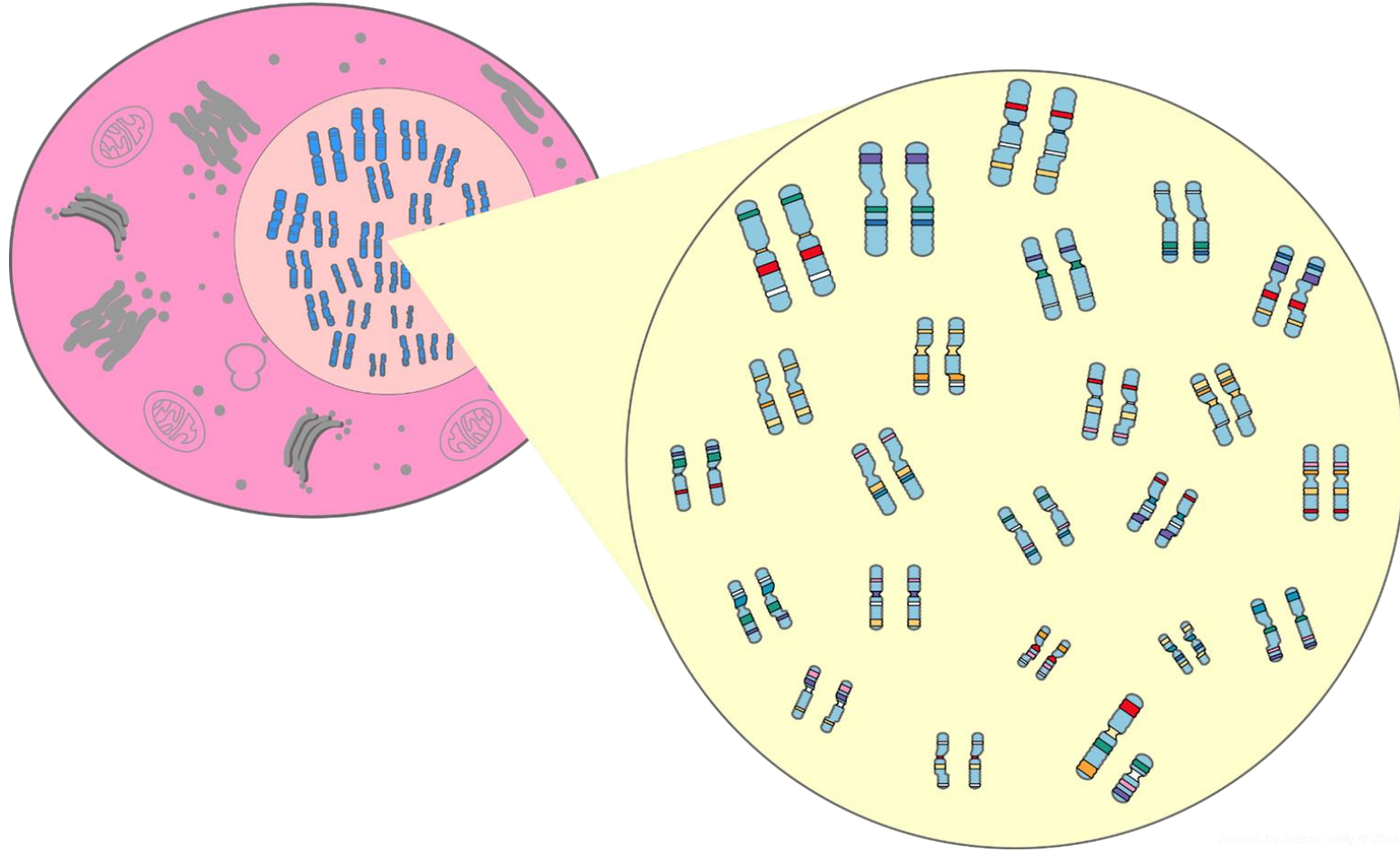
Prof. Dr. Israel Gomy

Departamento de Genética

Faculdade de Medicina de Ribeirão Preto

Universidade de São Paulo

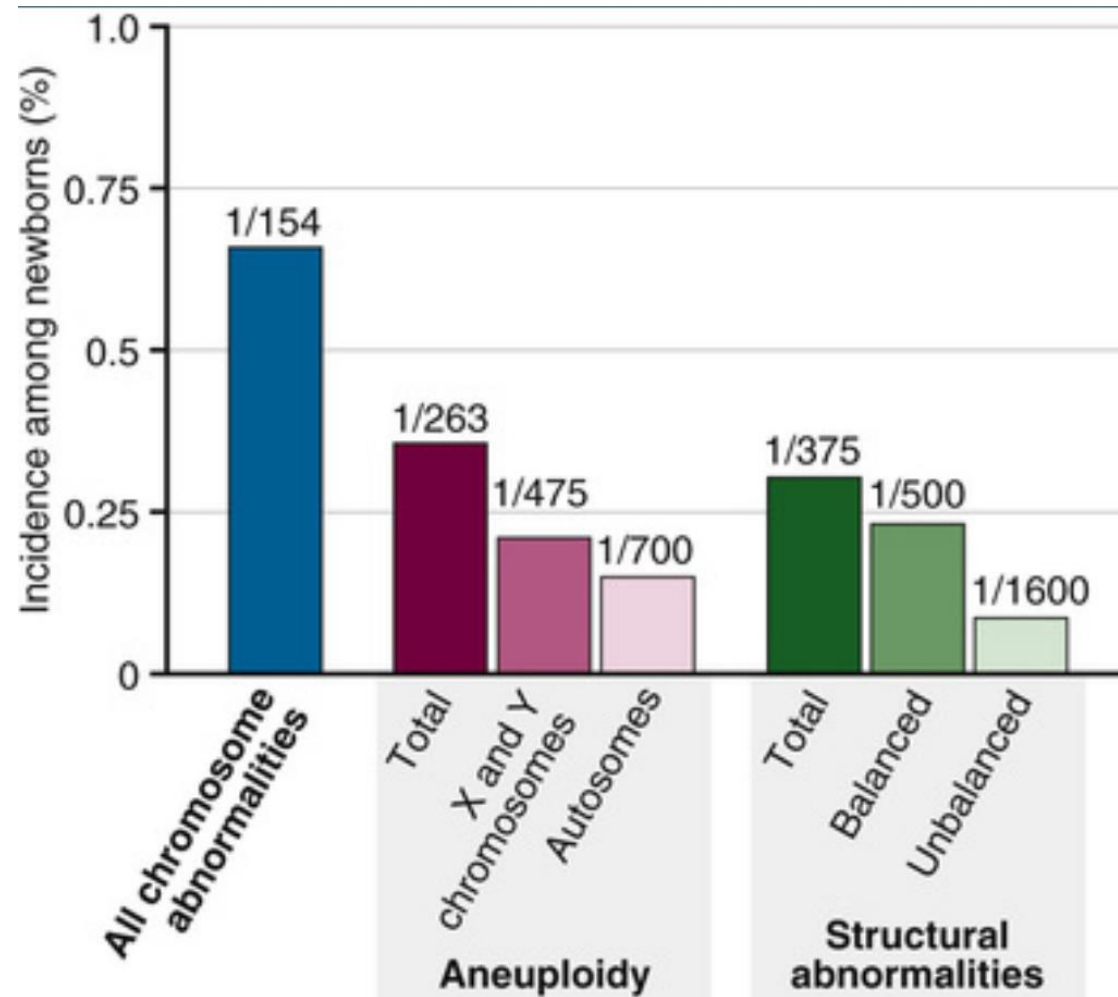




# Citogenética clínica

- Estudo dos cromossomos, sua estrutura e herança aplicado na prática clínica
- 1956 (Tjio&Levan) → cariótipo humano diplóide = 46 cromossomos
- Importante ferramenta clínica para o diagnóstico de doenças cromossômicas
  - anomalias congênitas múltiplas
  - atraso de desenvolvimento
  - atraso de crescimento
  - anomalias de diferenciação sexual
  - câncer
  - 0.7% recém-nascidos
  - 2% fetos de gestantes > 35 anos
  - 10% natimortos e óbitos neonatais
  - 40-50% abortos espontâneos no 1º trimestre
  - 3-6% infertilidade

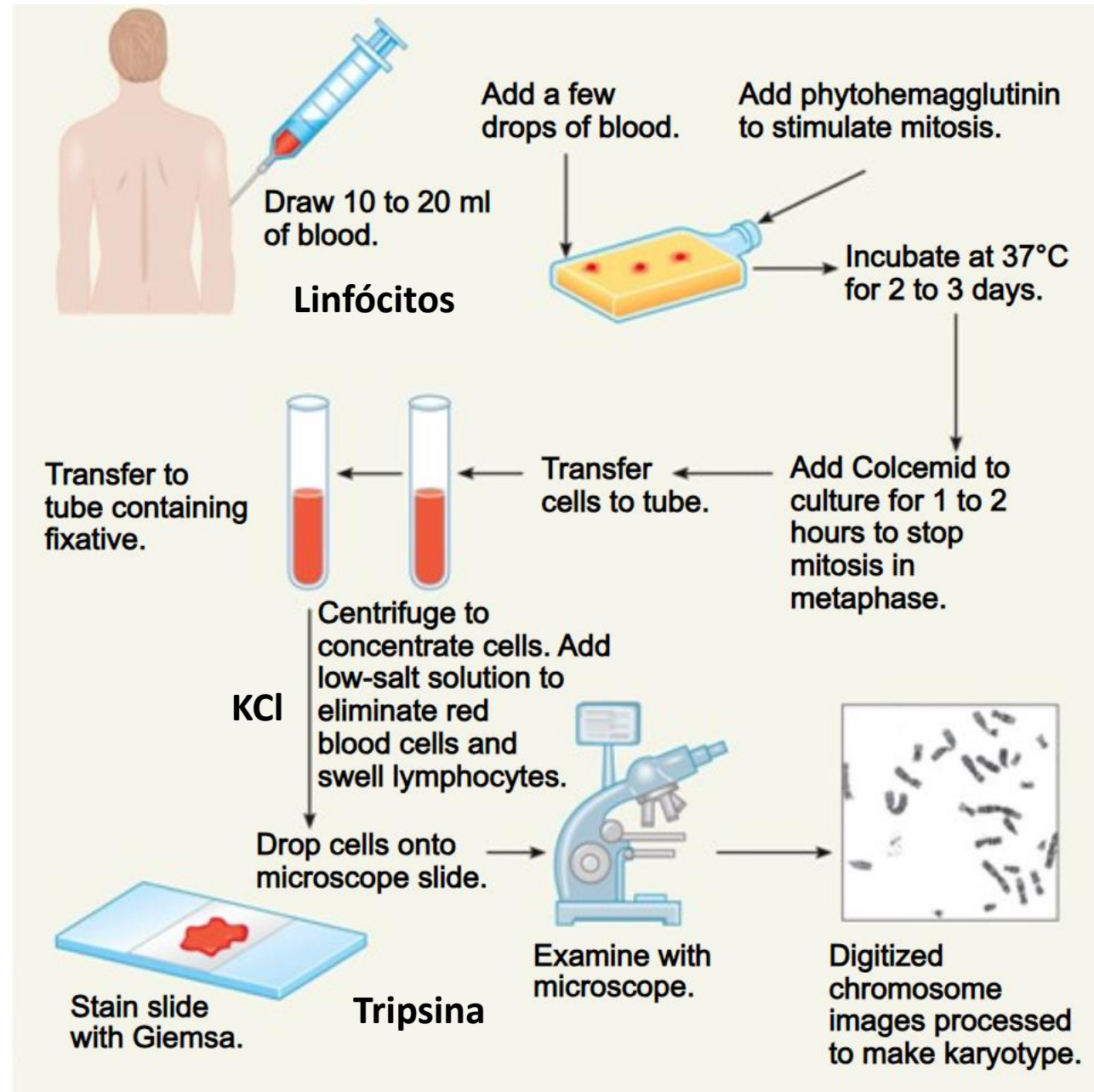
# Epidemiologia das anormalidades cromossômicas

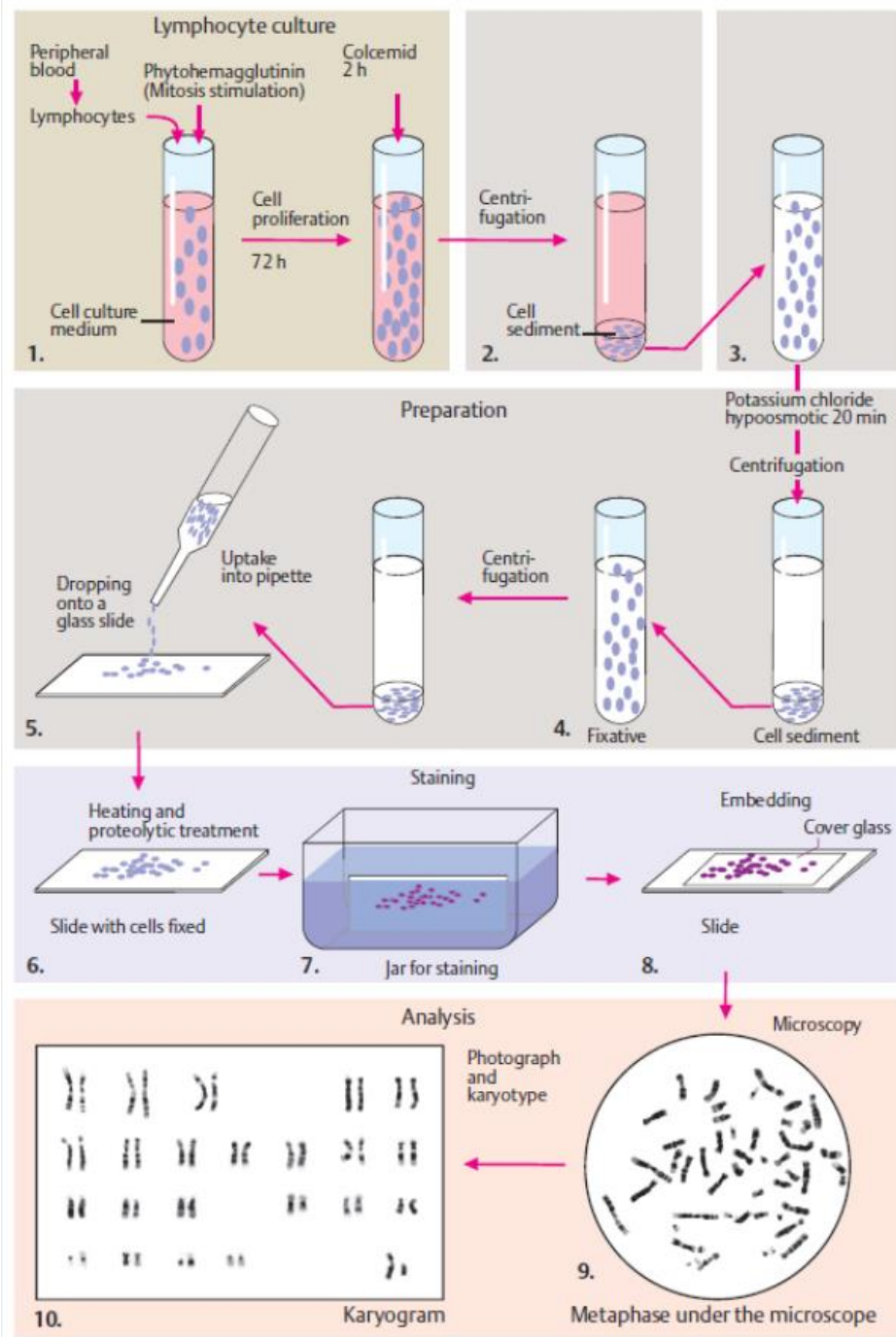


# Mecanismos das anormalidades cromossômicas e desequilíbrio genômico

CATEGORIA	MECANISMO	CONSEQUÊNCIA (EXEMPLOS)
Segregação anormal dos cromossomos	Não-disjunção	Aneuploidia (Down, Edwards, Turner) Dissomia uniparental (Prader-Willi)
Síndromes cromossômicas recorrentes	Recombinação meiótica de segmentos cromossômicos	Síndromes de microdeleção ou microdup (Williams, velocardiofacial)
Anomalias cromossômicas idiopáticas	Esporádico por vários pontos de quebra Translocações balanceadas	Deleção (cri-du-chat, 1p36)
Anomalias cromossômicas não balanceadas	Segregação meiótica não balanceada	Prole de translocações balanceadas Prole de inversões pericêntricas

- Medula óssea
- Vilosidade coriônica
- Líquido amniótico
- Fibroblastos (pele)
- Biópsia gonadal





A. Chromosomal analysis from blood

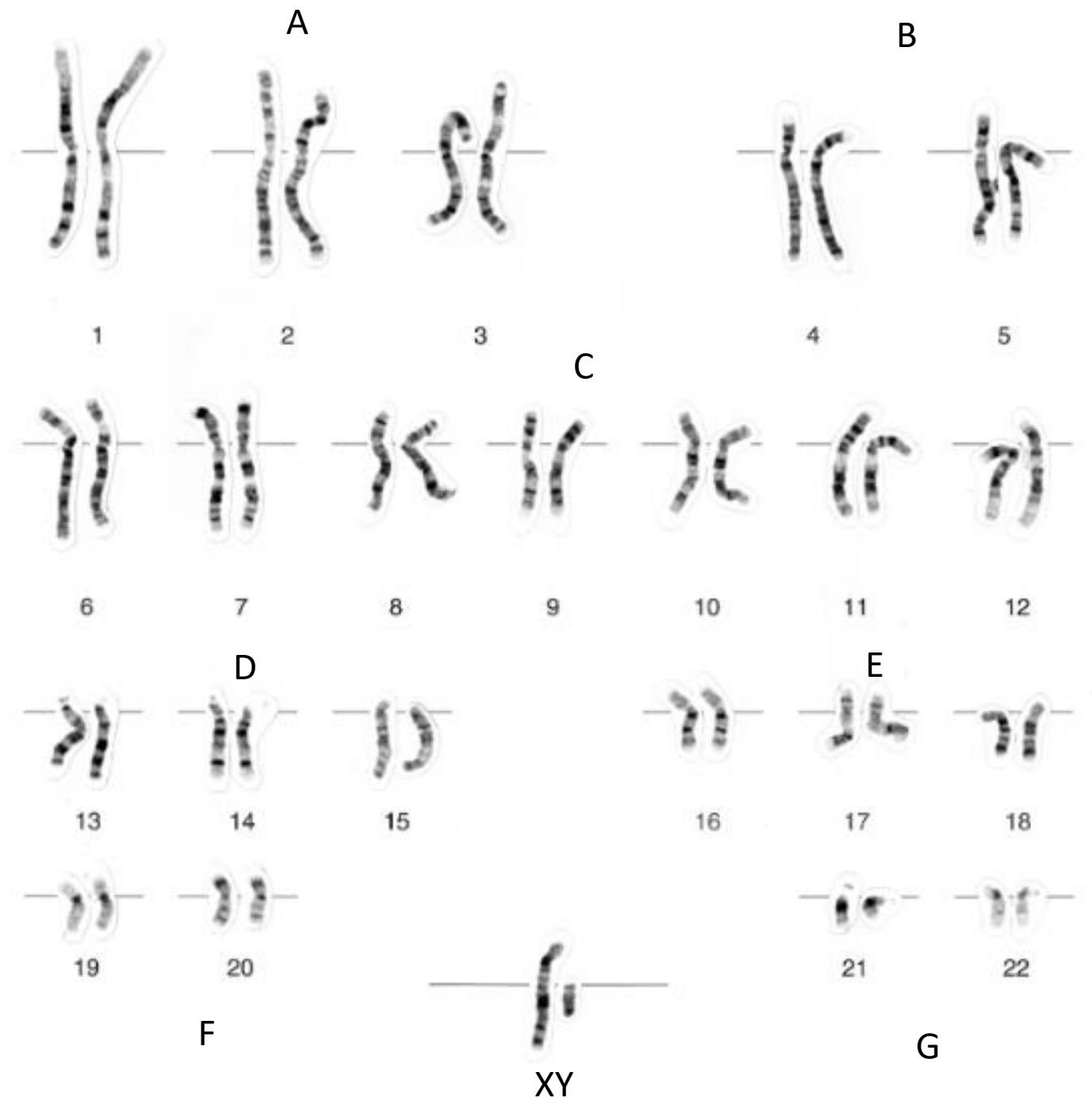
- Bandejamento G
  - tripsina → digere proteínas (histonas)
  - Giemsa (corante)
  - bandas claras (GC) e escuras (AT)
  - AT = menos genes ativos (heterocromatina)
  - GC = mais genes ativos (eucromatina)

