



Pediatric and Congenital Rhythm Congress VII

4 - 7 February 2017 / Grand Hotel Palace - Thessaloniki, GREECE

CACNA1C mutations and variable phenotypic spectrum. Case report and literature review.

Department of Paediatric Cardiology and Arrhythmology
Bambino Gesù Children Hospital & Scientific Institute
Rome - Italy

No conflict of interest to declare.



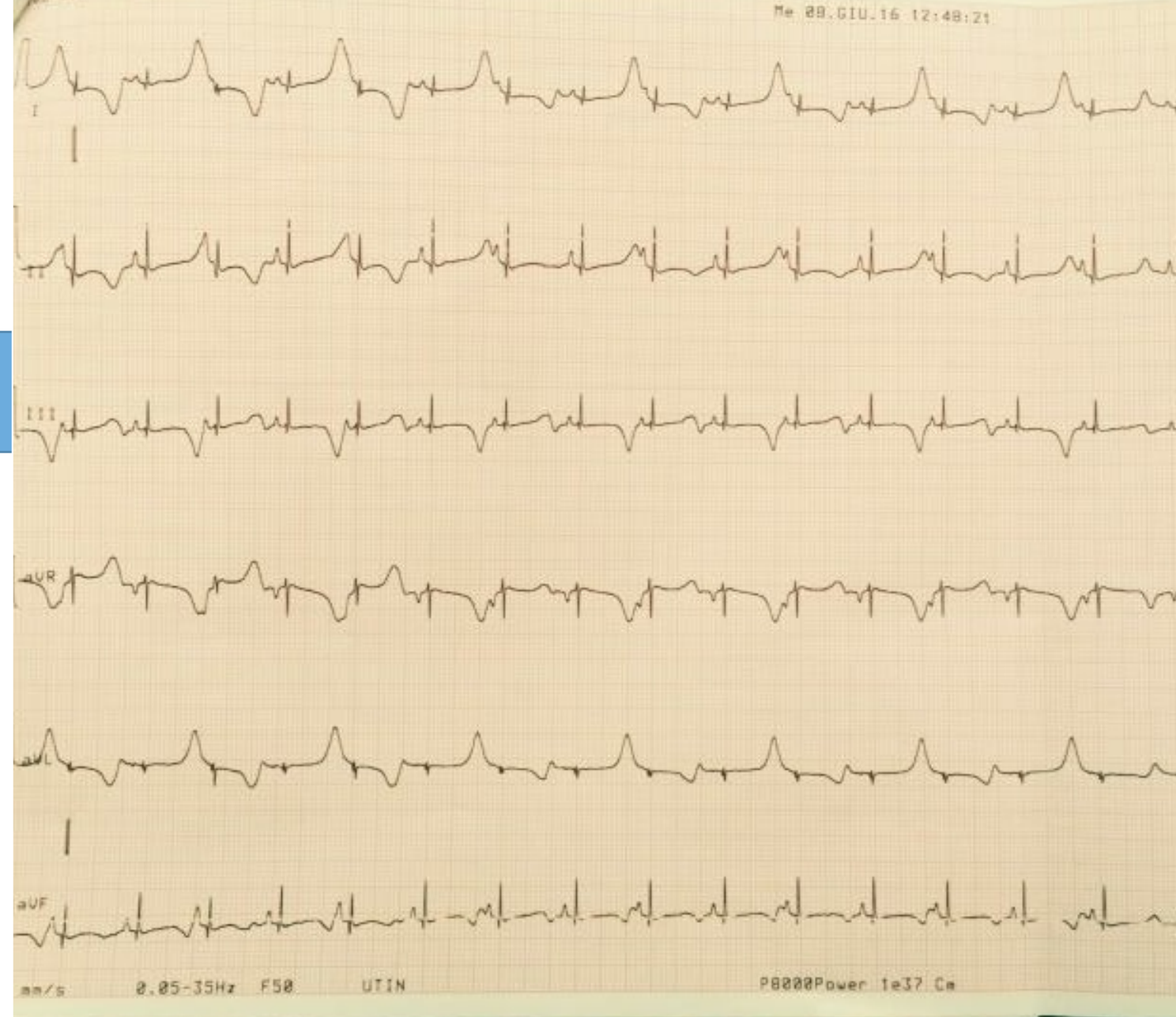
Normal pregnancy
and delivery
No **apparent**
exposure to
teratogenic factor



