



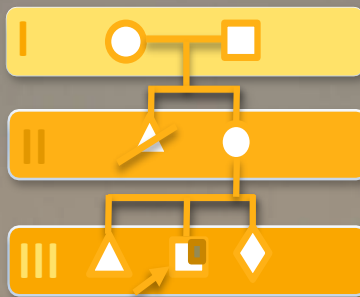
# Rishi Vansh

All India Institute of  
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Genetic division

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### From the desk of Editor

The genetic division of the Pediatric Department publishes a monthly newsletter for all Medical Professionals. The newsletter is related to genealogical parlance and is a deliberate attempt to enhance awareness of genetic disorders with recent updates.

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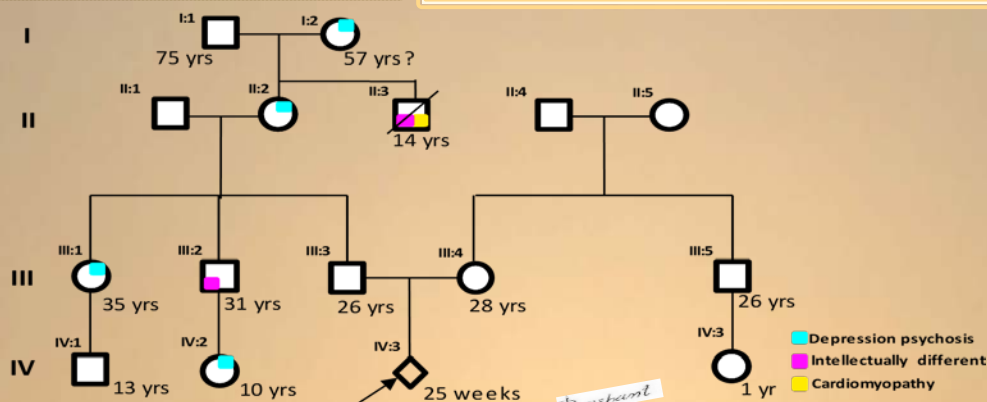
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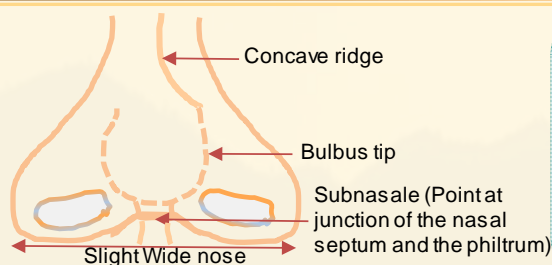
Reviewer: Dr. Raksha Ranjan

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## Neurogenetics -XVIII- Dysmorphic/ Intellectual Disability/ X-Linked/ RPS6KA3 related disorders



### Pugilistic nose of Coffin Lowry syndrome



- **Nasal, Bulbous/Potato Nose/Pear-shaped:** globular shape anteroinferior aspect (the lower third) of the nose with increased volume, Broad nasal tip If only the width of the nasal tip increased
- **Nose, Wide:** > 2 SD Interalar distance
- **Nasal Ridge, Concave/Saddle /Ski Jump nose:** curving posteriorly nasal ridge (points connecting the nasal root and tip)
- **Pugilistic nose - a wide nose with bulbus tip and concave ridge (a coarse nose)**
- Nares, Anteverted/ **Pug Nose/ Nasal Tip, Upturned:** anteriorly facing, or superiorly positioned nasal tip in the Frankfurt plane

### Insight:

1. What is the clinical phenotype spectrum of the RPS6KA3-related disorders?
2. What is the pugilistic nose?
3. What are the major anatomical landmarks for defining facial dysmorphism?
4. What is the practical utility of +/- operators in different search engines?
5. How would you decide the novelty of any new genomic data variant?