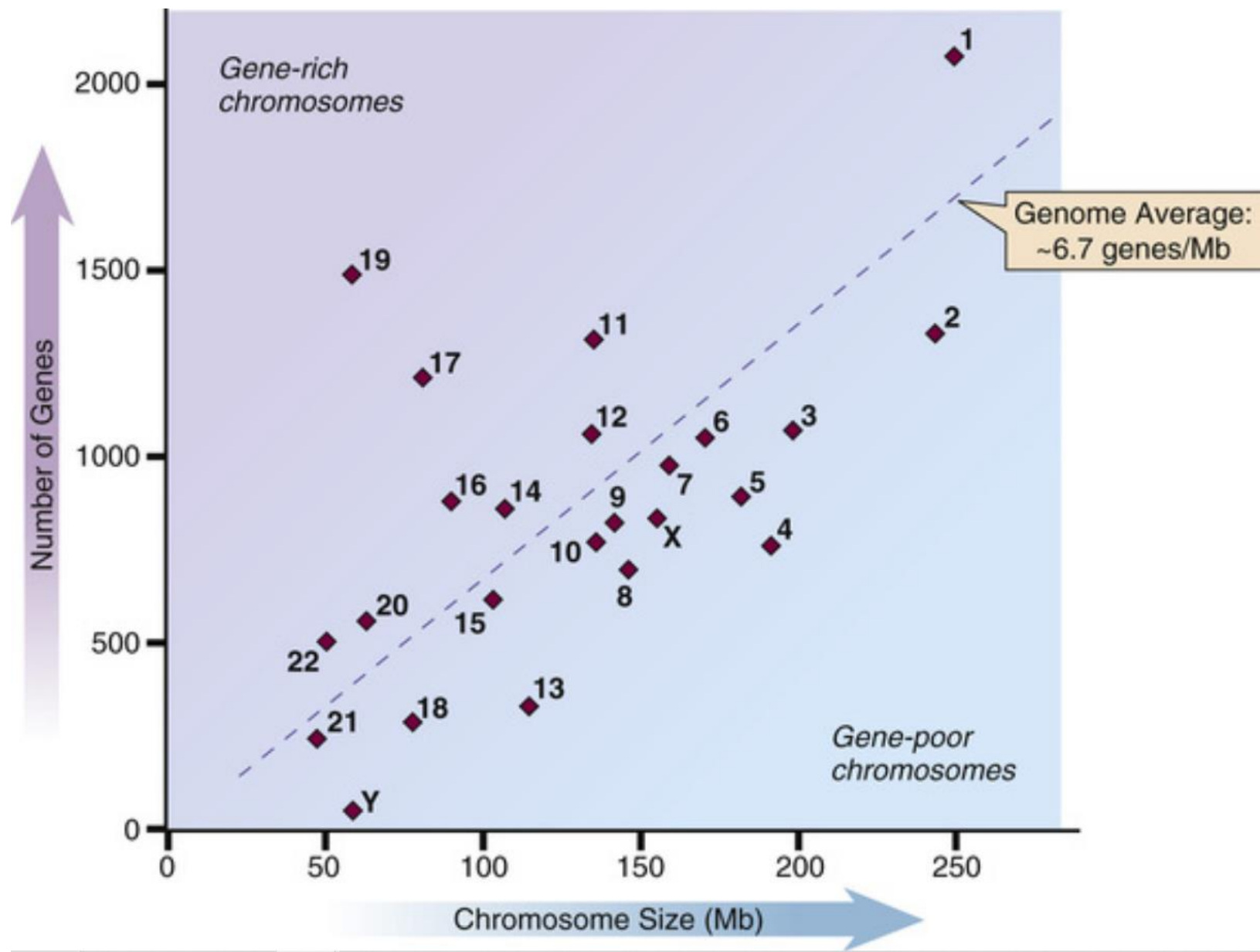




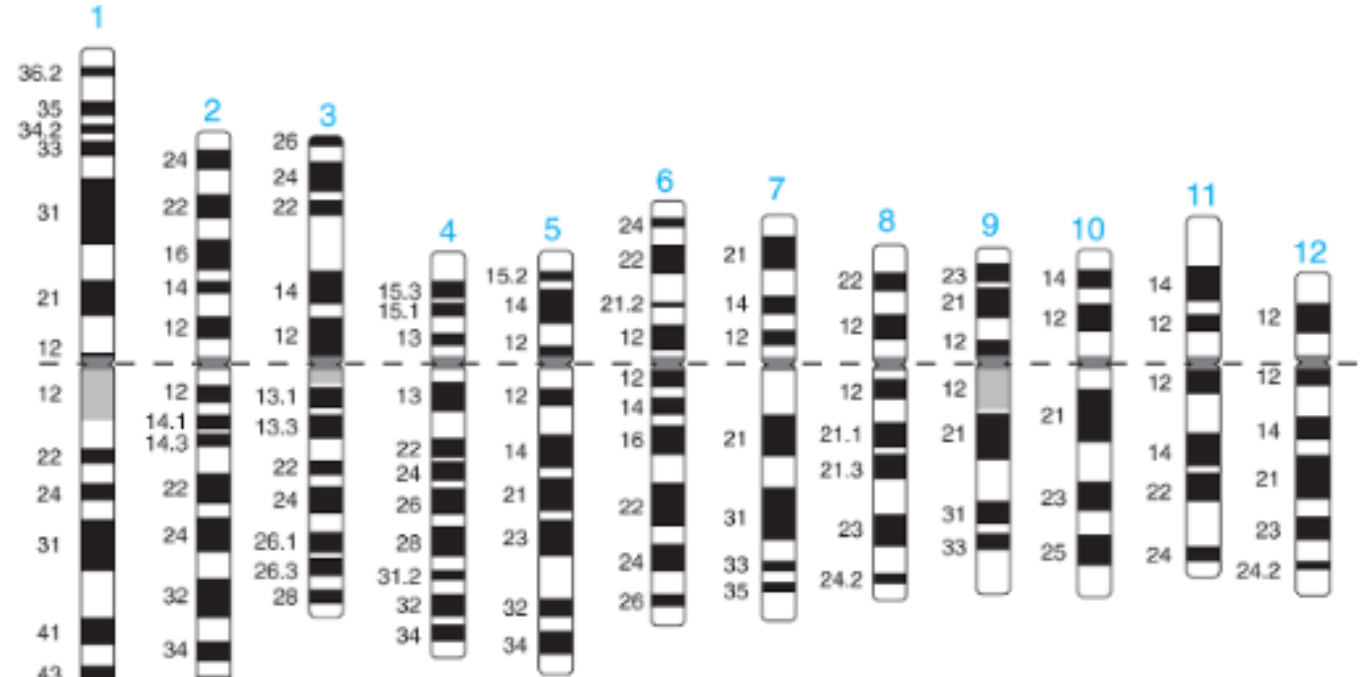
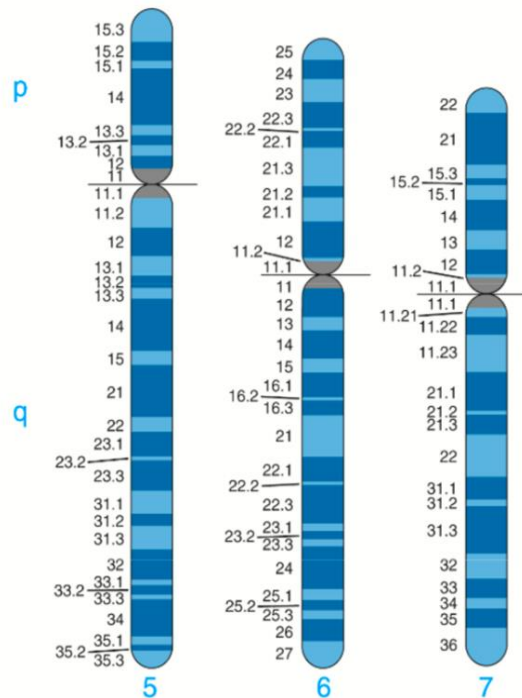
# Cariótipo (cariograma)

- constrição 1ª = centrômero
- braço curto = p
- braço longo = q
- metacêntricos (1,3,16,19,20)
- acrocêntricos (13,14,15,21,22)
- submetacêntricos
- constrição 2ª (p)
- satélites

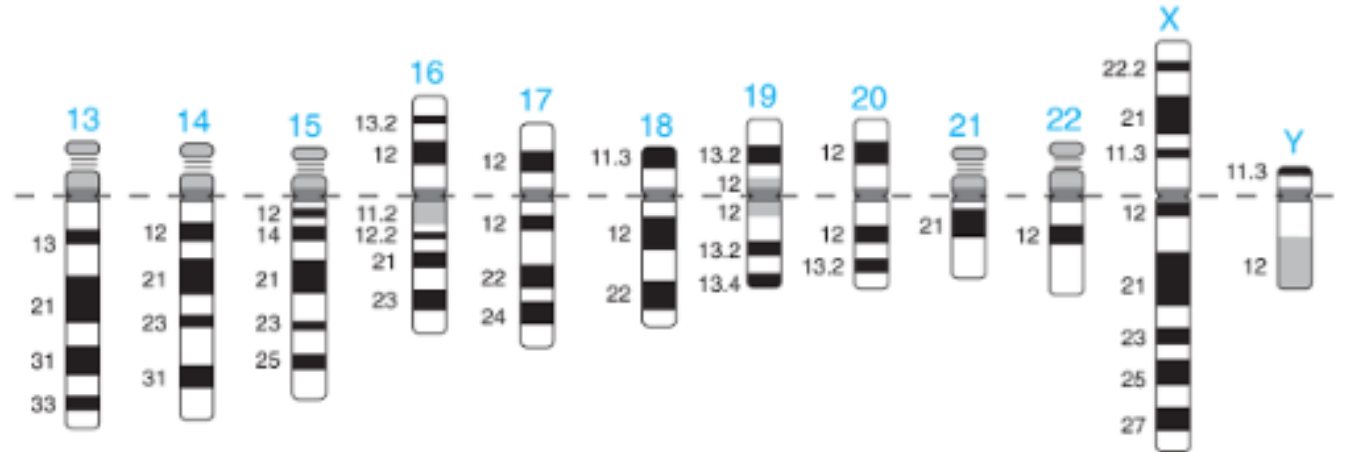




- ideogramas
- resolução = n bandas
- 550 bandas (convencional)

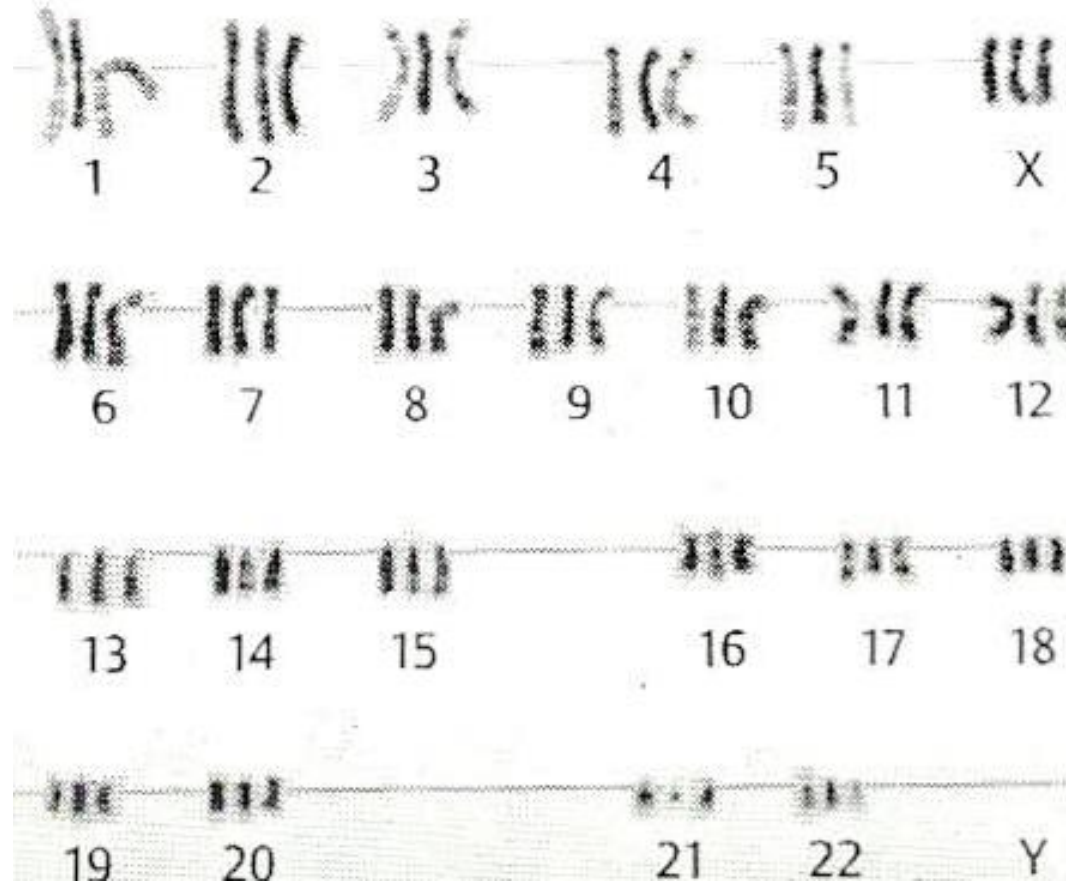


400 bandas



# Anomalias cromossômicas

- Numéricas
  - euplóides



TRIPLOIDIA = 69, XXX



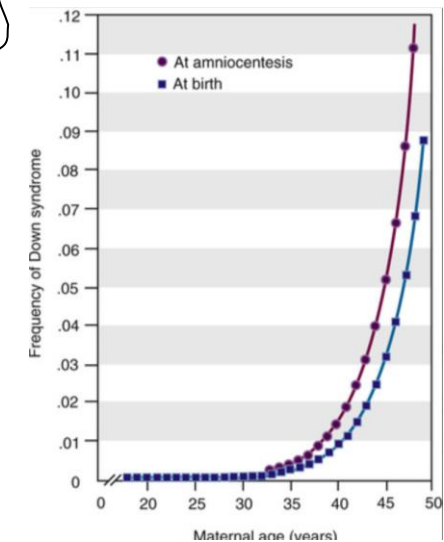
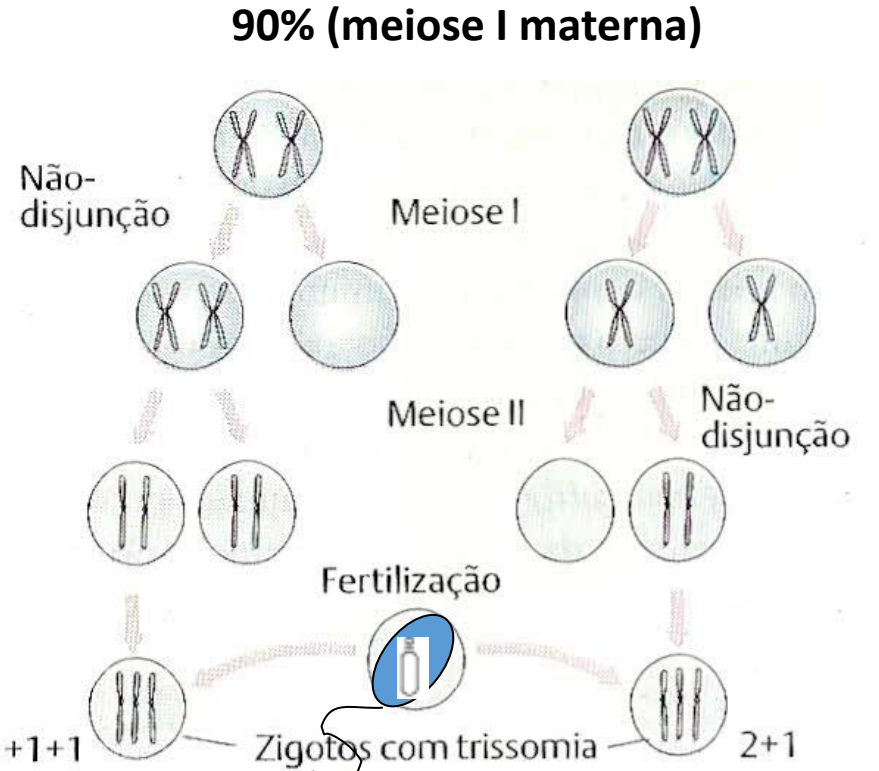
DISPERMIA = MOLA PARCIAL

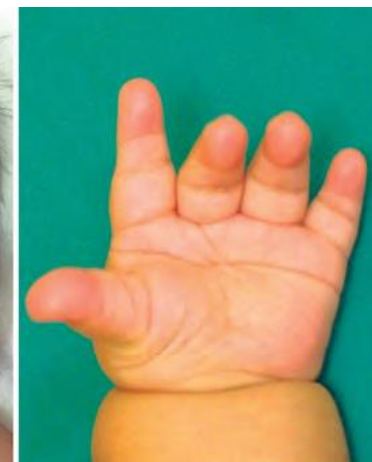
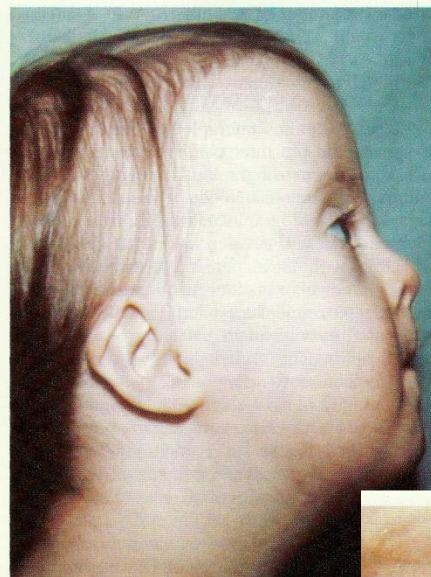
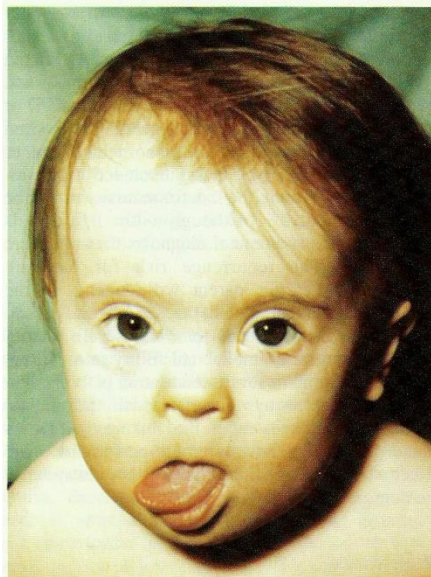
# Anomalias cromossômicas

