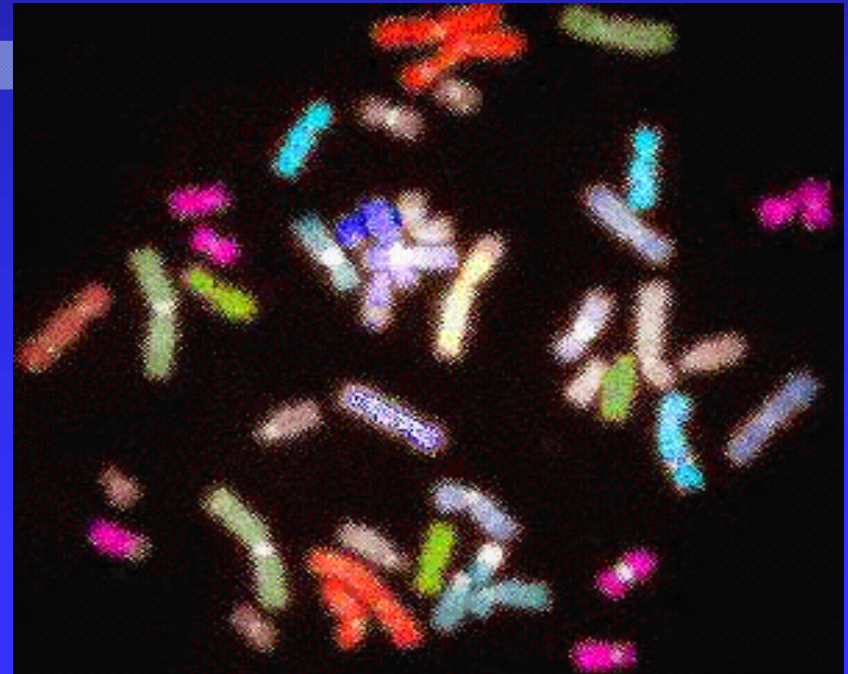


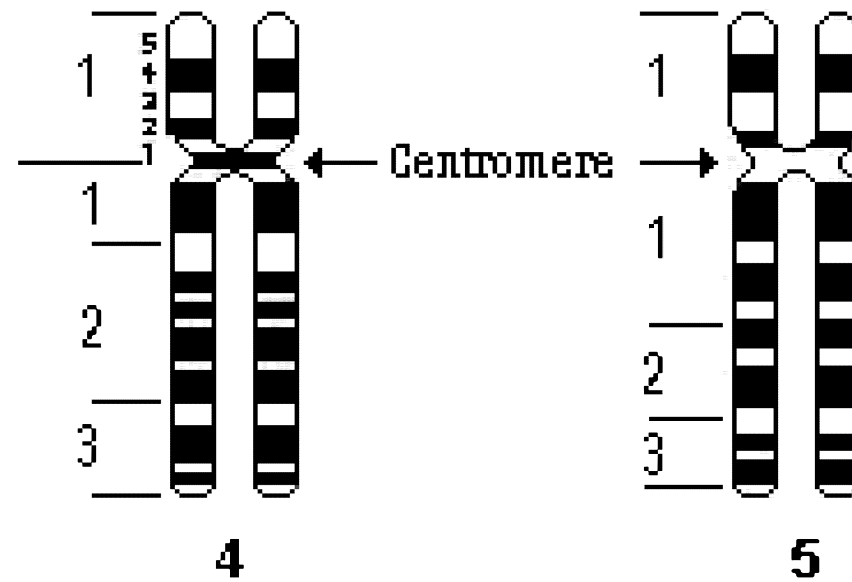
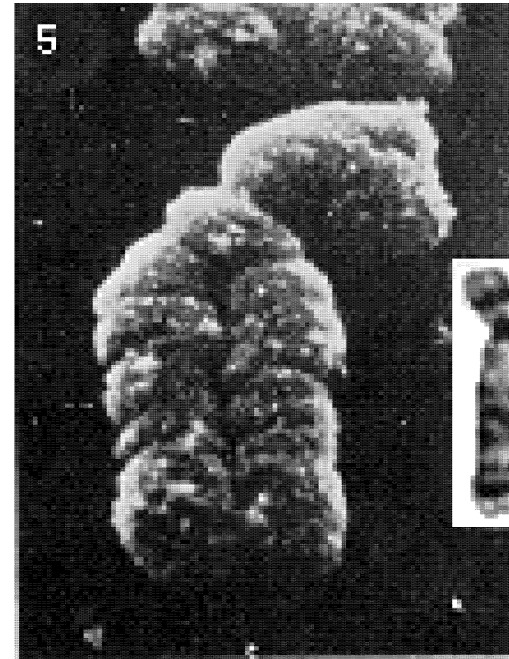
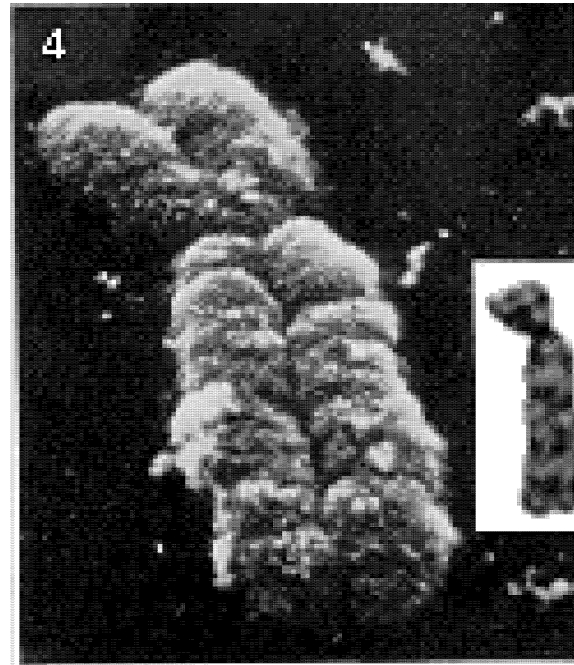
La patologia cromosomica

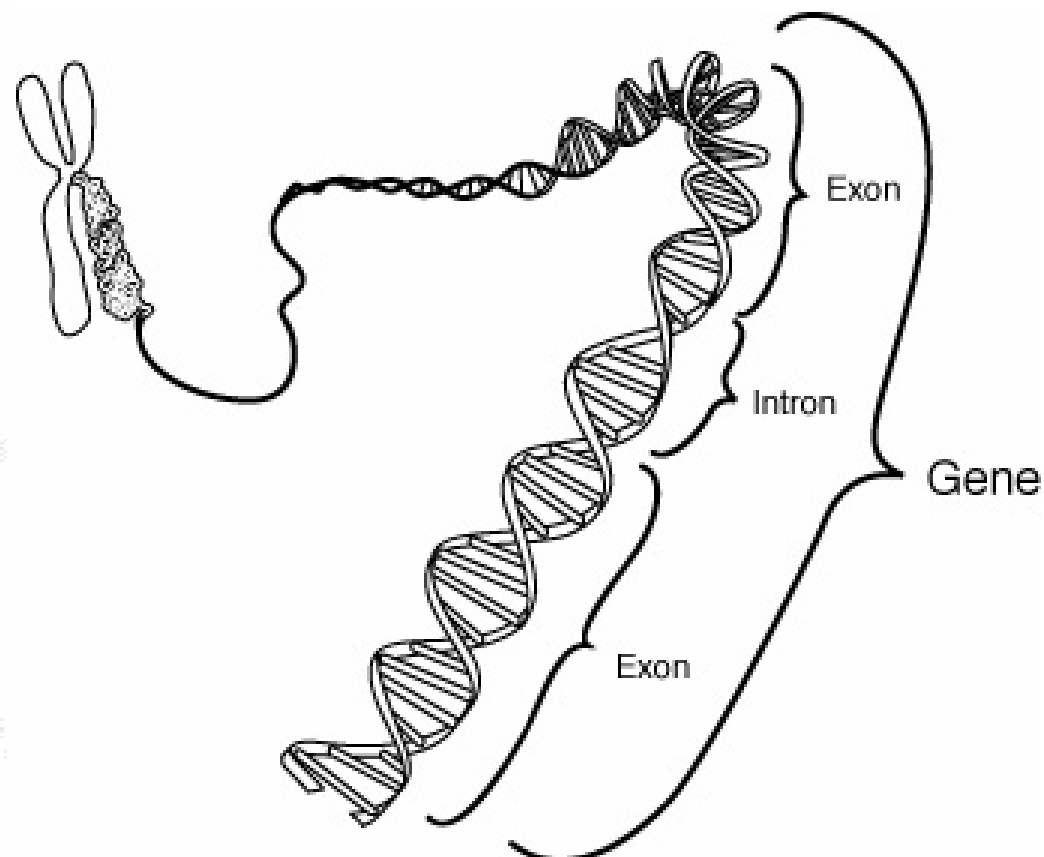
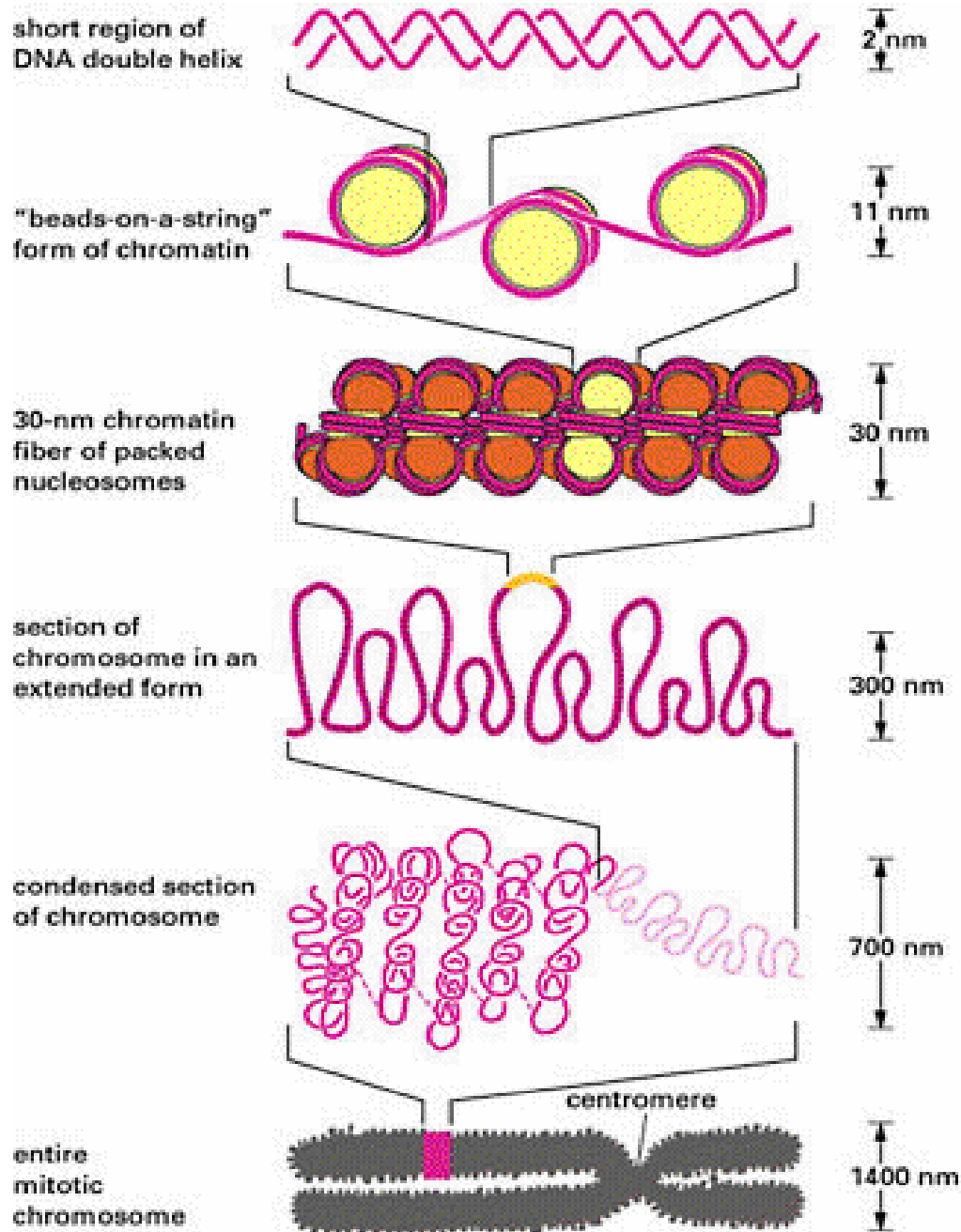


FISIOKINESITERAPIA-NEWS.IT

LO STUDIO DEI CROMOSOMI: CITOGENETICA

- **alcuni concetti di citogenetica**
- **classificazione**
- **la frequenza delle malattie cromosomiche ed alcune patologie più frequenti**
- **quando la citogenetica tradizionale non ce la fa...**

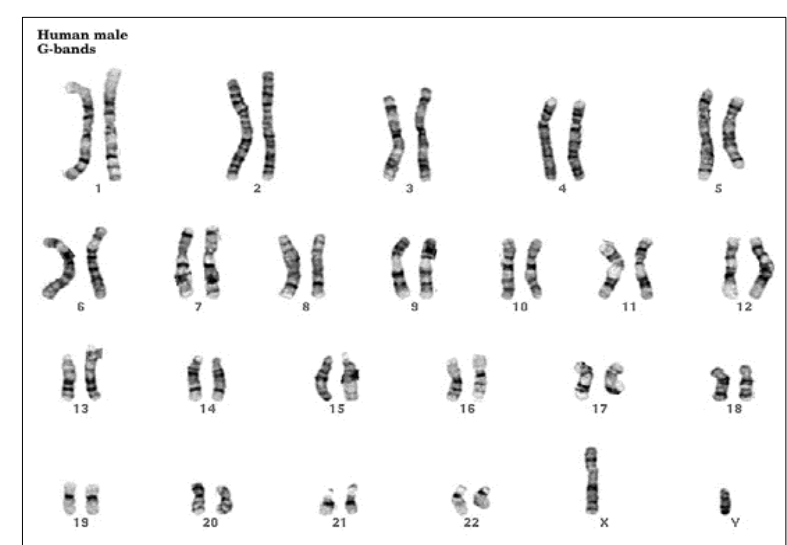
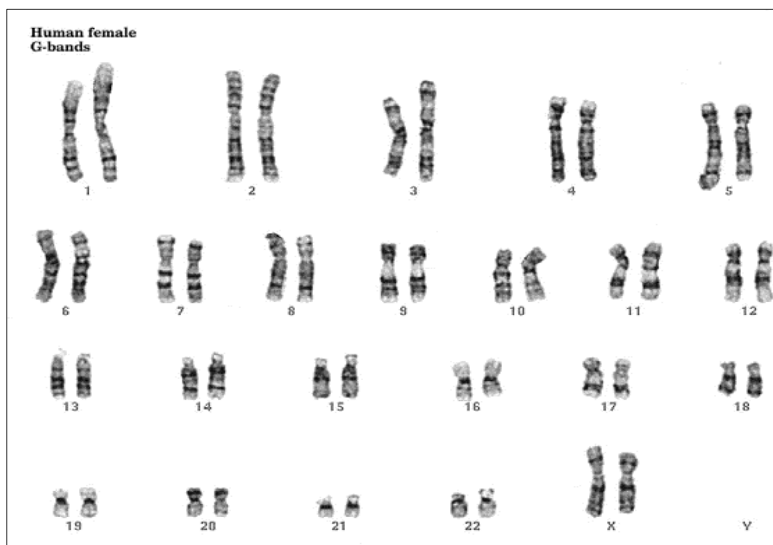
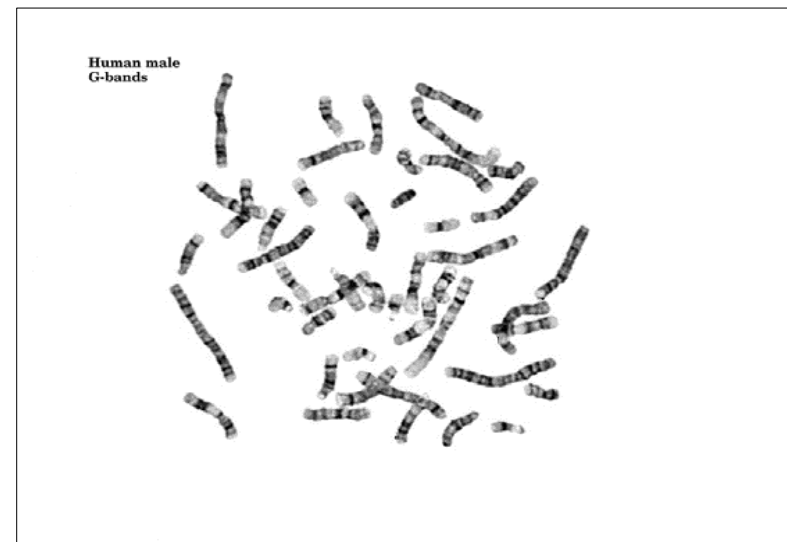




NET RESULT: EACH DNA MOLECULE HAS BEEN PACKAGED INTO A MITOTIC CHROMOSOME THAT IS 50,000x SHORTER THAN ITS EXTENDED LENGTH

Harvest Procedures

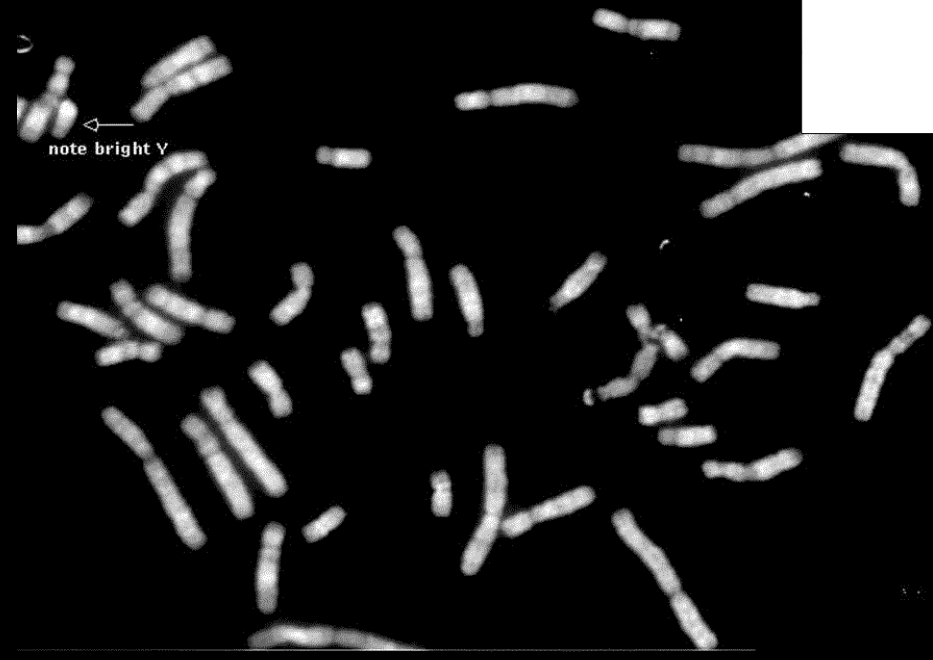
- **Mitotic Activity**
 - Stimulation
 - Tissue Culture
 - Direct harvest
 - Unstimulated Culture
- **Metaphase Inhibition**
 - Colchicine, Colcemid
- **Hypotonic Treatment**
 - KCl
- **Fixation-Wash**
 - 3:1 methanol:glacial acetic acid (Carnoy's)
- **Slide Preparation**
- **Banded Staining**
 - GTG-G bands (trypsin-Giemsa)



Human female
C-bands

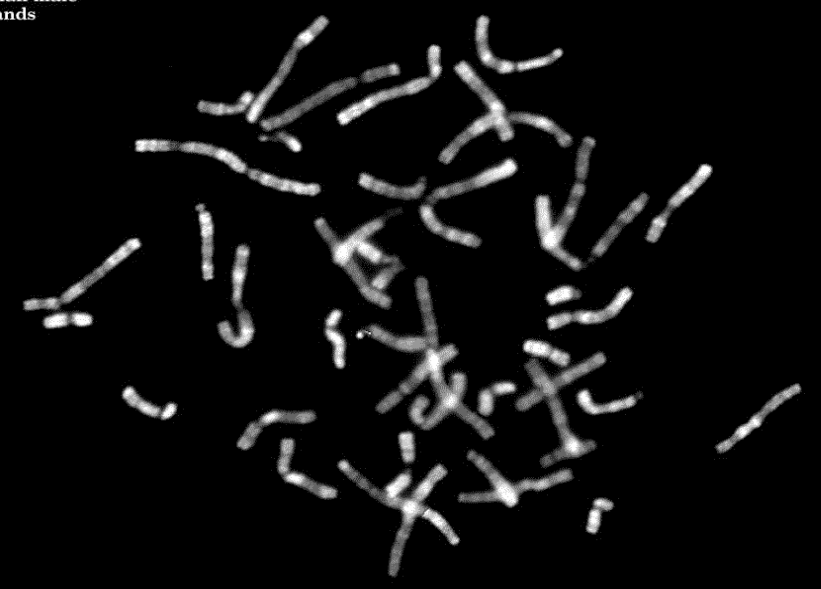


human male
Q-bands



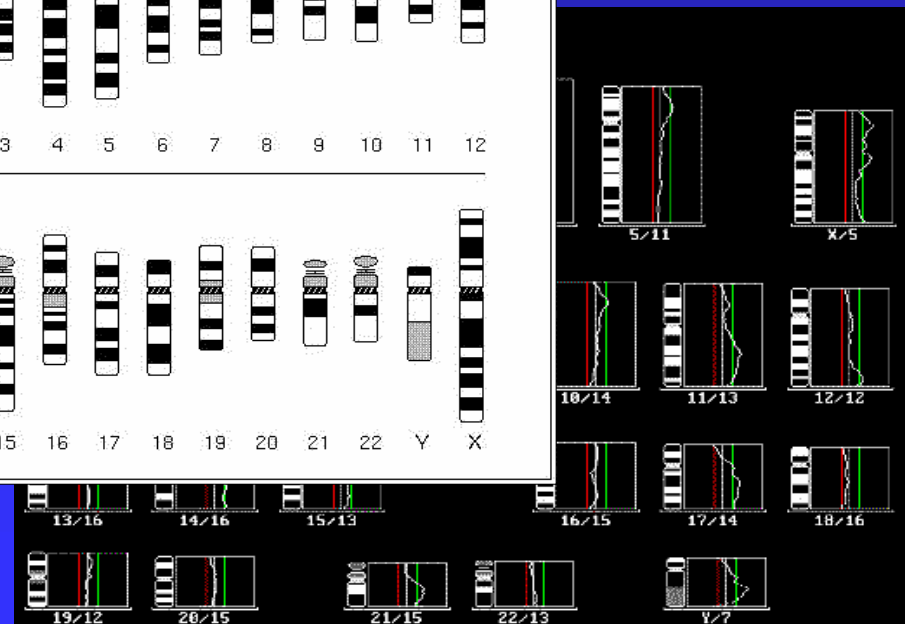
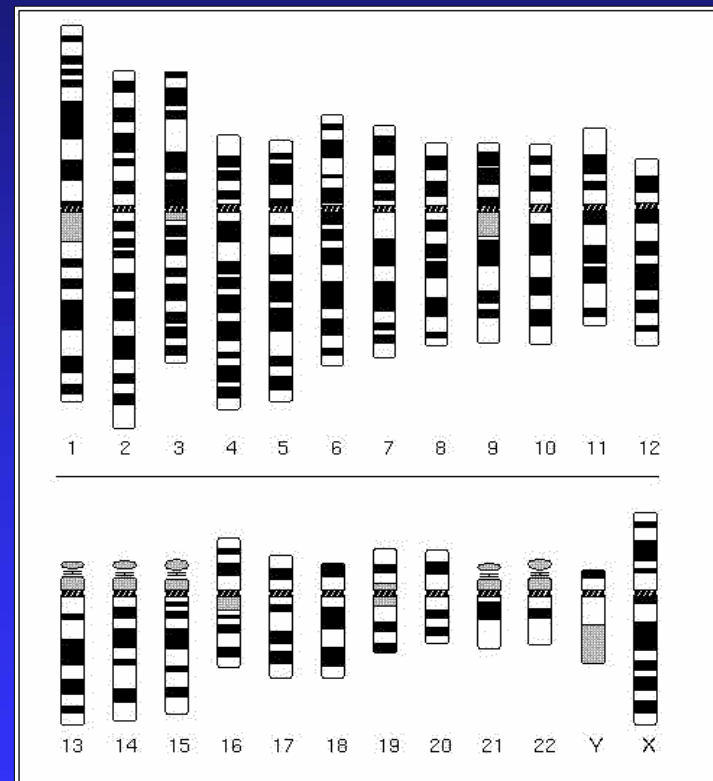
note bright Y