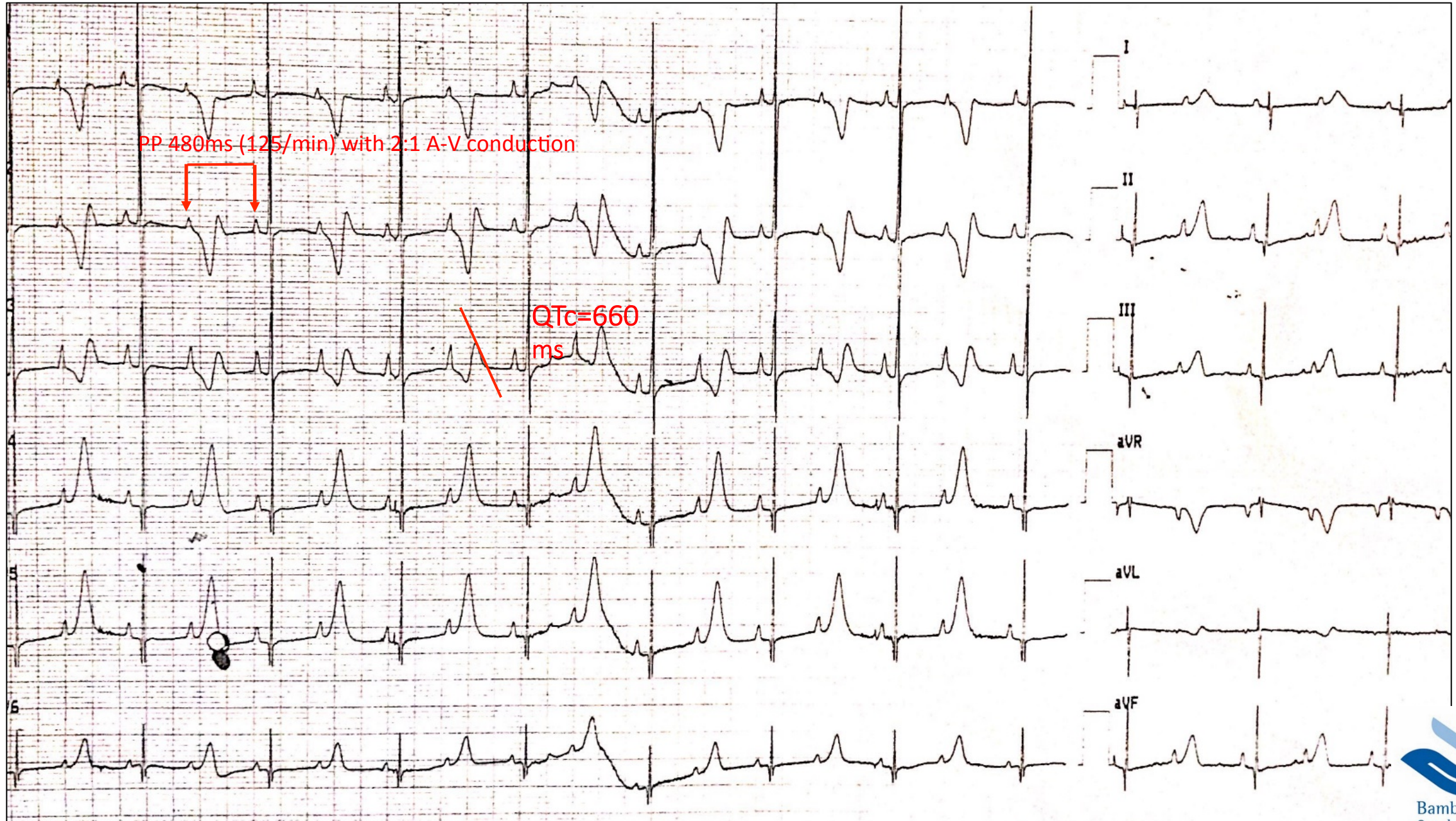
Newborn girl
BW 2.5kg, L 46cm

At 2 hr:

