

4. What is the molecular testing strategy for the genetic disorders reported with mosaicism?

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<u>Protein</u> sequence

MATFSRQEFF QQLLQGCLLP TAQQGLDQIW LLLAICLACR LLWRLGLPSY LKHASTVAGG FFSLYHFFQL HMVWVVLLSL LCYLVLFLCR HSSHRGVFLS VTILIYLLMG EMHMVDTVTW HKMR**GAQMIV** AMKAVSLGFD LDRGEVGTVP SPVEFMGYLY FVGTIVFGPW ISFHSYLOAV QGRPLSCRWL OKVARSLALA LLCLVLSTCV GPYLFPYFIP LNGDRLLRNK KRKARGTMVR EWDLTVSKPL NVELPRSMVE VVTSWNLPMS YWLNNYVFKN ALRLGTFSAV LVTYAASALL **H**GFSFHLAAV **EHV**LRKRLAR ILSACVLSKR CPPDCSHQHR LGLGVRALNL AYLGSLFDVD VDDTTEEOGY GMAYTVHKWS ELSWASHWVT FGCWIFYRLI

Plausible tenets:

Gene: PORCN(Xp11.23) Genomic coordinates (GRCh38) X:48,508,992-48,520,814

- PORCN (Porcupine O-Acyltransferase), a membrane-bound O-acyltransferase (MBOAT), belongs to a porcupine (Porc) gene family
- ncRNAs (non-coding RNAs) of related gene family reported with hepatocellular cancer
- Gene: eighteen splice variants, two hundred sixty-six orthologues, & five paralogues

- Transcript: **Coding exons: 14 (total exons -15, first work as promoter)**; **1,867 bps**, 17 domains, and features,
- Protein has 461 amino acids, with a molecular weight of 52,317.58 g/mol
- Transcripts for endoplasmic reticulum transmembrane protein, which modified the "Wnt proteins" by attaching palmitoleate, a 16-carbon monounsaturated fatty acid, which unable proper binding of Wnt protein with its receptor, so works as a **principal controller** of the Wnt signaling pathway.

Molecular testing strategy for the genetic disorders reported with mosaicism

Mechanism for mosaicism:

- Congenital Form: a similar de novo mutation in somatic +/- germline in the developing embryo
 Acquired: Different somatic or germline mutations after birth
- Technique: High through output sequence analysis- NGS based [also detect >100bp (≈ 90%)- 10Kbp (≈ 95%) CNV additionally] & CNV studies (Microarray-based).

Sample collection sites

1st Standard: blood sample (yielding is less for mitochondrial)

2nd source – Fibroblast (skin) or Saliva (Preferable)

3rd affected part- tissue sample (post -surgically)

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Distinguish features of Aplasia cutis congenita (ACC), focal facial dermal dysplasias (FFDDs), and focal dermal hypoplasia (FDH)

FDH: Rudimentary dermis with a normal epidermis & subcutaneous fat. Usual Site: any part of the body **ACC:** Besides the dermis, the epidermis is obliterated or absent with reduced subcutaneous fat. Usual Site: scalp **FFDDs:** mesodermal dysplasia, skeletal muscle attached with epidermis with no subcutaneous fat. Usual Site: bitemporal or preauricular skin

- Each Exon in different colours (Residue overlaps splice site)

<u>Counsel the family for case III:5</u>- Only 5 % of cases show familial inheritance. X-linked dominant disorders are considered lethal in males without mosaicism (10% reported cases). Only ³/₄ of fetuses are presumed to survive in utero, so the recurrence risk in each pregnancy in an affected female: 33% unaffected males, 33% unaffected females, and 33% affected females.

Thought Riveting:

- Why is the oligodactyly more frequently reported in Central digits in FDH?
- Can isolated limbs (specifically acral parts) or urogenital anomalies in a male child be the extended spectrum of de novo embryonic PORCN mutations in particular cell lines?
- What are the most likely environmental modifiers for highly variable mosaic phenotype of PORCN?
- Will pharmacologically targeting the Porcupine O-Acyltransferase be useful for Wnt pathway regulations in colorectal cancer (CRC)?
- Me Can intracellular plastic microfibers interrupt DNA replication, transcription, and repair mechanisms?