- Numéricas aneuplóides



TRISSOMIA = 47, XX+21

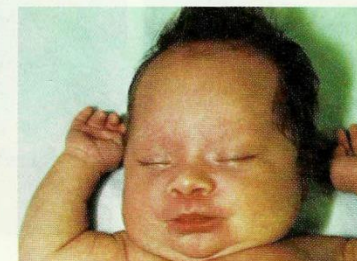
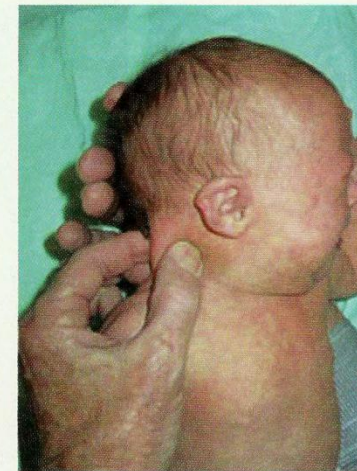




### CRITÉRIOS DE HALL (1966)

1. hipotonia
2. reflexo de Moro diminuído
3. perfil facial achatado
4. fendas obliquas superior
5. orelhas displásicas
6. prega palmar única
7. hiperextensib.articular
8. clinodactilia 5º dedo
9. excesso prega nugal
10. displasia da pélvis

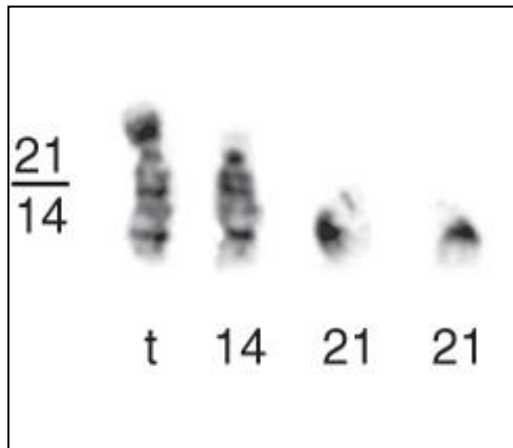
RN: 4 ou mais: 100%; 6 ou mais: 89%



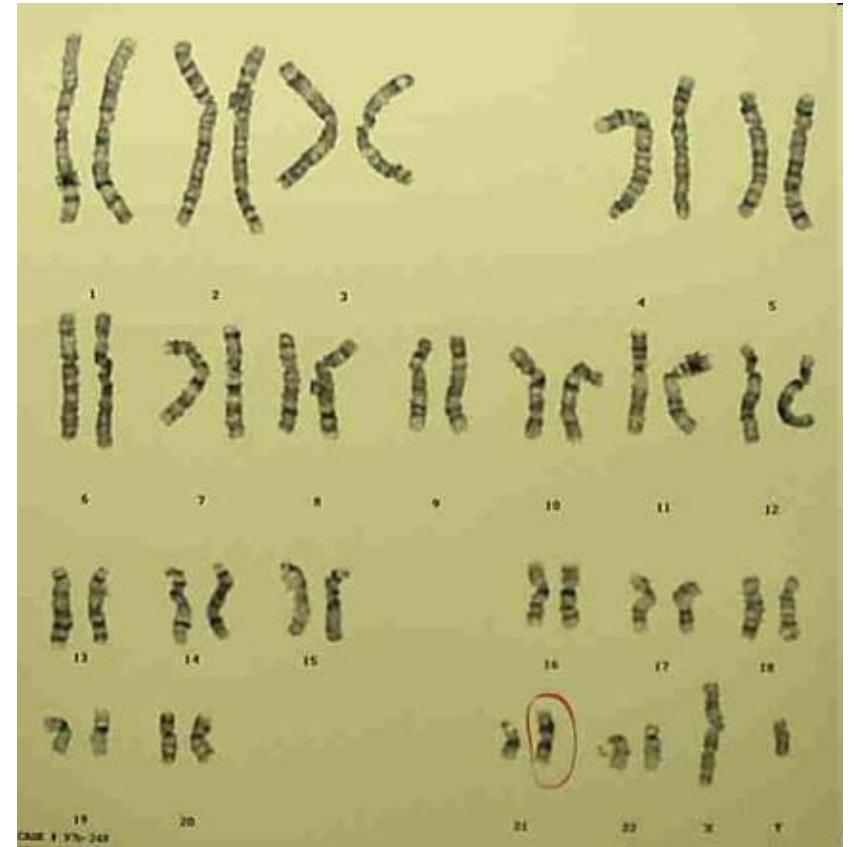
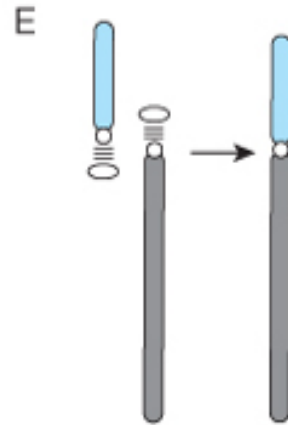
# Anomalias cromossômicas

- Estruturais

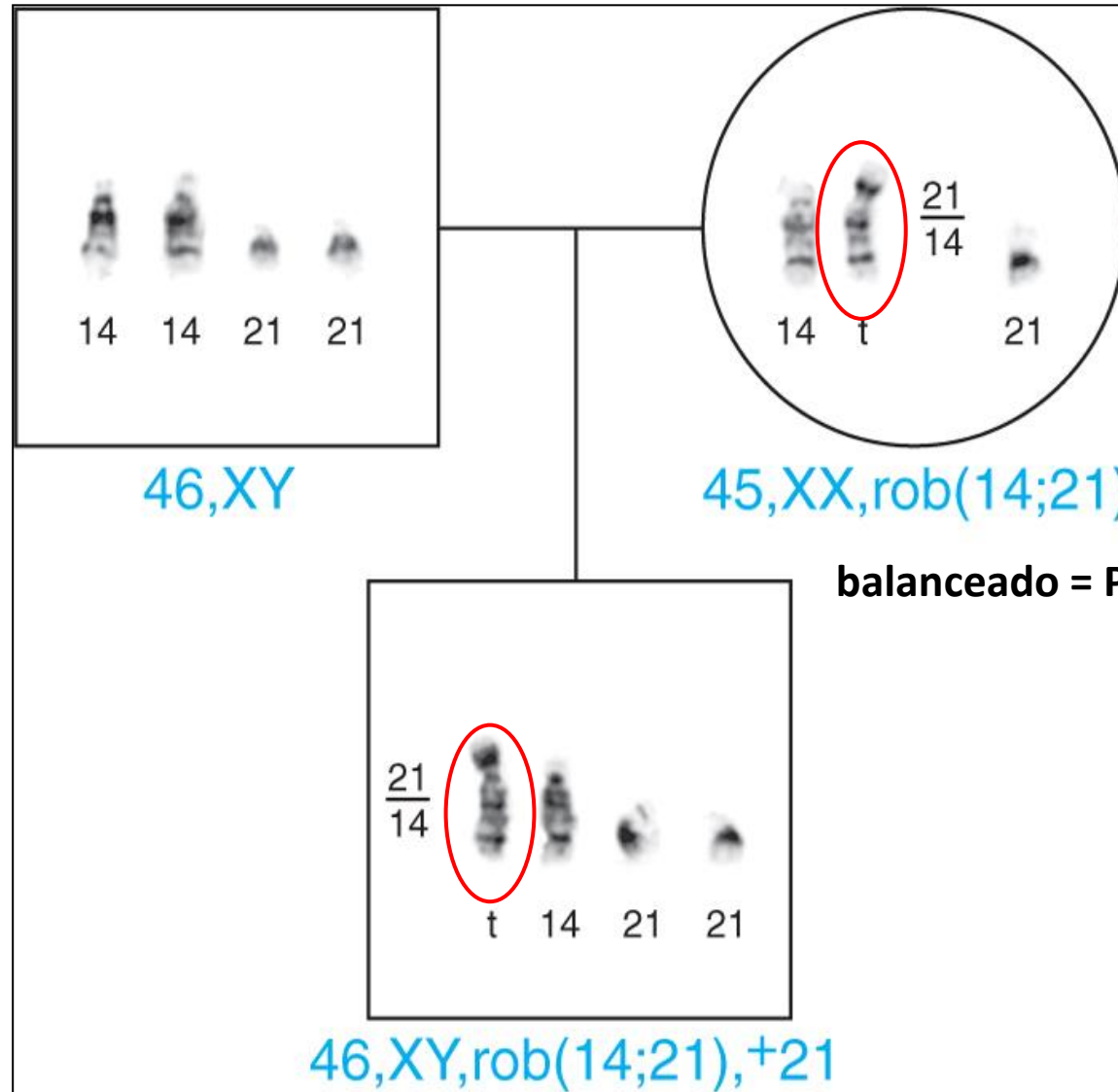
~5% casos SD = translocação robertsoniana



46, XX ou XY, t(14;21),+ 21



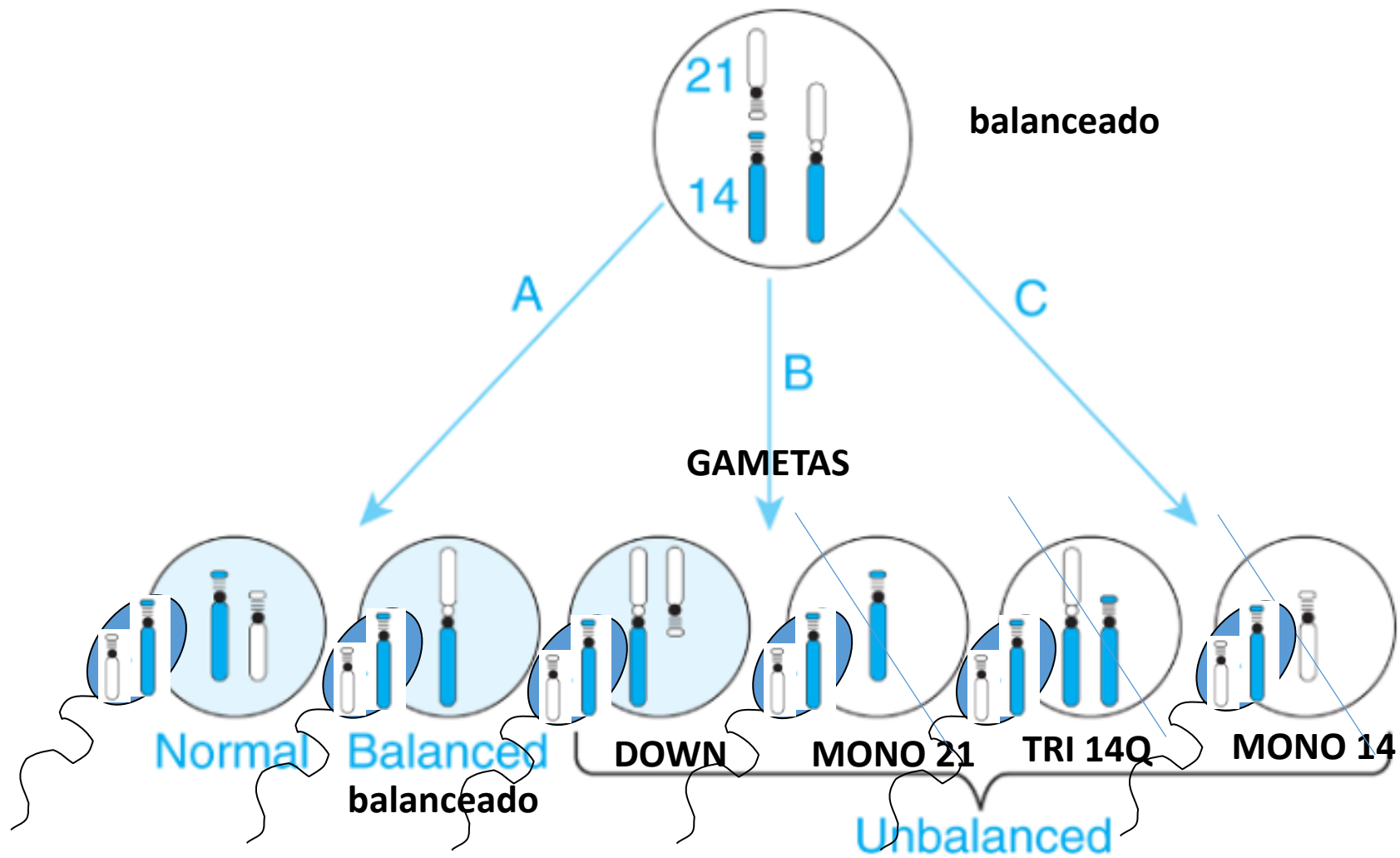
46,XY,t(21q;21q)



**balanceado = PORTADOR**

**não-balanceado = afetado (DOWN)**



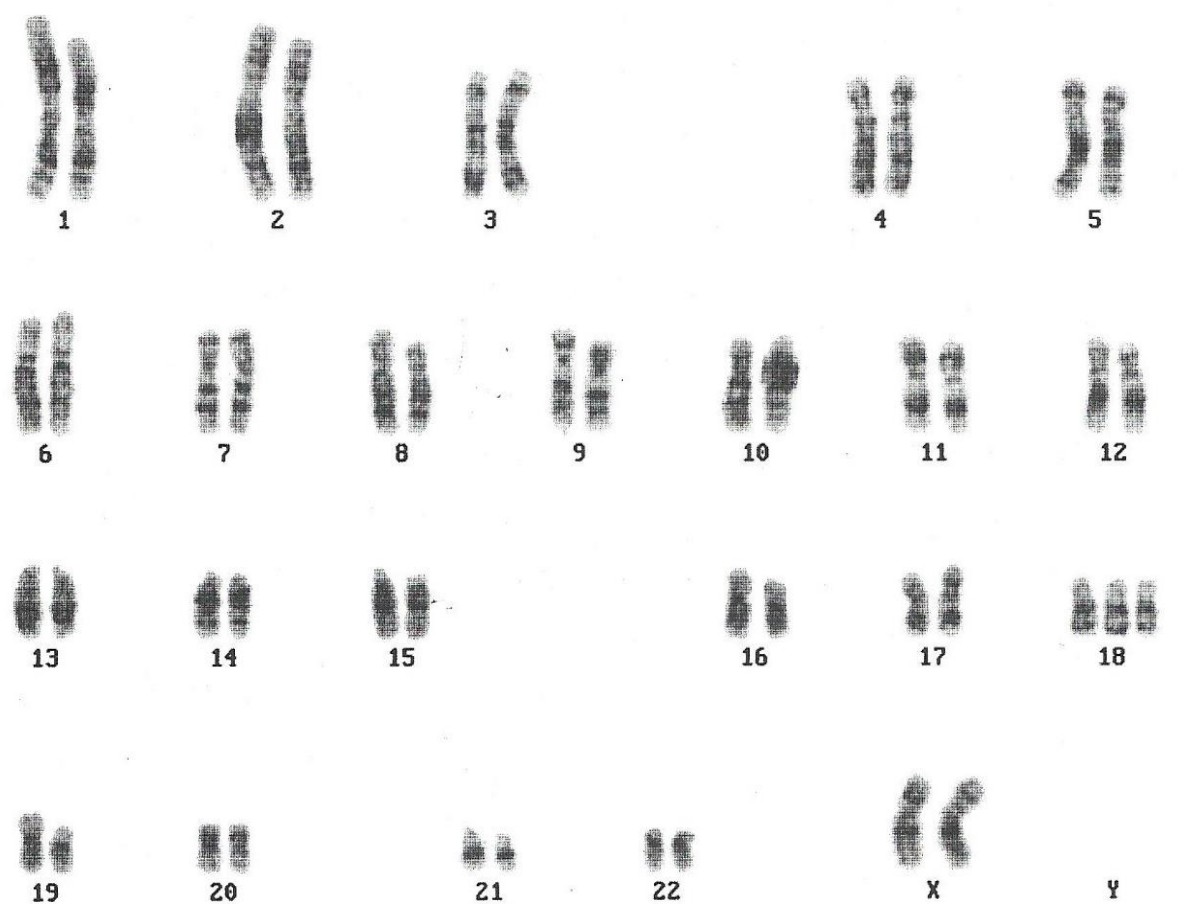


**DOWN = 1/3 = 30%**

**Mãe balanceada = 10-15%**

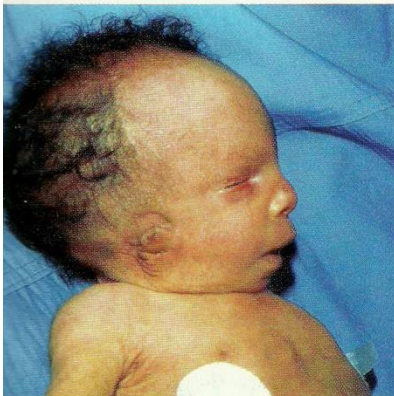
**Pai balanceado = 2-3% (espermatozoides?)**

**NÃO-balanceado**



**TRISSOMIA (47, XX+18)**

# S. Edwards



B



## >150 malformações

occipital proeminente

fendas palp. pequenas

orelhas baixo-implantadas displásicas

microstomia, micrognatia

pálato alto

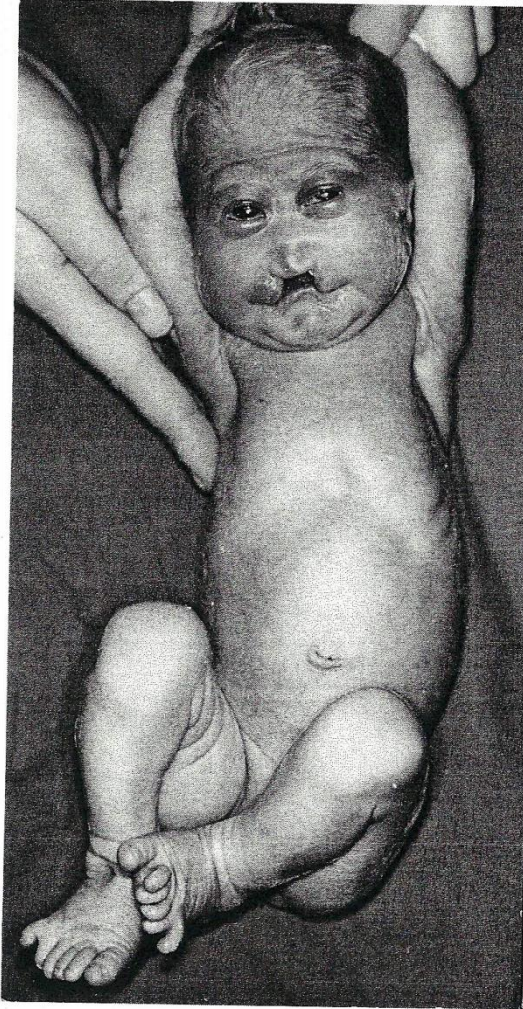
esterno curto, mamilos hipoplásicos

sobreposição dedos

hálux curto (“em martelo”)

calcâneo proeminente (pé “cadeira-de-balanço”)

