

# Increased Nuchal Translucency (NT). Can We Do More?

Prenatal trio exome sequencing revealed unexpected findings in fetuses with increased NT.

## AUTHORS

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## Background

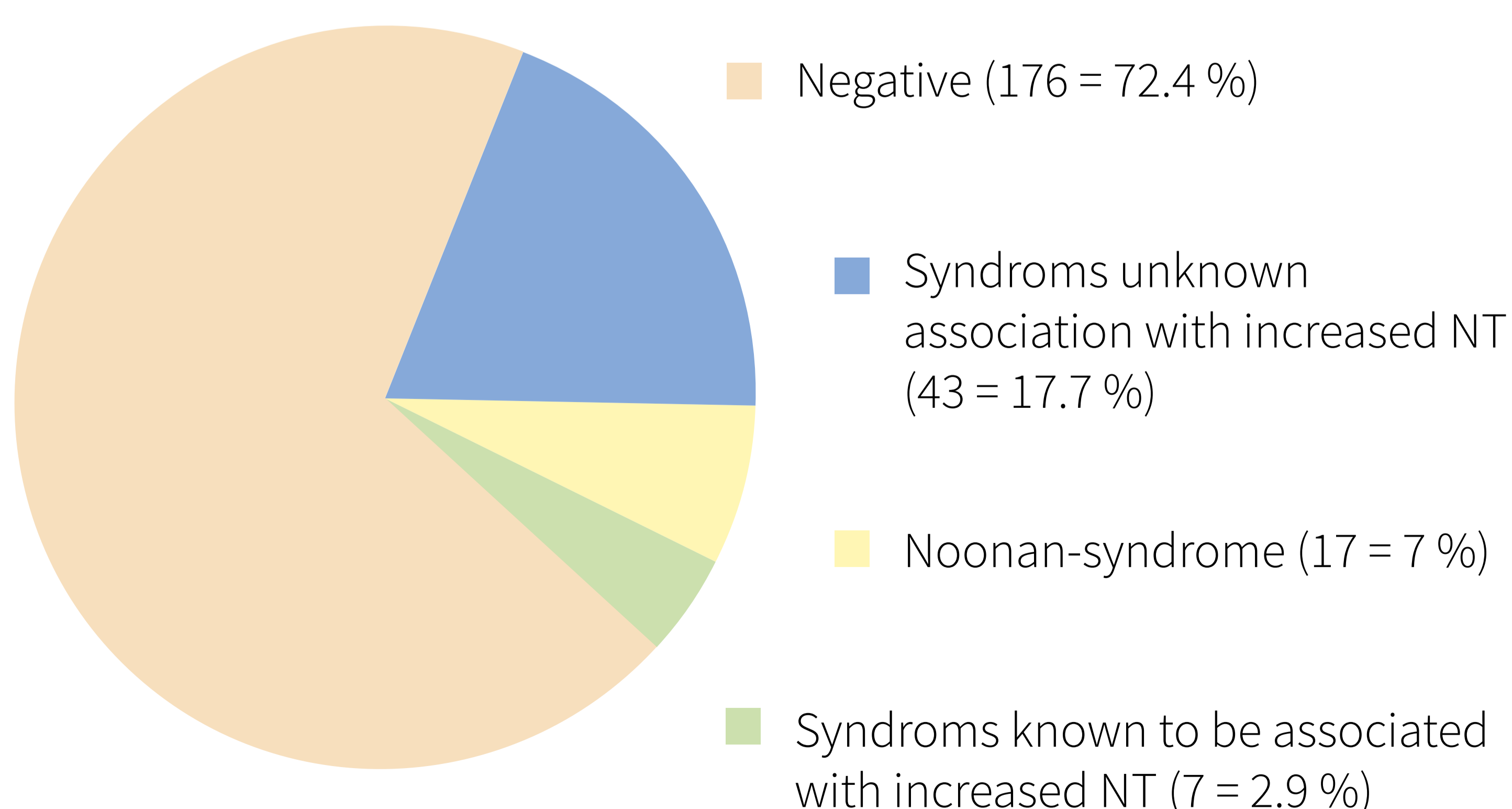
Ultrasound diagnosis allows for the detection of half of all major structural anomalies. As a soft marker, nuchal translucency (NT) is associated with a spectrum of structural anomalies. Mostly, NT measurement is offered as part of screening for chromosomal abnormalities. About 20 % of fetuses with increased NT will have a chromosomal abnormality. Noonan syndrome is considered the most frequently reported syndrome associated with increased NT. Prenatal panel testing for Noonan syndrome genes is nowadays widely offered in cases with increased NT. Aside from these Noonan syndrome genes, there are only a limited number of gene for which increased NT is documented.

## Methods

In this study, we performed prenatal trio exome sequencing in cases with increased NT. A cohort of 243 fetuses with increased NT were analysed by trio exome sequencing. The mean turn-around-time (TAT) was 18 days, with the shortest TAT of 5 days.