Human male
R-bands



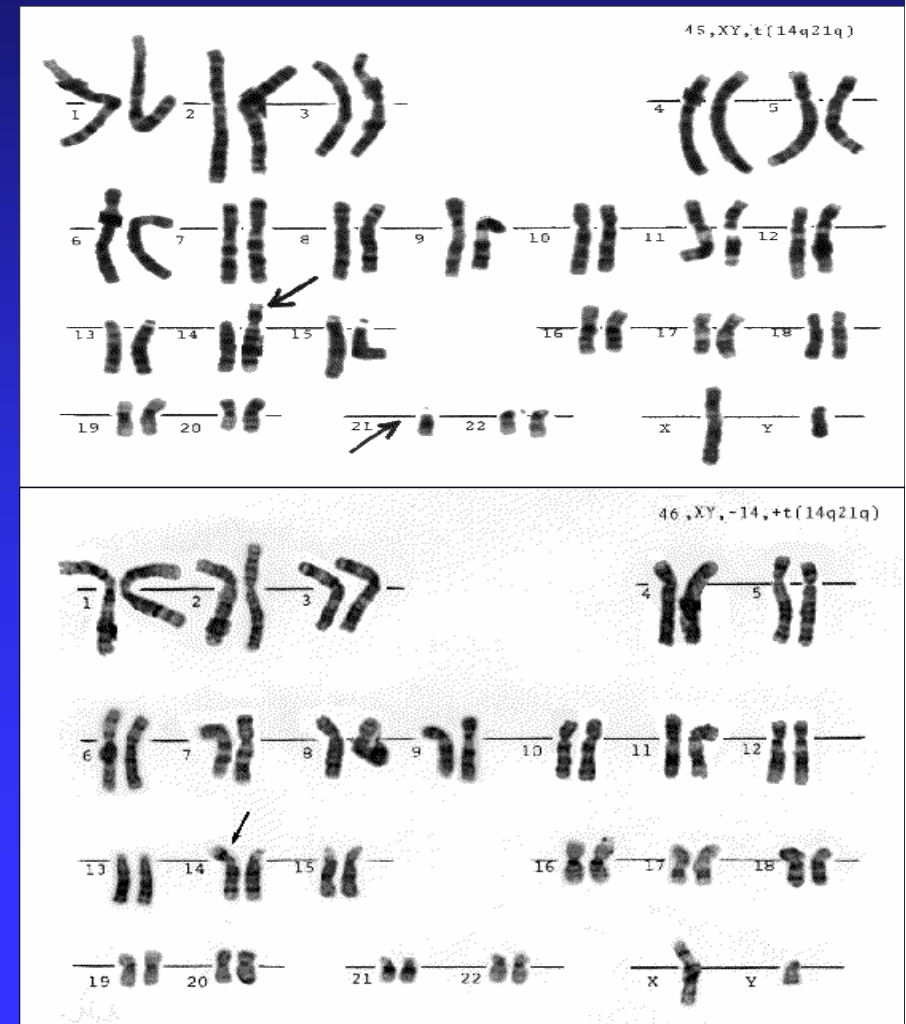
Anomalie cromosomiche

- Come classificarle
- la loro frequenza

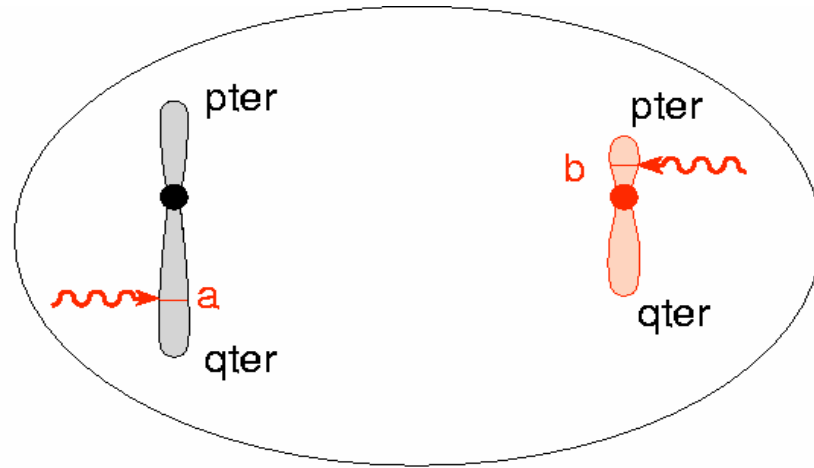


Anomalie cromosomiche

- **Bilanciate:**
- nella maggioranza dei casi non sono correlate ad un fenotipo anomalo
- **Sbilanciate:**
- sono correlate ad un fenotipo anomalo (malformazioni e/o ritardo mentale)



**TRASLOCAZIONI
CROMOSOMICHE:**
ROTTURE SU PIU'
DI UN CROMOSOMA

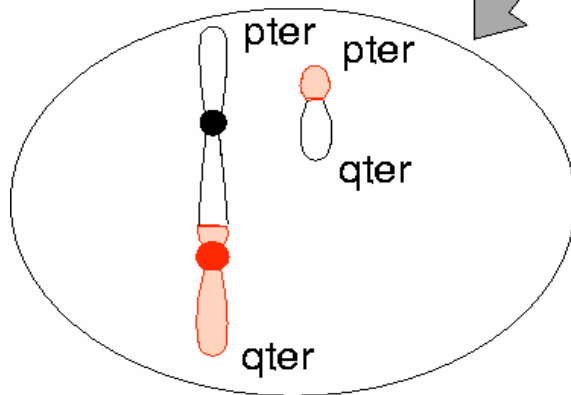


**TRASLOCAZIONE
RECIPROCA**

Exchange of centric fragment
for acentric fragment

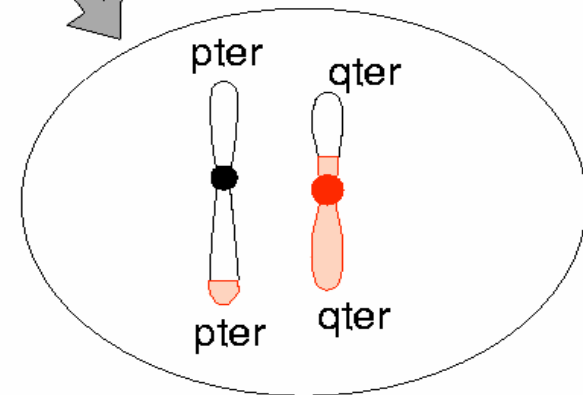
Exchange of acentric fragments
a-qter and **b-pter**

SBILANCIATA



Nonviable

BILANCIATA



Often viable

ANOMALIE CROMOSOMICHE

- ANOMALIE COSTITUZIONALI: presenti in cellule di tutto il corpo. Spermatozoo e ovulo normali, fecondazione anomala o evento anomalo nelle prime fasi di sviluppo embrionale
- ANOMALIE SOMATICHE: presenti in un piccolo sottogruppo di cellule o tessuti. Diverse costituzioni cromosomiche pur derivando tutte le cellule dallo stesso zigote. MOSAICO GENETICO.

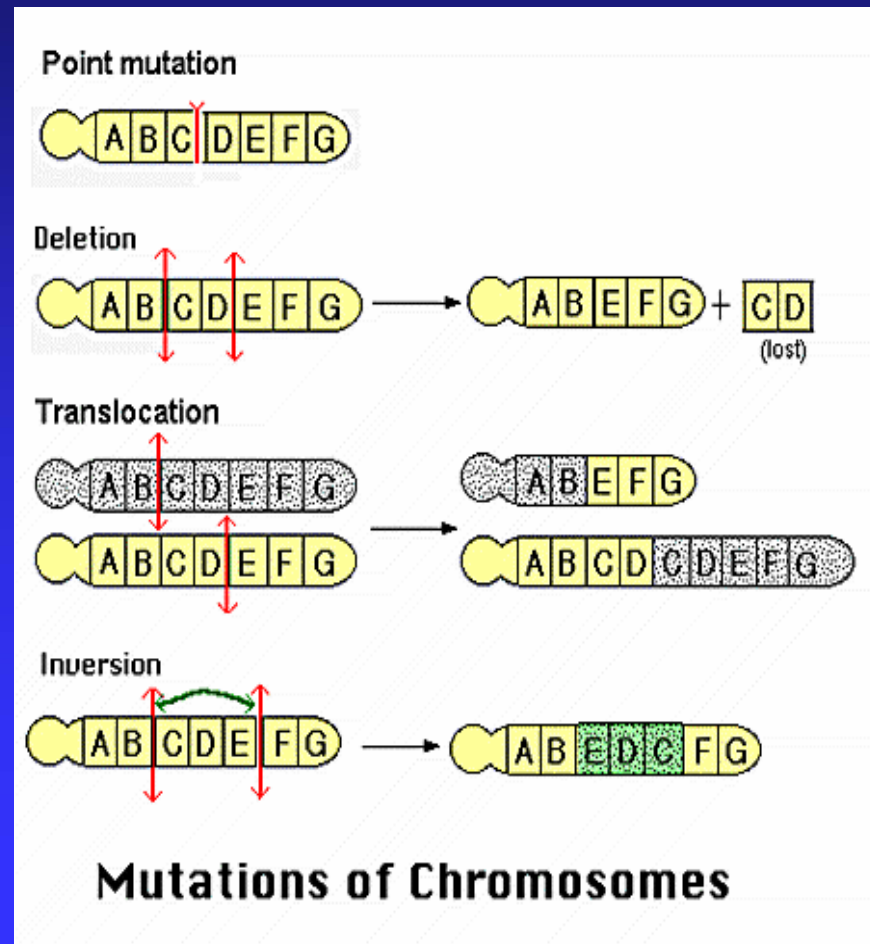
Quali sono le anomalie cromosomiche

Di numero

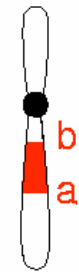
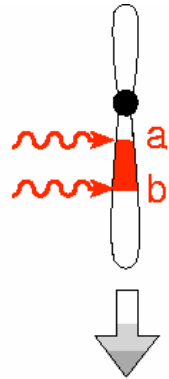
- trisomie
- monosomie
- triploidie
- tetraploidie

Di struttura

- traslocazioni
- inversioni
- delezioni
- duplicazioni

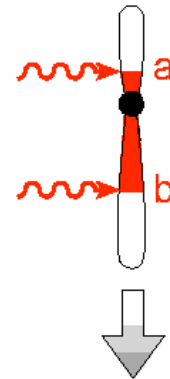


Breaks on same chromosome arm



Paracentric inversion

Breaks on different chromosome arm

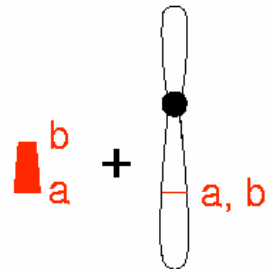


Pericentric inversion

(A) Inversion

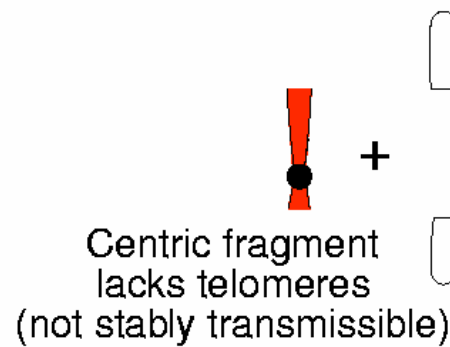
(B) Interstitial deletion

(C) Ring chromosome



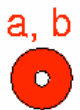
Acentric fragment
(not stably transmissible)

Interstitial deletion



Centric fragment
lacks telomeres
(not stably transmissible)

Acentric fragment
(not stably transmissible)


Acentric ring chromosome
(not stably transmissible)


Centric ring chromosome

Numerical chromosomal abnormalities

Change in normal number of chromosomes

Polyploidy

Extra copies of all chromosomes, e.g. triploidy ($3n$) or tetraploidy ($4n$)

Aneuploidy

Loss or gain of only certain chromosomes, e.g. trisomy 21 or monosomy X

Mixoploidy

Two or more cell lines which differ in chromosome number

Mosaic

The different cell lines derive from a single zygote

Chimera

The different cell lines originate from different zygotes

Polyploid mosaic

e.g. diploid/triploid

Aneuploid mosaic

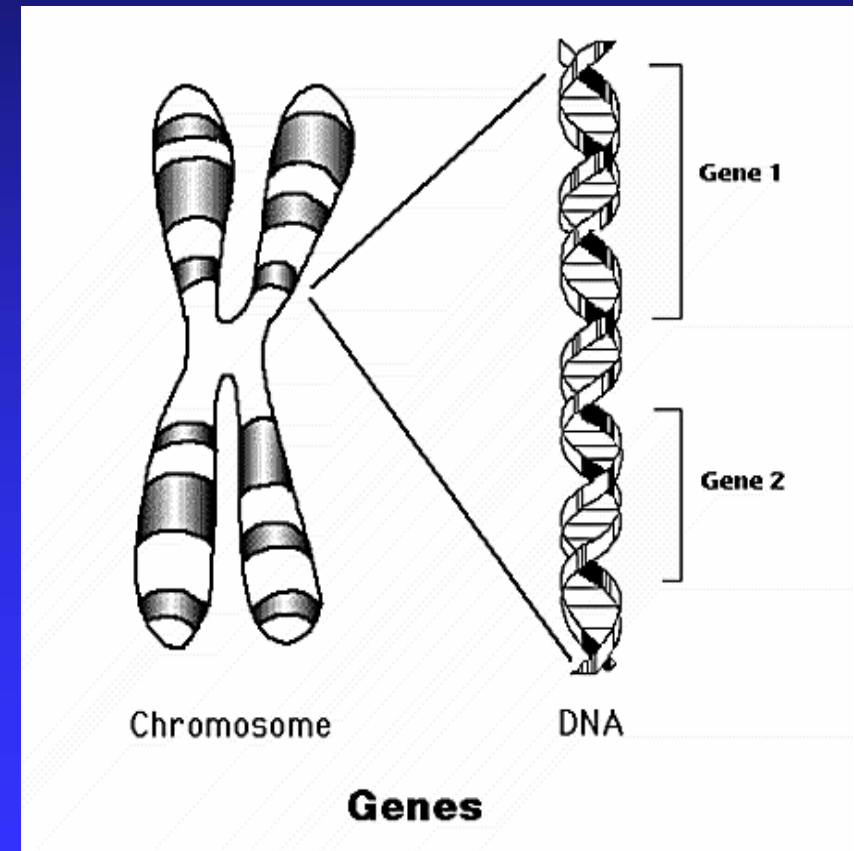
e.g. normal/trisomy 21

ANEUPLOIDIA

- MONOMIE e TRISOMIE
- CELLULE NEOPLASTICHE: aneuploidia estrema, con anomalie cromosomiche multiple
- CAUSE DI ANEUPLOIDIA:
- NON-DISGIUNZIONE: incapacità di cromosomi separati di appaiarsi durante la prima divisione meiotica, o dei cromatidi fratelli appaiati di separarsi nella seconda divisione meiotica. I due cromosomi o cromatidi congiunti migrano ad un polo e vengono inclusi in una sola cellula figlia, mentre l'altra avrà materiale genetico in meno
- RITARDO ANAFASICO: ritardata migrazione del cromosoma durante l'anafase, conseguente perdita del cromosoma. Mancata incorporazione di un cromosoma nel nucleo di una delle cellule figlie.

Gravità delle anomalie cromosomiche

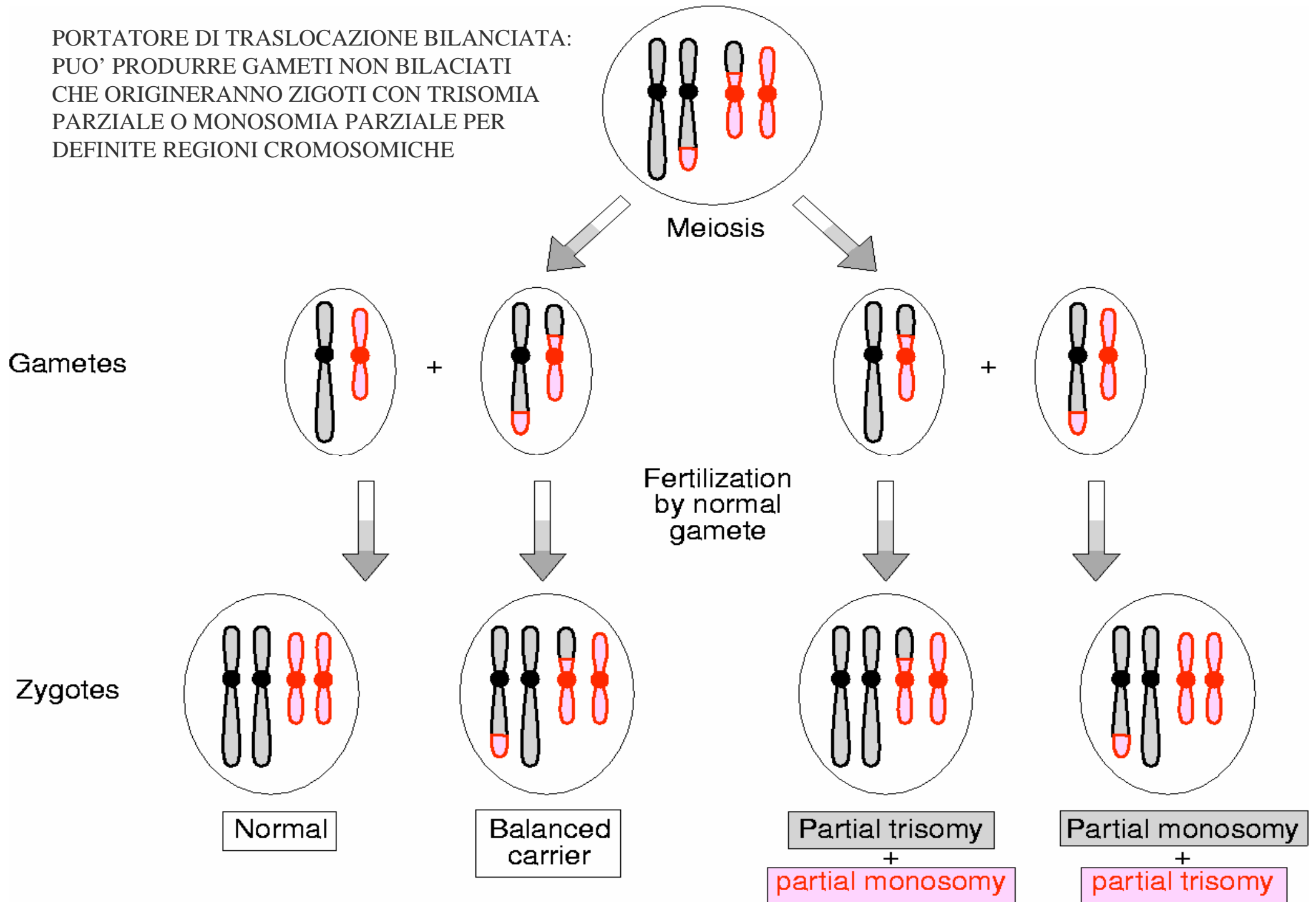
- La gravità è correlata al tipo di cromosoma e alla quantità di geni interessati
- Tanto più grave è lo sbilanciamento cromosomico tanto più precoce sarà l'interruzione di gravidanza



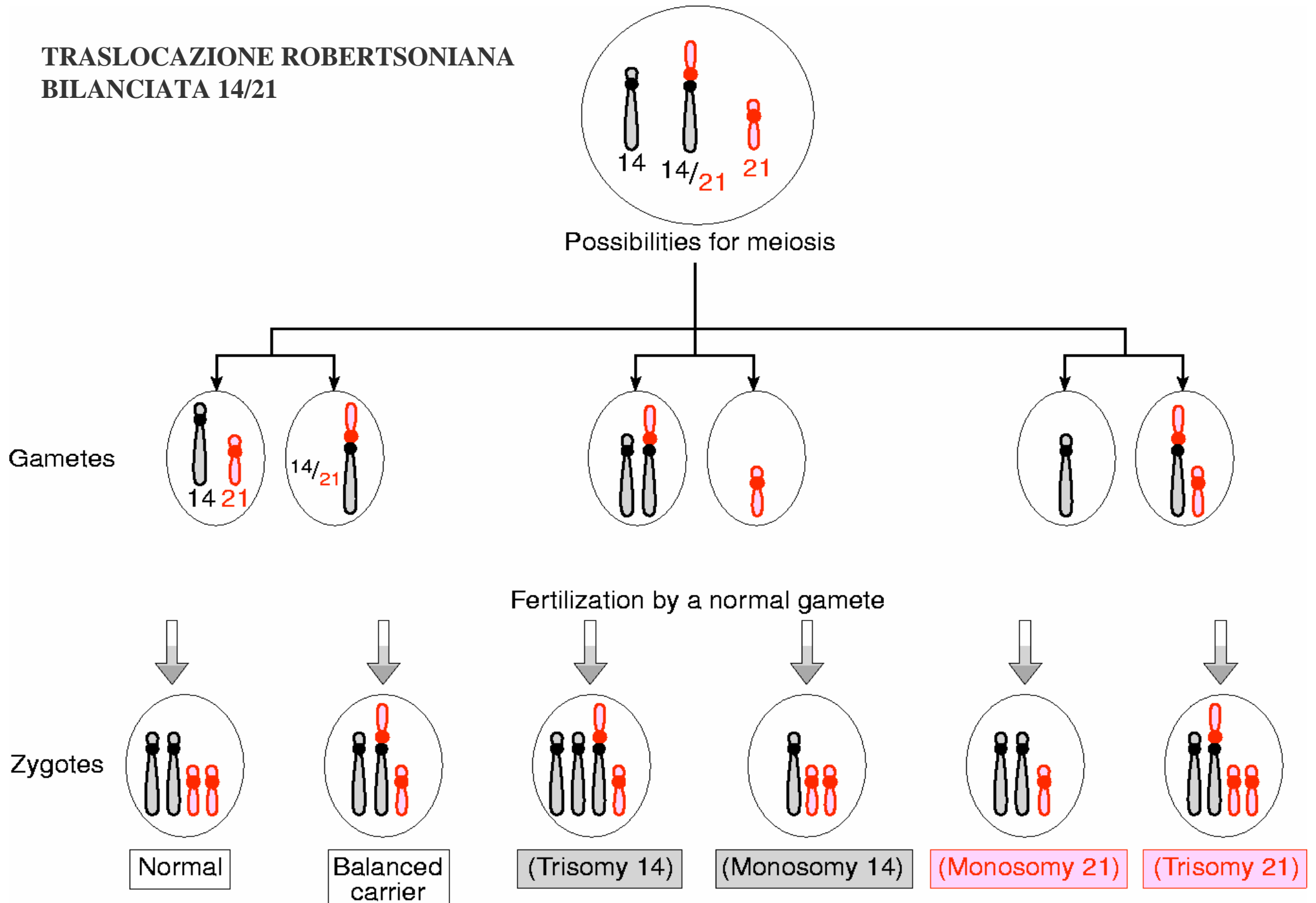
E nei casi di anomalie bilanciate?