# S.Patau → trissomia 13



holoprosencefalia  
polidactilia

>180 malformações



aplasia cutis



polidactilia pós-axial



onfalocele

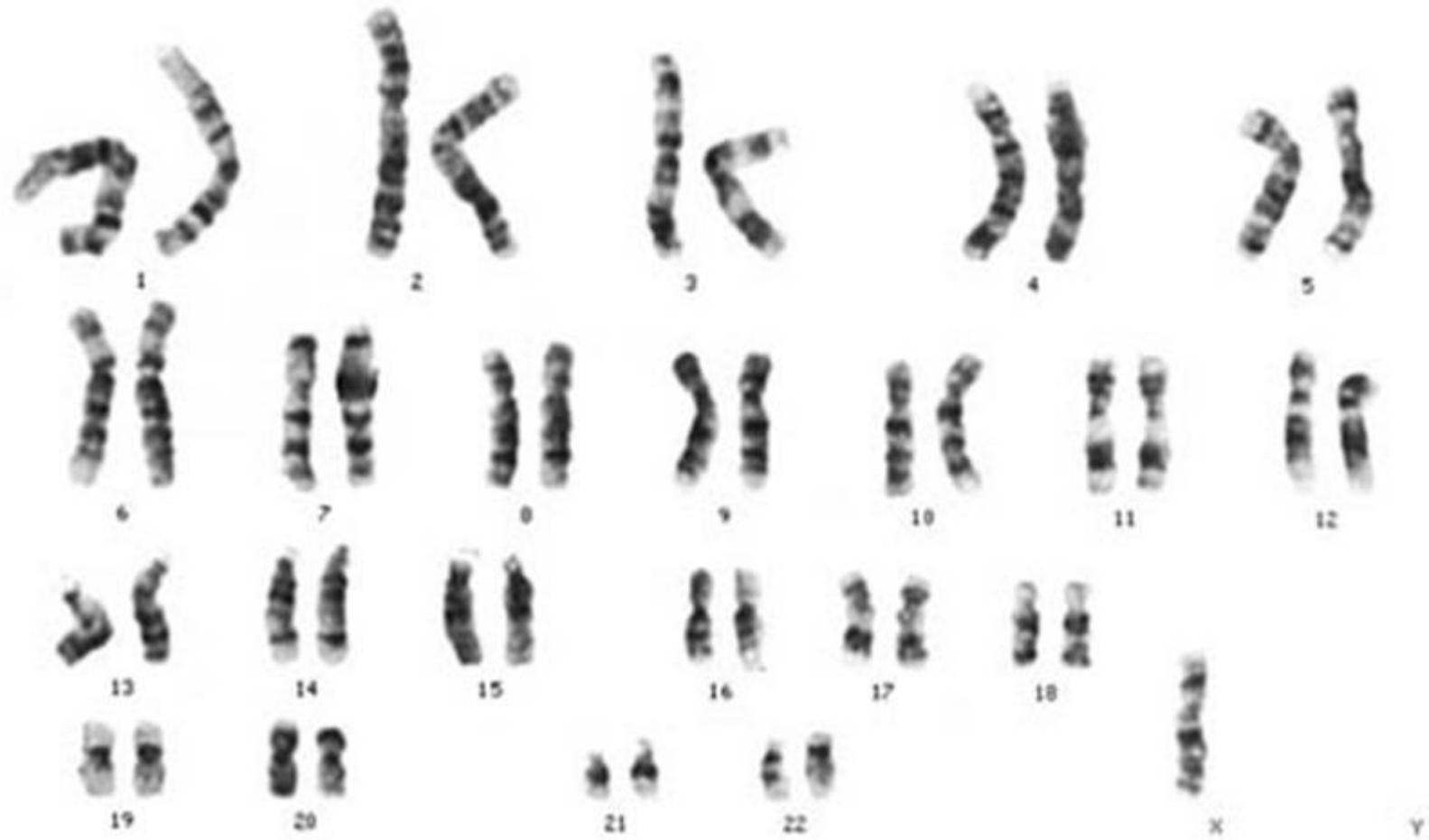
**TABLE 6-2****Features of Autosomal Trisomies Compatible with Postnatal Survival**

Feature	Trisomy 21	Trisomy 18	Trisomy 13
Incidence (live births)	1 in 850	1 in 6,000-8,000	1 in 12,000-20,000
Clinical presentation	Hypotonia, short stature, loose skin on nape, palmar crease, clinodactyly	Hypertonia, prenatal growth deficiency, characteristic fist clench, rocker-bottom feet	Microcephaly, sloping forehead, characteristic fist clench, rocker-bottom feet, polydactyly
Dysmorphic facial features	Flat occiput, epicanthal folds, Brushfield spots	Receding jaw, low-set ears	Ocular abnormalities, cleft lip and palate
Intellectual disability	Moderate to mild	Severe	Severe
Other common features	Congenital heart disease	Severe heart malformations	Severe CNS malformations
	Duodenal atresia	Feeding difficulties	Congenital heart defects
	Risk for leukemia		
	Risk for premature dementia		
Life expectancy	55yr	Typically less than a few months; almost all <1 yr	50% die within first month, >90% within first year

CNS, Central nervous system.

# Anomalias cromossômicas sexuais

- Numéricas

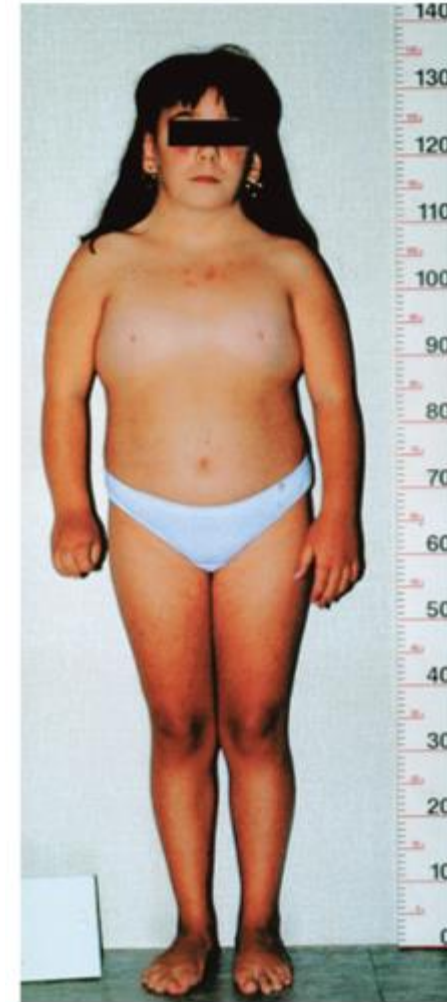


MONOSSOMIA = 45,X

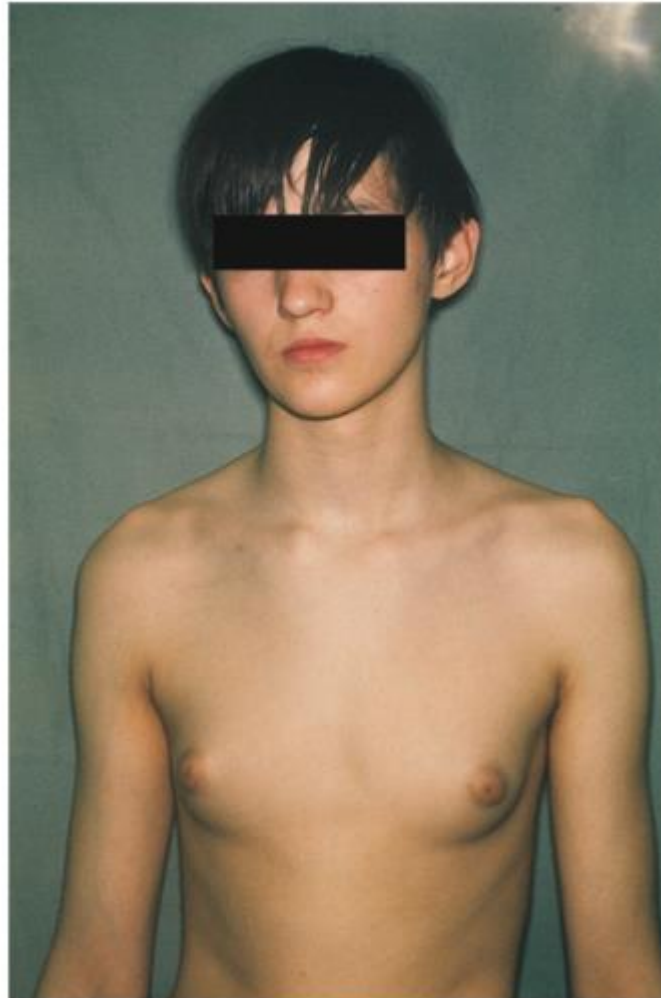
# síndrome de Turner = 45, X



baixa estatura, pescoço curto e alado  
linfedema nas mãos e pés  
sobra de pele na nuca  
hipertelorismo mamilar  
valgismo cubital



síndrome de Klinefelter = 47, XXY



Ginecomastia





**TABLE 6-6****Incidence of Sex Chromosome Abnormalities**

Sex	Disorder	Karyotype	Approximate Incidence
Male	Klinefelter syndrome	47,XXY	1/600 males
		48,XXX	1/25,000 males
		Others (48,XXYY; 49,XXXYY; mosaics)	1/10,000 males
	47,XYY syndrome	47,XYY	1/1000 males
	Other X or Y chromosome abnormalities		1/1500 males
	XX testicular DSD	46,XX	1/20,000 males
		<i>Overall incidence: 1/300 males</i>	
Female	Turner syndrome	45,X	1/4000 females
		46,X,i(Xq)	1/50,000 females
		Others (deletions, mosaics)	1/15,000 females
	Trisomy X	47,XXX	1/1000 females
	Other X chromosome abnormalities		1/3000 females
	XY gonadal dysgenesis	46,XY	1/20,000 females
	Androgen insensitivity syndrome	46,XY	1/20,000 females
		<i>Overall incidence: 1/650 females</i>	

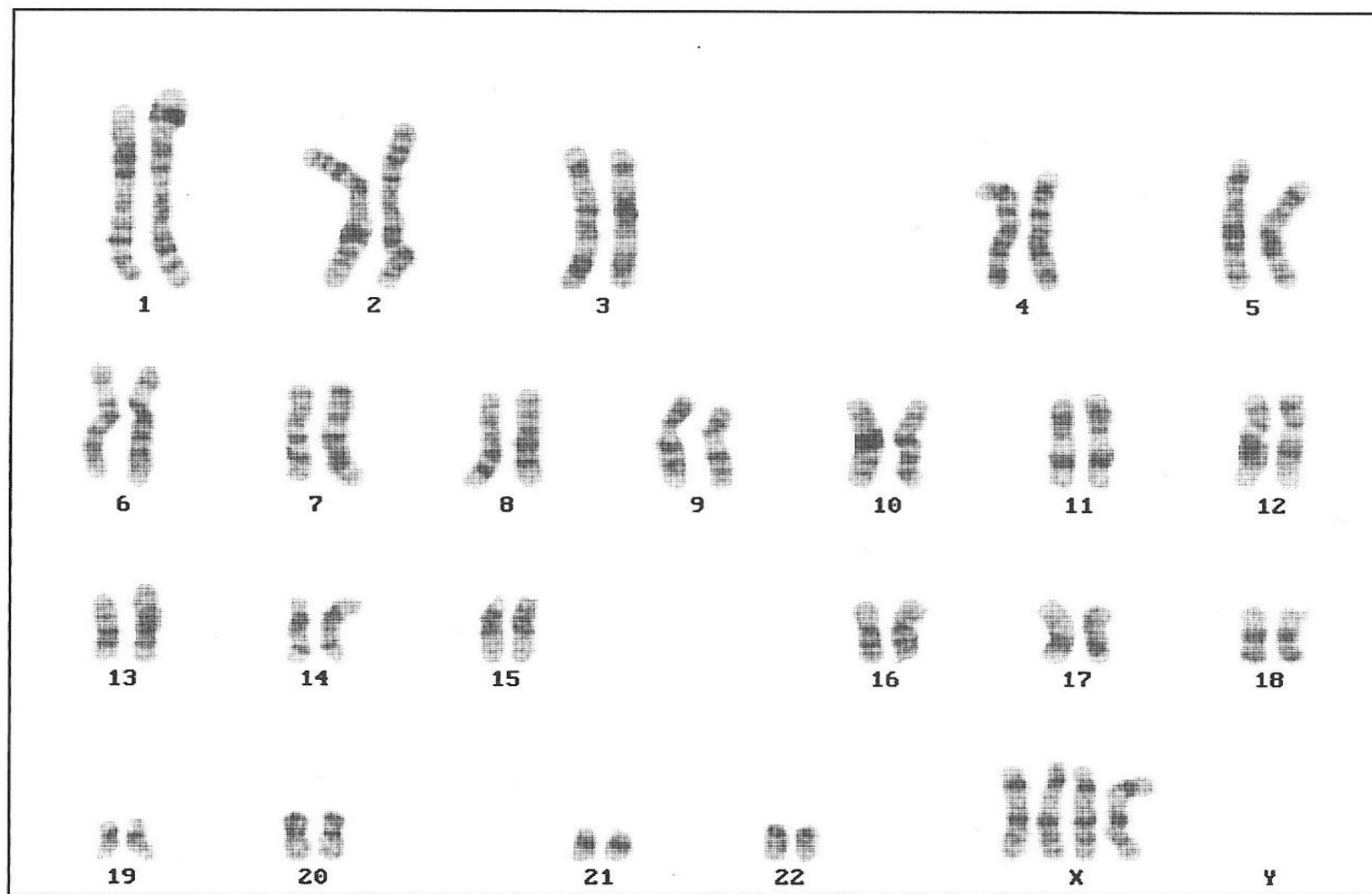
DSD, Disorder of sex development.

Data updated from Robinson A, Linden MG, Bender BG: Prenatal diagnosis of sex chromosome abnormalities. In Milunsky A, editor. *Sex Chromosome Abnormalities*. Baltimore: Johns Hopkins University Press, pp 249-285.

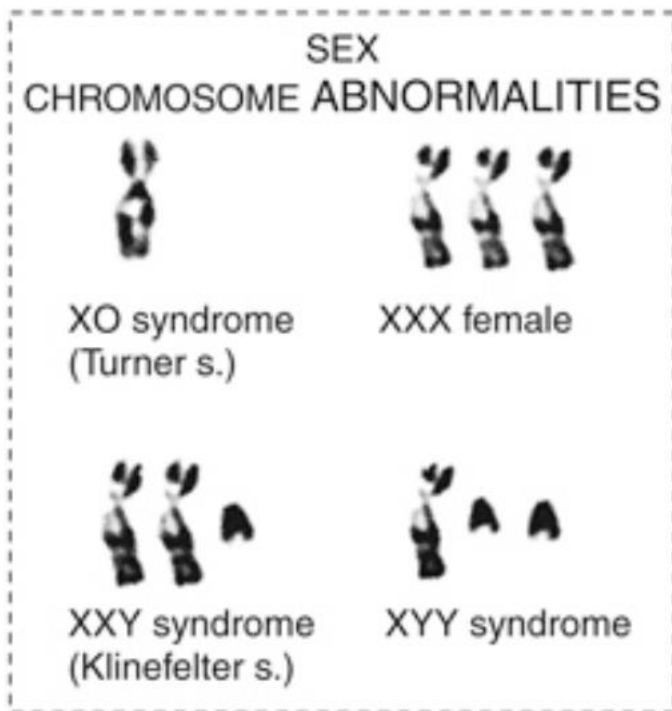
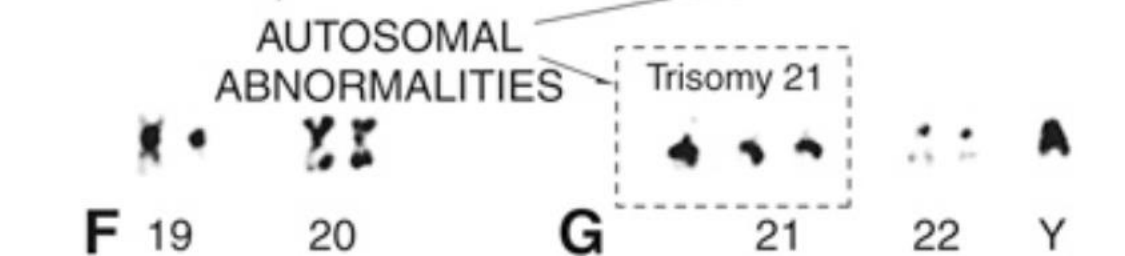
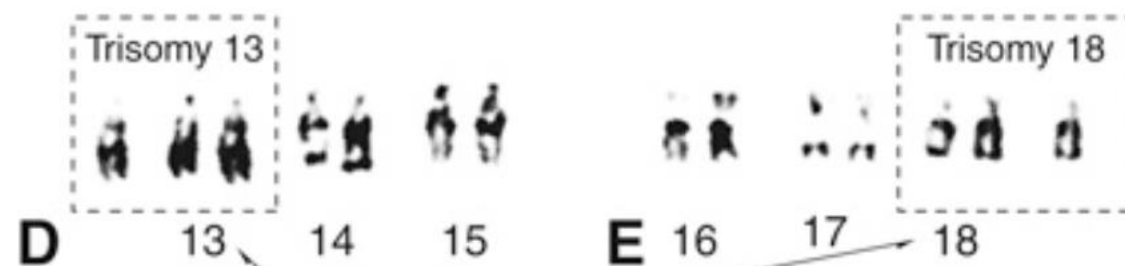
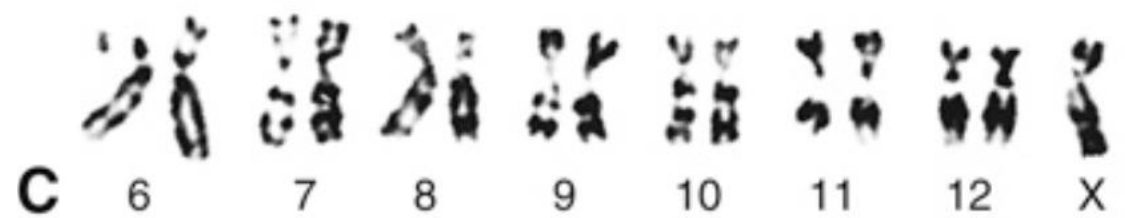
**TABLE 6-7****Features of Sex Chromosome Aneuploidy Conditions**

Feature	47,XXY Klinefelter Syndrome	47,XYY	47,XXX Trisomy X	45,X Turner Syndrome
Prevalence	1 in 600 male births	1 in 1000 male births	1 in 1000 female births	1 in 2500 to 4000 female births
Clinical phenotype	Tall male; see <a href="#">Figure 6-15</a> and text	Tall, but otherwise typical male appearance	Hypotonia, delayed milestones; language and learning difficulties; tend to be taller than average	Short stature, webbed neck, lymphedema; risk for cardiac abnormalities
Cognition/intelligence	Verbal IQ reduced to low-normal range; educational difficulties	Verbal IQ reduced to low-normal range; language delay; reading difficulties	Normal to low-normal range (both verbal and performance IQ decreased)	Typically normal, but performance IQ lower than verbal IQ
Behavioral phenotype	No major disorders; tendency to poor social adjustments, but normal adult relationships	Subset with specific behavioral problems likely associated with lower IQ	Typically, no behavioral problems; some anxiety and low self-esteem; reduced social skills	Typically normal, but impaired social adjustment
Sex development/fertility	Hypogonadism, azoospermia, infertility	Normal	?Reduced fertility in some ?Premature ovarian failure	Gonadal dysgenesis, delayed maturation, infertility
Variant karyotypes	See <a href="#">Table 6-6</a>		48,XXXX; 49,XXXXX Increased severity with additional X's	46,Xi(Xq); 45,X/46,XX mosaics; other mosaics

Summarized from Ross JL, Roeltgen DP, Kushner H, et al: Behavioral and social phenotypes in boys with 47,XYY syndrome or 47,XXY Klinefelter syndrome. *Pediatrics* 129:769-778, 2012; Pinsker JE: Turner syndrome: updating the paradigm of clinical care. *J Clin Endocrinol Metab* 97:E994-E1003, 2012; and AXYS, <http://www.genetic.org>.

