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Author: Prashant Kumar Verma¹

¹ Department of Pediatrics, Chairperson of Medical Genetic division, AIIMS Rishikesh, Uttarakhand, India Reviewer: Dr. Raksha Ranjan 1 Department of Pediatrics, AIIMS Bathinda, Punjab, India DOI: 10.13140/RG.2.2.12245.74722

Neurogenetics -XX - Neurometabolic /Intellectual deficiency / Phosphoribosylpyrophosphate synthetase 1 (PRPS 1) related disorders

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.



- 2. What is the clinical spectrum of PRPS 1-related disorders?
- 3. What is the possible explanation of mixed phenotype for V142L variant?
- 4. What is the phosphoribosylpyrophosphate synthetase (PRPS) complex?
- 5. What is the Goss-Harris method?

Phosphoribosyl transferase domain **Plausible tenets:** https://www.ebi. Gene: PRPS1 (Phosphoribosylpyrophosphate synthetase) Xq22.3, genomic coordinates (GRCh38): ac.uk/interpro/e X:107,628,510-107,651,026 ntry/pfam/PF00 Protein related to the pentose phosphate pathway. It is an enzyme that catalyzes the phosphoribosylation of 156/ Sequence ribose 5-phosphate to 5-phosphoribosyl-1-pyrophosphate. Magnesium (as a cofactor) and inorganic Ontology: 0000417 phosphate are needed for its activation. Ubiquitous expression in all tissues. It might have some role in inner ear This domain family enzymes: development. phosphoribosyl Unusually, translation of this gene starts at a non-AUG (ACG) codon in vitro study, and transcription starts on +/ transferase forward or sense strand. enzymes: Adenine Gene: 30 Kb in size; 320 orthologues, 4 paralogues, and 25 splice variants. hosphoribosyl-Transcript: 7 exons; 144 domains and features; transcript length 2,079 bps. ransferase. Hypoxanthine-Protein: 318 AA with 34834 Da molecular mass. Ubiquitination & glycosylation are major post-translation guanine-xanthine modification. phosphoribosyl-Gene tree (a pedigree of gene) (ENSGT00950000182803)- Number of: genes -1076, speciation nodes- 882, ansferase Hypoxanthine duplication-130, ambiguous- 61, gene split events- 2 phosphoribosyl-transferase. Phenotype: All phenotypic features are progressive in nature, inherited in an XL manner (females mostly have subclinical Ribose-phosphate pyrophosphokinase features), and inter/intrafamilial variability of phenotypes for both sexes Amidophosphoribo MOI Characteristic features Phenotype syltransferase, *Arts syndrome XL A neurodegenerative disease, floppy infant with gross developmental delay, late-onset abnormal movement Orotate (ataxia) with polyneuropathy (CN II, CN VIII, spinal & peripheral), and early death due to recurrent phosphoribosylransferase, infections *Charcot-Marie-Tooth disease, XL Classical triad of deafness (early infantile), polyneuropathy (axonal sensorimotor neuropathy), & optic Uracil phosphoribosyl-X-linked recessive, 5 atrophy (1st to 2nd decade); PS- without optic atrophy, or with intellectually different (overlapping mild transferase, features of Arts syndrome) Xanthine-guanine In male (1st to 2nd decade) and female (5th decade); PS- subclinical presentations as changes in lab reports *Deafness, X-linked 1 XL phosphoribosyl-(electrophysiological and MRI brain) mild form of arts syndrome ransferase. #Gout, PRPS-related XL Urolithiasis, Hyperuricemia and Hyperuricosuria; PS- early onset sensorineural deafness; and in a few cases, There is proximity like Arts syndrome with the V142L variant [#]Phosphoribosyl pyrophosphate functionally of synthetase superactivity (gain of related genes in few genomic landscapes function) as On Xq: G6PD --PS- phenotypic spectrum, * - loss-of-function mutation, #- gain of function mutation HPRT1--PRPS1-Need recommended surveillance, need an Individualized Education Program (IEP), & symptomatic management; alpha-GAL--PGK1-centromere. no standard clincial treatment guideliens. Addition of PS-adenosylmethionine (SAM) & nicotinamide riboside have been reported to have some clinical benefits. Goss-Harris method ley J. Dobritzsch D., Fairbanks L., Datta AN, Filges J., Gürtler N, Roelofsen J, van Kuilenburg ABP, Kemper C, West EE, Szinnai G, Huemer M. Co-thenapy with S-adenosylmethionine and nicotinamide riboside in ndrome (PRPS) deficiency). Mol Genet Metak Rep. 2021 Jan 2026/100709. doi: 10.1016/j.ymgmr.2021.100709. PMID: 3352242; PMICD: PMC7823043. used for was mapping genes in chromosomes.

Phosphoribosylpyrophosphate synthetase (PRPS) complex related entries in OMIM

PRPS	Genomic	Function	Genetic disease association	Miscellaneous
	location			
PRPS1	Xq22.3	Nucleotide synthesis	PRPS1 related disorders	Wide phenotype spectrum
PRPS2	Xp22.2	Nucleotide synthesis	? SLE	Target gene for cancer therapy
like 1 (PRPS1L1) or PRPS3	7p21.1	Nucleotide synthesis	?? imperfect spermatogenesis	Expressed in testis only
PRPS1Pseudogene 1 (P1)	2q24.3	-	-	Regulatory roles, A processed pseudogene
PRPS1pseudogene 2 (P2)	9q33.3	-	-	Regulatory roles, Retrotransposition or gene duplication
PRPS Associated Protein 1;	17q25.1	A subunit of PRS complex (non-catalytic	Hepatocellular Carcinoma	Negative regulatory role
PRPSAP1 (PAP39)		associated)		
PRPS Associated Protein 2;	17p11.2	A subunit of PRS complex (non-catalytic	-	Negative regulatory role
PRPSAP2 (PAP41)		associated)		
PRPS: phosphoribosyl pyrophosphate synthetase, PRS1 & PRS2 are catalytic subunits of PRS complex				

Counsel the family for Case III: 8 – Recurrence risk is 50% in each pregnancy, & usually males will be affected more severely than females. First, the variant must be detected in the proband; the same variant could be used for antenatal testing in case III:8.

Thought Riveting:

What are the investigation strategies for Pseudogene-Related Disorders (PRD)?

What is the dose of S-adenosylmethionine (SAM) supplementation for a child having a PRPS1-related disorder?

- What could be the additional mechanism for hypo/dysmyelination with PRPS1 dysfunction besides reducing the purine nucleotides?
- What is the role of miR-376 in tissue-dependent expression and disease progression?
- Why do cochlear cells have a low threshold for protein truncation as compared to other tissue?