- Il problema non si pone per il soggetto portatore
- ma riguarda la sua discendenza...

PORTATORE DI TRASLOCAZIONE BILANCIATA:
 PUO' PRODURRE GAMETI NON BILANCIATI
 CHE ORIGINERANNO ZIGOTI CON TRISOMIA
 PARZIALE O MONOSOMIA PARZIALE PER
 DEFINITE REGIONI CROMOSOMICHE

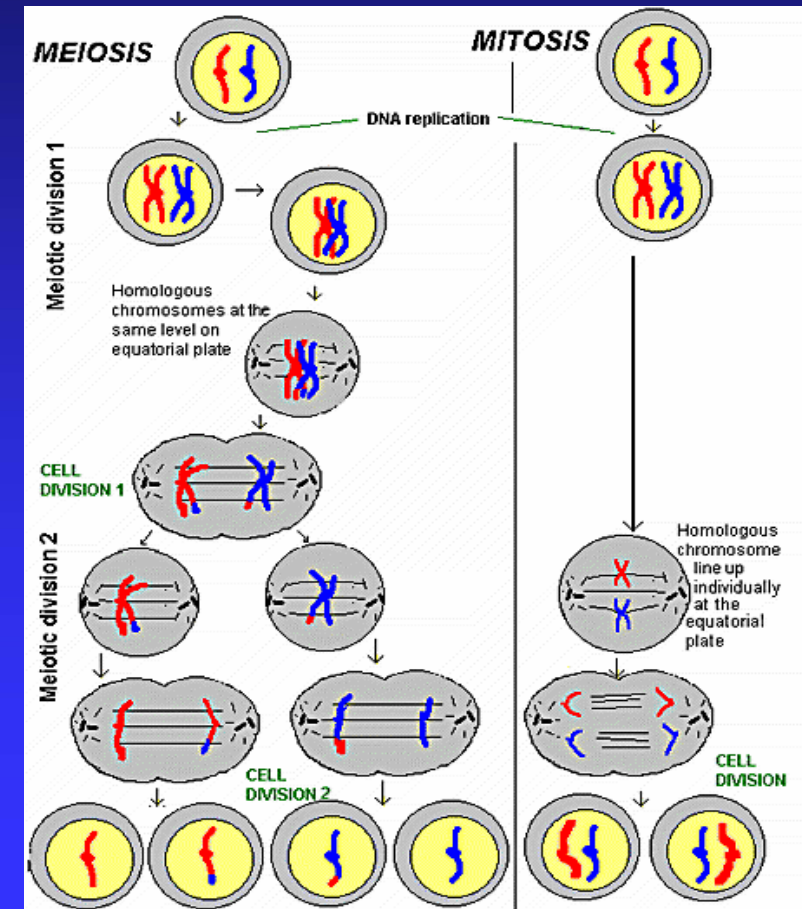


TRASLOCAZIONE ROBERTSONIANA BILANCIATA 14/21



La frequenza delle anomalie cromosomiche è:

- **Direttamente correlata con l'età materna**
- **Inversamente correlata con l'epoca gestazionale**



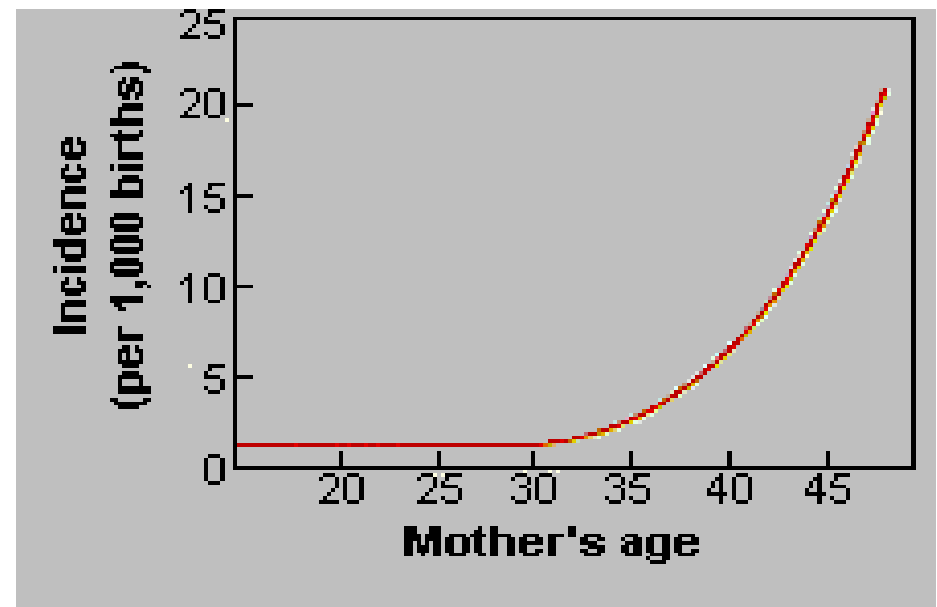
La non disgiunzione

- *Esistono fattori che influenzano la non disgiunzione ?*

Non ben conosciuti

- *Dove e quando avviene la non disgiunzione ?*

Più frequentemente
nella I° meiosi materna

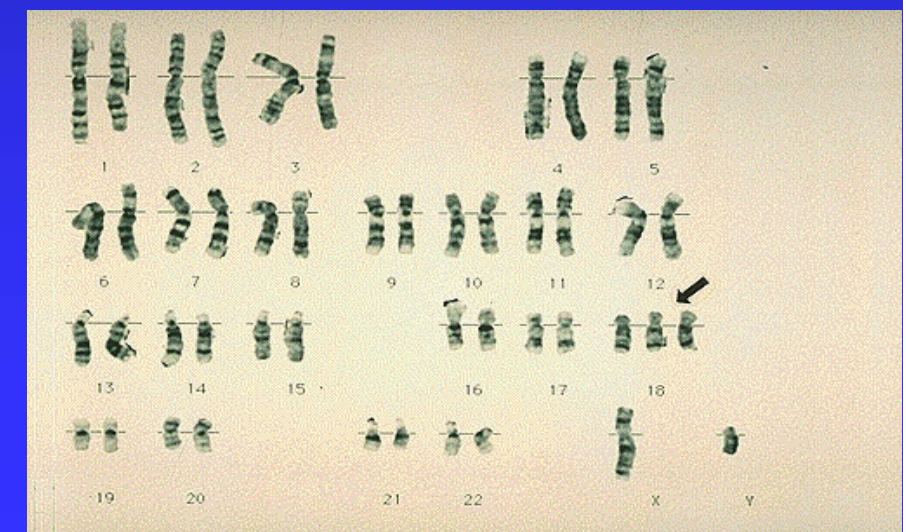
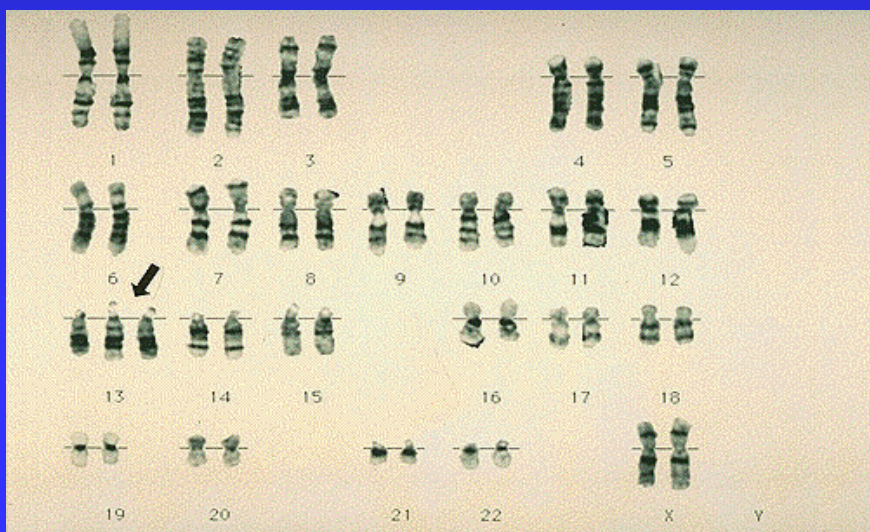
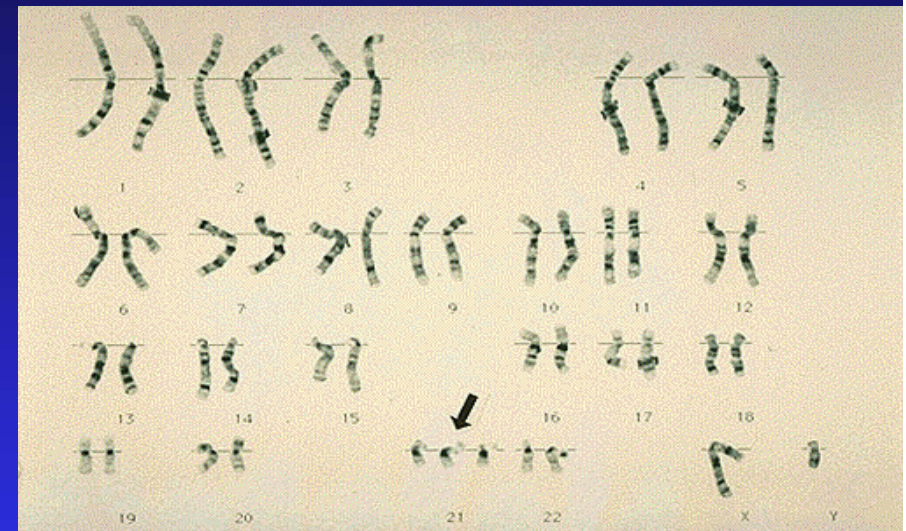
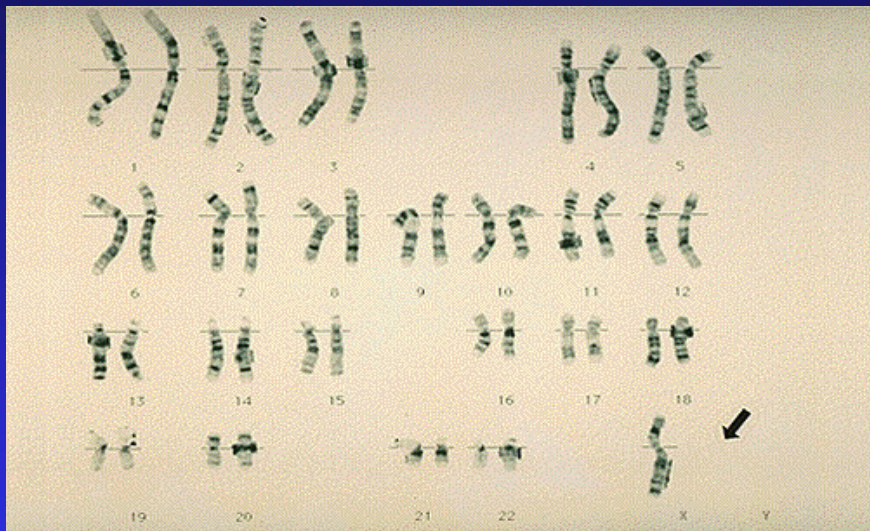


La frequenza delle anomalie cromosomiche alla nascita è 0.65%

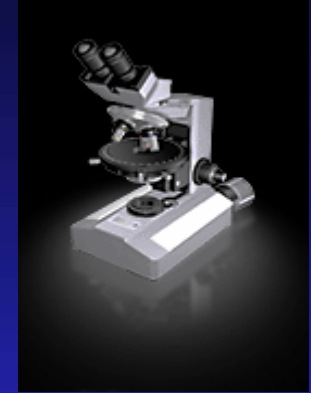
■ Trisomie	+21	0.12%	1 su 833
	+18	0.013%	
	+13	0.004%	
■ Monosomie	45,X	0.024%	
■ Tr. bilanciate		0.2%	1 su 500
■ Tr. sbilanciate		0.05%	

Nielsen et al. Human Genet. 1982 ; 61 : 98

Aneuploidie più frequenti alla nascita



Malattie dovute ad aberrazioni cromosomiche.



1. ANEUPLOIDIE (anomalie numeriche)

- **sindrome di Down**
- **sindrome di Klinefelter**
- **sindrome di Turner**





21 trisomy = Down syndrome



短頸、平板な顔貌、輪裂斜上、
内眼角贅皮、鞍鼻、低位耳介、
折れ曲がった小さな耳介、
舌嚢出、小さな口

発育不全、筋緊張低下

先天性心疾患、膈ヘルニア、
巨大結腸、骨盤変形、
十二指腸・小腸閉鎖

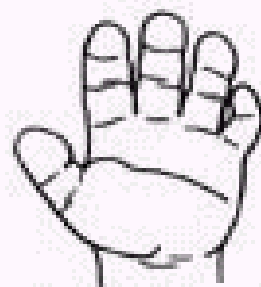


normal

21 trisomy

13 trisomy など

足底母趾球部弓状紋



短い指、幅広い手
猿線・第V指内彎
第V指単一屈曲線



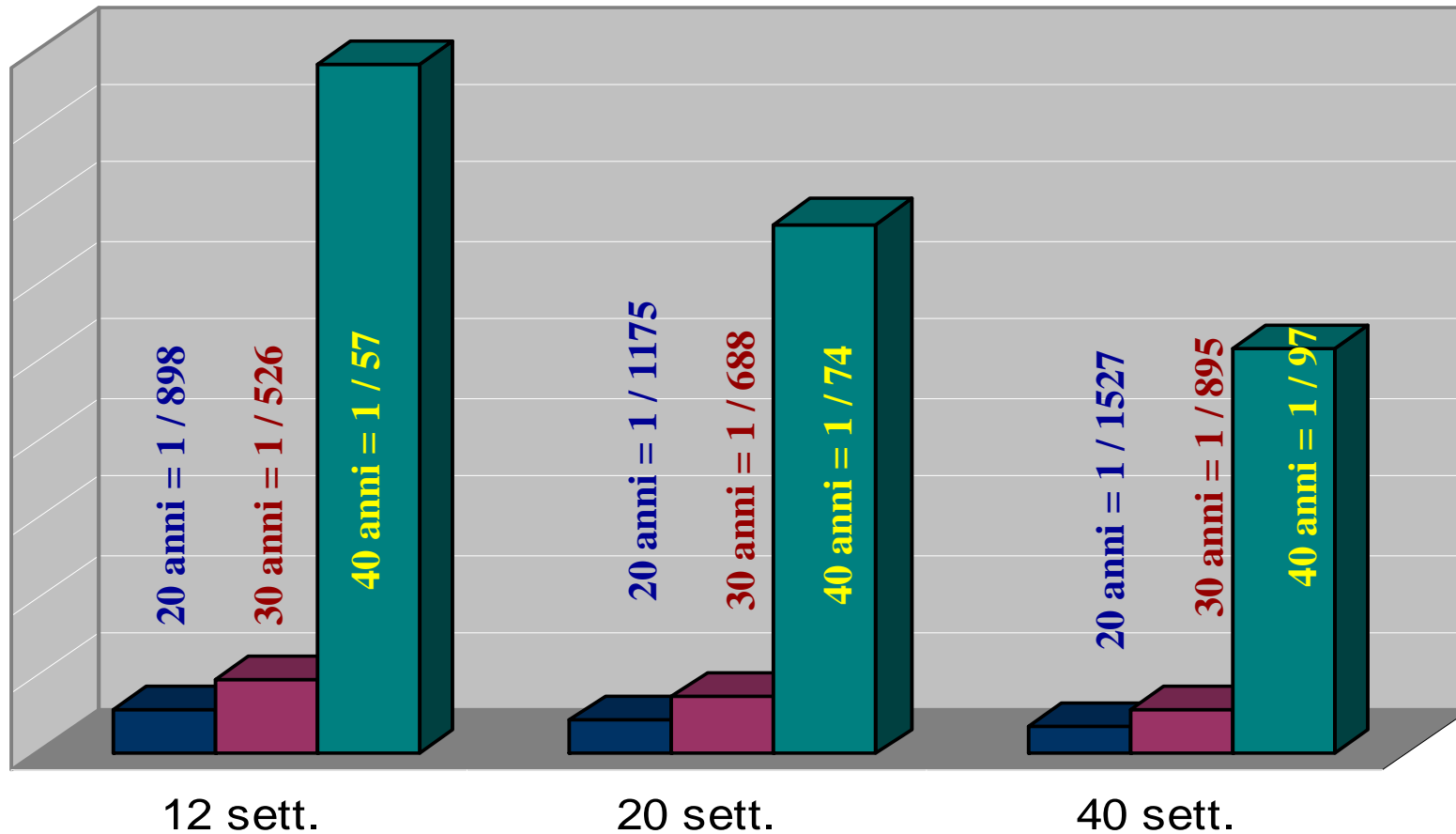
Sindrome di Down.

ETA' MATERNA	TIPO DI ANOMALIA (in percentuale)		
ANNI	47, +21	MOSAICO	TRASLOCAZIONE
15 -19	85	5	10
20 - 24	90	1	9
25 -29	91	2	7
30 -34	93	3	4
34 - 40	97	1	2
oltre i 40	97	2	1