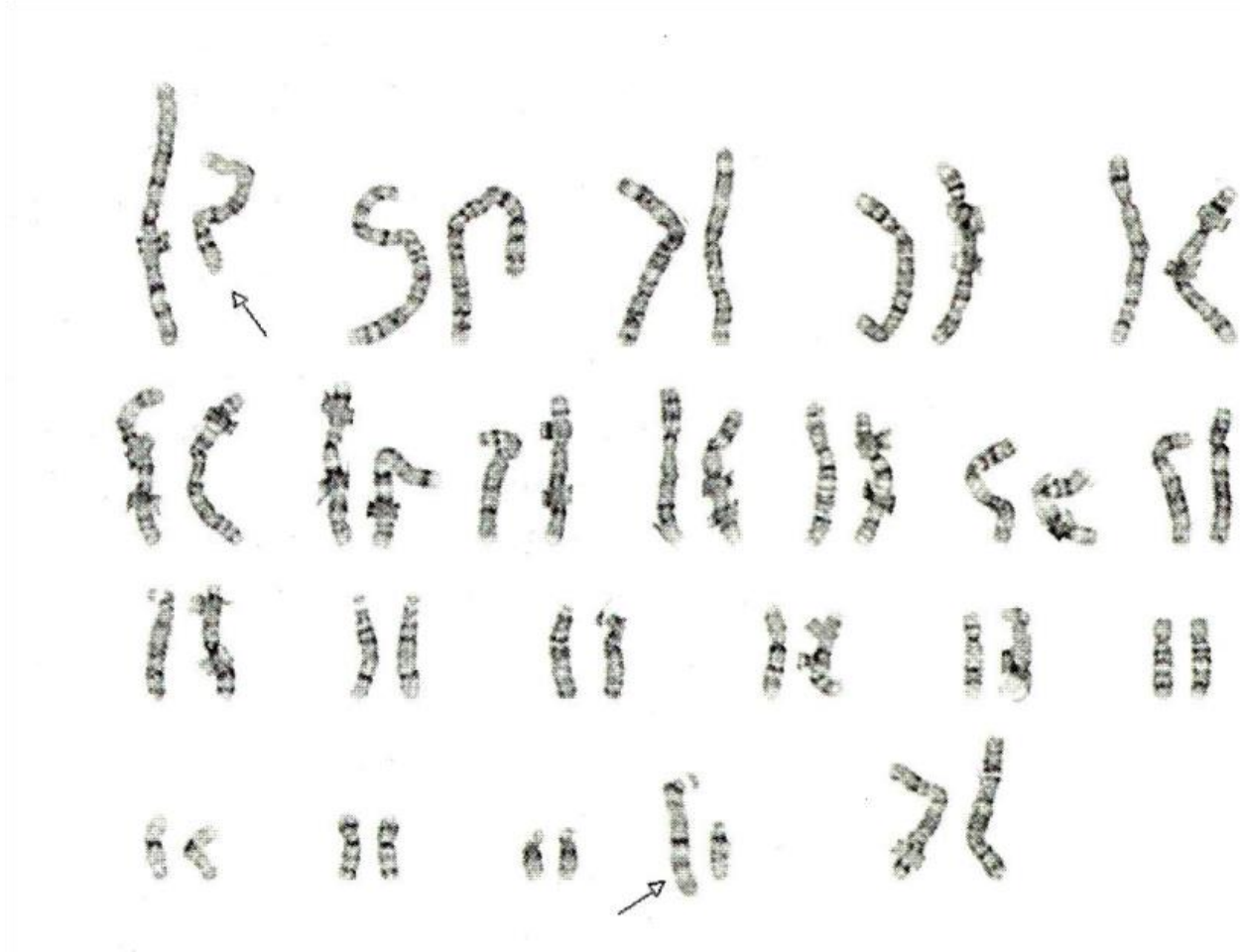


resultado : 45,X,[90]/48,XXXX,[10]



# Anomalias cromossômicas

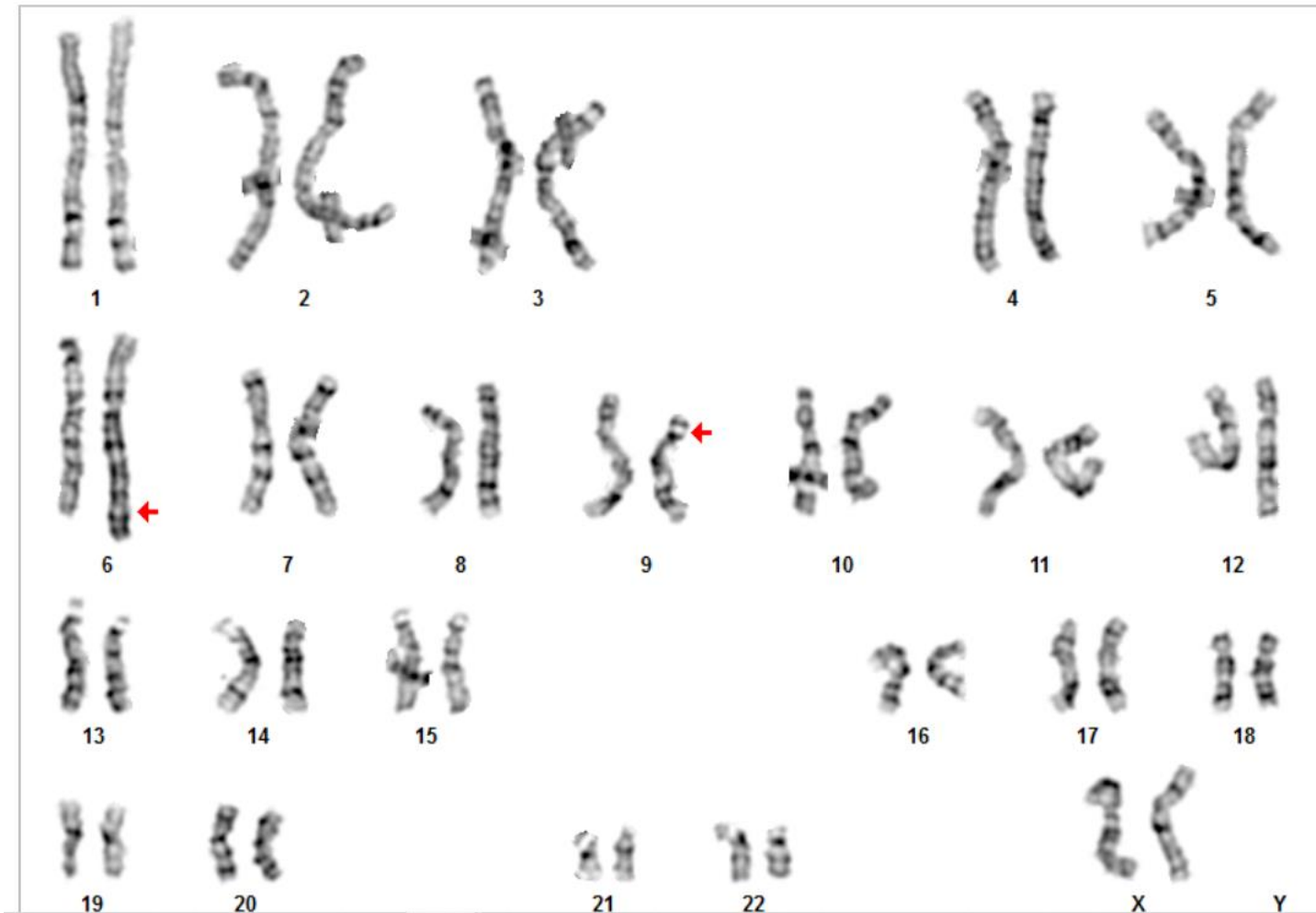
- Estruturais



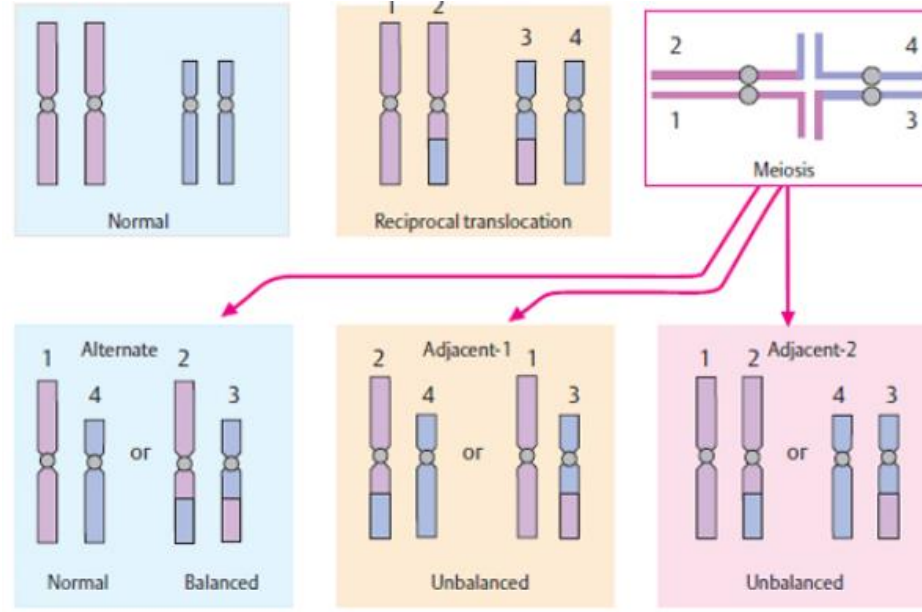
46,XX,t(1q;22q) = translocação recíproca **BALANCEADA**

Resultado: 46,XX,t(6;9)(q27;p21)

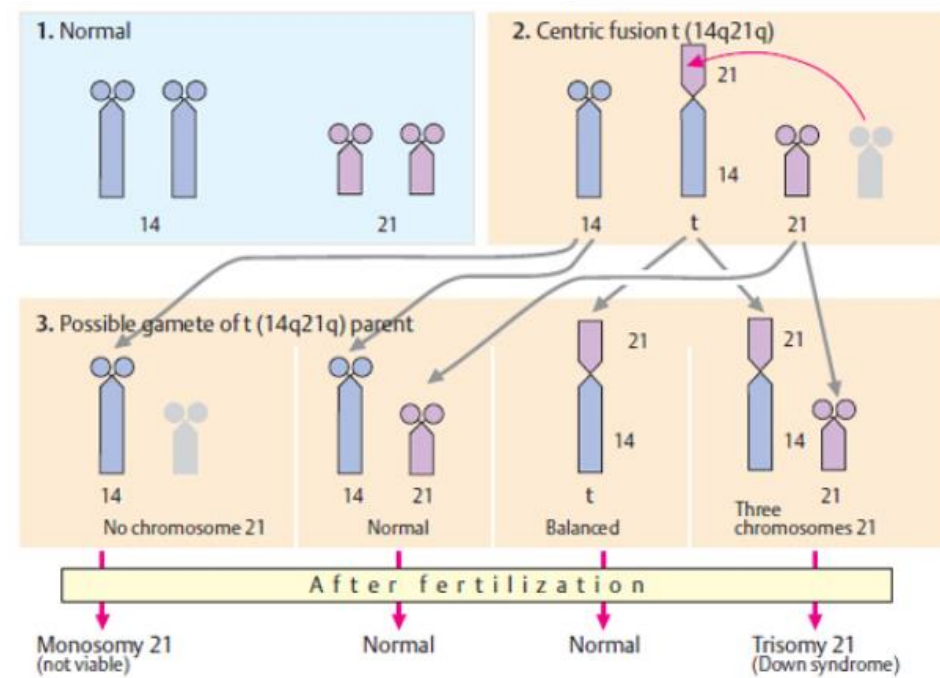
CARIOTIPO ALTERADO



translocação recíproca BALANCEADA



**A. Reciprocal translocation**

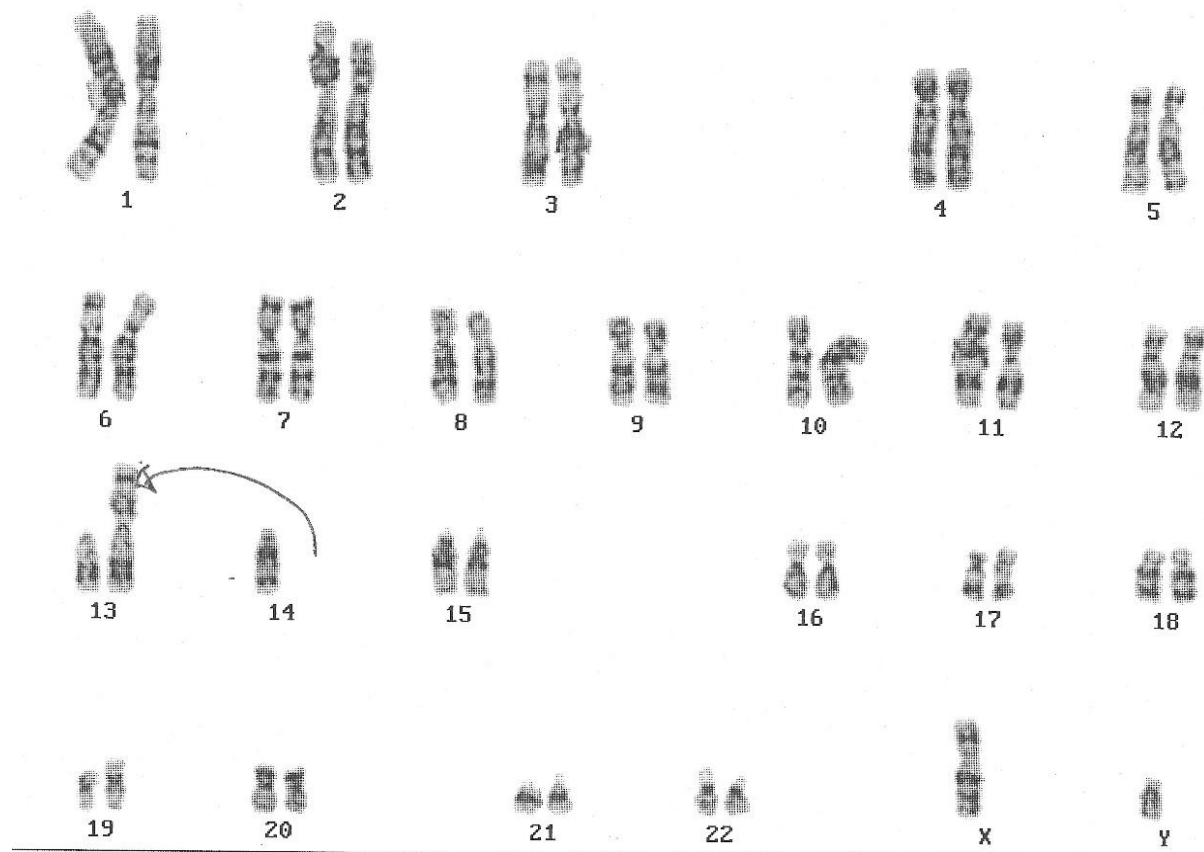


**B. Centric fusion of acrocentric chromosomes**

# Anomalias cromossômicas

- **Estruturais equilibradas**

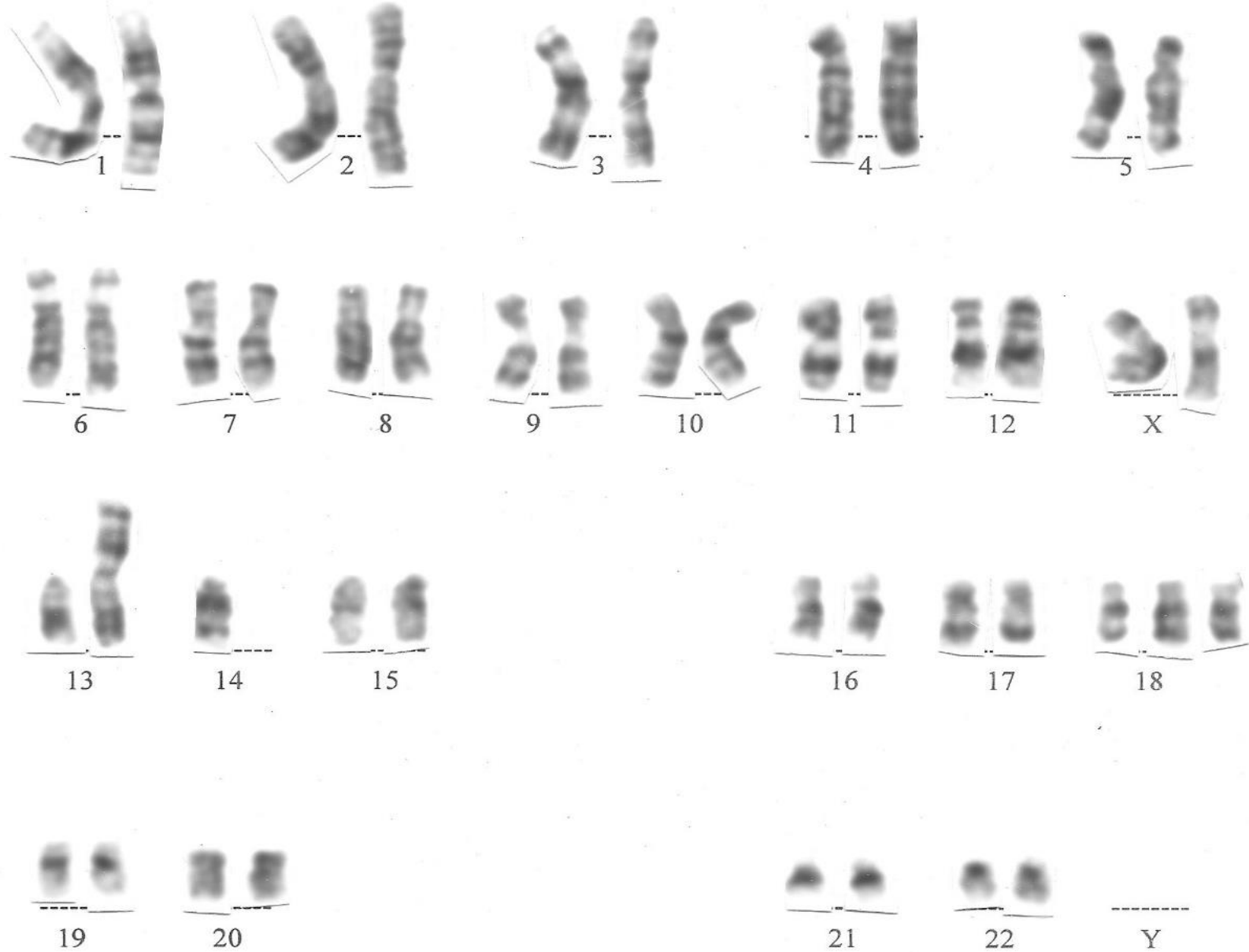
- sem perdas ou ganhos
- sem alteração do fenótipo
- risco de prole não equilibrada
- 1-20%
- rob(13;14)(q10;q10) = mais comum (1: 1.300)