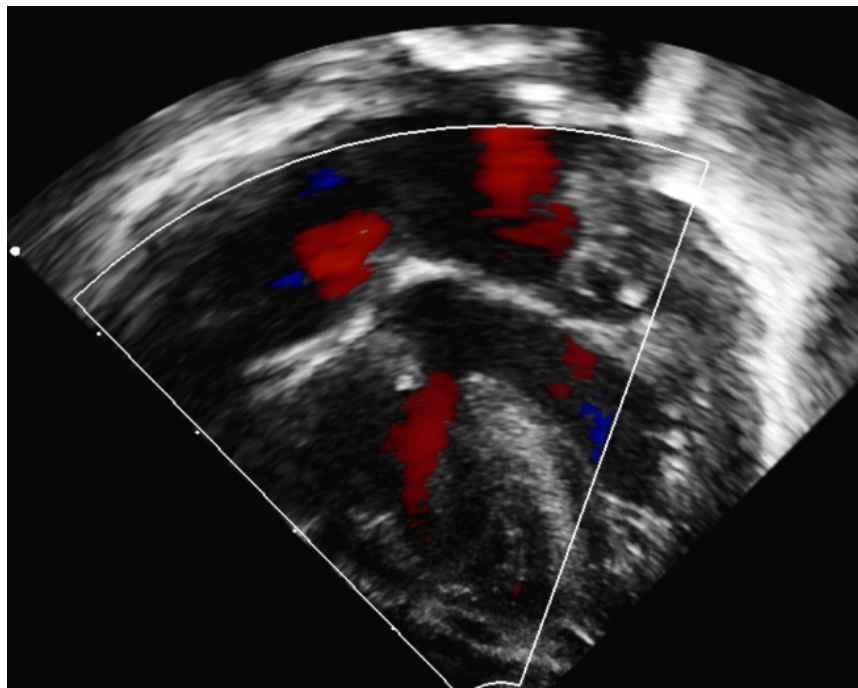
Attacks of severe bradycardia...
down to 45-50 bpm