## Plausible tenets:

**Gene: RPS6KA3 (Xp22.12)** Genomic coordinates (GRCh38) X:20,149,911-20,267,097 (from NCBI)

- **Ribosomal protein S6 kinase A3, belong to the RSK (ribosomal S6 kinase) family, which regulates serine/threonine kinase.** It **increases** various transcriptional factors (**CREB1, ETV1/ER81, and NR4A1/NUR77**) directed through MAPK pathways, inhibiting BAD and DAPK1( Pro-apoptotic proteins), and modulating mTOR signaling. It has 16 splice variants, 247 orthologues, 7 paralogues.
- Transcript: **Exones & Coding Exons: 22**; length of **7,987 bps**, 56 domains, and features, Protein has 740 amino acids, with a molecular weight of 83736 Da, protein structure-  
<https://alphafold.ebi.ac.uk/entry/P51812>
- Variant database: [https://gnomad.broadinstitute.org/gene/ENSG00000177189?dataset=gnomad\\_r4](https://gnomad.broadinstitute.org/gene/ENSG00000177189?dataset=gnomad_r4)

**Clinical phenotypes: Xlinked disease**, predominantly involved **neurodevelopment, and skeletal system with characteristic facial dysmorphism**. The majority (2/3) are **de novo** mutations.

Phenotype, disease and trait	Description
Coffin-Lowry Syndrome (RPS6KA3) XD	Female affected / Symptomatic form of Coffin-Lowry syndrome in female
Coffin-Lowry Syndrome (RPS6KA3) XLR	Female not affected
Intellectual Developmental Disorder, X-Linked 19	Non-syndromic intellectual disability

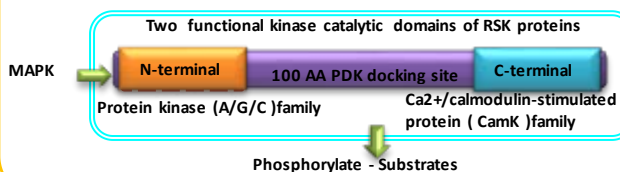
- **Neurodevelopment:** microcephaly, hypotonia, sensorineural hearing loss, intellectual differences, cataplexy like drop attacks, and growth failure
- **Dysmorphism:** coarse facies, bulbous **tapering fingers**, small nail, dental dysplasia, **prominent** brows, chin, mouth, ear, and nose (pugilistic) [generalized increase in subcutaneous fat]
- **Skeletal:** sternum changes, delayed bone age, thick calvarium, spinal deformity, iliac wings narrowed, hyperlaxity of joints, metacarpal pseudoepiphyses
- **Altered metabolism of complex molecules (Progressive):** coarse features, mitral valvulopathy, radiculomyelopathy, kyphoscoliosis, and progressive neurological features (seizures, spastic paraplegia, etc.)

**Management:** <https://www.ncbi.nlm.nih.gov/books/NBK1346/#cls.Management>, Symptomatic, multidisciplinary, and

**The Genome Aggregation Database (gnomAD)** - online database of human variants (from various resources like HGDP, 1KG, etc.) for various purposes such as research, study, analysis, and comparing for novelty.

<https://gnomad.broadinstitute.org/>, <https://gnomad.broadinstitute.org/downloads>, <https://gnomad.broadinstitute.org/help#general>

### Kinase catalytic domains of RPS6KA3



+/- Operators: Adding

- A '+' (plus) as +X +Y: search all the entries must have X, & Y
- A '-' (minus) as +X +Y -Z: search all the entries must have X, & Y, but not Z
- Use of parentheses as +(X Y Z): search any of X/Y/Z
- Use of parentheses as -(X Y Z): exclude entries having any of X/Y/Z
- A '+' (plus) operator to a phrase as +"X Y Z": search all the entries must have phrase "X Y Z"
- Operator for CLS: +tapering +fingers +microcephaly +coarse +pectus

**Counsel the family for Case IV:3-** If father is clinical normal, then there is less possibility of inheritance for a paternal side phenotype, although they need to follow standard operation procedure (SOP) for definite confirmation. Affected person should be tested first for variant/s detection, followed by any clinically asymptomatic family member could be tested for the same variant/s (SOP).

## Thought Riveting:

- ❏ Can protein replacement therapy (PRT) treat the progressive features of CLS?
- ❏ What are the translation factors? What is the role of cytosolic non-translated cntRNAs in the regulation of mRNA?
- ❏ Can biologic medicines, like monoclonal antibodies against p90 (rsk) alter or modify the cancer outcome even in the late stages?
- ❏ What could be the possible phenotypic differences between N and C-terminal variants?
- ❏ Are there any therapeutic role of modafinil (Provigil) or armodafinil (Nuvigil) for cataplexy like the drop attack associated with CLS?