Resultado : 45,XY,t(13;14)(q10;q10)



Diagnóstico Citogenético: 46,XX,t(13;14),+18



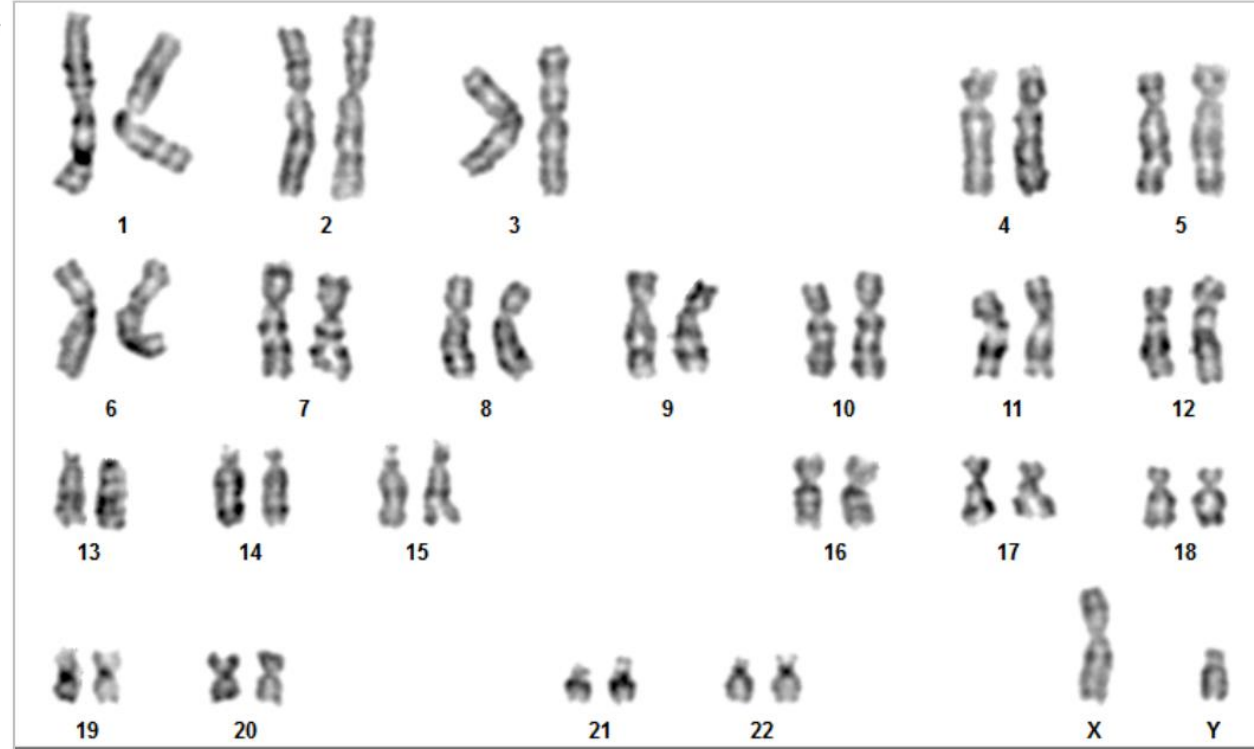
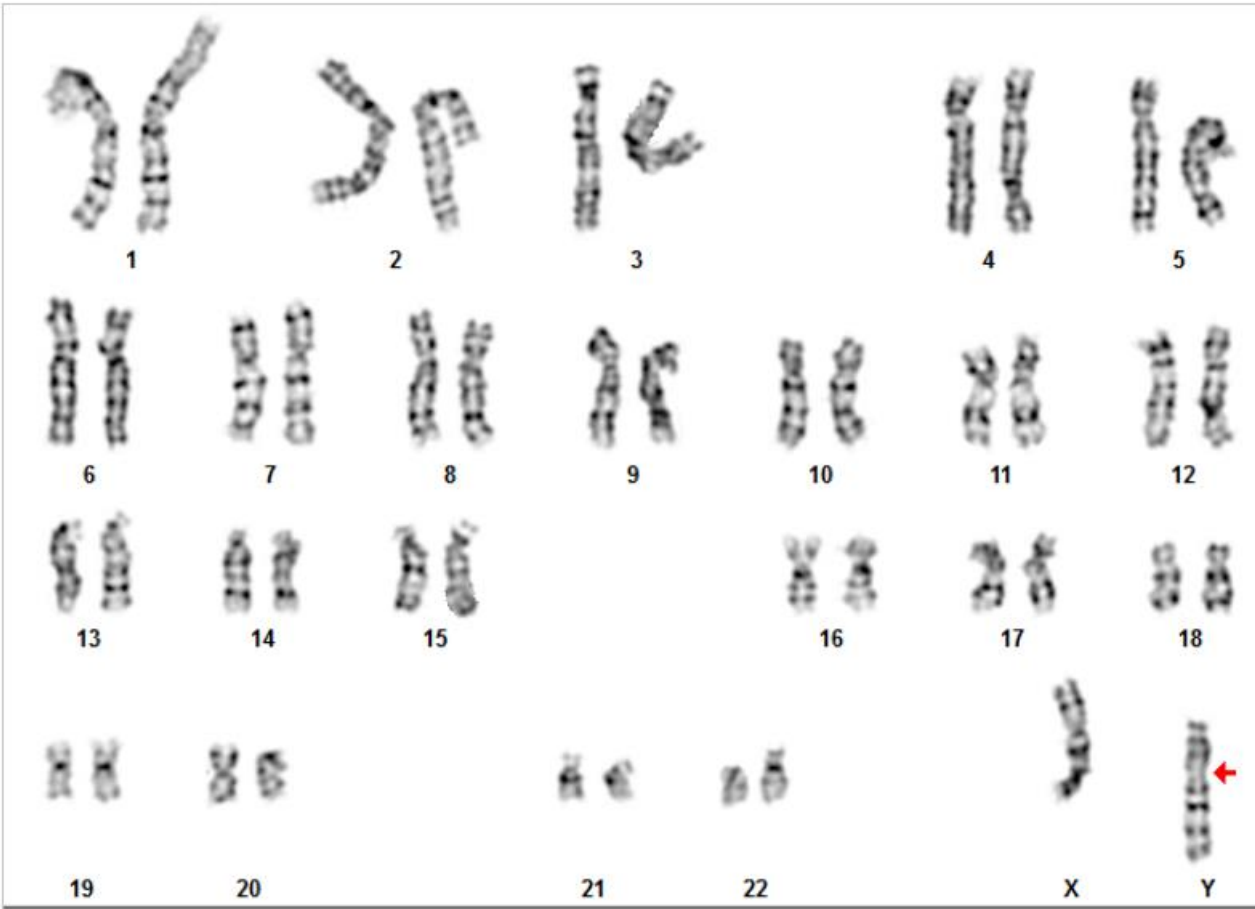
Material:

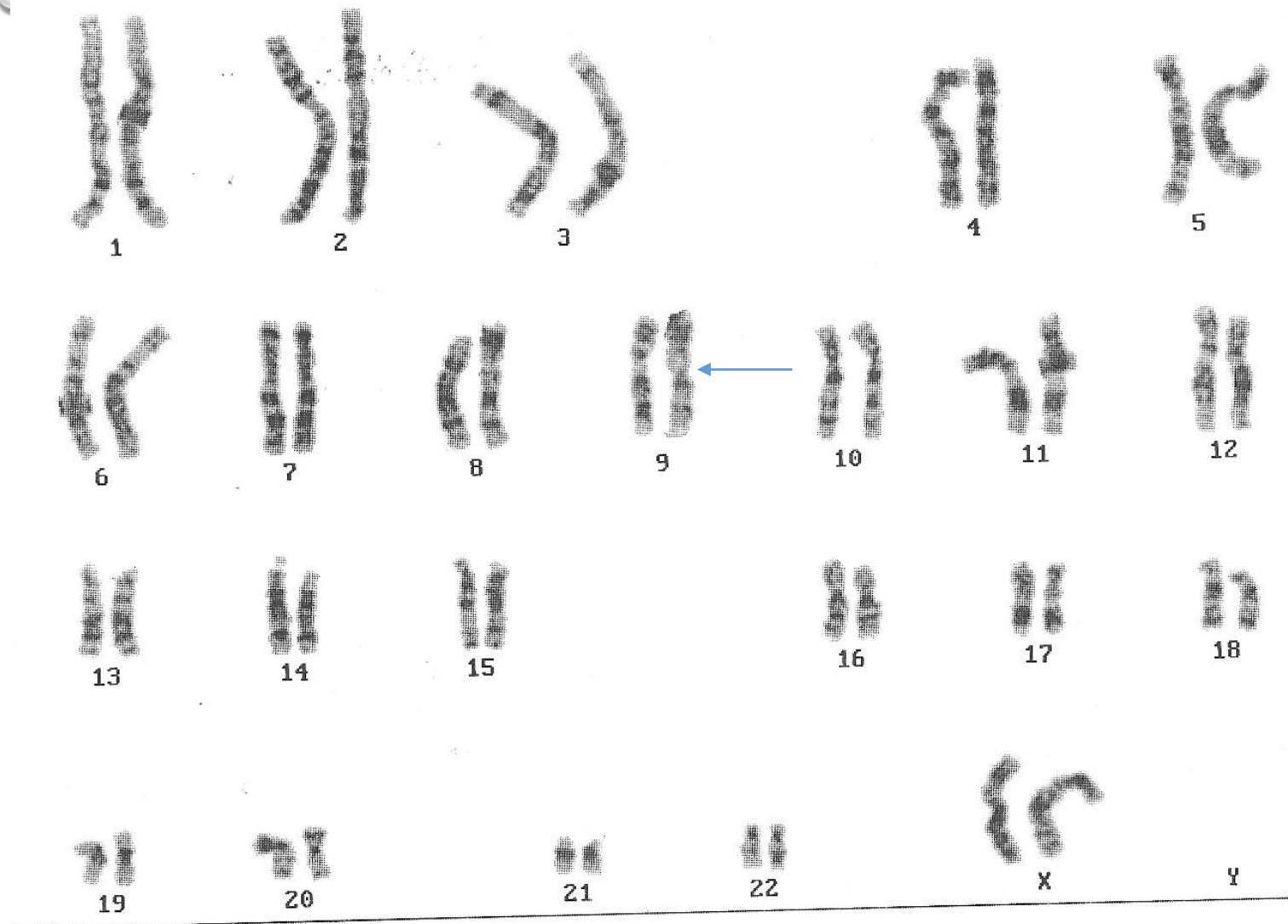
Líquido Amniótico

Resultado:

46,X,der(Y)t(Y;1)(q12;q21)[10]/46,XY[40]

### CARIOTIPO ALTERADO



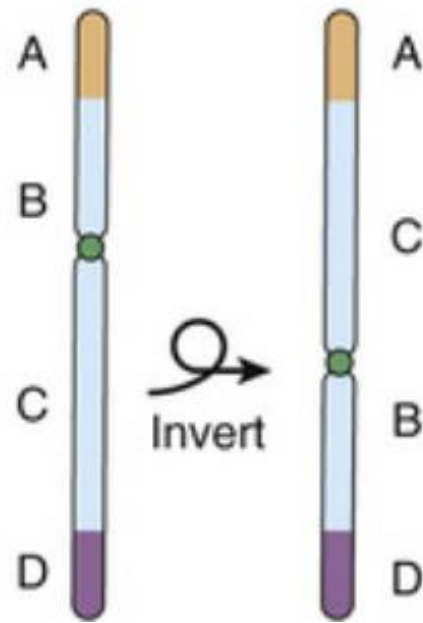


Resultado : 46,XX,inv(9)(p13q21)

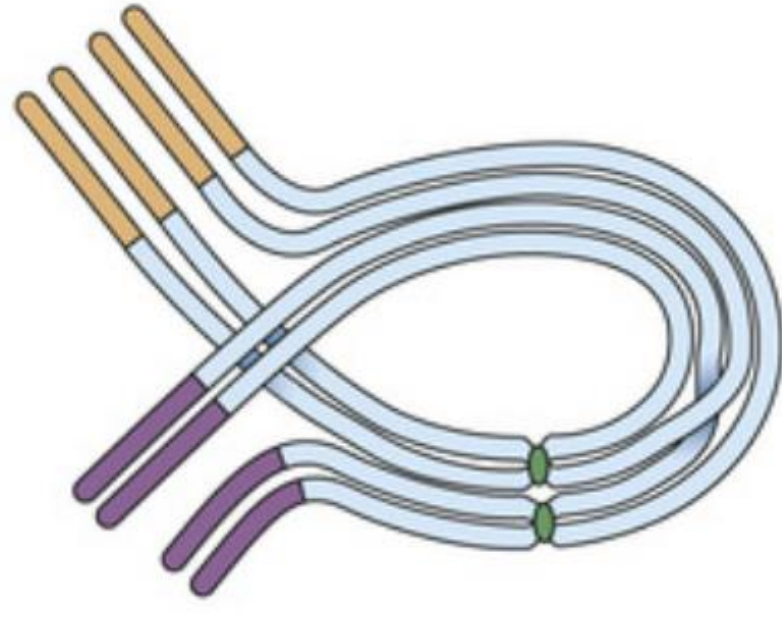
# inversões

Pericentric

envolve o centrômero = 2 quebras em braços diferentes



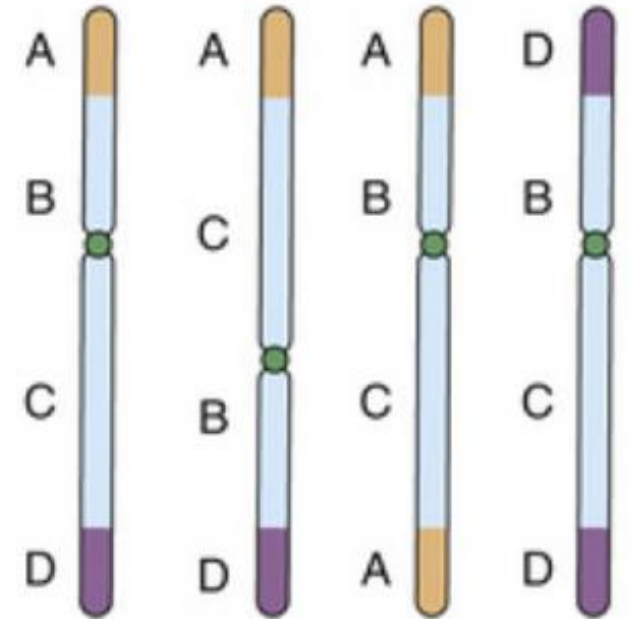
**PORTADOR  
balanceado**



MEIOSE I ("loop")



**GAMETAS**



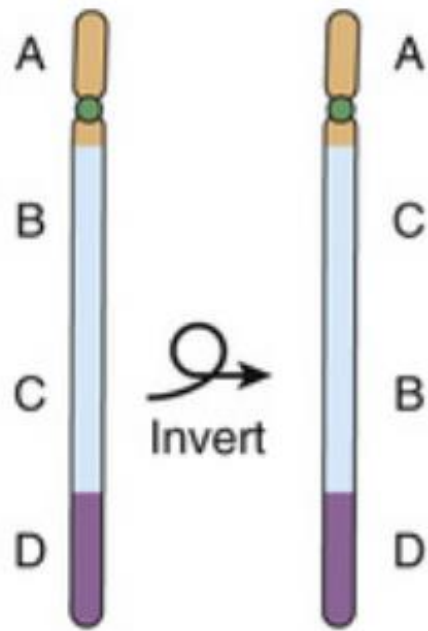
**balanceado    não balanceados viáveis**

**a chance de nascer uma criança não-balanceada depende do tamanho do segmento não balanceado!  
~5-10%**

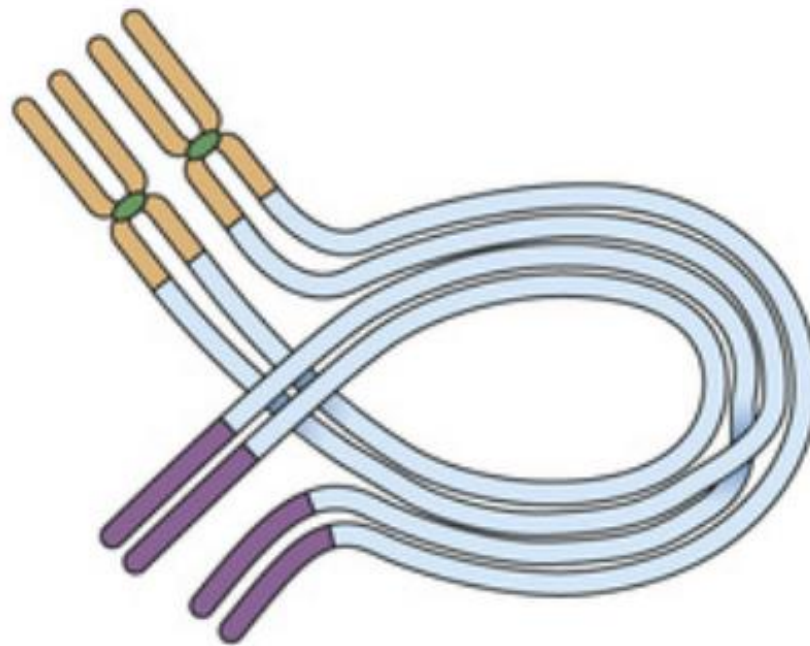
# inversões

Paracentric

não envolve o centrômero = 2 quebras no mesmo braço

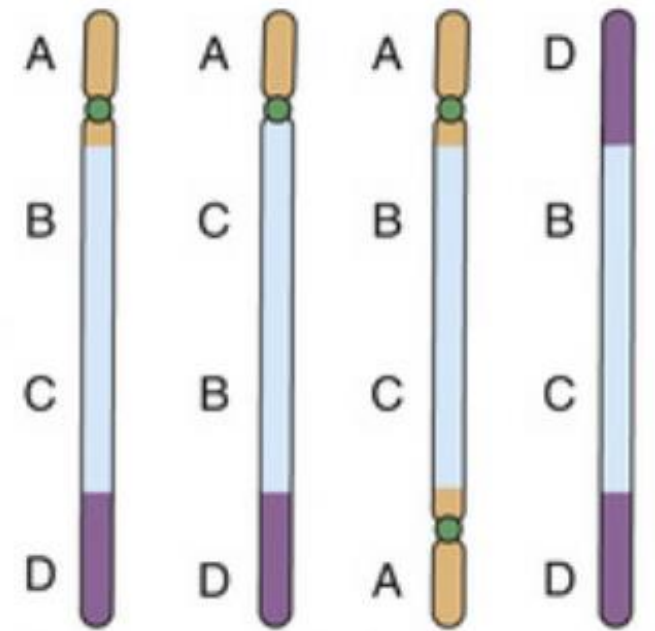


PORTADOR  
balanceado



MEIOSE I ("loop")