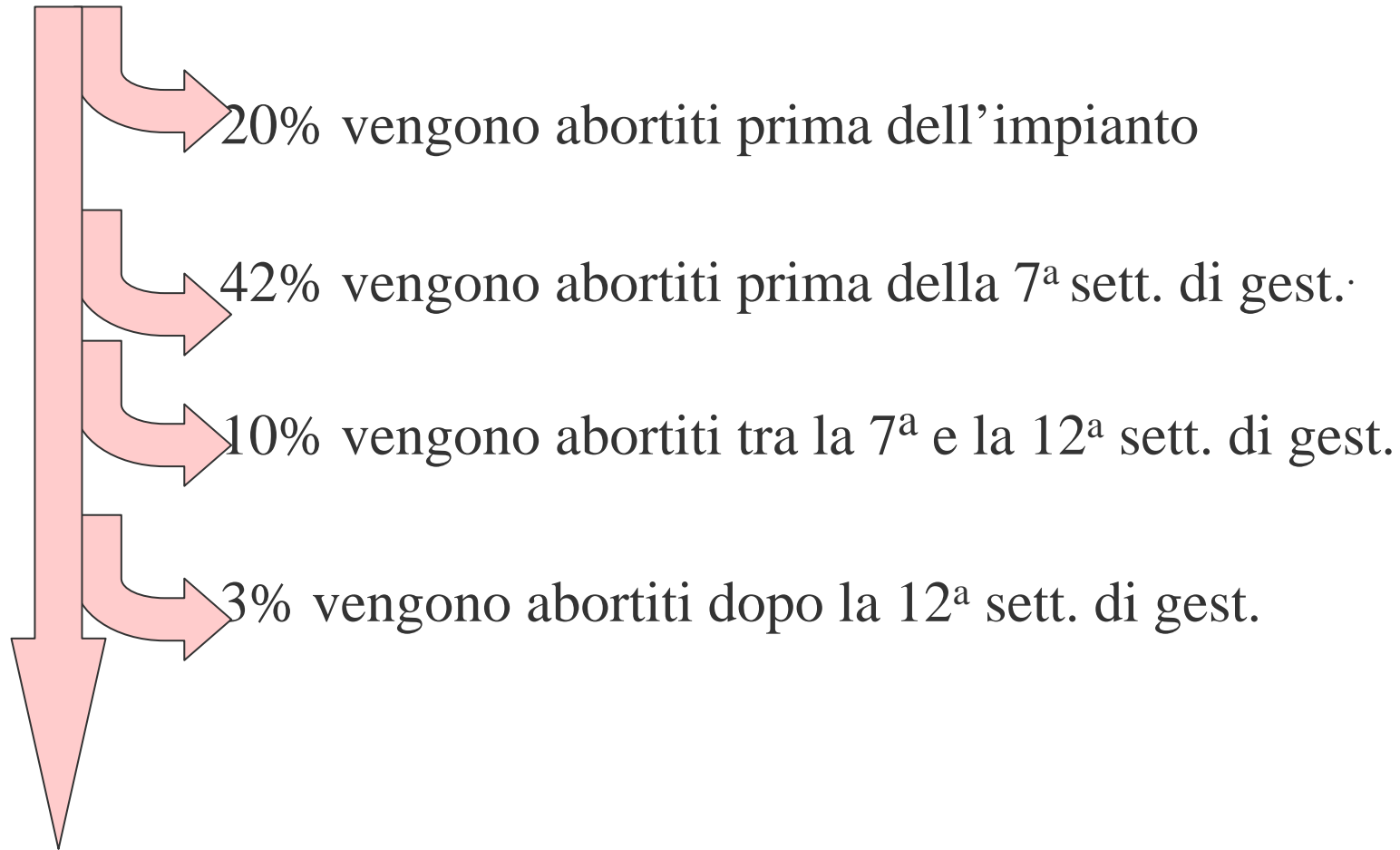
Rischio di trisomia 21

In relazione all'età materna e all'epoca gestazionale

Modificato da Snijders, 1994

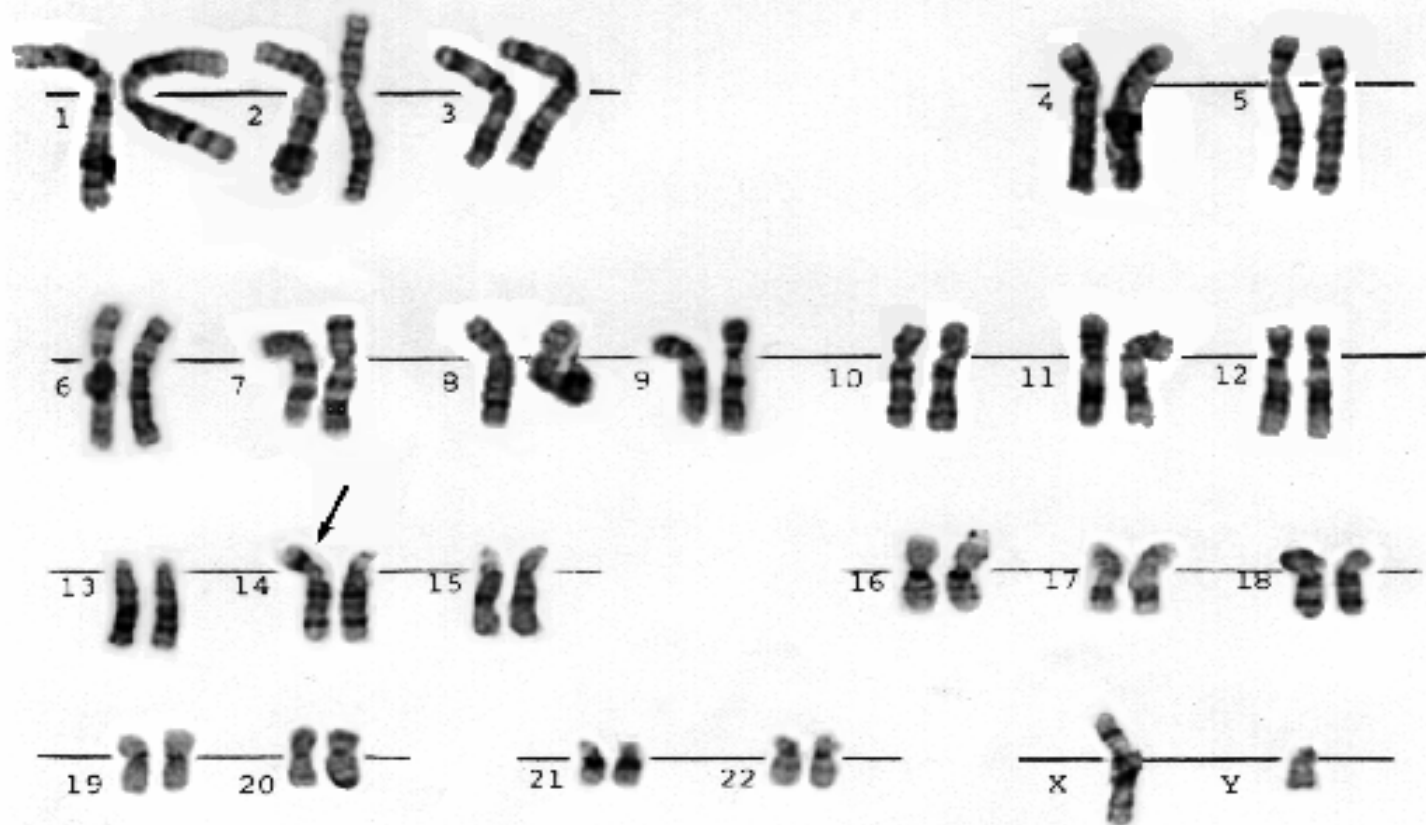


Concepimento

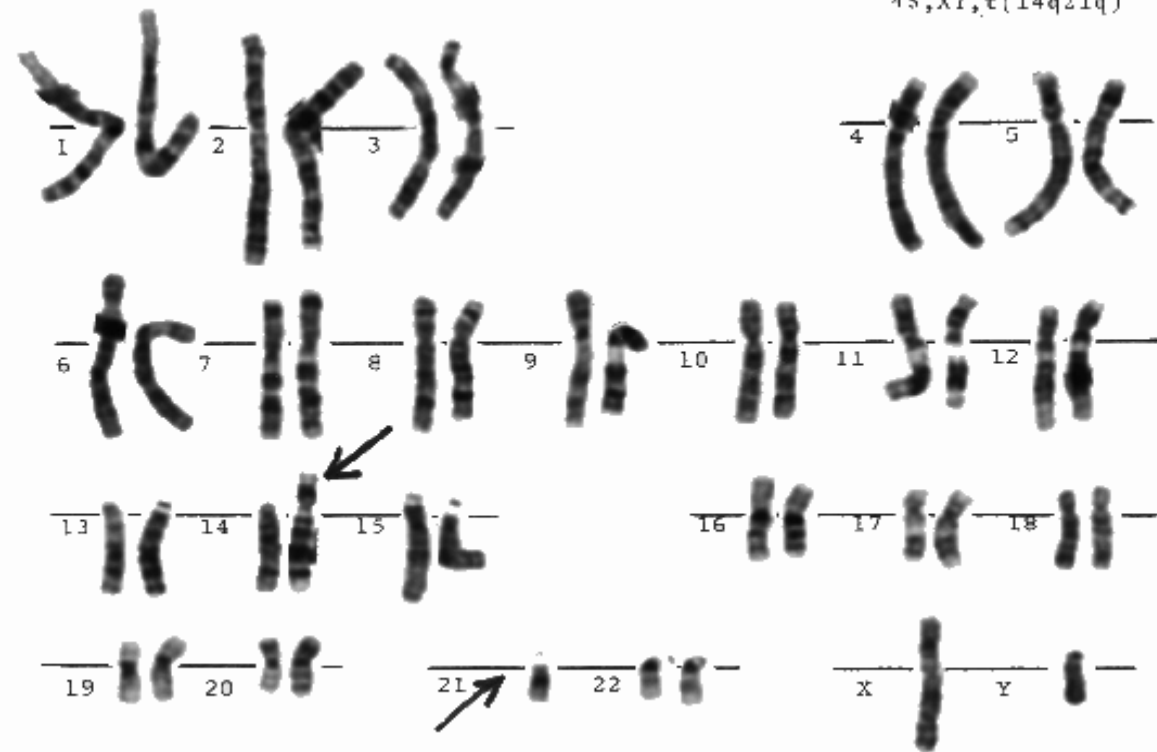


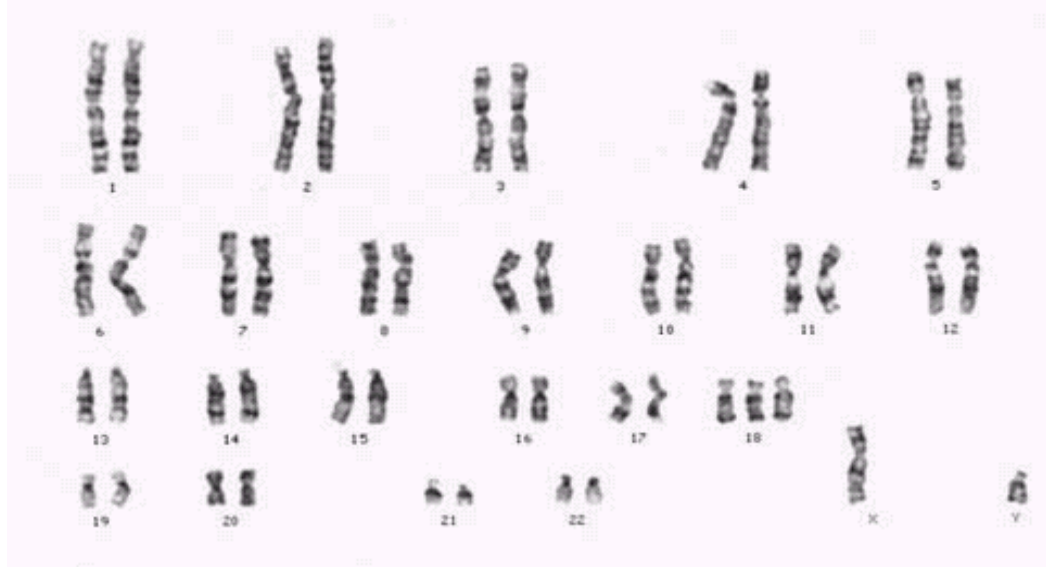
NASCITA solo il 25% dei concepiti arrivano alla nascita

46,XY,-14,+t(14q21q)



45,XY,t(14q21q)





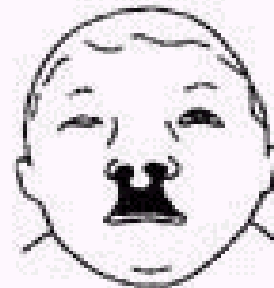
Trisomy 13 syndrome

= Patau 症候群

脳奇形

口唇/口蓋裂

1/5000~6000



小・無眼球症、虹彩欠損、
小頭症、無嗅腦症、
耳介低位、両眼隔離、
多指、心室中隔欠損、
心房中隔欠損、囊胎腎、
重複尿管、臍ヘルニア、
停留睾丸、発育不全、
精神発達遅滞、
白血球核付属物、
好中球過分集

Trisomy 18 syndrome

= Edward 症候群

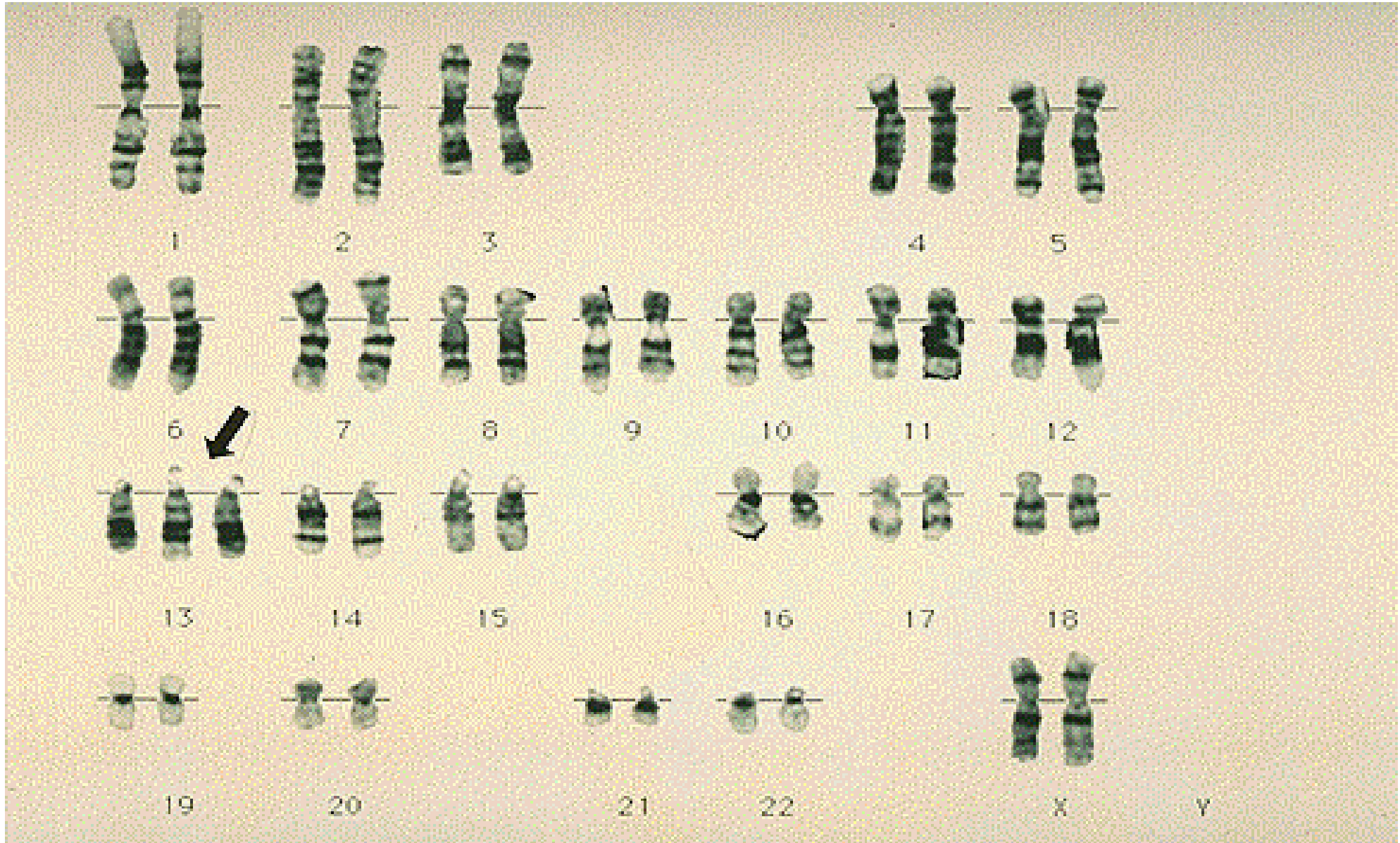
手指の重なり

女：男 = 3：1

1/3000~6000

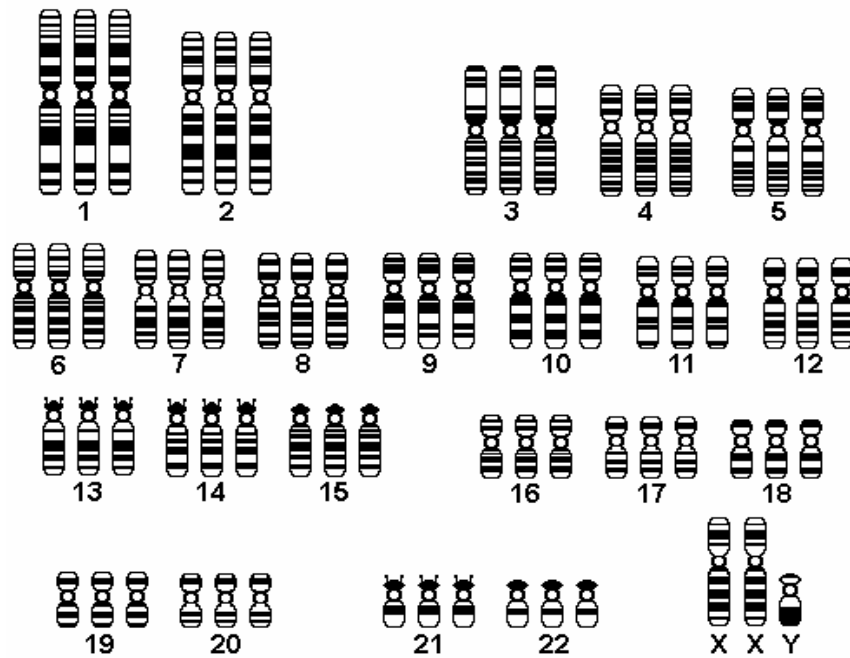


弓状眉、両眼隔離、
大泉門開大、後頭部突出、
耳介変形、耳介低位、
小顎、翼状顎、猿線、
指の屈曲拘縮、胸骨短小、
乳頭間隔離、動脈管閉存、
心室中隔欠損、馬蹄腎、
重複尿管、Meckel 憩室、
狭骨盤、停留睾丸、
巨大陰核、筋緊張亢進、
踵の後方突出、
握り椅子状足、
短小背屈第一趾、
精神発達遅滞









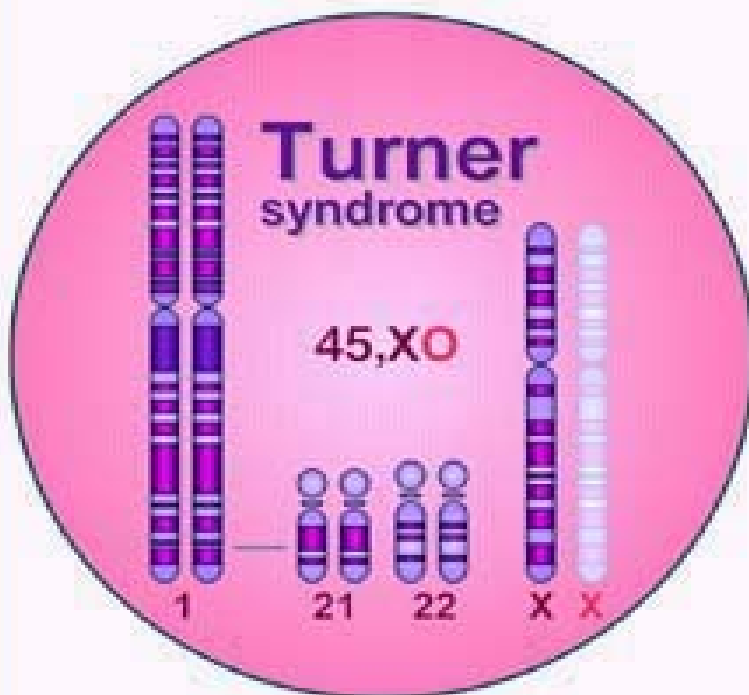
This is triploidy, which occurs when there is double fertilization of an ovum (dispermy). The result may be 69, XXX or 69, XXY or 69, XYY. The extra set of paternal chromosomes predisposes to formation of a partial mole, features of which may or may not be grossly or microscopically apparent.

Scattered grape-like villi are present in this placenta, consistent with a partial hydatidiform mole.





A characteristic fetal finding with triploidy is syndactyly involving the third and fourth digits of one or both hands or feet.



著しい低身長
性腺機能低下
翼状頸
外反肘
橋状胸



小人症、スフィンクス様顔貌。
口角下垂、大動脈縮窄症、
乳頭間開離、爪形成不全。

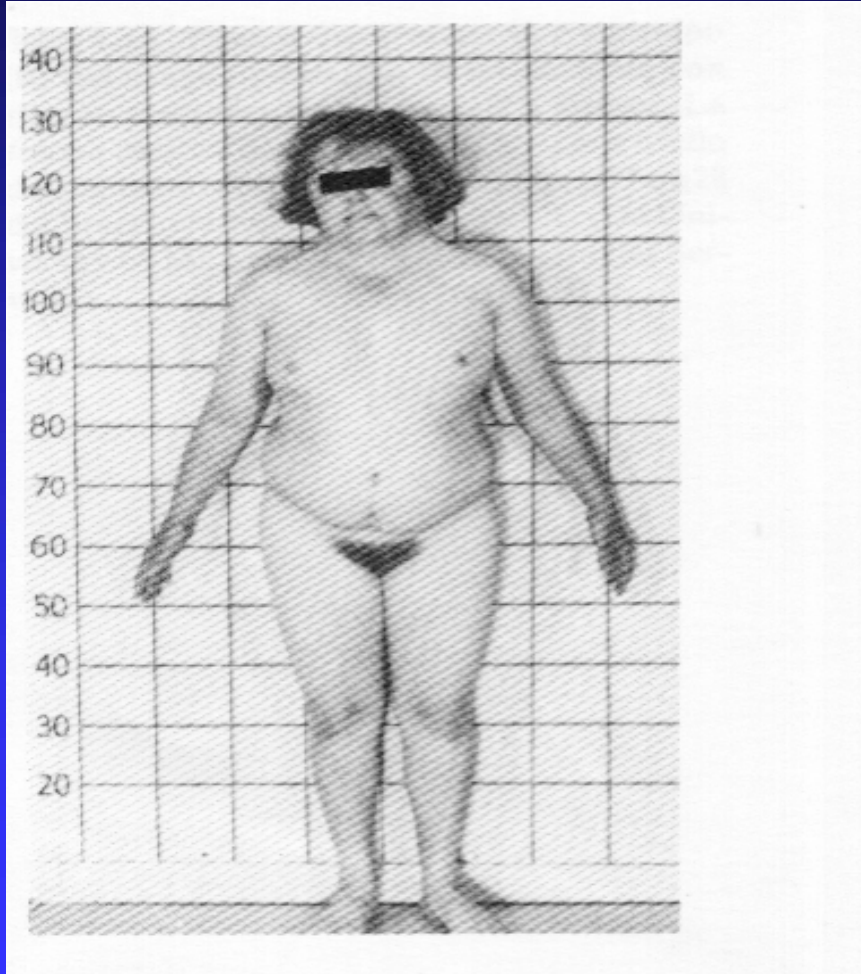
線維組織のみからなる性腺、
無月経、第二性徴の欠如。

多発性色素性母斑、
手背・足背のリンパ性浮腫。

尿中 17 ケトステロイド ↓
尿中ゴナドトロピン ↑、
尿中エストロゲン ↓



Sindrome di Turner.



- bassa statura
- pterigio del collo
- torace a scudo
- gomito valgo
- mamelle iposviluppate

After puberty, the ovaries should develop into plump 3 to 5 cm ovoid organs, but these "streak" ovaries are typical for Turner's syndrome.

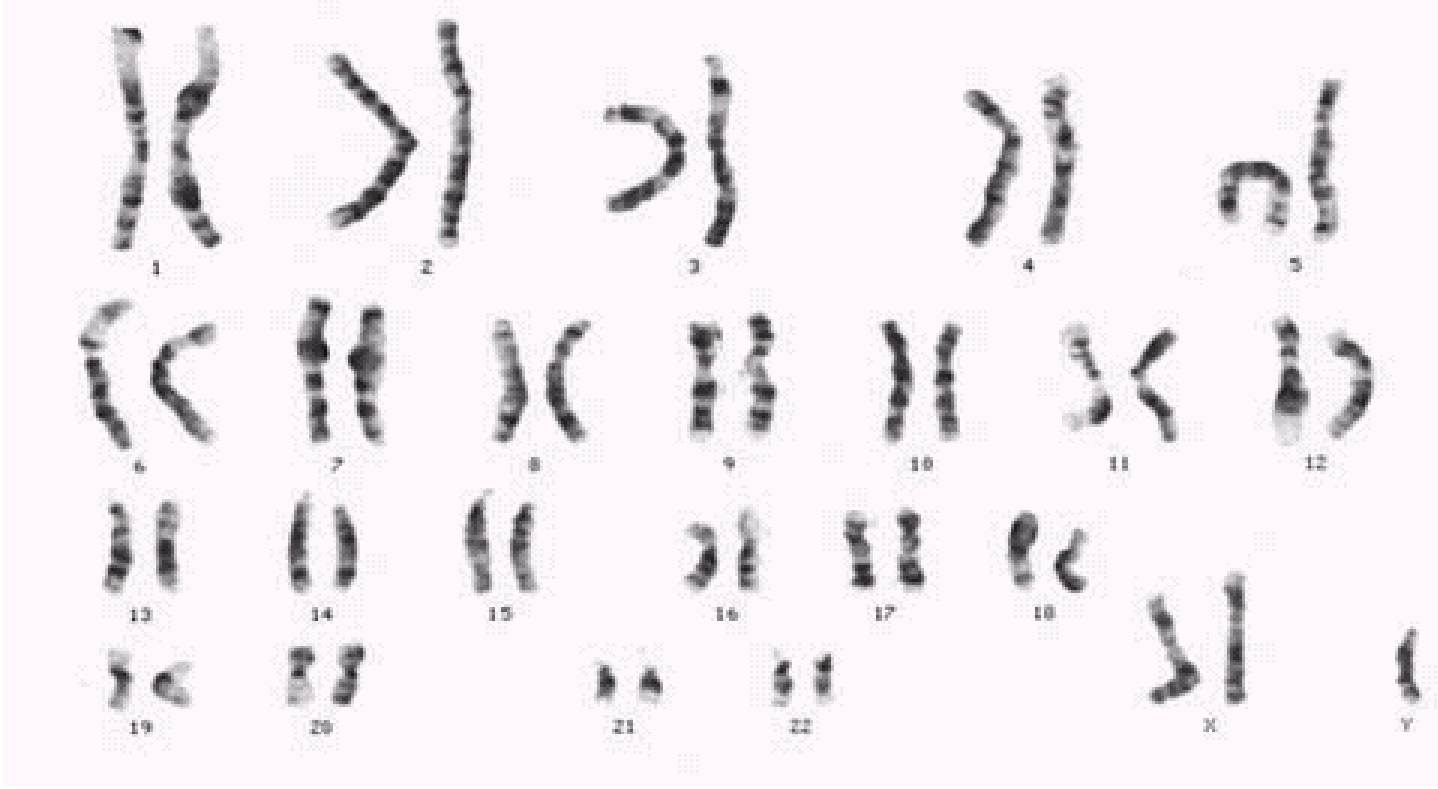


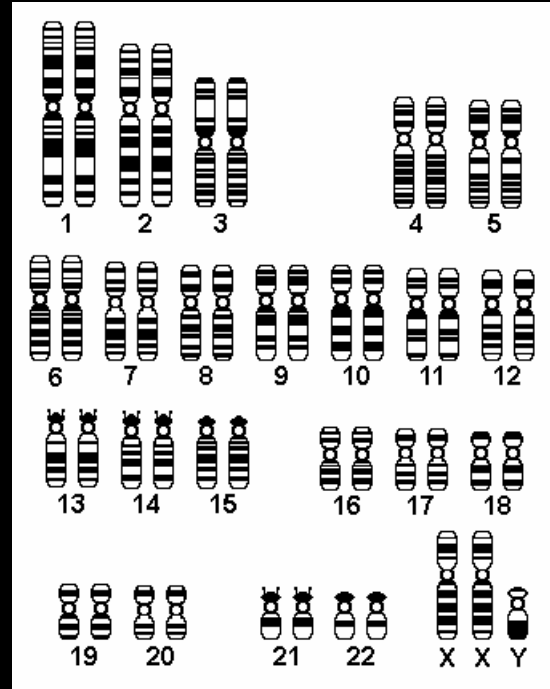
Fetal hydrops indicates a poor prognosis, regardless of the cause, and in about a third of stillbirths, the cause for hydrops is not found. However, chromosomal abnormalities should be considered, and foremost among them should be Turner's syndrome



Bilateral cystic hygroma of the neck, caused by a developmental abnormality of vascular channels, is characteristic (but not specific) for Turner's syndrome.







Sindrome di Klinefelter.

