

# FSHD Type 2: Differences and Similarities to FSHD1

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4<sup>th</sup> FSHD Patient Day

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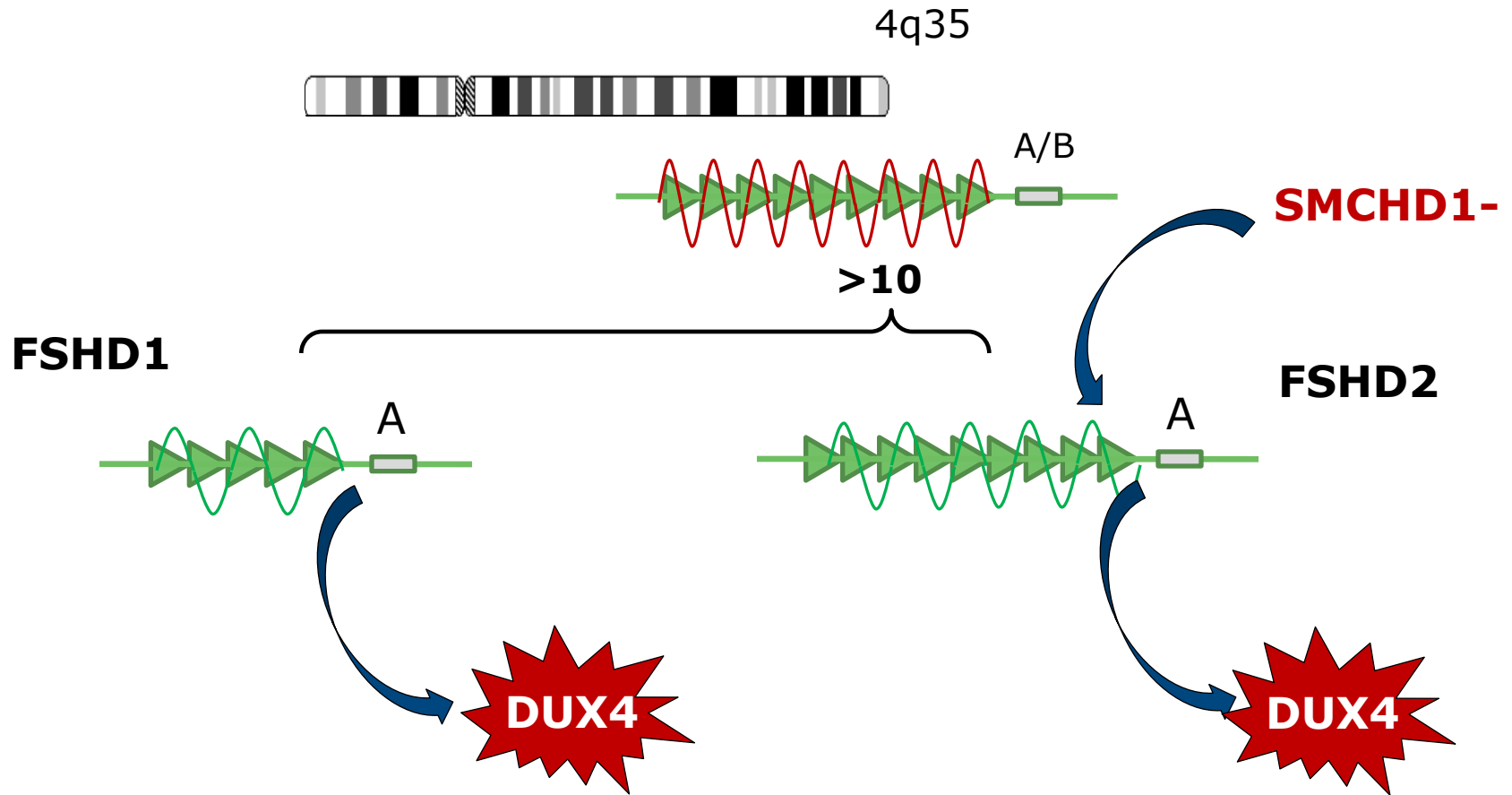
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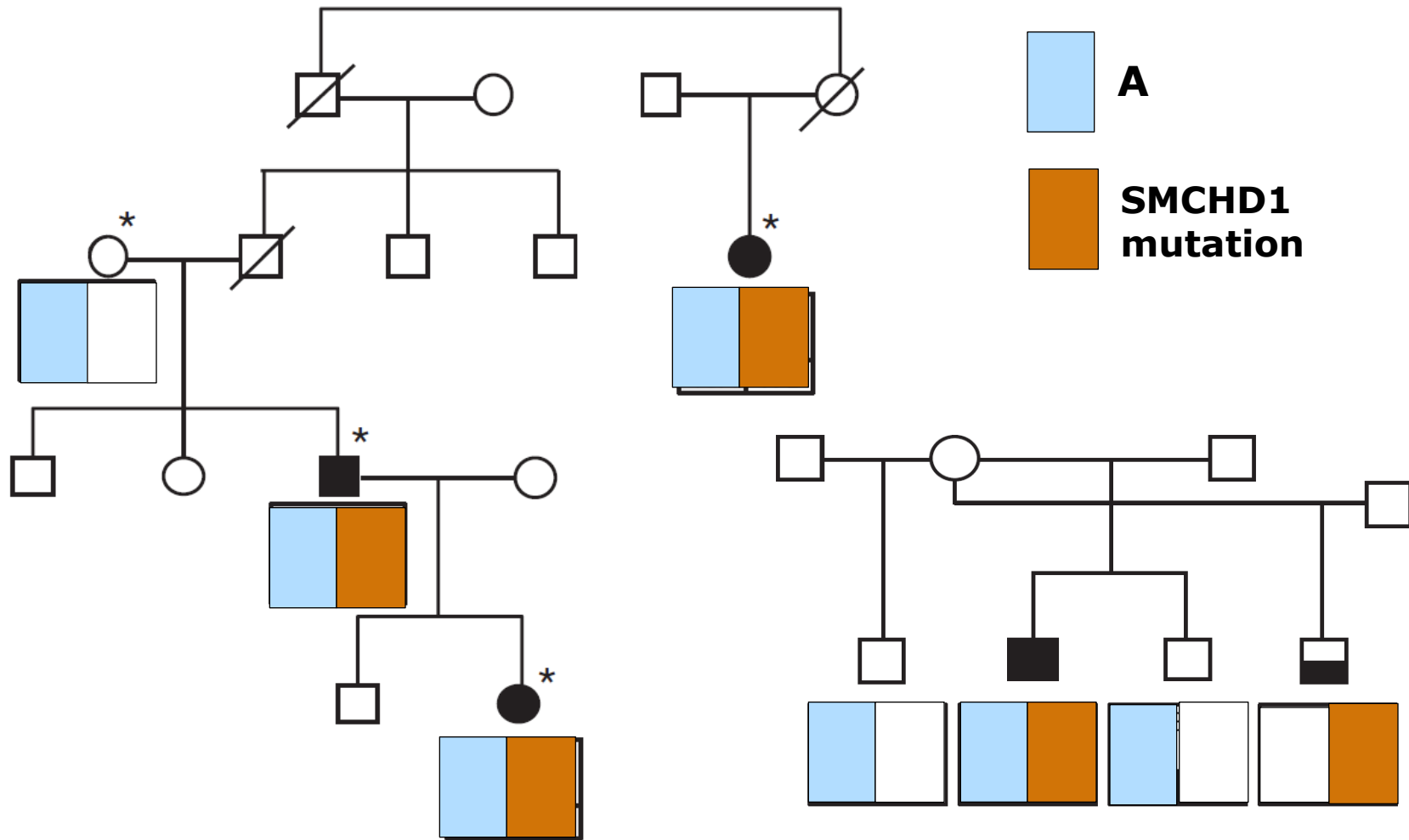
# FSHD2