GAMETAS

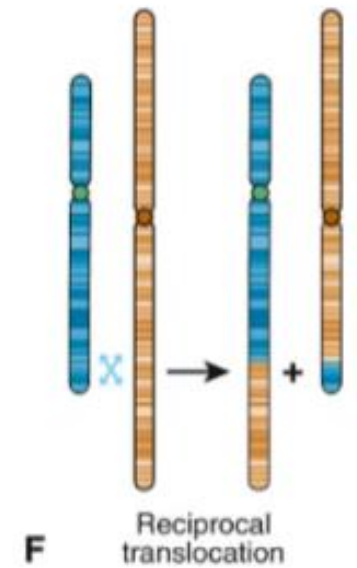
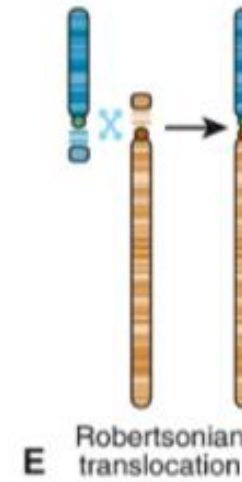
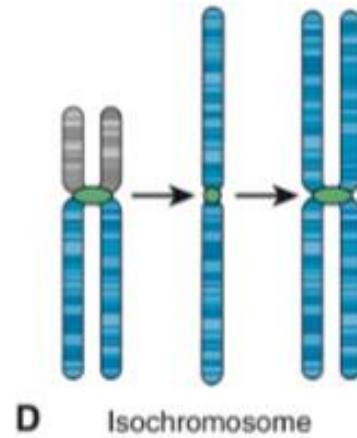
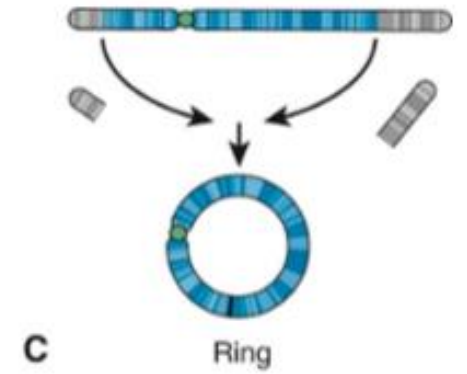
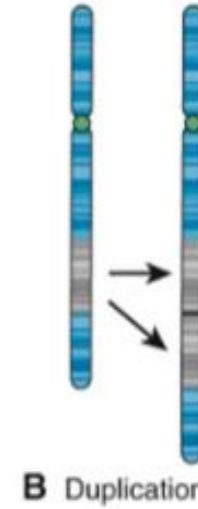
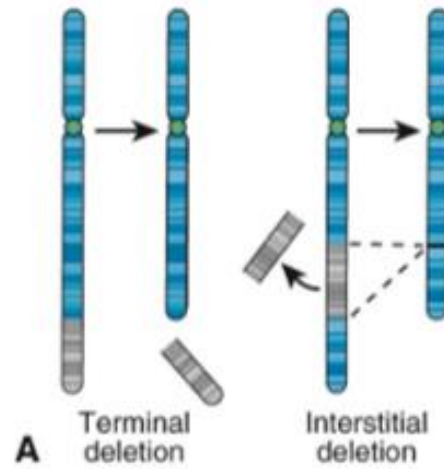


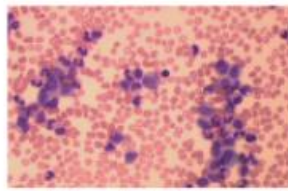
Balanced

Inviável

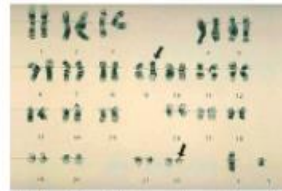
a chance de nascer uma criança não-balanceada (afetada) é muito baixa!

- ANOMALIAS ESTRUTURAIAS





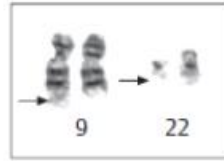
LMC



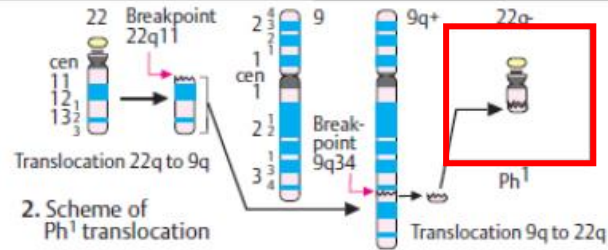
1. Accumulation of white blood cells (blue)

2. The Philadelphia translocation 9q;22q

**A. Main features**

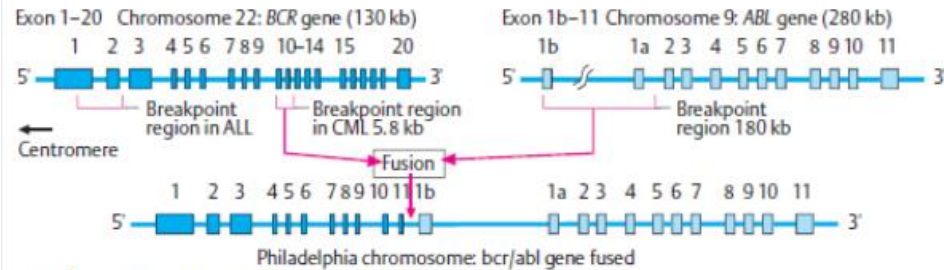


1. Ph<sup>1</sup> translocation

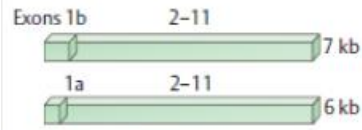


2. Scheme of Ph<sup>1</sup> translocation

**B. Ph<sup>1</sup> translocation [t(9;22) (q34;q11)]**



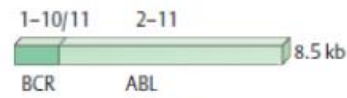
**C. Ph<sup>1</sup> translocation causes fusion of two genes**



1. Normal ABL mRNA

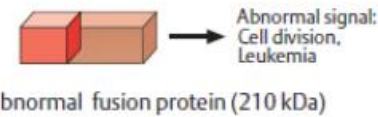


2. Normal ABL protein (145 kDa)

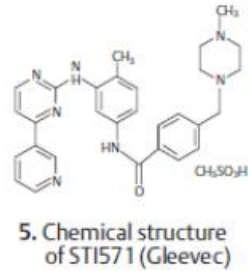


3. Abnormal BCR/ABL fusion

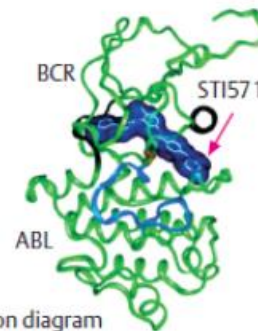
**D. The BCR/ABL fusion protein**



4. Abnormal fusion protein (210 kDa)



5. Chemical structure of STI571 (Gleevec)



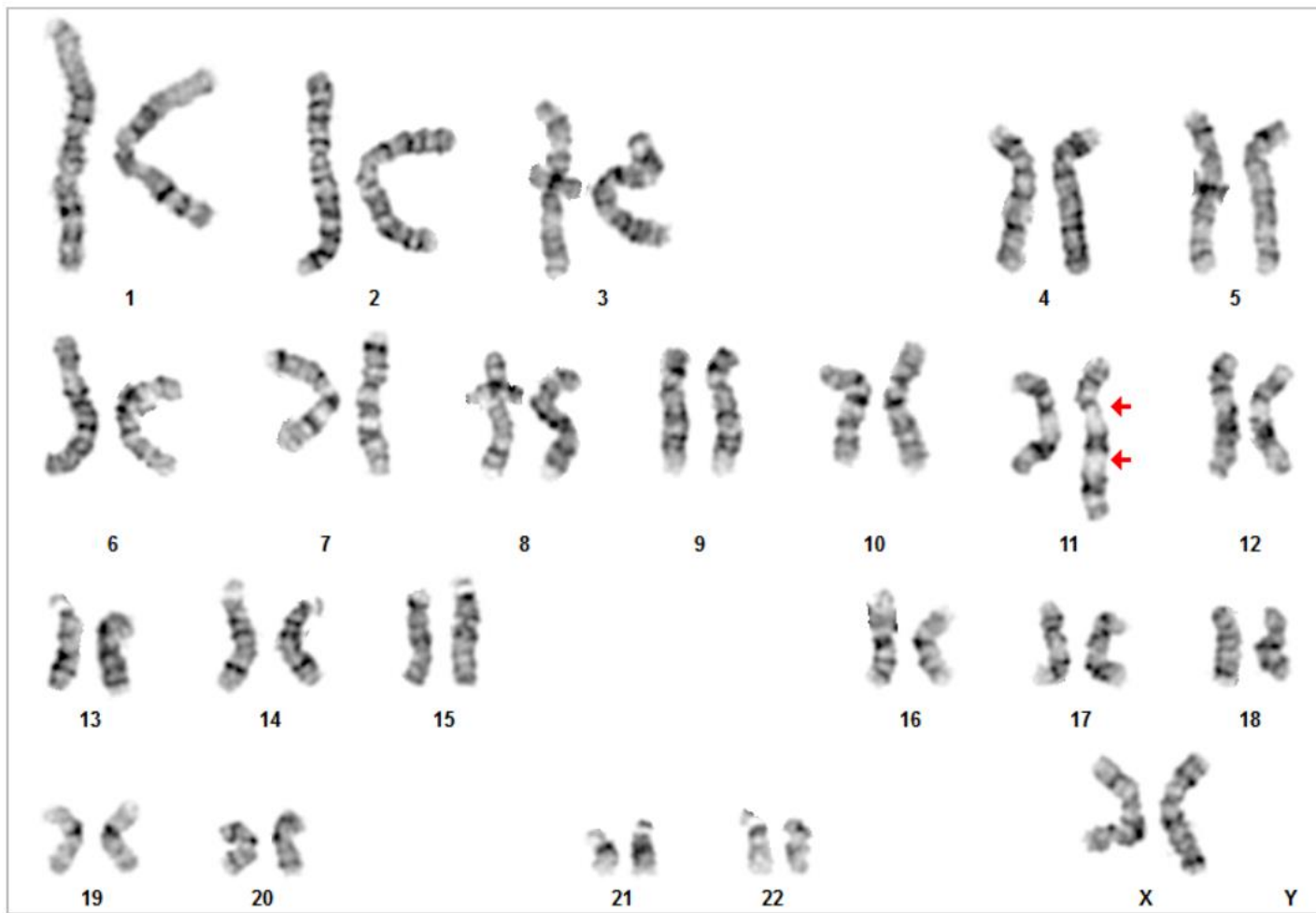
6. Ribbon diagram

oncoproteína  
quimérica

IMATINIBE

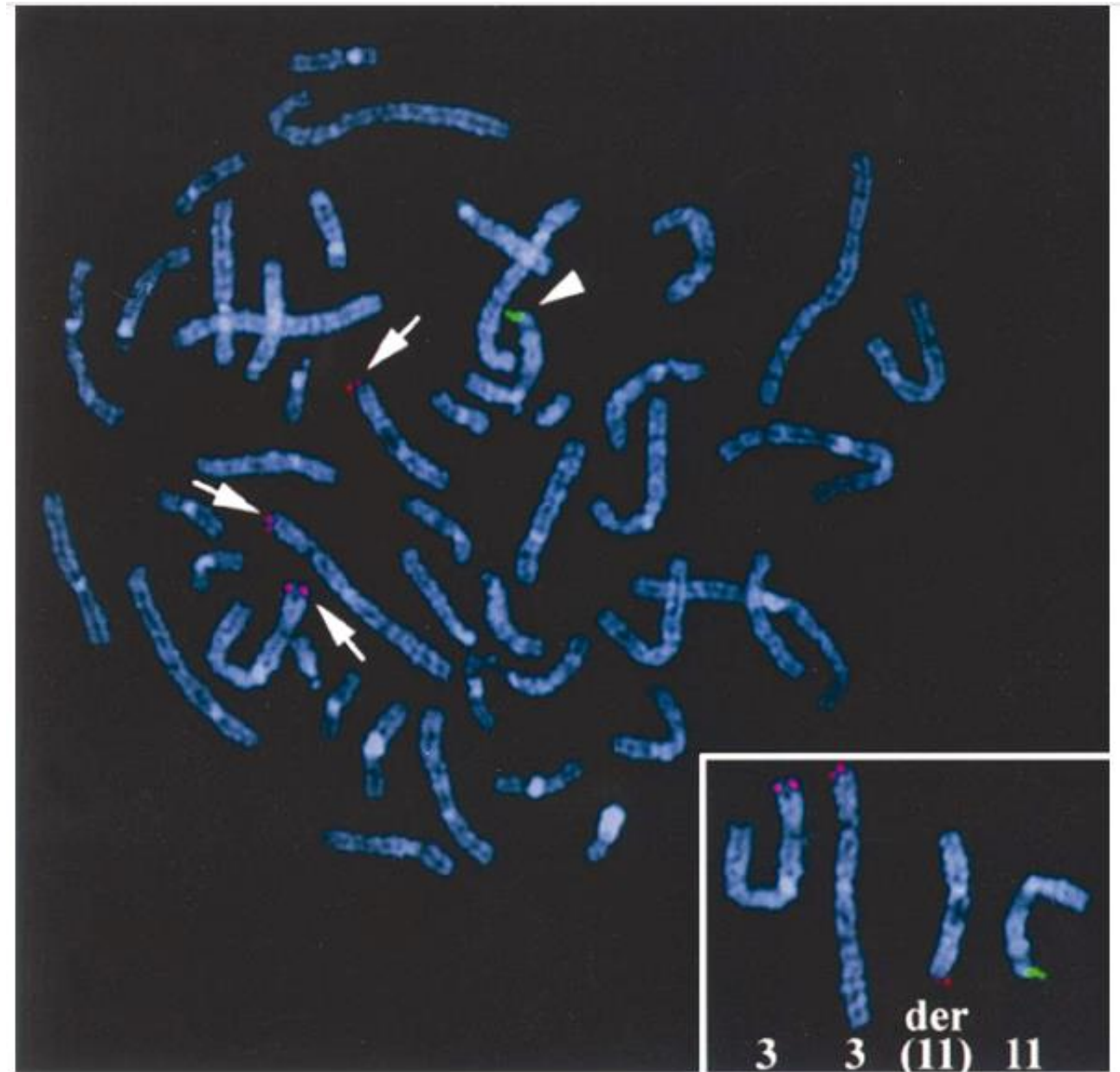
Resultado: 46,XX,dup(11)(q13q23)

CARIOTIPO ALTERADO

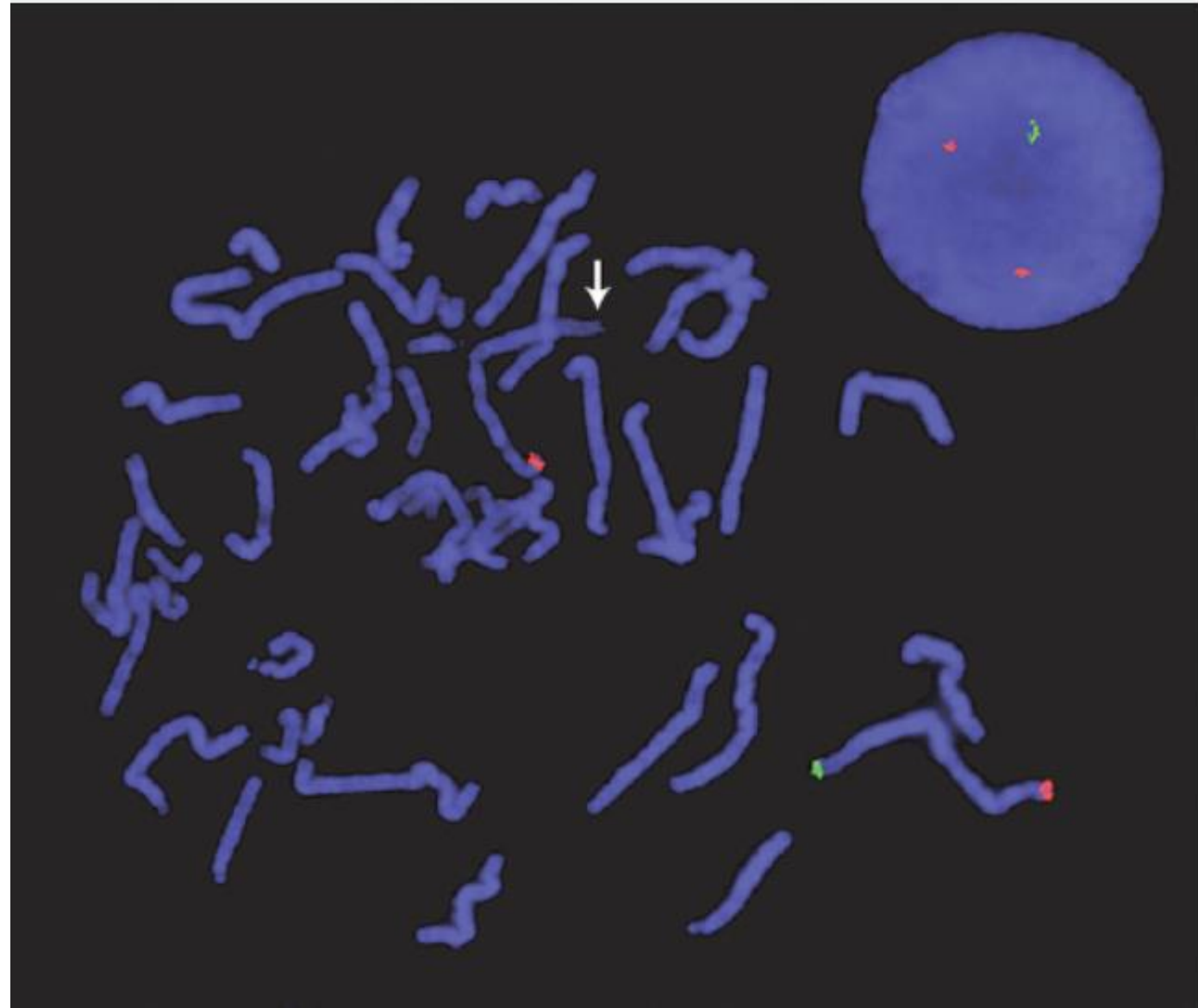




- FISH (hibridação in situ fluorescente)
- sondas com fluorocromos
- translocação recíproca 3 e 11
- trissomia parcial 3p (*red*)
- monossomia parcial 11q (*green*)