- ginecomastia
- sproporzione degli arti
- ipogonadismo
- problemi di comportamento

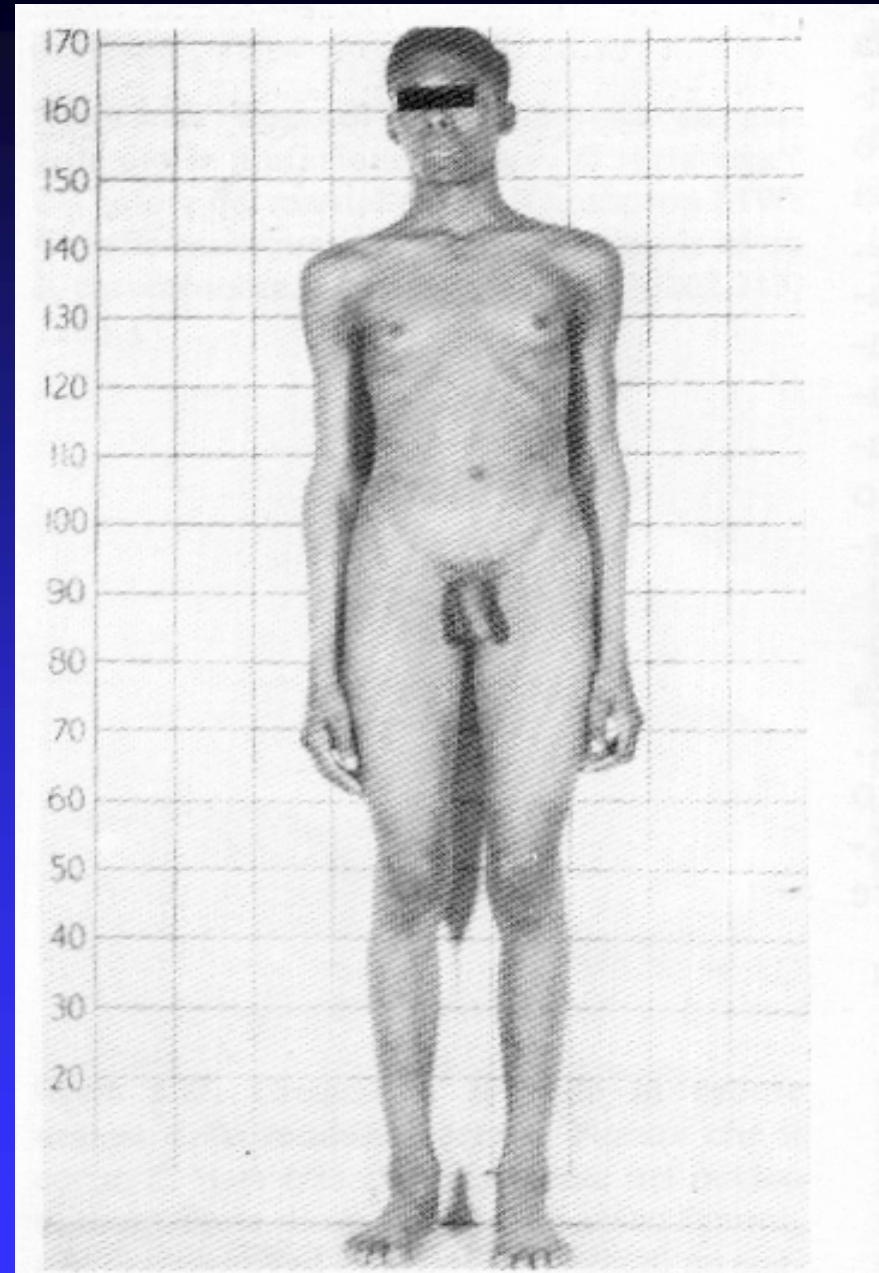
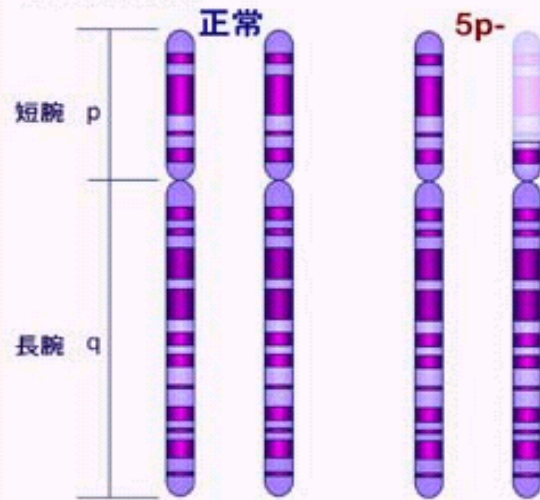


Figura 8.30. La sindrome di Klinefelter. Nota-



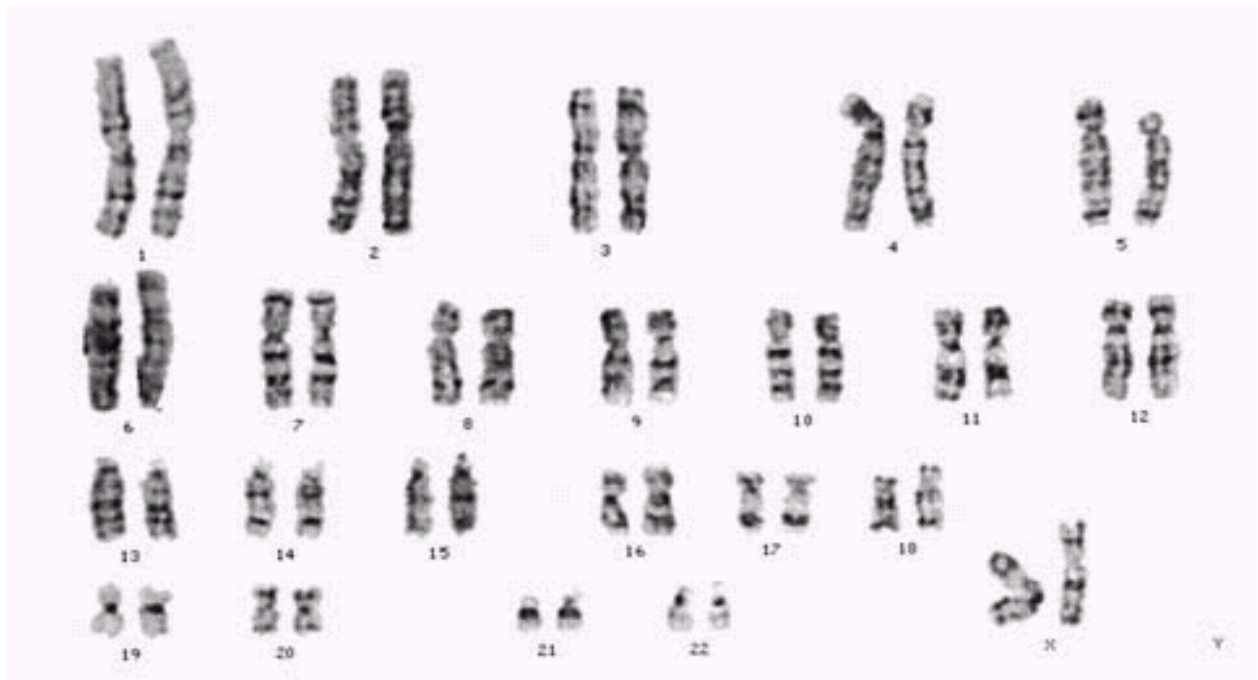
5p- syndrome = cri du chat syndrome
 = ネコなき症候群



子猫の啼き声 (新生児期に一過性)
 円形顔貌
 女児に圧倒的に多い
 精神発達遅滞
 1/10000
 5番染色体短腕欠損



小頭, 臉裂斜下, 两眼隔離,
 小顎, 耳介前円柱, 一部に猿線,
 先天性心疾患





Chromosome 18 Registry

- There are five major syndromes that occur when there are abnormalities of chromosome 18.
- Within each syndrome there are a variety of characteristics and a wide range in severity.
- Some individuals are mosaic or have translocations involving another chromosome and so do not fit exactly into one of these syndromes.
- The most frequent abnormalities of chromosome 18 are 18q-, 18p-, ring 18, trisomy 18, and tetrasomy 18p.



- Smith-Magenis Syndrome (SMS) is a syndrome in which there is a small, missing section (deletion) of chromosome 17.
- The exact incidence is not known, but it is estimated that SMS occurs in 1 out of 25,000 births.
- An individual with SMS may have just a few or many of the features, including short stature, characteristic facial appearance with flattened mid-face and down-turned mouth, speech delay and articulation problems, developmental delay and learning disabilities, and hyperactivity.
- They may never show significant behavioral problems, but some degree of self-injury and sleep disturbance occurs in most individuals with SMS.

<http://www.smithmagenis.org>



LO STUDIO DEI CROMOSOMI: CITOGENETICA

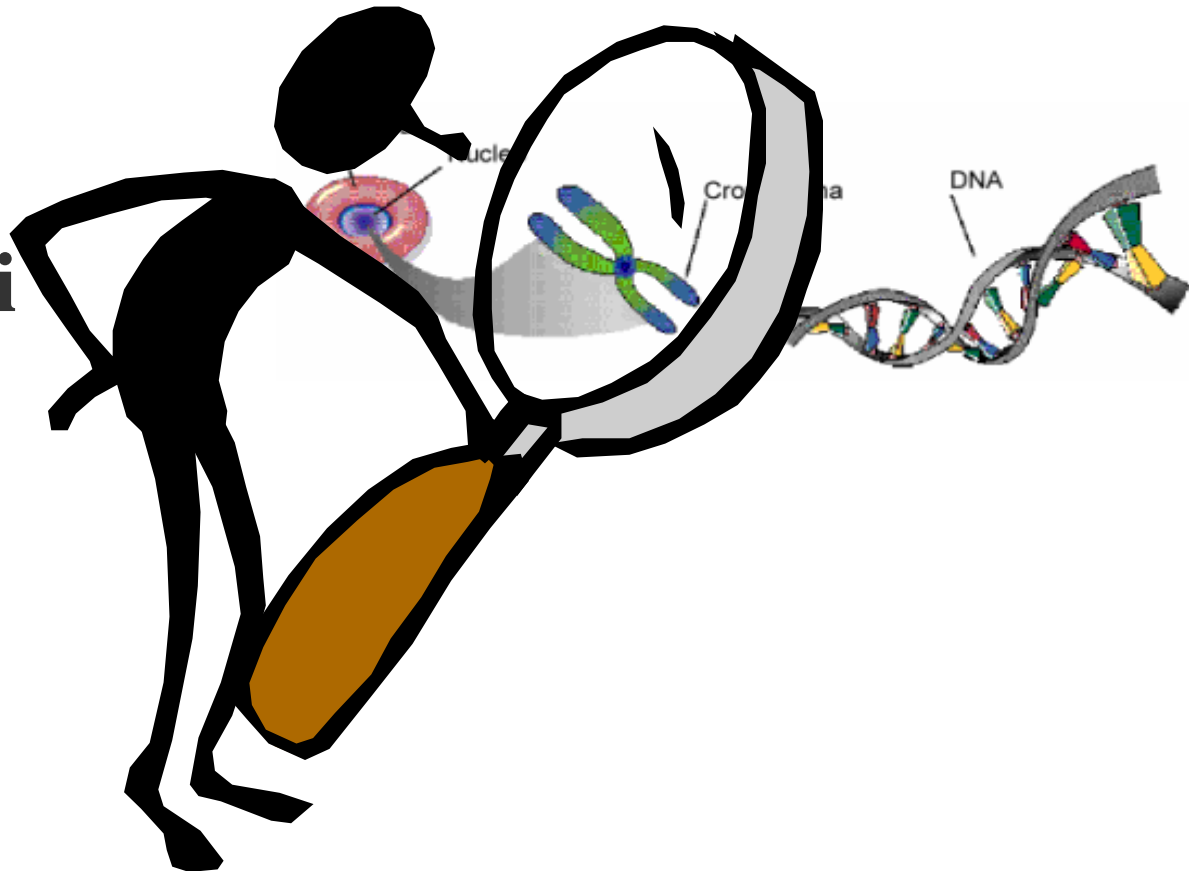
- **alcuni concetti di citogenetica**
- **classificazione**
- **la frequenza delle malattie cromosomiche ed alcune patologie più frequenti**
- **quando la citogenetica tradizionale non ce la fa...**

Quando il cariotipo non ce la fa



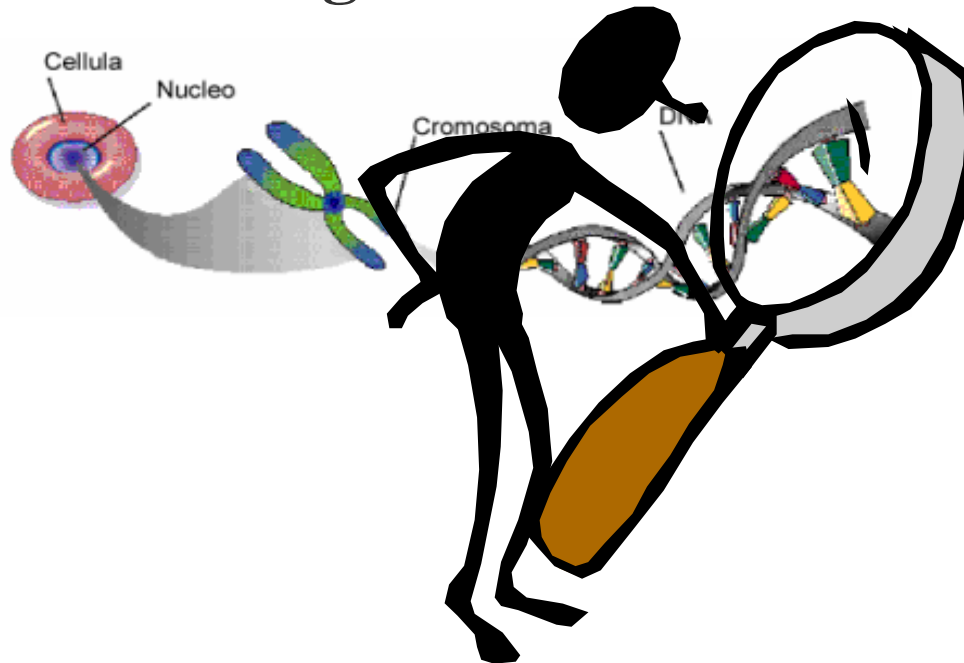
La Citogenetica Classica

- Permette di identificare riarrangiamenti cromosomici coinvolgenti non meno di 5 Mb.



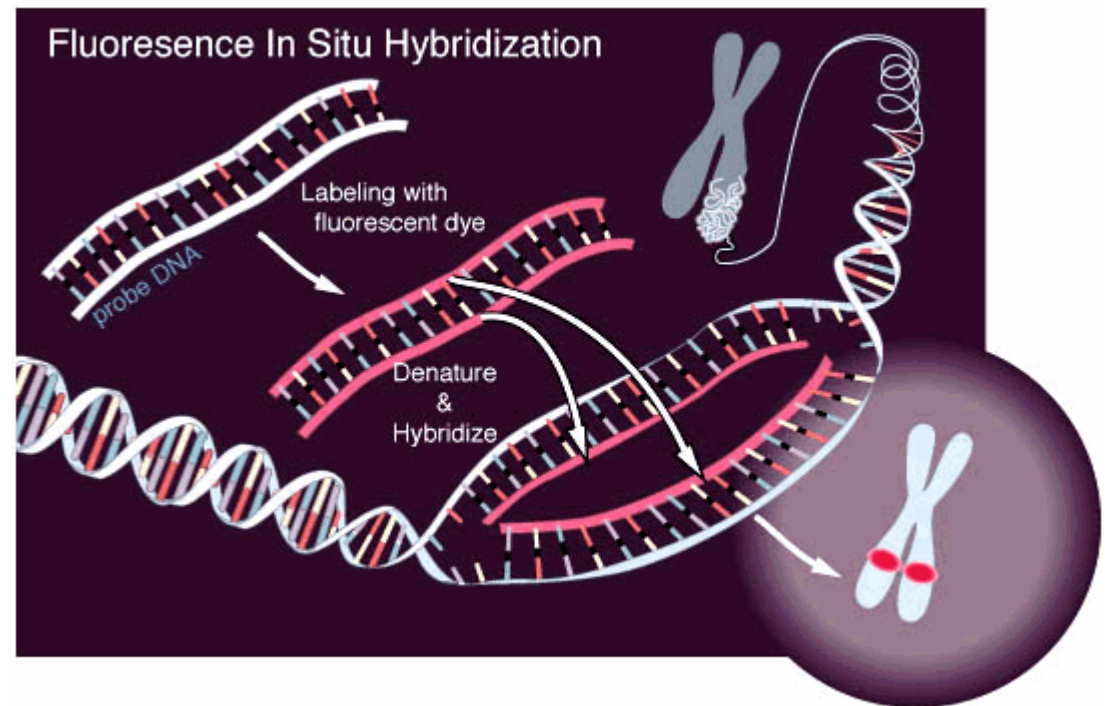
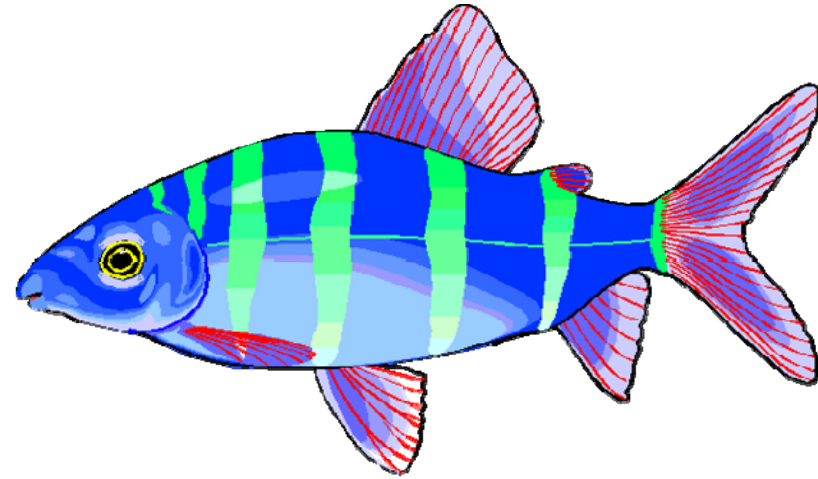
La Citogenetica Molecolare

Abbina la possibilità di un'analisi del DNA, propria delle tecniche di biologia molecolare, con la struttura cromosomica il cui studio è oggetto della citogenetica classica.



La Citogenetica Molecolare

- Permette un'analisi mirata di una regione cromosomica consentendo di mettere in evidenza riarrangiamenti di alcune centinaia di chilobasi.

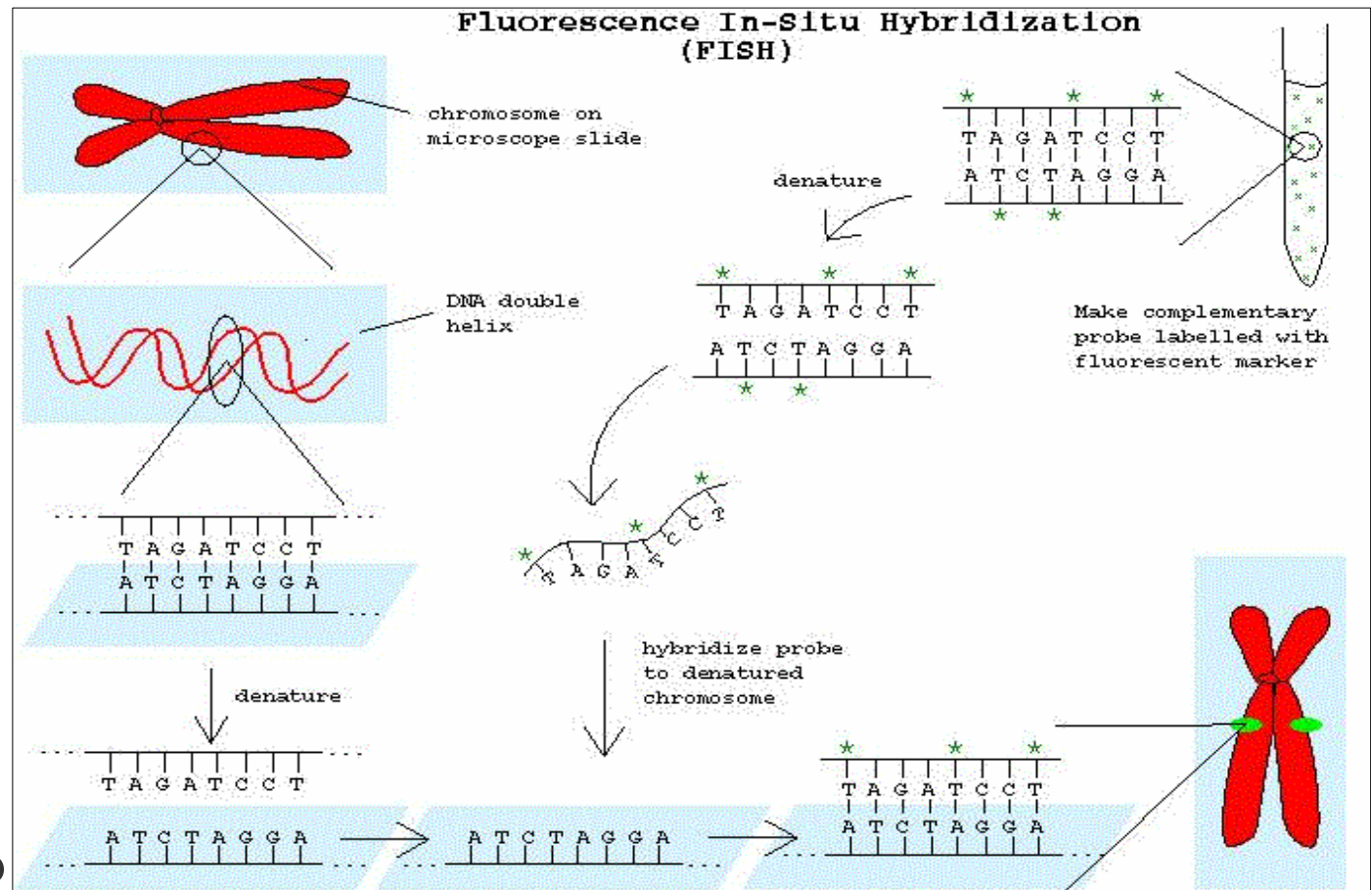


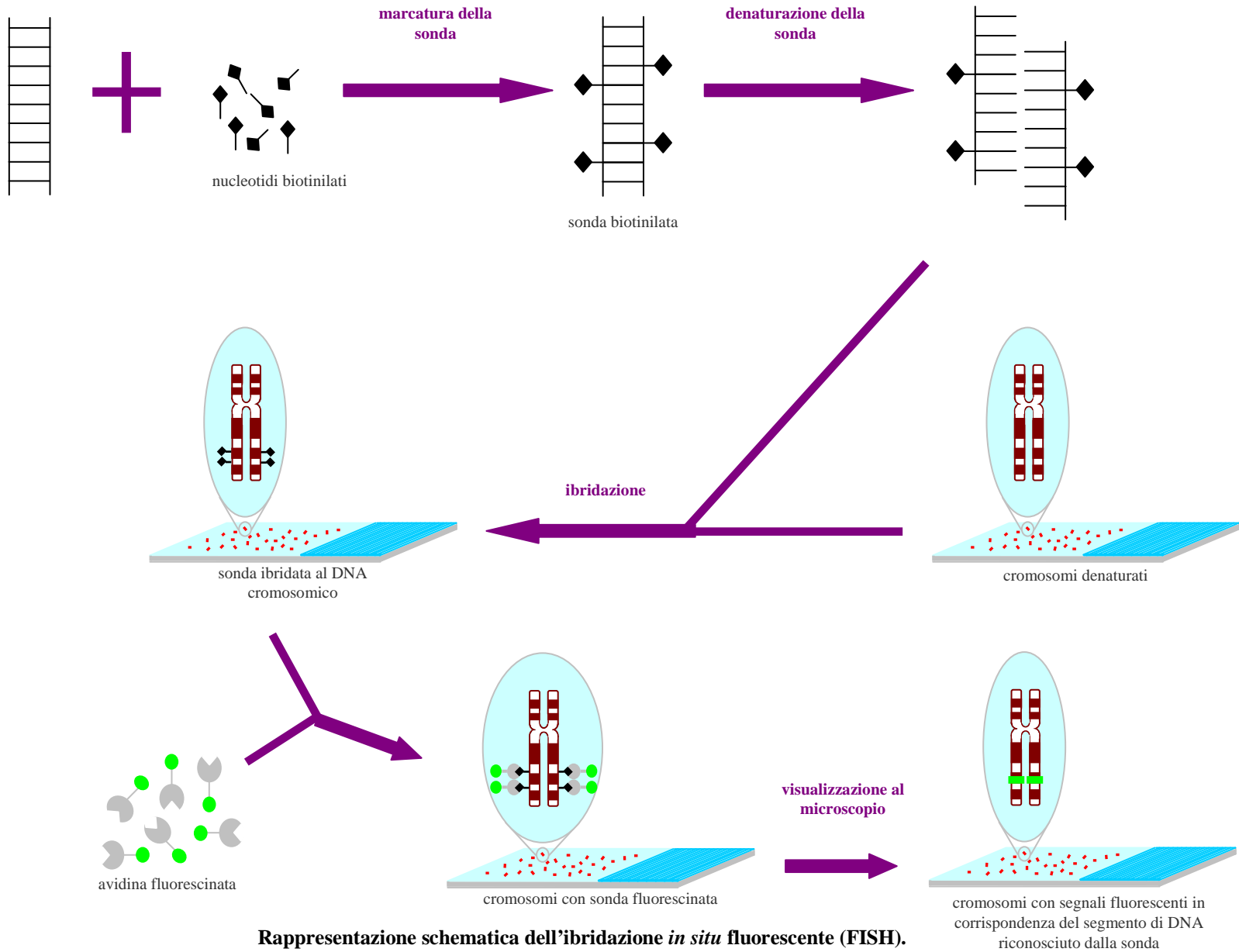
Tecniche di citogenetica molecolare

- **FISH** (fluorescence in situ hybridization)
- **PRINS** (primed in situ labeling)
- **PCR *in situ*** (polymerase chain reaction *in situ*)
- **CGH** (comparative genomic hybridization)
- ecc.