- Described in about 2002: Individuals with FSHD2 looked like typical FSHD but genetic testing showed they had no loss of the number of repeat DNA sequences on chromosome 4
- However, like FSHD1, there were signs that the DNA structure was looser on the tip of chromosome 4 and also like FSHD1, one of their 2 copies of chromosome 4 has the A sequence at the tip.

# FSHD2: Genetic defect



# FSHD2 is a Digenic Disease



## Chance of Inheritance in FSHD2

- ❑ Because FSHD2 results from the chance of inheriting two separate genetic predisposition, the inheritance pattern is complicated and depends on the genetic profile of the parents.
- ❑ Chance of inheritance can vary from less than 25% to about 50%
- ❑ Like FSHD1, the disease of FSHD2 is very variable

## Clinical Features of FSHD2 vs FSHD1

- ❑ 33 individuals with FSHD2 from 27 families were studied
- ❑ Average age at symptom onset: 26 years (range: 0-60)
- ❑ The initial symptoms:
  - ❑ Scapular weakness: 61%
  - ❑ Foot weakness: 27%
  - ❑ Facial weakness: 10%
  - ❑ Hip girdle weakness: 3%

# Clinical Features of FSHD2 vs FSHD1

- ❑ On examination:
  - ❑ Scapular weakness: 100%
  - ❑ Foot weakness: 79%
  - ❑ Facial weakness: 94%
  
- ❑ Overall disease severity was not different between males and females
  
- ❑ Hearing loss: 18%
  
- ❑ Retinal vascular disease not observed in FSHD2
  
- ❑ Inheritance 20/33 are sporadic (about 30% in FSHD)

## FSHD2: Conclusions

- FSHD1 and 2 are clinically indistinguishable as far as their clinical features.
- FSHD2, as a group, tend to be less affected
- No retinal vascular disease was seen in FSHD2
- However, since the SMCHD1 gene is responsible for how tightly bound the DNA structures are on different chromosome, could the mutations in that gene that FSHD affect genes on other chromosomes?



## FSHD2: Conclusions

- There is no evidence that families with FSHD2 have other associated medical conditions
- 80% of FSHD2 can be accounted for by mutations in the SMCHD1 gene
- Other genes are likely to be discovered
- Knowledge about these other genes is very important in understanding FSHD in general and may suggest other ways of treating FSHD



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