

中文題目：肥厚型心肌病變基因分析

英文題目：Genetic Analysis of Patients with Hypertrophic Cardiomyopathy

作者：李智雄¹, 陳汶儀², 李文賢³, 李香君¹, 高偉斌⁴, 張孟綺⁵, 林鳳仙⁶, 黃尚志², 黃道揚²

服務單位：高雄醫學大學附設中和紀念醫院內科部心臟科¹, 高雄醫學大學附設中和紀念醫院內科部腎臟科², 小港醫院內科部心臟科³, 沐康內科診所⁴, 高雄醫學大學附設中和紀念醫院護理部⁵, 小港醫院護理部⁶

BACKGROUND

Hypertrophic cardiomyopathy (HCM) is the most-common monogenically inherited heart disease, characterized by thickening of the left ventricular wall, contractile dysfunction, and potentially fatal arrhythmias. Hypertrophic cardiomyopathy (HCM) is a major cause of sudden cardiac death, which is caused primarily by pathogenic variants in genes encoding sarcomere proteins. In this study, we screen HCM patients by next-generation sequencing with in-house HCM panel.

METHODS

Forty-eight HCM patients underwent genetic HCM panel screening. Our panel contains MYH7, MYBPC3, TNNT2, TNNT3, TNNT1, MYL2, MYL3, TPM1, ACTC, LAMP2, PLN, PRKAG2, RYR2, GLA, SCN5A. Library preparation was performed by Fluidigm Access Array chip followed by MiSeq sequencing. The *data* was analyzed by *CLCbio Genomics Workbench*.

RESULTS

A total of 13 different mutations in TNNT2, SCN5A, PRKAG2, MYBPC3, MYH7 and ACTC1 genes (7 novel and 5 known mutations) were identified. The most frequently mutated genes were MYH7 and MYBPC3. One patient carried double mutations in MYH7 and SCN5A genes. Five mutations (TNNT2:p.Asn73Lys; PRKAG2:p.Gly100Ser; MYH7:p.Ile702Val; ACTC1:p.Leu238Pro; MYBPC3:p.Gln791*) were novel. In silico analysis tools suggested all these five novel mutations as probable pathological.

CONCLUSIONS

These results together with genetic counseling can make early diagnosis and better management in family members at risk of HCM.