A few hours later...LQT with 2:1 AV functional block

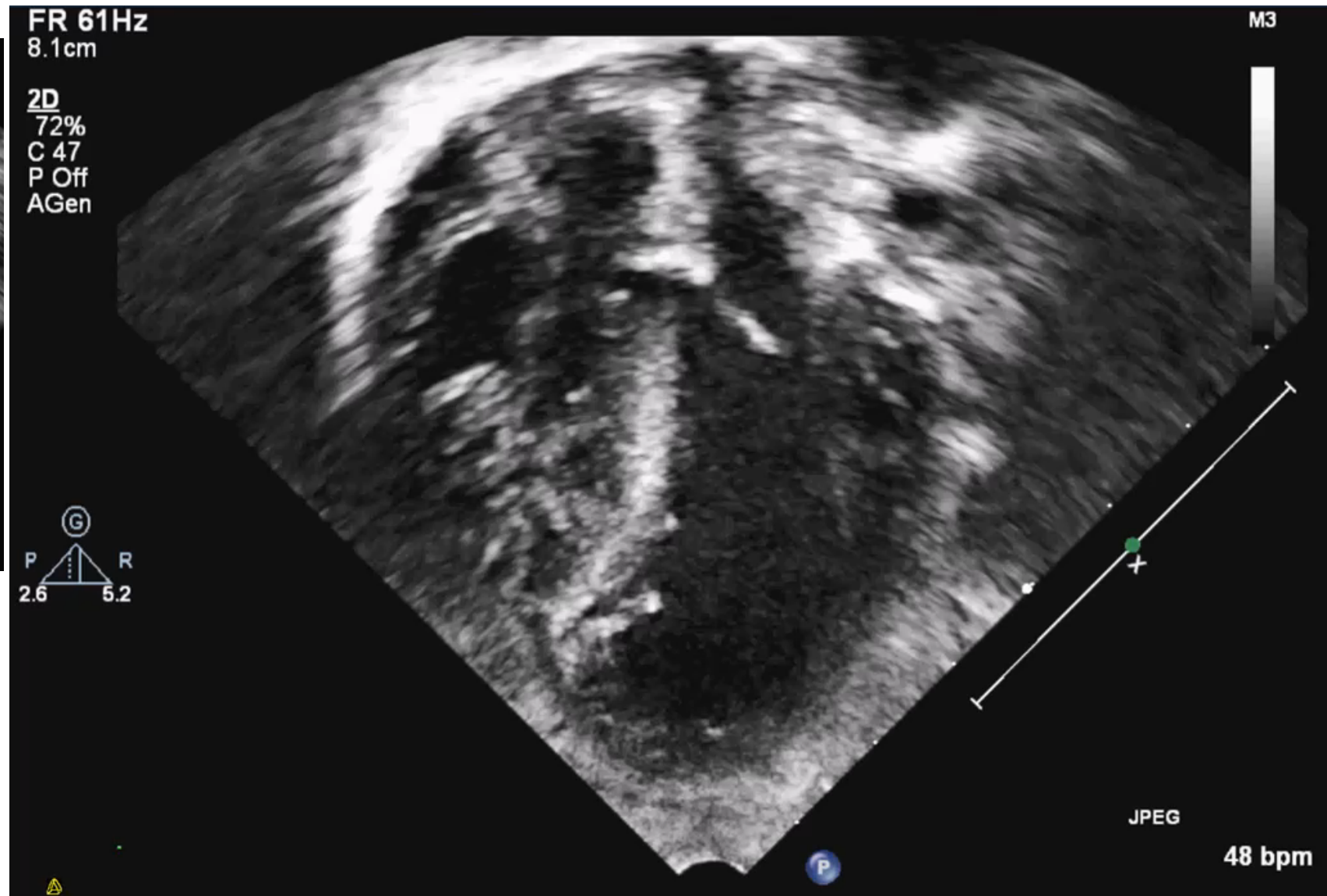


Echocardiogram

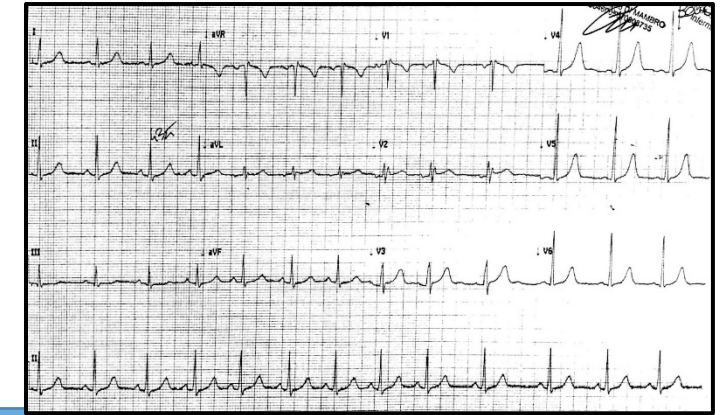
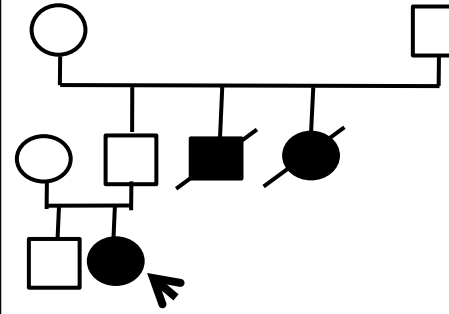
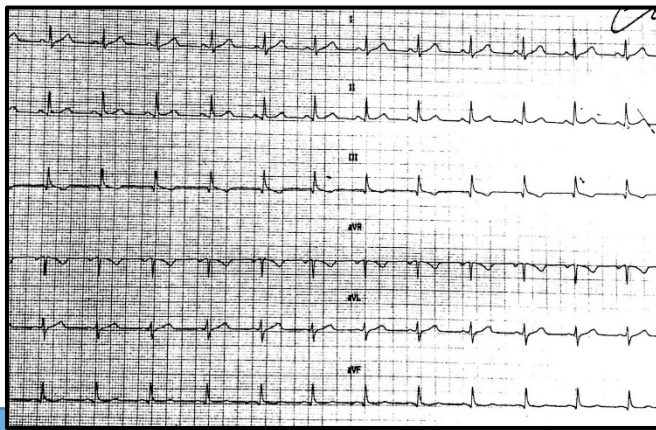


Asymmetric hypertrophy of
IVS.