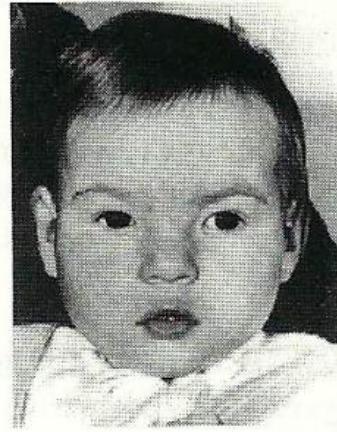


- FISH (hibridação in situ fluorescente)
- sondas com fluorocromos (clones)
- deleção 1p terminal





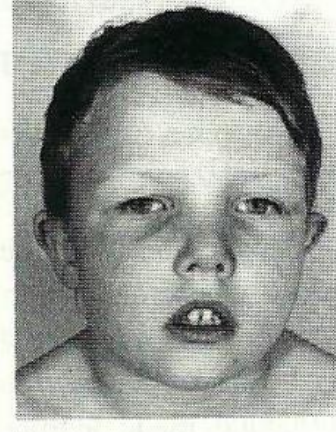
7 dias



9 meses



3 anos



6 anos

**A. Deleção 5p-: síndrome do miado de gato**

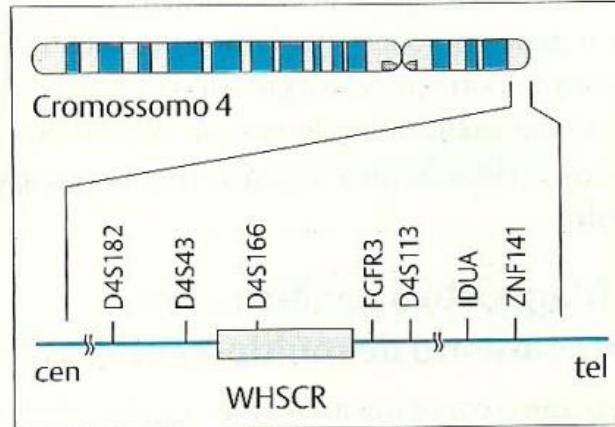


1. Idade: 1 ano e 3 meses

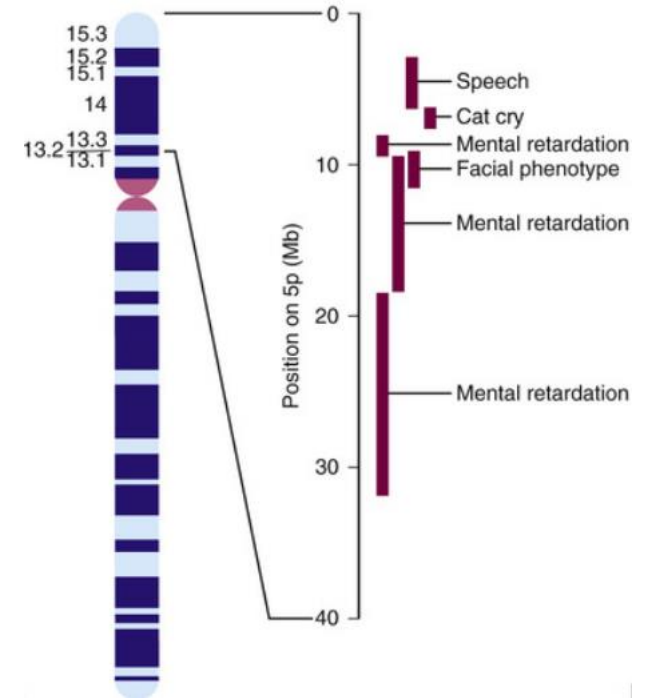


2. Idade: 4 anos

**B. Deleção 4p-: síndrome de Wolf-Hirschhorn**



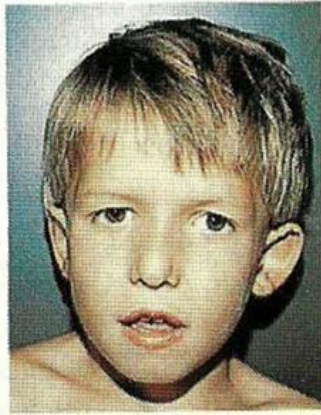
3. Esquema do mapa físico de 4p16



# MICRODELEÇÕES E MICRODUPLICAÇÕES



**S. Williams  
del 7q11.23**



**VCF/DiGeorge  
del 22q11.21**



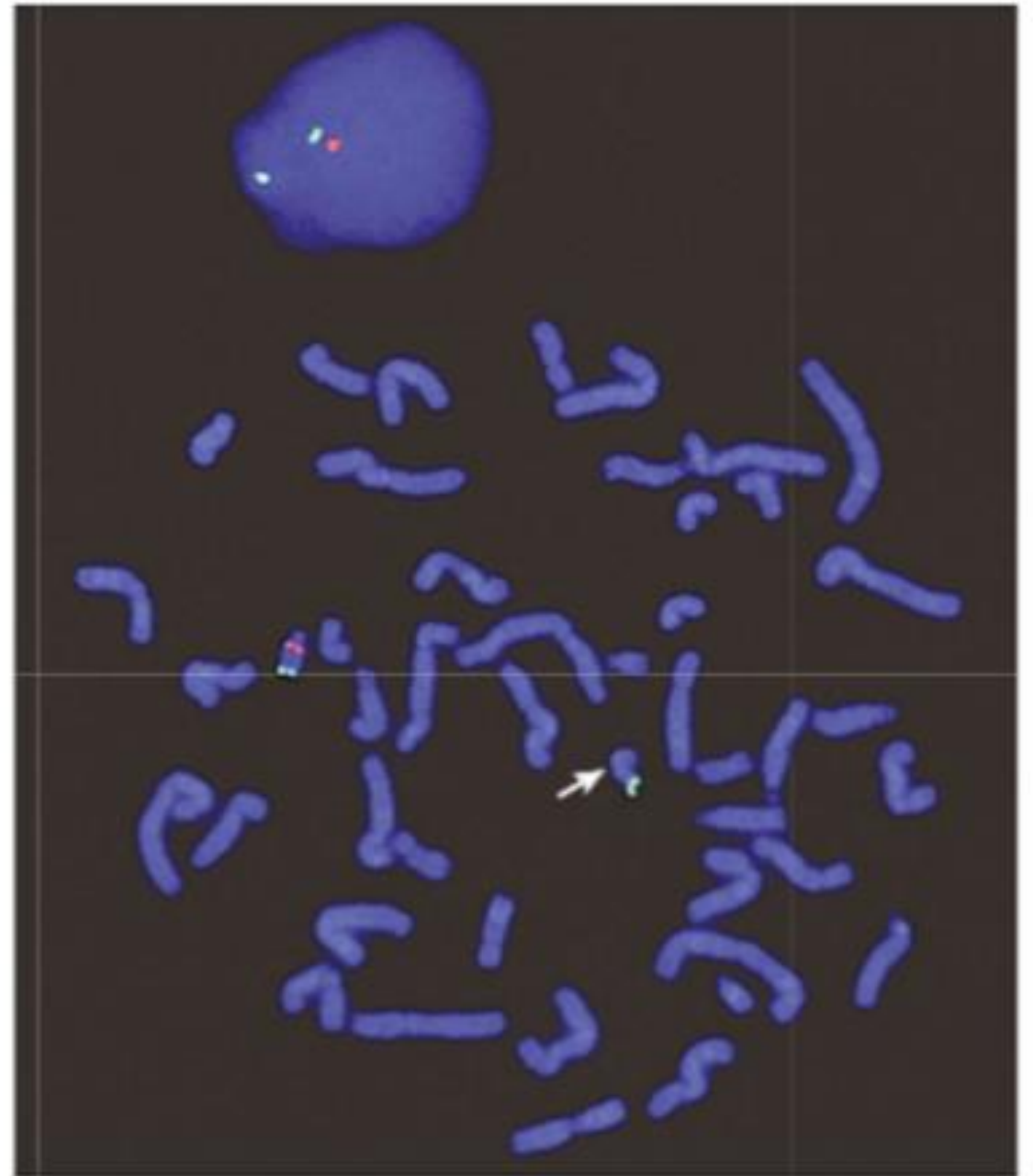
**S. Rubinstein-Taybi  
del 16p13.3**



- PRADER-WILLI/ANGELMAN : del15q11-q13
- SMITH-MAGENIS : del17p11.2
- POTOCKI-LUPSKI : dup17p11.2
- INFERTILIDADE MASCULINA: delYq11.2

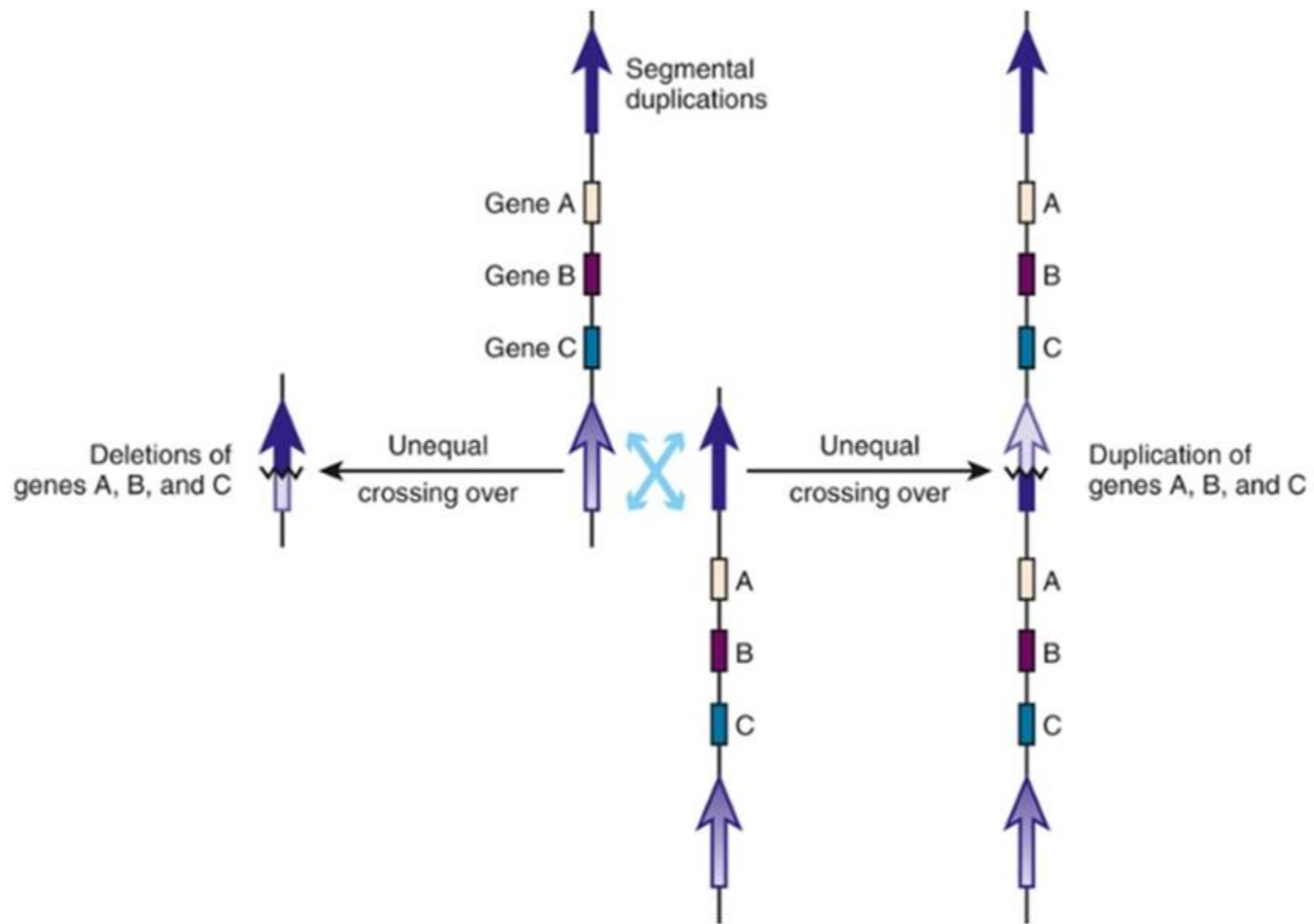
# MICRODELEÇÃO 22q11.2

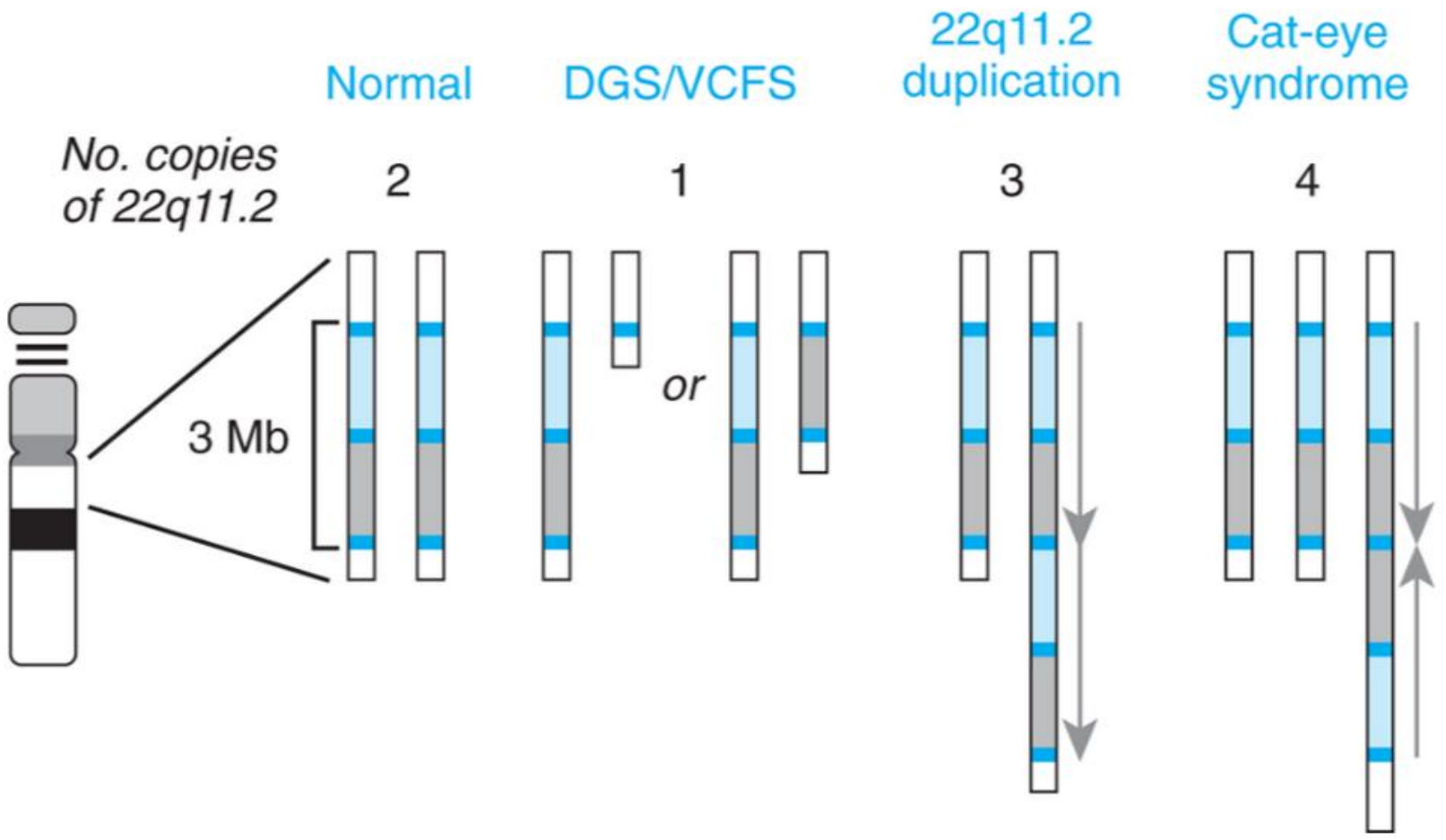
- FISH
- SONDA PARA REGIÃO DE INTERESSE
- VERDE (CONTROLE)
- VERMELHA (ÍNDICE)



# Microdeleções e microduplicações

- submicroscópicas (M.O.) < 10 Mb
  - aneussomia segmentar
  - perda ou ganho de mais de 1 gene = dosagem
  - CNV = variação no número de cópias
  - rearranjos gênicos
  - regiões repetitivas (LCR) = suscetíveis
  - *crossing-over* desigual
  - recombinação homóloga não-alélica
  - síndromes de genes contíguos = doenças genômicas
  - fenótipos reconhecidos que mudam após o nascimento
  - compatíveis com a vida









Search

[Members Login](#)

- [Home](#)
- [About Us](#)
- [Information](#)
- [Support Us](#)
- [Join Us](#)
- [Contact Us](#)
- [Shop](#)

[Chromosomes and Disorders](#)

[Why we need your information](#)

[Disorder Guides - English](#)

[Disorder Guides - Translations](#)

[Registered Disorders](#)

[Request A Phenotype](#)

[Practical Guides for Families](#)

[New Members Pack](#)

[Little Yellow Book](#)

[Unique Tales for Siblings](#)

[Magazine Downloads](#)

## Registered Chromosome Disorders

(Database last updated 03 March 2016)

*Unique* has the following rare chromosome disorders in its membership. If you cannot see a disorder listed similar to your child's, please do not let this stop you from registering with us. New families are joining daily and if we do not have your details, we cannot put these families in touch with you

To search the database, pick from each drop list and press the button marked "Search"

Chromosome:  Arm:  Disorder:

How many to display per page?

## Results

The following list shows the chromosome conditions registered with *Unique* which match your search criteria. You may click on one to see specific karyotypes, FISH or arrayCGH analysis results registered against that condition

[Select values and press Search](#)

Unique

El  
Librito  
Amarillo



**Vol 1: Una guía sobre desórdenes cromosómicos raros**

por  
Dr Beverly Searle BSc(Hons) PhD CBIOL MIBIOL y  
Profesora Maj Hultén PhD MD FRCPATH