FISH (Fluorescence *in situ* hybridization)

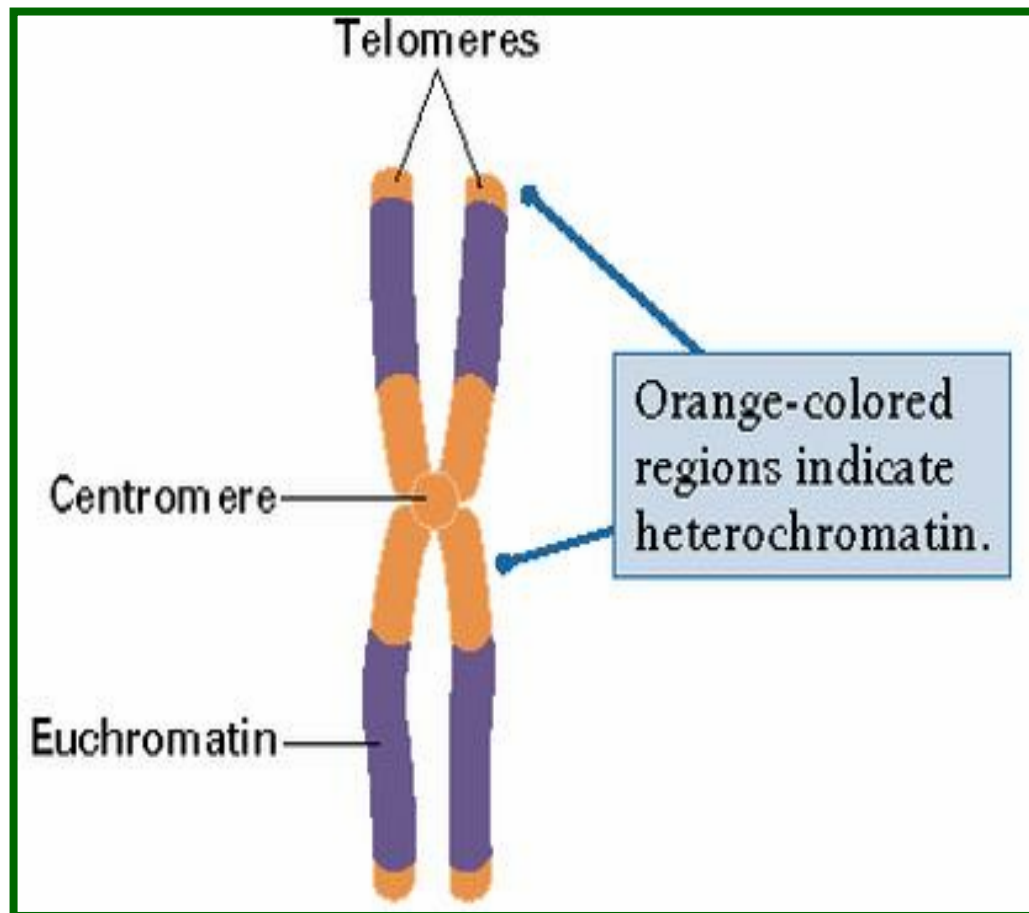
- E' una tecnica di ibridazione che permette, dopo fissazione di metafasi e nuclei in interfase su vetrino, di identificare sequenze specifiche negli acidi nucleici.
- Tale identificazione avviene mediante sonde marcate in maniera non isotopica, impiegando fluorocromi che emettono a diverse lunghezze d'onda.





Rappresentazione schematica dell'ibridazione *in situ* fluorescente (FISH).

Nel cromosoma si distinguono:



TIPI DI SONDE

- **Sequenze ripetute:**
 - alfa satellite
 - beta satellite
 - satelliti classici
 - telomeriche
- **Sequenze uniche:**
 - DiGeorge
 - Prader Willi
 - Williams
 - ecc.
- **Painting**

TIPI DI SONDE

**ABERRAZIONI
CROMOSOMICHE
IDENTIFICABILI**

**MATERIALE
IMPIEGATO**

Sequenze ripetute

- **Trisomie**
- **Monosomie**

Nuclei in interfase

Painting

- **Riarrangiamenti
cromosomici**
- **Identificazione di
cromosomi marcatori**

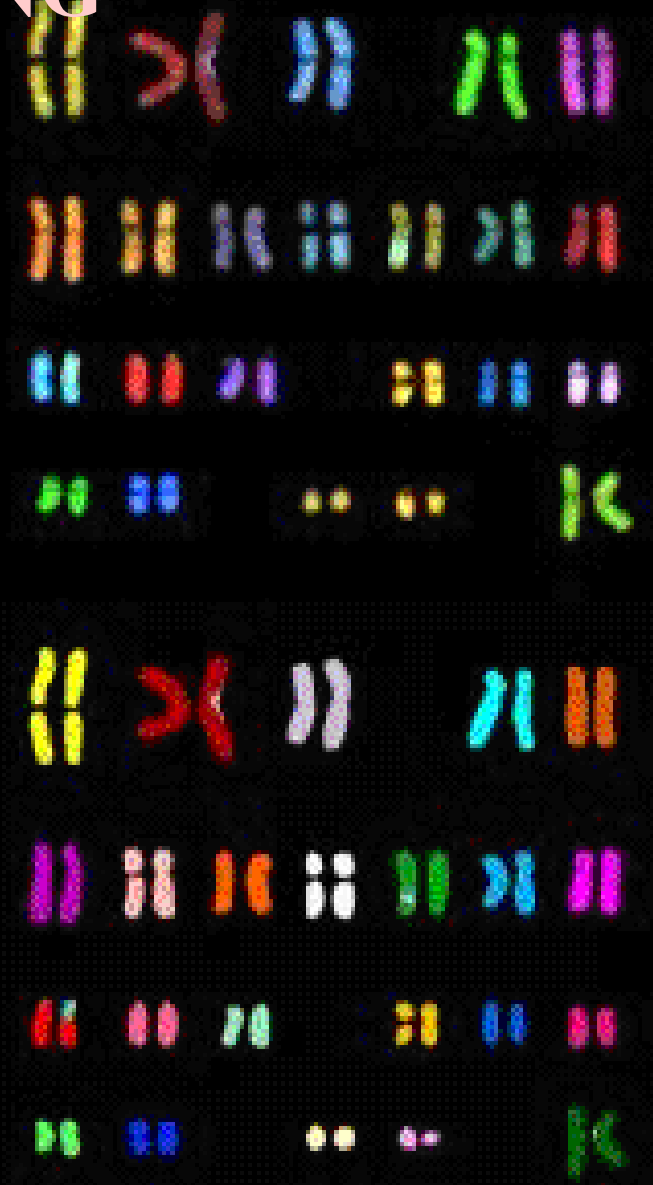
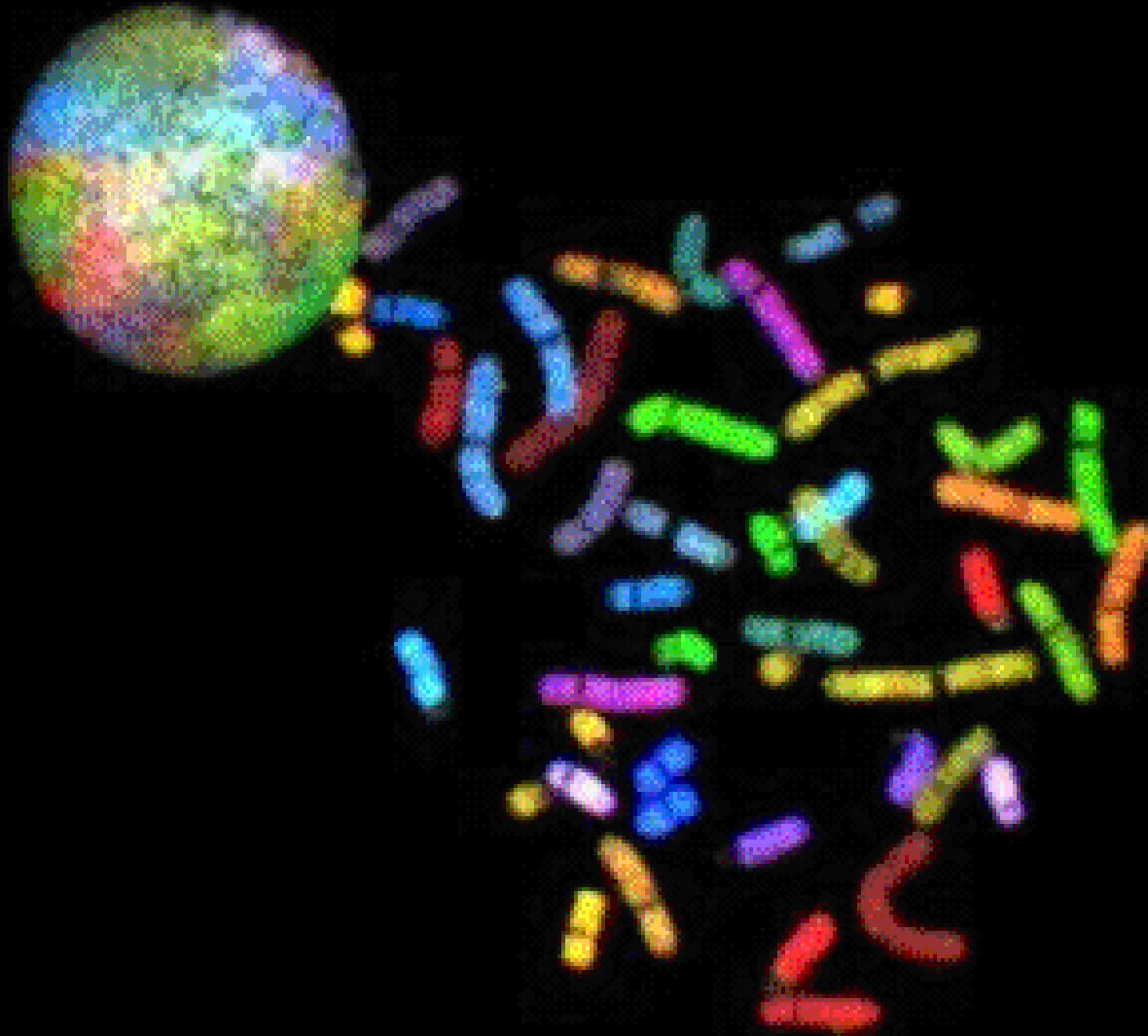
Metafasi

Sequenze uniche

- **Microdelezioni e
duplicazioni**
- **Riarrangiamenti
cromosomici**

**Metafasi e
nuclei in interfase**

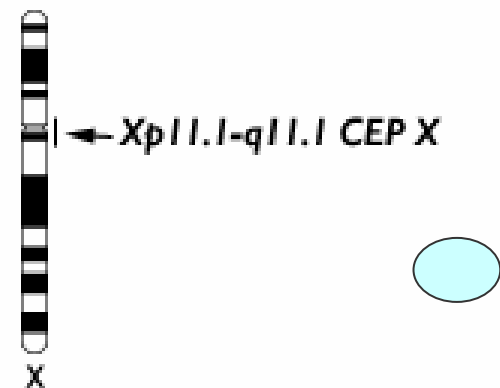
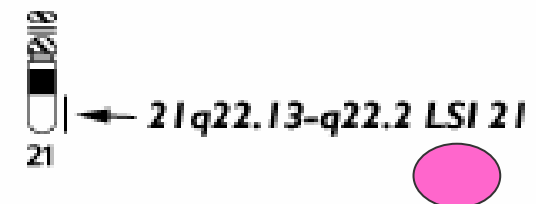
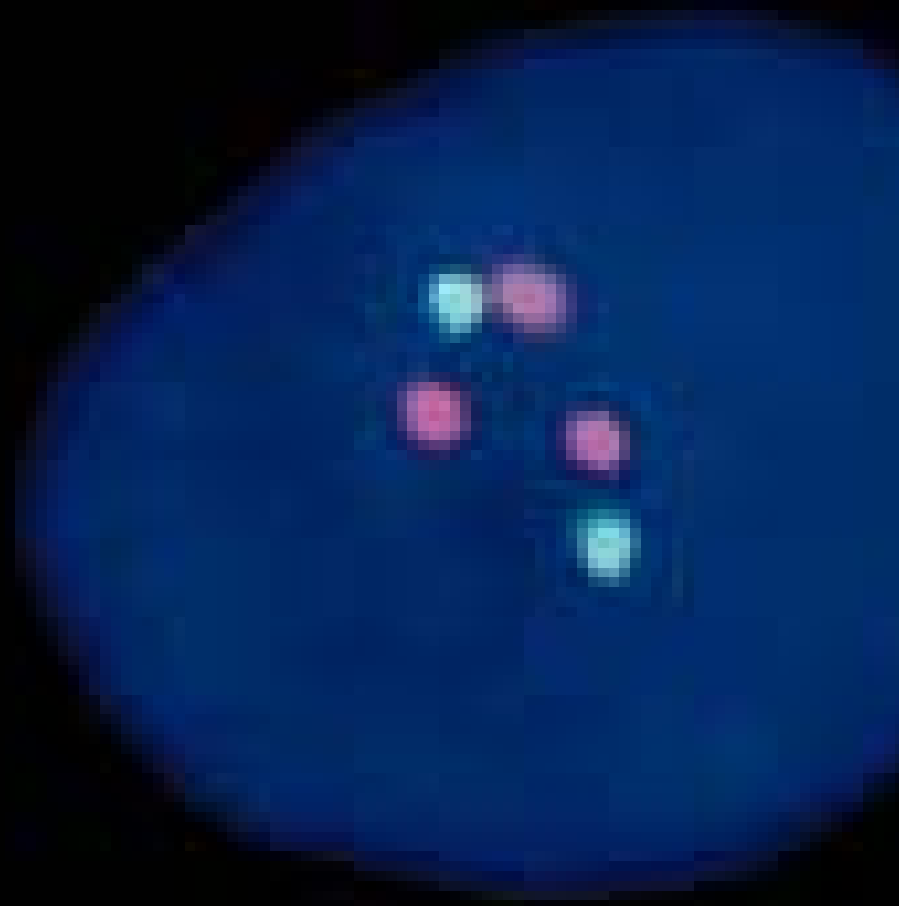
CHROMOSOME PAINTING

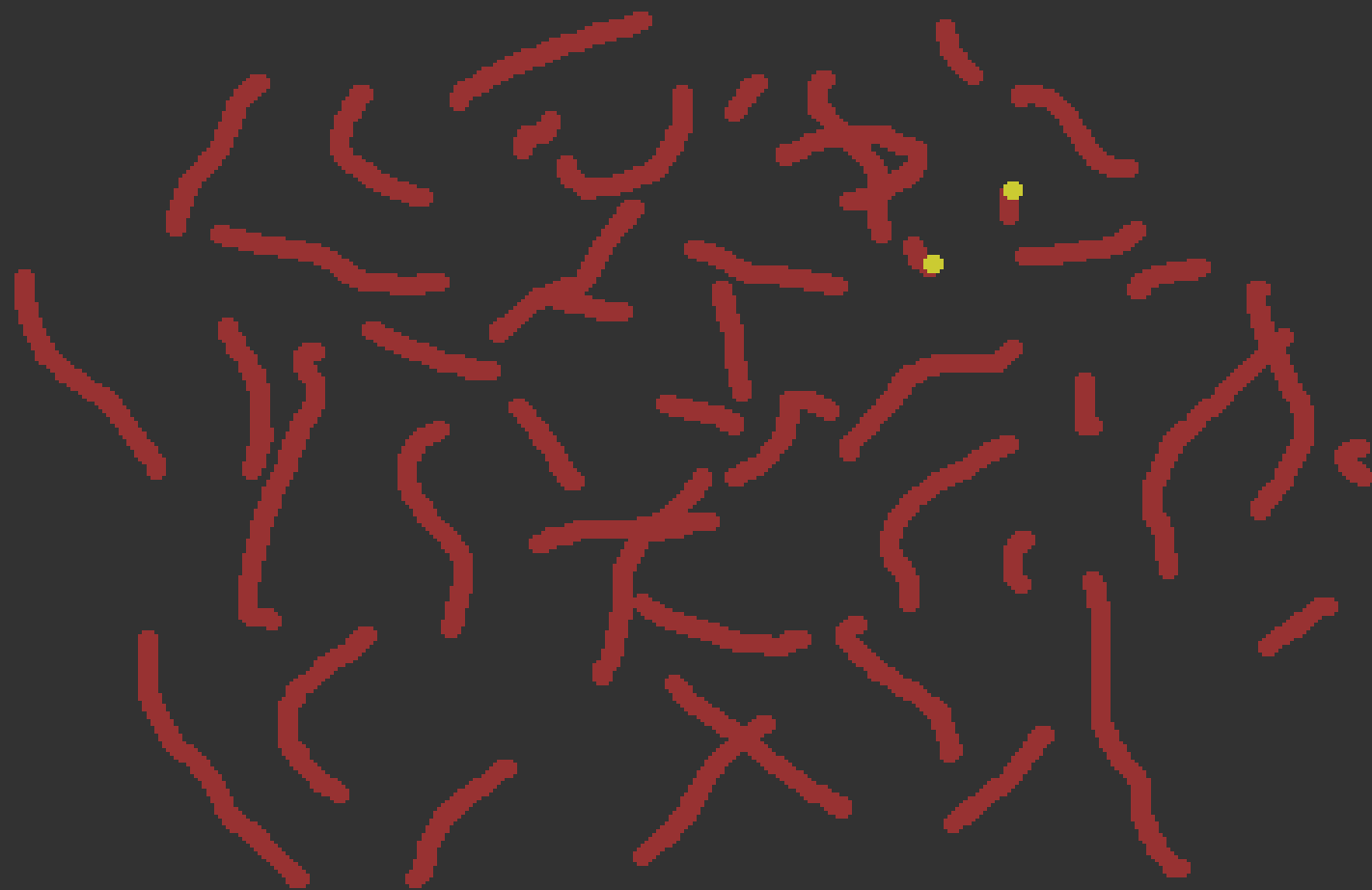


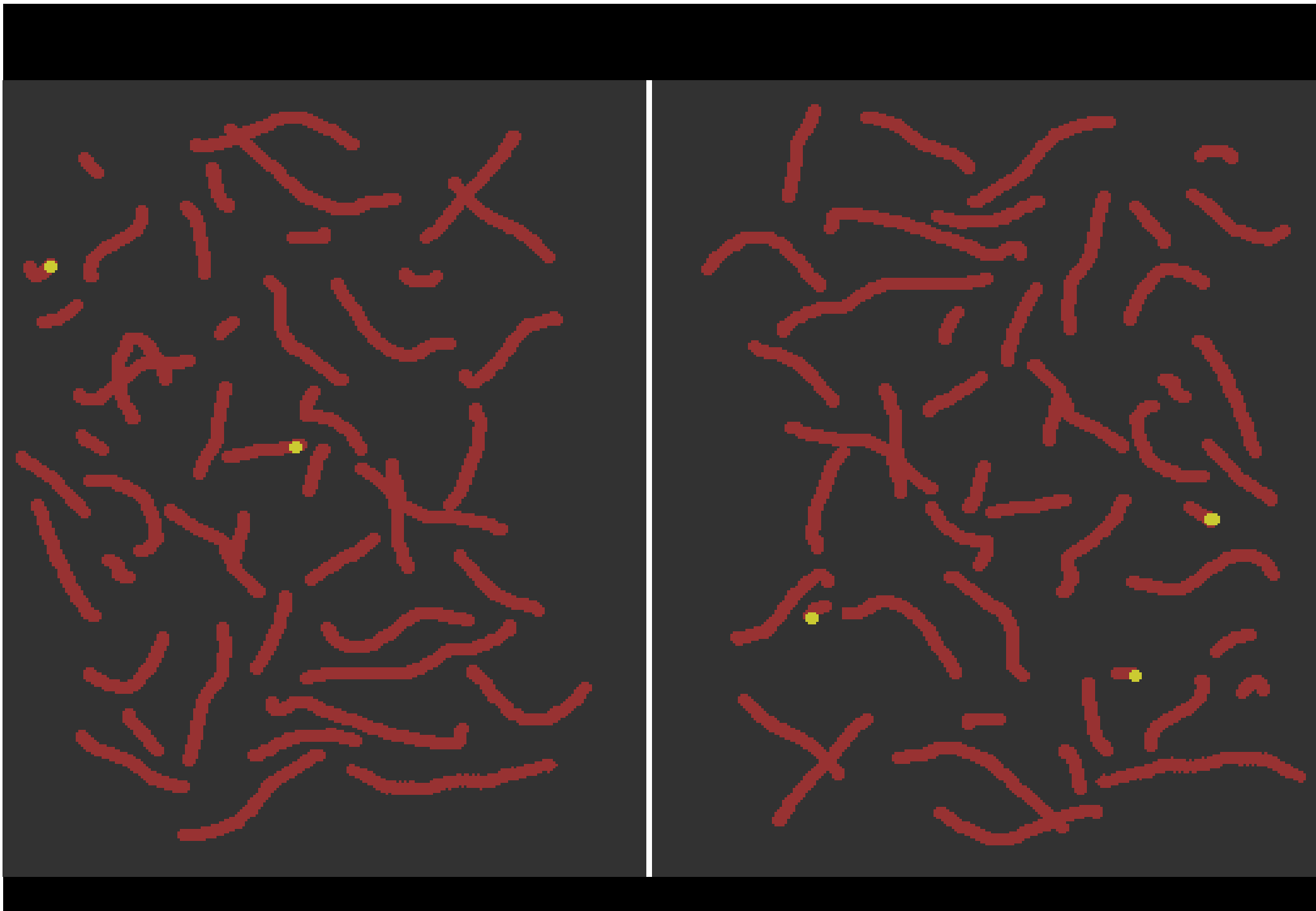
PRINCIPALI SINDROMI DA MICRODELEZIONE

SINDROME	LOCALIZZAZIONE CROMOSOMICA	SOGGETTI CON MICRODELEZIONE
Prader Willi/Angelman	15q11.13	70%
Williams	7q11.23	90%
DiGeorge/Velocardiofacciale	22q11.2	75%
Smith-Magenis	17p11.2	95%
Miller-Dieker	17p13.3	90%