RV apical hypertrabeculation.



Family History.
Ethnic Background:
Asian - Bangladesh

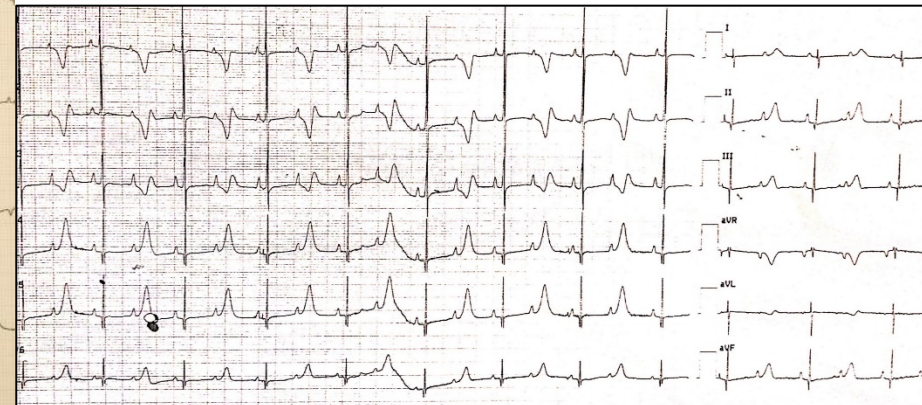
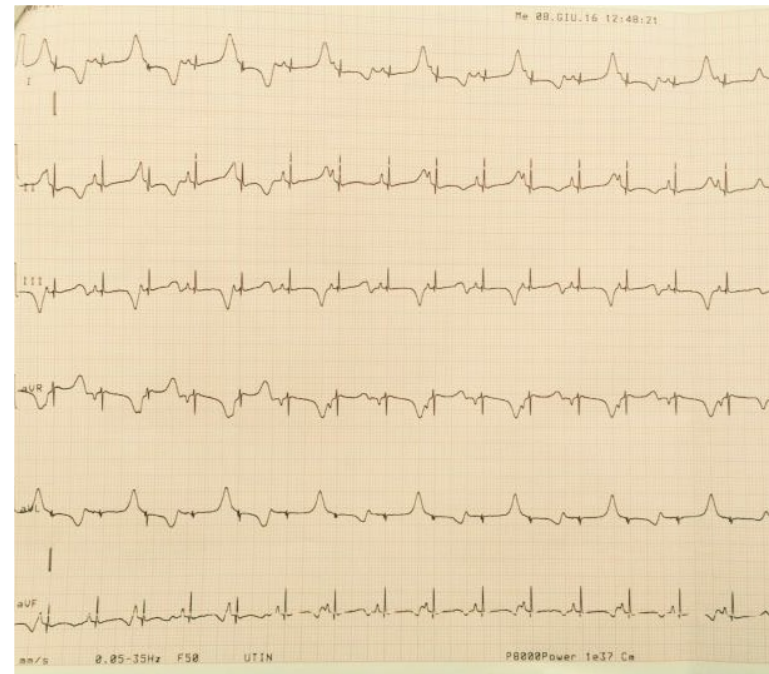
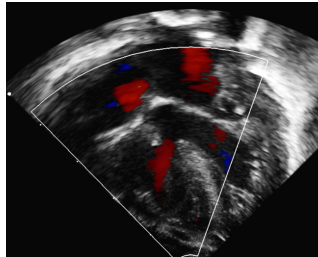