Gen	Typ	Anzahl
<i>PTPN11</i>	Noonan-syndrome 1	8x
<i>LZTR1</i>	Noonan-syndrome 2, 10	3x
<i>KRAS</i>	Noonan-syndrome 3	1x
<i>SOS1</i>	Noonan-syndrome 4	1x
<i>RAF1</i>	Noonan-syndrome 5	1x
<i>NRAS</i>	Noonan-syndrome 6	1x
<i>BRAF</i>	Noonan-syndrome 7	1x
<i>RIT1</i>	Noonan-syndrome 8	1x
<i>SOS2</i>	Noonan-syndrome 9	-
<i>MRAS</i>	Noonan-syndrome 11	-
<i>RRAS2</i>	Noonan-syndrome 12	-
<i>MAPK1</i>	Noonan-syndrome13	-
<i>SPRED2</i>	Noonan-syndrome 14	-

Tab 1: Noonan-syndrome genes found in this study



Gene	Disorder	OMIM	No. found in study
<i>ACTA1</i>	Myopathy, actin, congenital, with cores	161800	1x
<i>ACTB</i>	Baraitser-Winter syndrome 1	243310	1x
<i>ACTG1</i>	Baraitser-Winter syndrome 2	614583	1x
<i>ANKRD11</i>	KBG syndrome	148050	3x
<i>ATP6V1B2</i>	Zimmermann-Laband syndrome 2	616455	1x
<i>CTSA</i>	Galactosialidosis	256540	1x
<i>EHMT1</i>	Kleefstra syndrome 1	610253	1x
<i>EPHB4</i>	Lymphatic malformation 7	616362	3x
<i>FLT4</i>	Lymphatic malformation 1	153100	1x
<i>FOXC2</i>	Lymphedema-distichiasis syndrome	153400	2x
<i>GBA</i>	Gaucher disease	230800	1x
<i>GJA1</i>	Atrioventricular septal defect 3	600309	1x
<i>HRAS</i>	Costello syndrome	218040	3x
<i>KMT2C</i>	Kleefstra syndrome 2	617768	1x
<i>KMT2D</i>	Kabuki syndrome 1	147920	1x
<i>MAP2K1</i>	Cardiofaciocutaneous syndrome 3	615279	1x
<i>MYRF</i>	Cardiac-urogenital syndrome	618280	2x
<i>NEU1</i>	Sialidosis	256550	1x
<i>NUP93</i>	Nephrotic syndrome 12	616892	1x
<i>PHF6</i>	Borjeson-Forssman-Lehman syndrome	301900	1x
<i>PHGDH</i>	Neu_Laxova syndrome 1	256520	2x
<i>PIEZO1</i>	Lymphatic malformation 6	616843	1x
<i>PPP2R1A</i>	Mental retardation, autosomal dominant 36	616800	1x
<i>RASA1</i>	Capillary malformation-arteriovenous malformation 1	608354	1x
<i>RBM10</i>	TARP syndrome	311900	1x
<i>SEC23B</i>	Cowden syndrome 7	616858	1x
<i>SCN8A</i>	Developmental and epileptic encephalopathy 13	614558	1x
<i>SMAD3</i>	Loeys-Dietz syndrome 3	613795	1x
<i>SMC1A</i>	Cornelia de Lange syndrome 2	300590	1x
<i>SOX9</i>	Campomelic dysplasia	114290	1x
<i>TMEM260</i>	Structural heart defects and renal anomalies syndrome	617478	1x
<i>UPK3A</i>	Congenital nephrotic syndrome	PMID: 31852928	1x
<i>UPS7</i>	Hao-Fountain syndrome	6166863	1x

Tab 2: List of genes in which pathogenic variants were detected in cases with increased NT. Association of these genes/syndromes with increased NT was not described so far.

## Results

Among the 243 tested fetuses we were able to detect pathogenic or likely pathogenic variants in 67 cases (diagnostic yield: 28 %). Noonan syndrome genes were found in 17 cases (incl. 8x *PTPN11*). In 7 cases we detect a causative variant in genes, which are known to be associated with increased NT (incl. 3 pathogenic copy number variants). In all other cases (43x) pathogenic variants were found in genes, which are not known to be associated with increased NT so far.

Ø 4.64 mm (negatives Testergebnis)

Ø 6.27 mm (positives Testergebnis)

Average NT in mm in cases with a positive genetic result and without genetic findings.

## Conclusion

Our data clearly demonstrated that prenatal testing should be not limited to structural or numeric chromosomal aberrations and RASopathies in cases with fetal increased NT. Increased NT can be found in different syndromic conditions and increased NT might be one of the earliest detectable phenotypic features in the first trimester. Therefore, increased NT is a significant marker for wide range of genetic disorders. We could show the value of trio exome sequencing for the prenatal genetic diagnosis of fetuses with increased NT and trio exome testing should be standard approach in fetuses with increase NT.