DIAGNOSI DI ANEUPLOIDIE

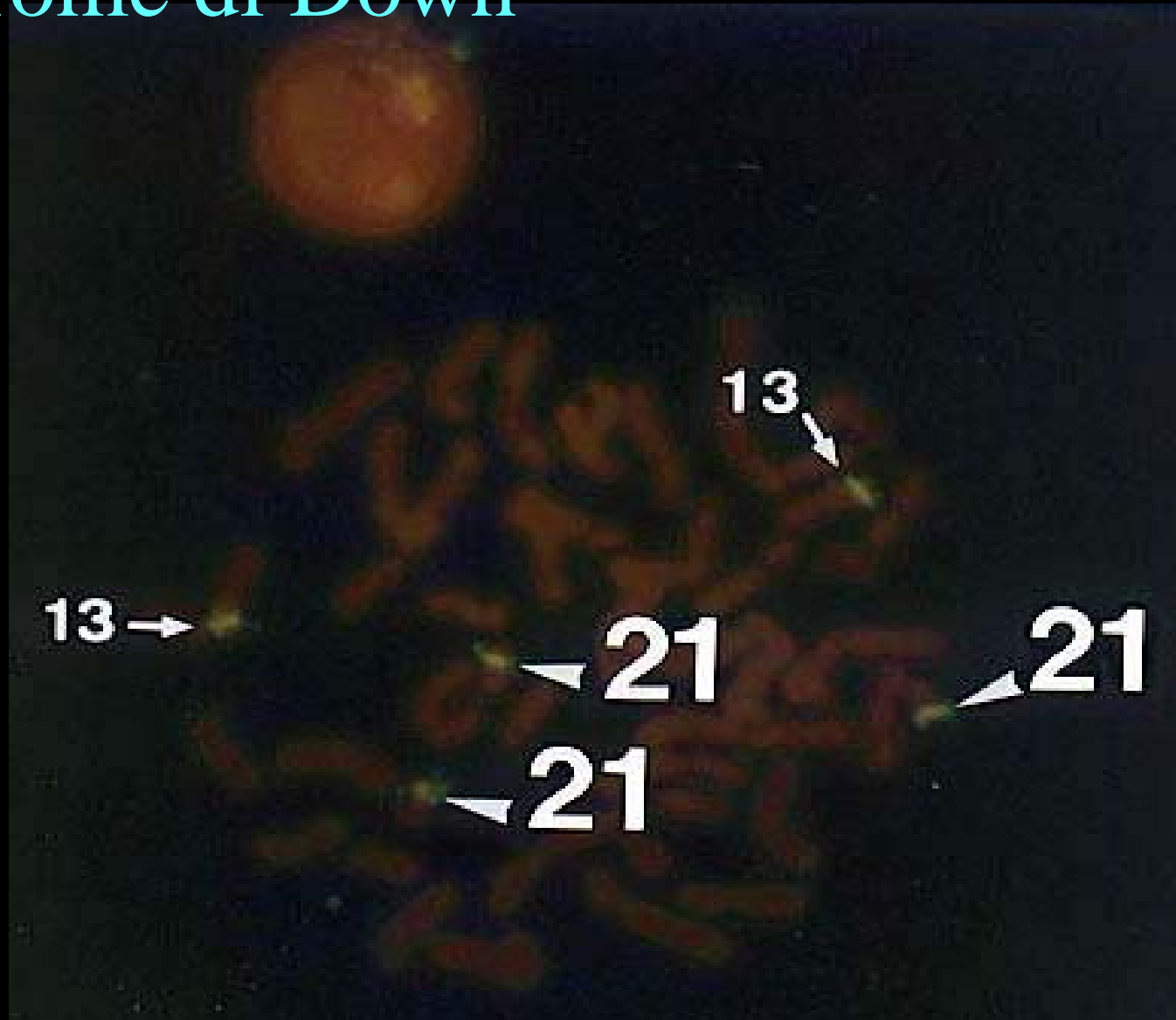








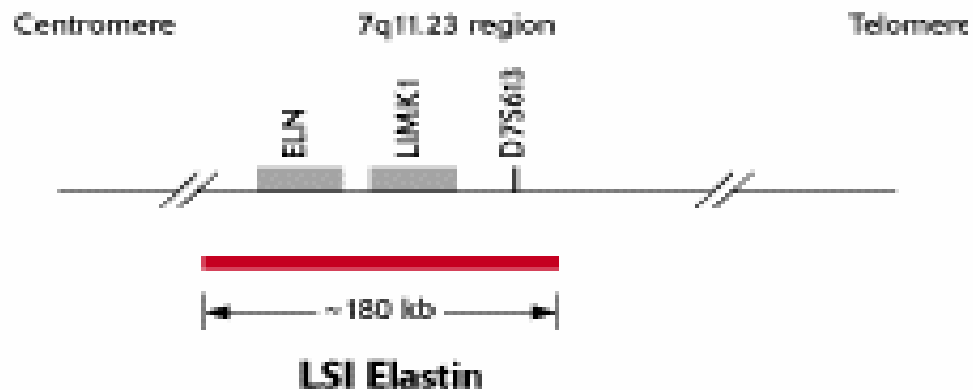
Sindrome di Down



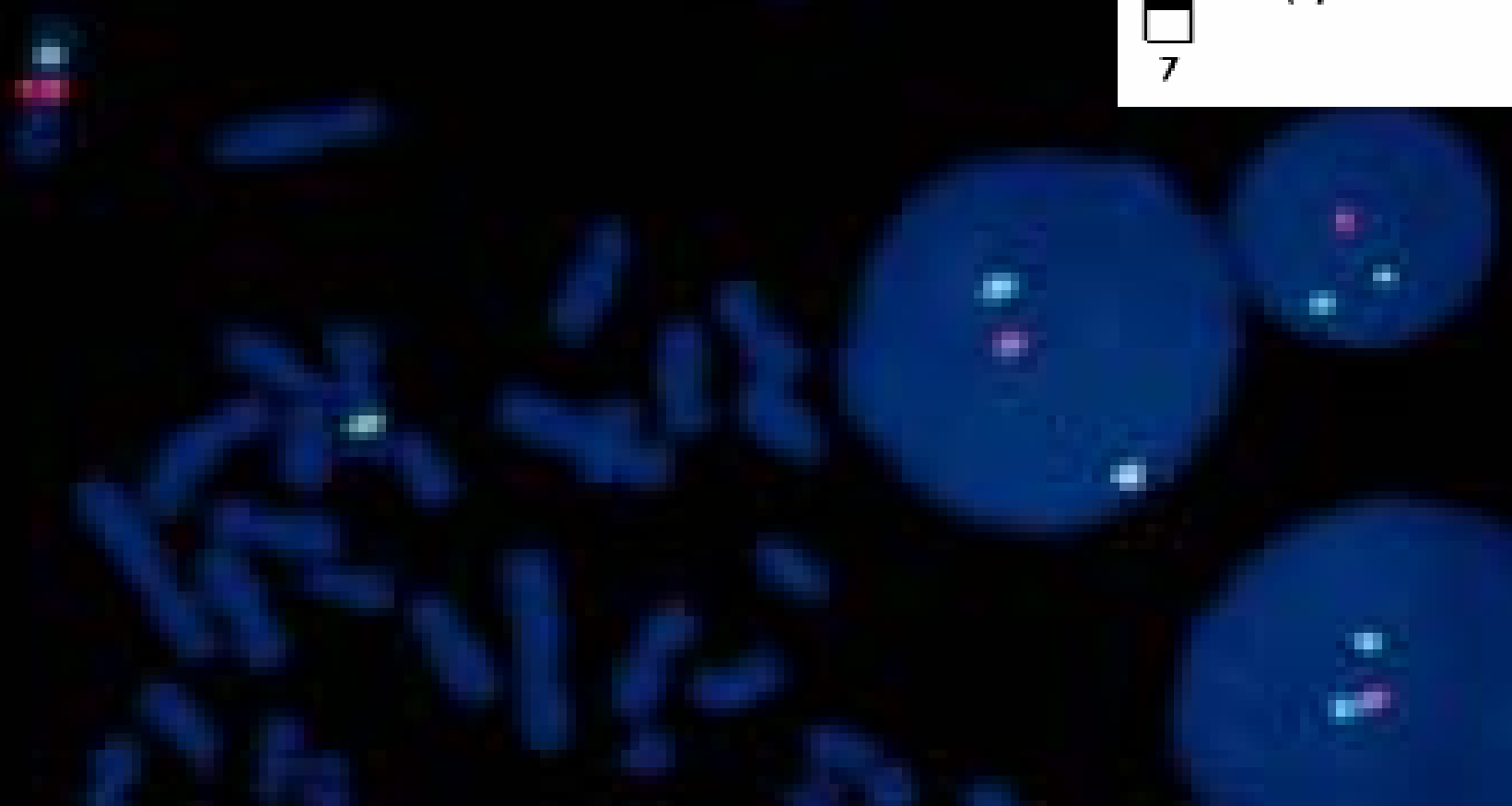
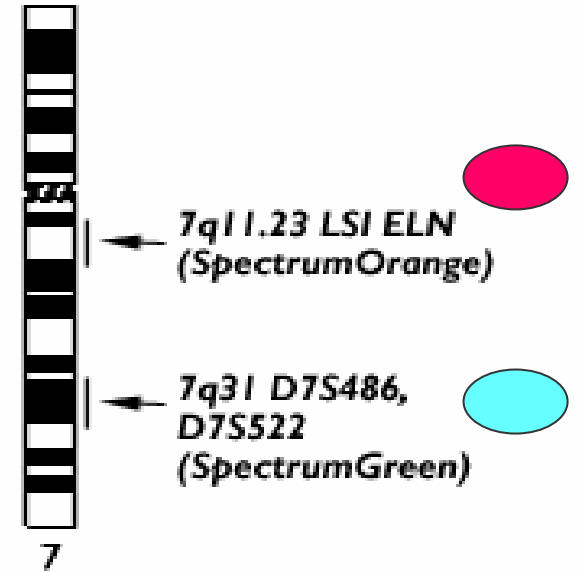
SINDROME DI WILLIAMS



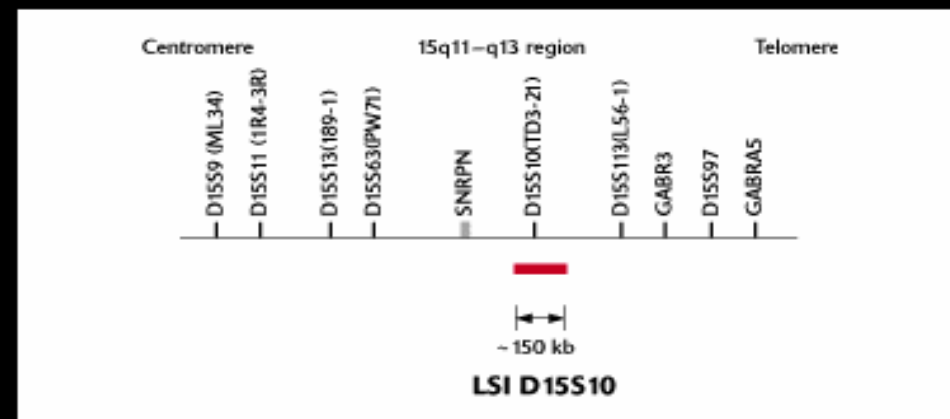
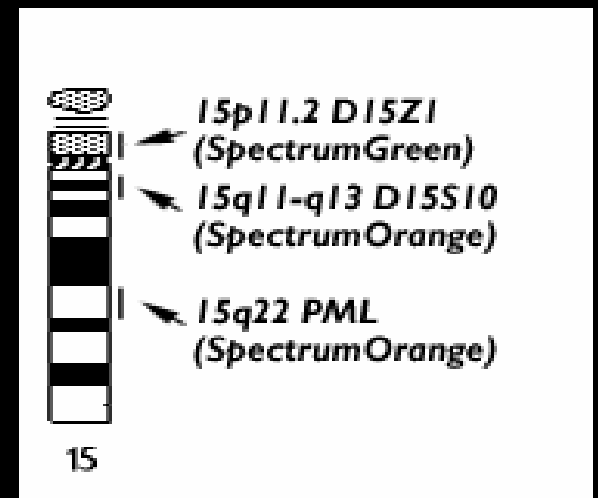
- faccia caratteristica
- ritardo di crescita
- problemi cardiaci
- problemi psicologici



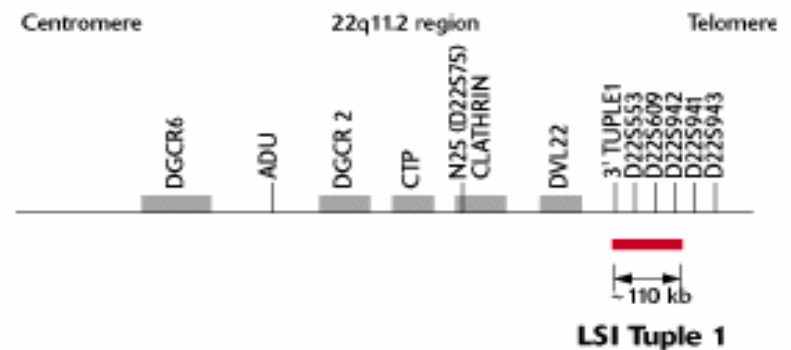
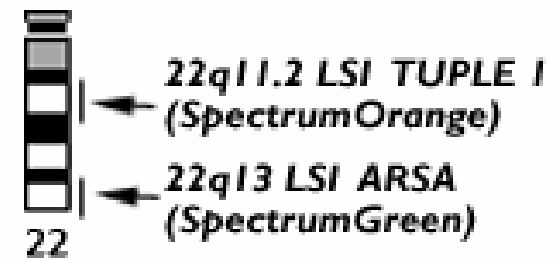
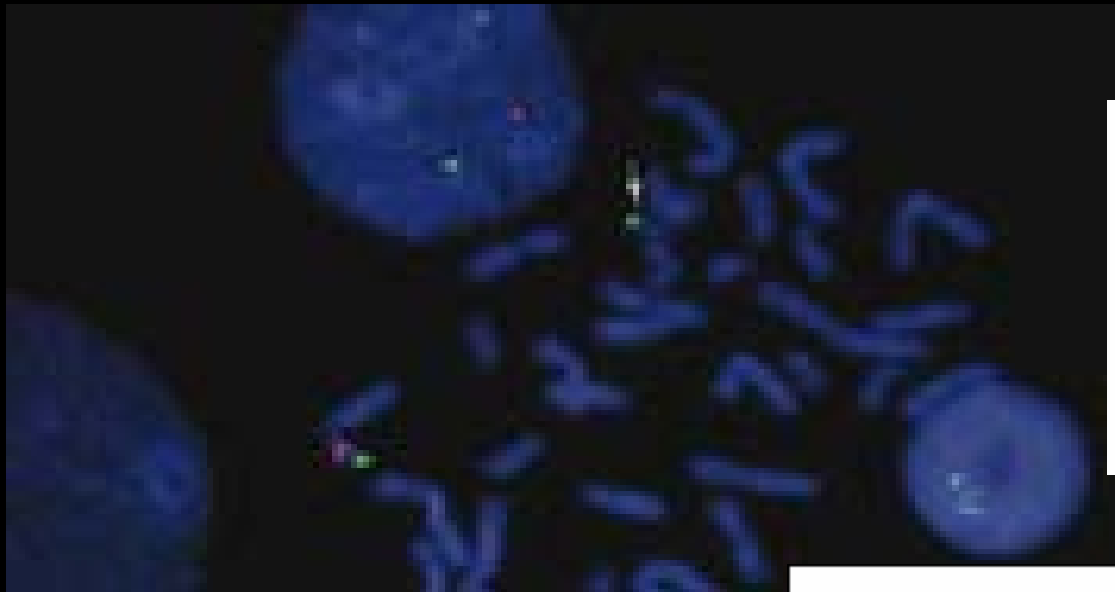
SINDROME DI WILLIAMS



SINDROME DI PRADER-WILLI



SINDROME DI DI-GEORGE



FISH

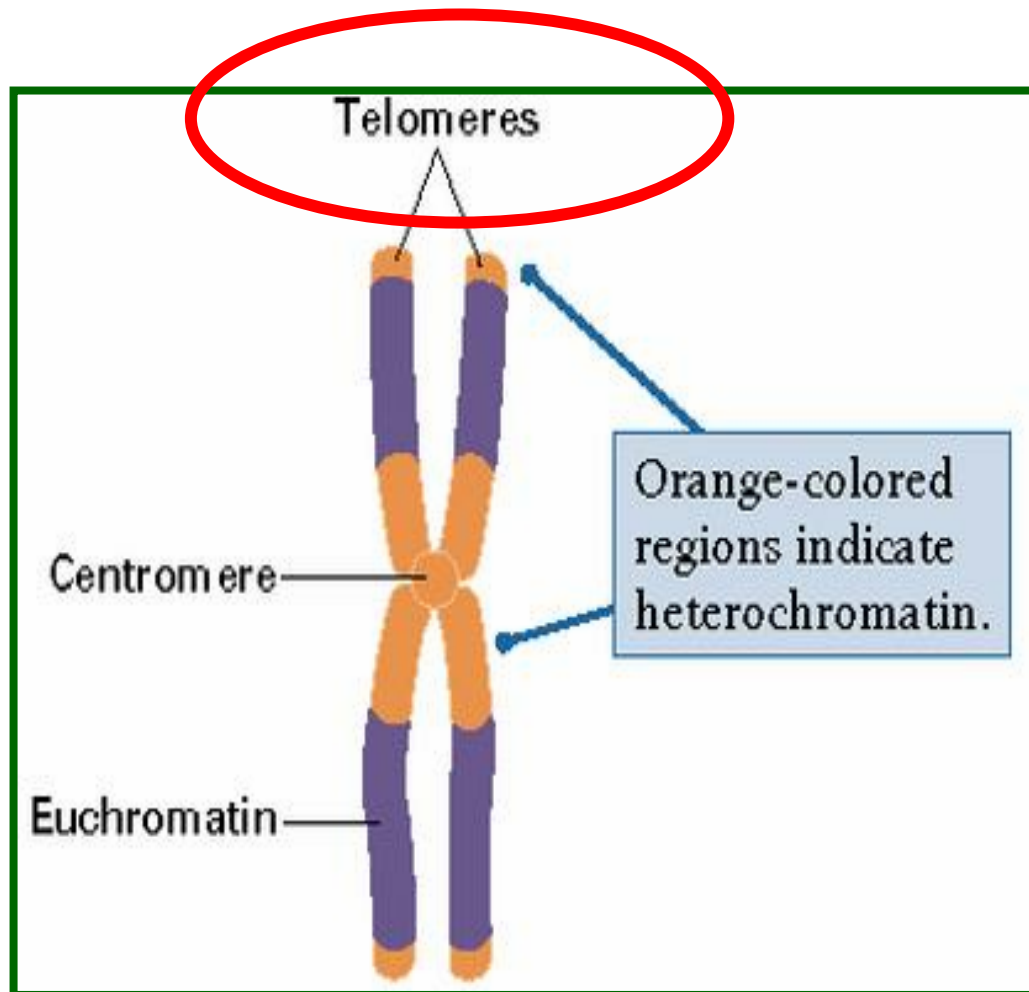
VANTAGGI

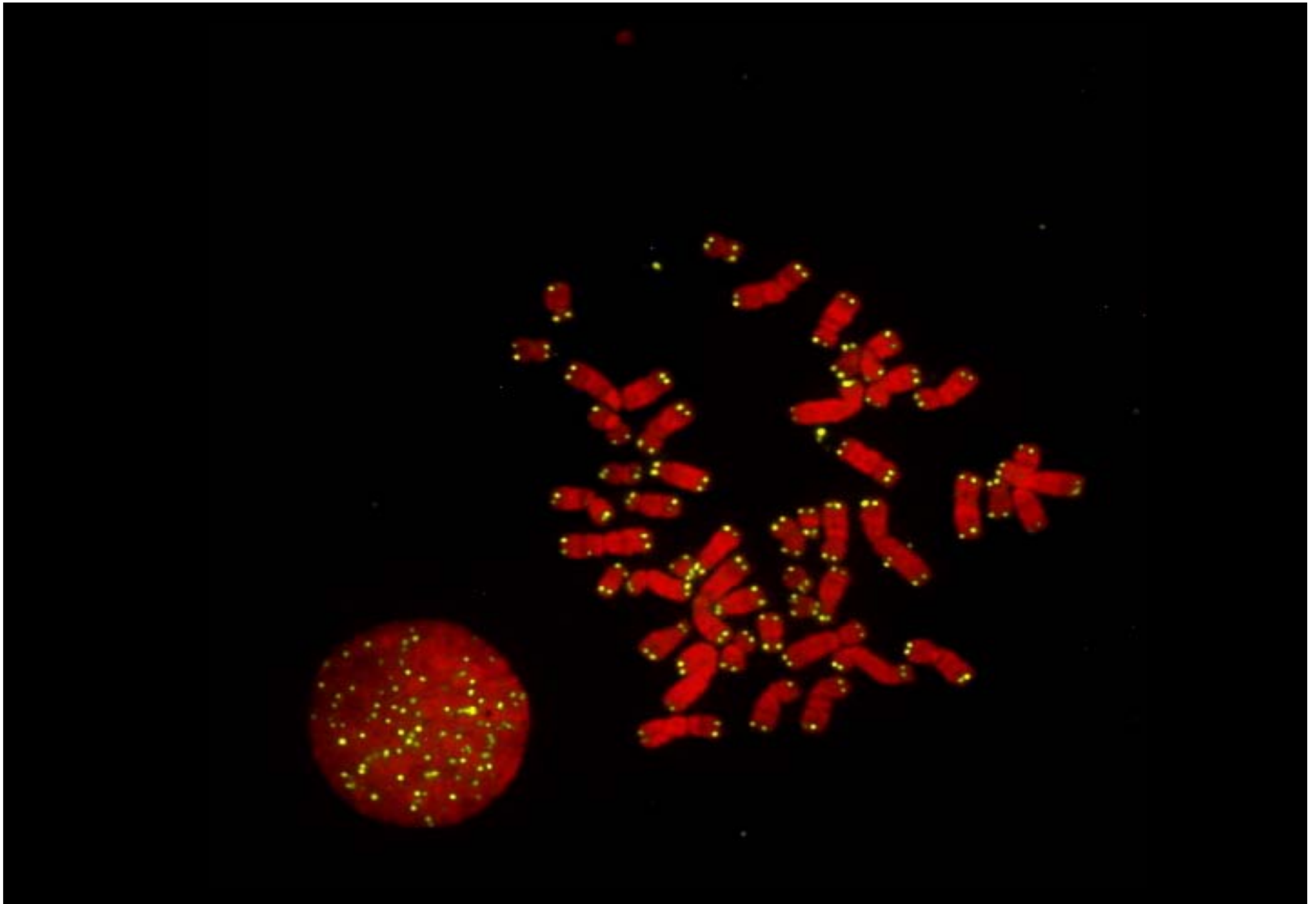
- rapidità
- identificazione di microdelezioni e riarrangiamenti complessi
- diagnosi su nucleo

SVANTAGGI

- costi elevati
- diagnosi non completa

Nel cromosoma si distinguono:



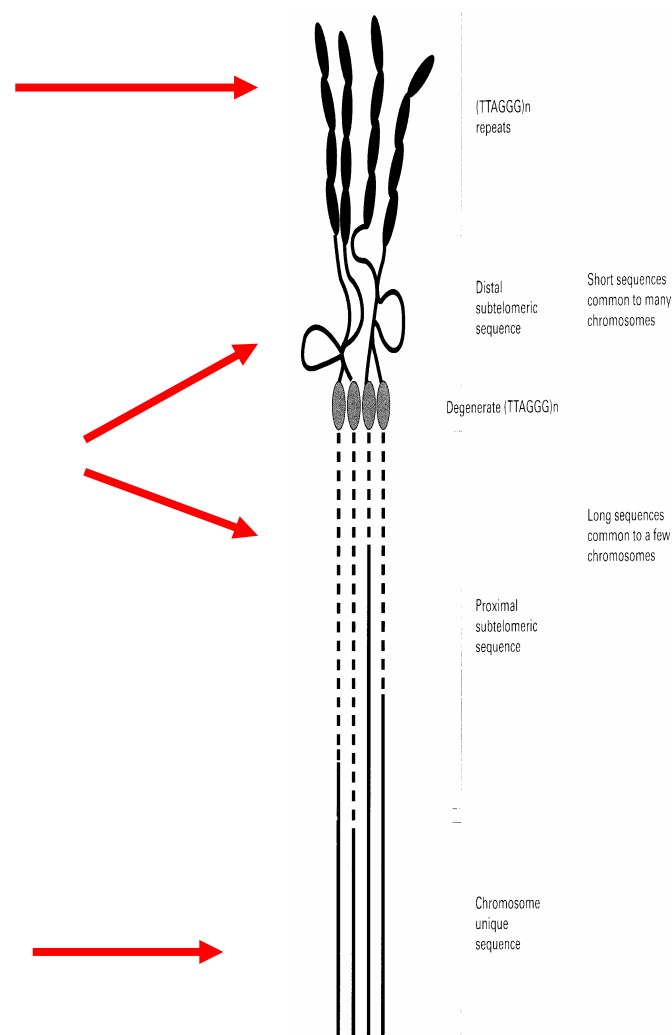


Ricordiamo che le estremità di ciascun cromosoma sono costituite da:

■ Sequenze **comuni**

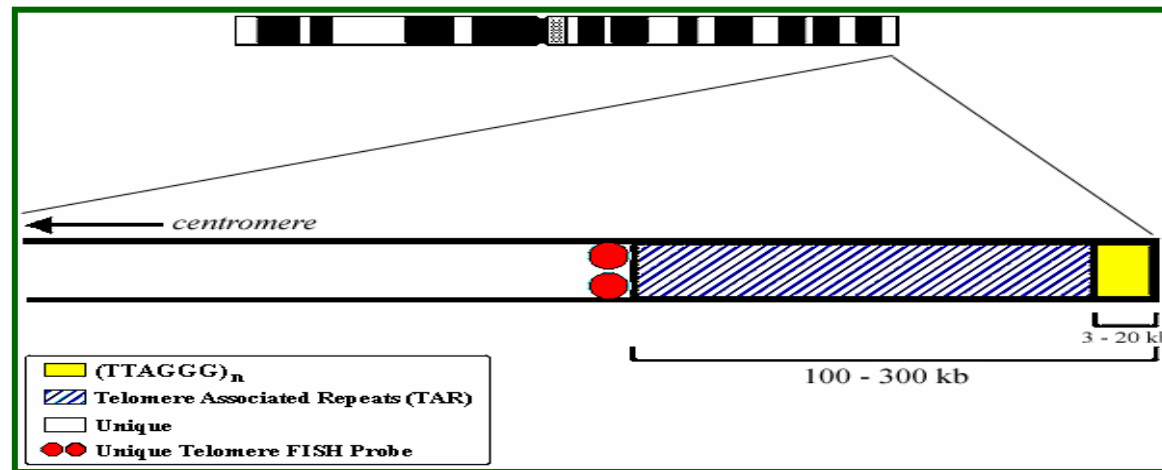
■ Famiglie **complesse**

■ Sequenze **uniche**



Sequenze uniche

- Le regioni subtelomeriche sono particolarmente ricche di CpG islands e geni.
- Si pensa abbiano la più alta densità genica dell'intero genoma.
- Data l'alta densità genica anomalie cromosomiche coinvolgenti queste aree possono essere associate ad anomalie fenotipiche e ritardo mentale.



E' stato recentemente dimostrato che il ritardo mentale può essere causato da riarrangiamenti cromosomici subtelomerici non evidenziabili mediante tecniche di citogenetica classica ma mediante tecniche di citogenetica molecolare a causa delle loro ridotte dimensioni.

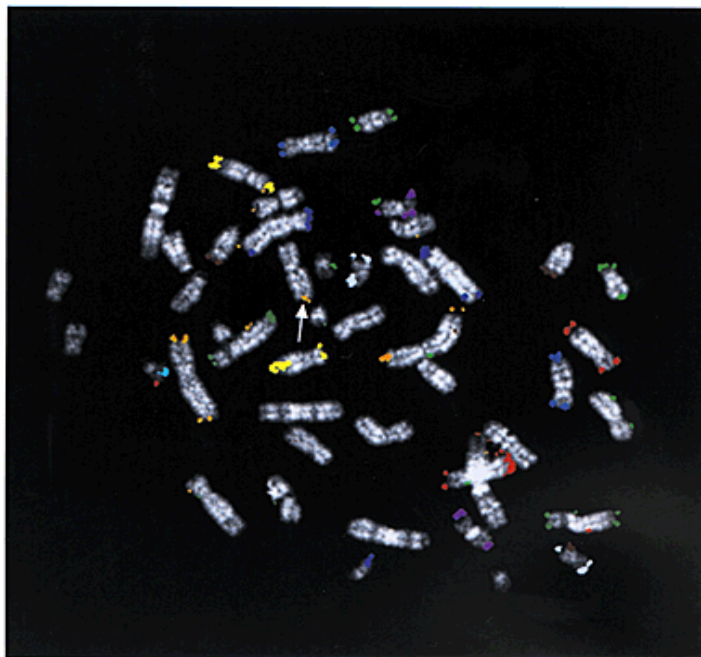
a

chromosome 1
chromosome 3
chromosome 5
chromosome 7
chromosome 9
chromosome 11
chromosome 13
chromosome 15
chromosome 17
chromosome 19
chromosome 21
chromosome X,Y



b

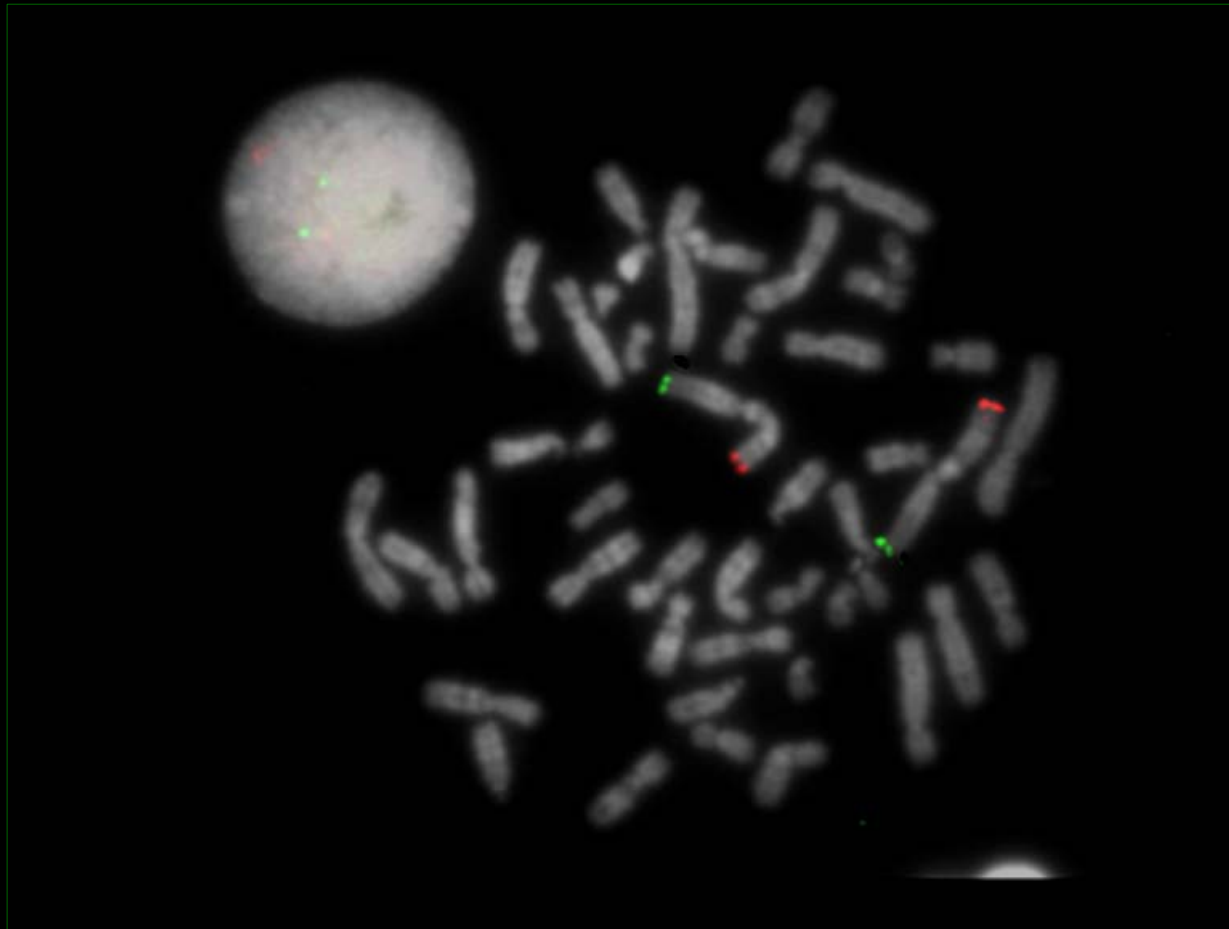
chromosome 2
chromosome 4
chromosome 6
chromosome 8
chromosome 10
chromosome 12
chromosome 14
chromosome 16
chromosome 18
chromosome 20
chromosome 22



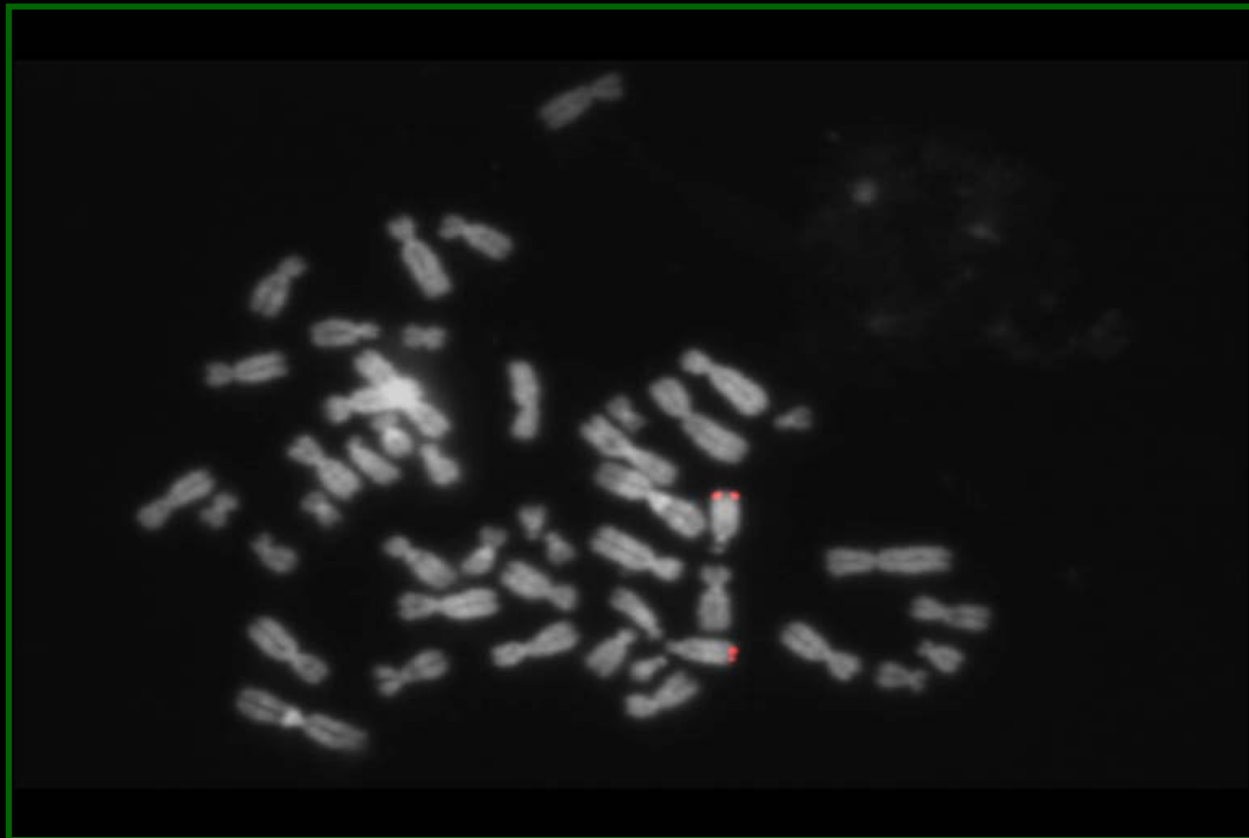
Color classification (goldFISH) analysis of the telomeric signals in metaphases from patient 3.

a, The M-TEL1 probes identified a deletion of 7q on one chromosome 7 homolog (arrow). *b*, The M-TEL2 probes identified an additional chromosome 2 signal (orange) on the derivative chromosome 7 (arrow). One further FISH experiment with 2p and 2q subtelomeric probes was sufficient to confirm an unbalanced translocation resulting in monosomy for 7q and trisomy for 2q in this patient. The respective pseudocolors are given on the left. In both *a* and *b*, there are some apparent misclassifications, for example 5p and q, 11p, 16q, 19q. However, in all cases the misclassification involved only one out of a possible two sister chromatids on one chromosome arm. Note also that the 9q and XqYq PACs were not included in this early version of the M-TEL assay, because of cross-hybridization with several other telomeres¹⁸. Instead, the first-generation cosmids were applied separately in a dual-color hybridization. However, the newer BAC probes for 9q and XqYq do not cross-hybridize and were applied in the more recent M-TEL 1 hybridizations (see [Table 1](#) and [Fig. 4](#)).

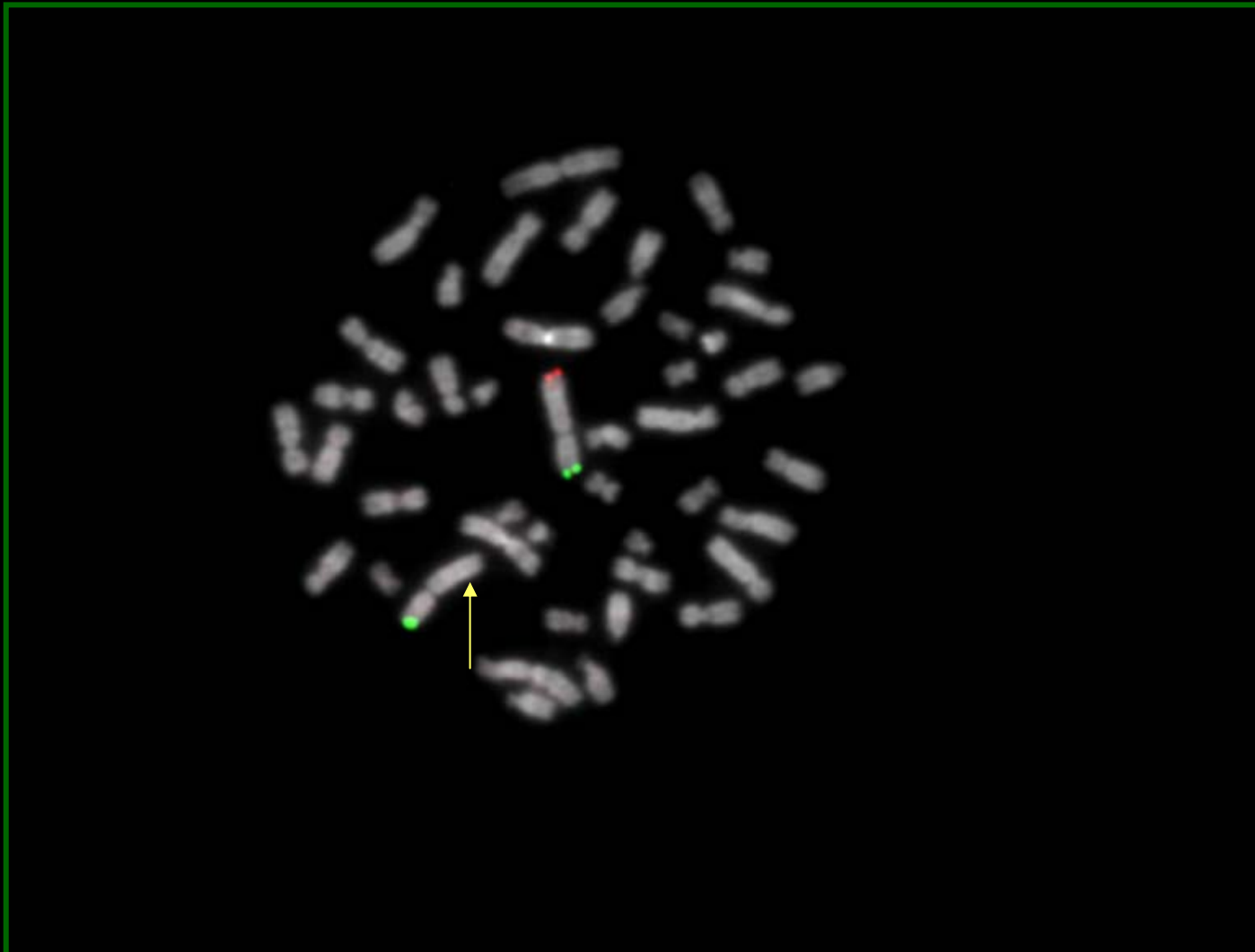
Visualizzazione delle sequenze subtelomeriche del cromosoma 1



Visualizzazione delle sequenze subtelomeriche del cromosoma 13



Delezione subtelomerica 2q



Cause genetiche del ritardo mentale

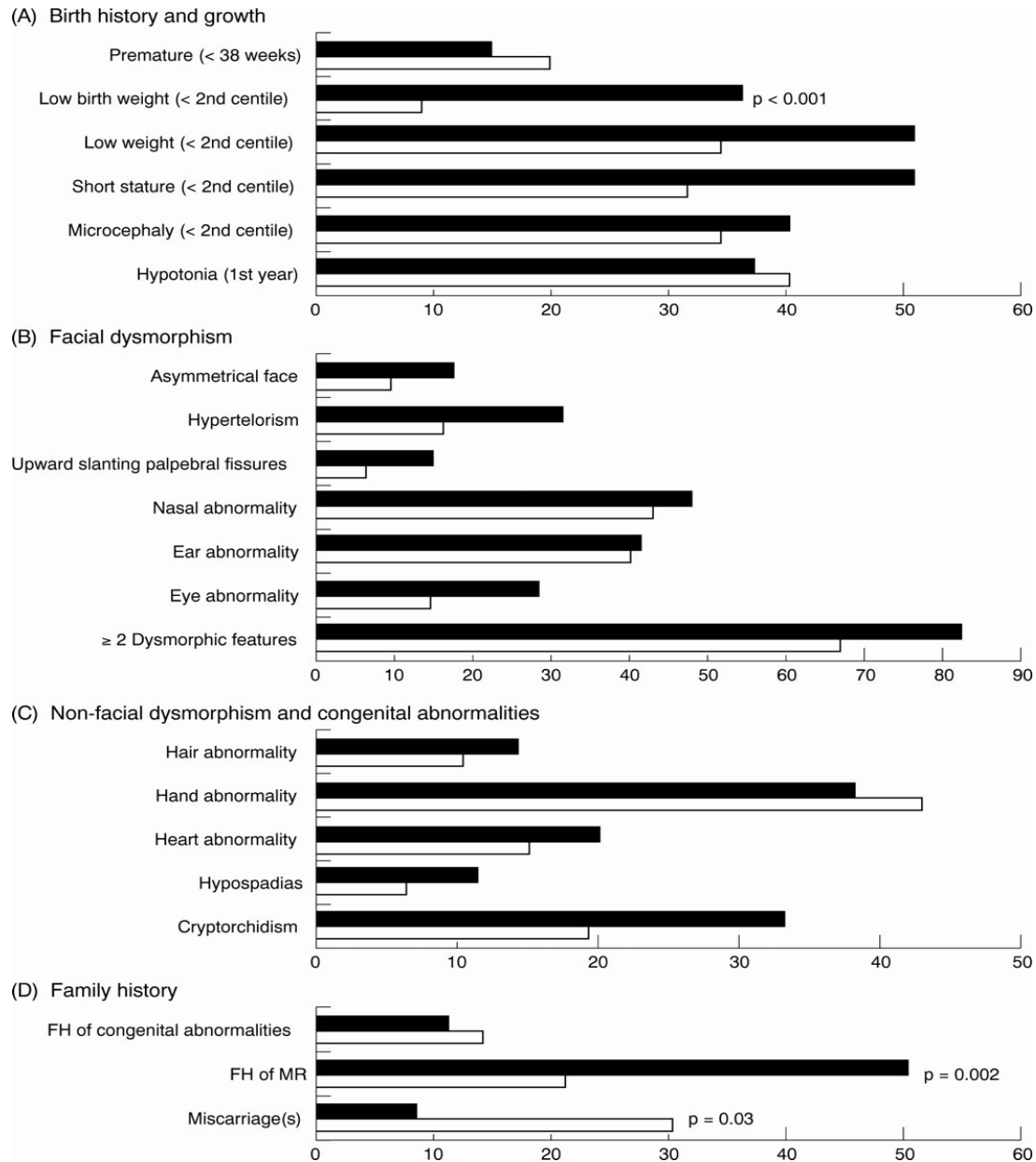
Più di 500 malattie genetiche sono associate a ritardo mentale:

- **Cromosomiche** (Sindrome di Down, ecc.)
- **Monofattoriali** (S. FraX, errori congeniti del metabolismo, ecc.)
- **Multifattoriali** (craniostenosi, ecc.)
- **Riarrangiamenti criptici subtelomerici**, si possono considerare alla base di circa il 7.4% dei casi di ritardo mentale idiopatico da moderato a severo e dello 0.5% dei casi di ritardo mentale lieve.

Knight S. et al. Lancet 354: 1676-1681; 1999

Ritardo mentale

- Può essere considerato una patologia eterogenea ad eziologia mista costituita da un numero molto elevato di entità nosologiche differenti, le cui cause sono solo in parte note.
- E' stato stimato che la prevalenza del ritardo mentale nella popolazione generale si aggira attorno al 2-3%; la grande maggioranza rientra in ritardi di modesta entità, mentre lo 0.3-0.4% della popolazione generale presenta un ritardo severo.



The frequencies of features in children with subtelomeric abnormalities (black, n=29) compared to controls (white, n=110) concerning (A) birth history and growth, (B) facial dysmorphism, (C) non-facial dysmorphism and congenital abnormalities, and (D) family history. Only the features with frequencies above 10% are shown.