Birth

June 2016

Normal pregnancy
and delivery
No exposure
apparent
teratogenic factor

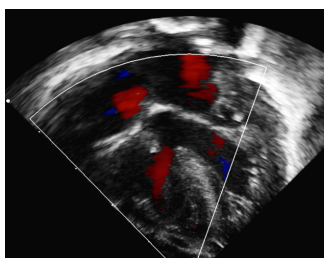
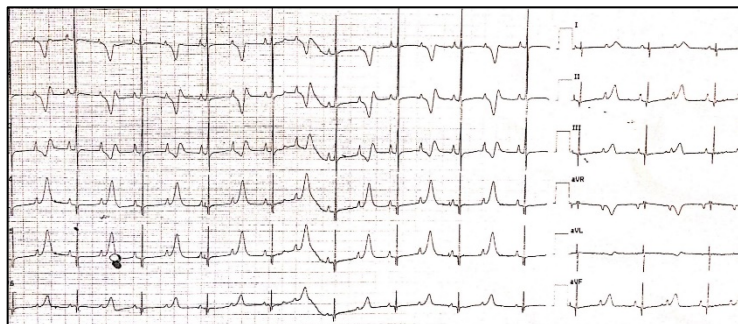
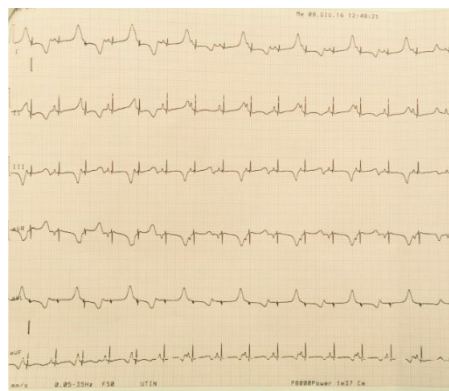
Newborn girl
BW 2.5kg, L 46cm



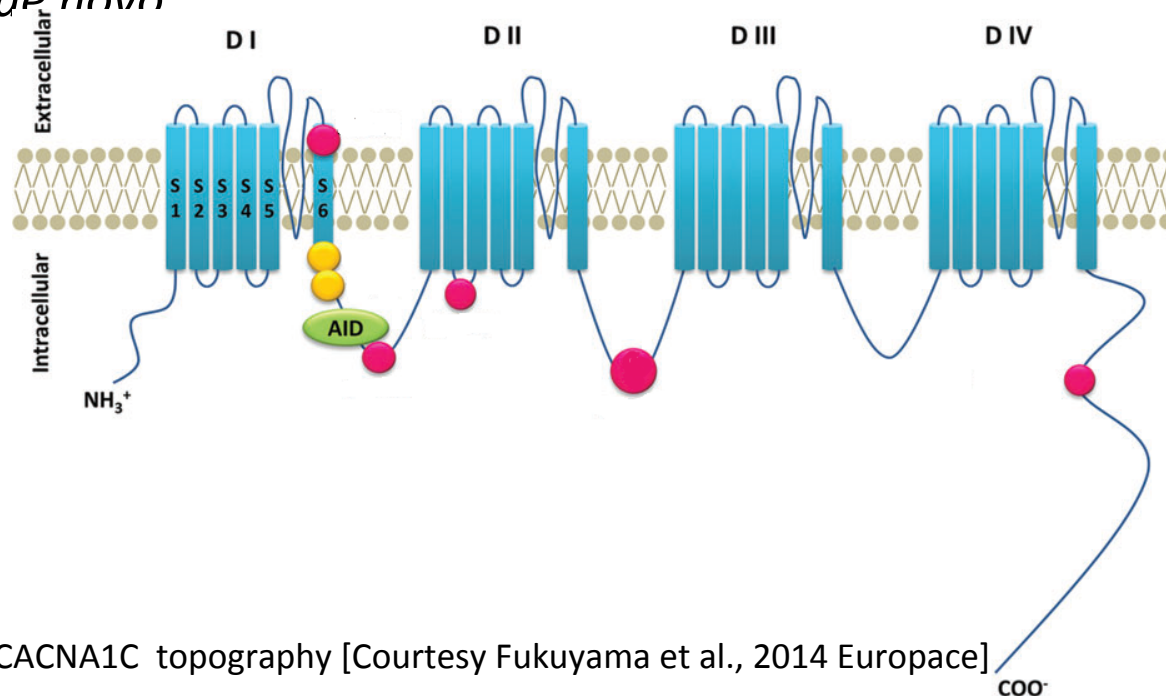
Birth

June 2016

July 2016



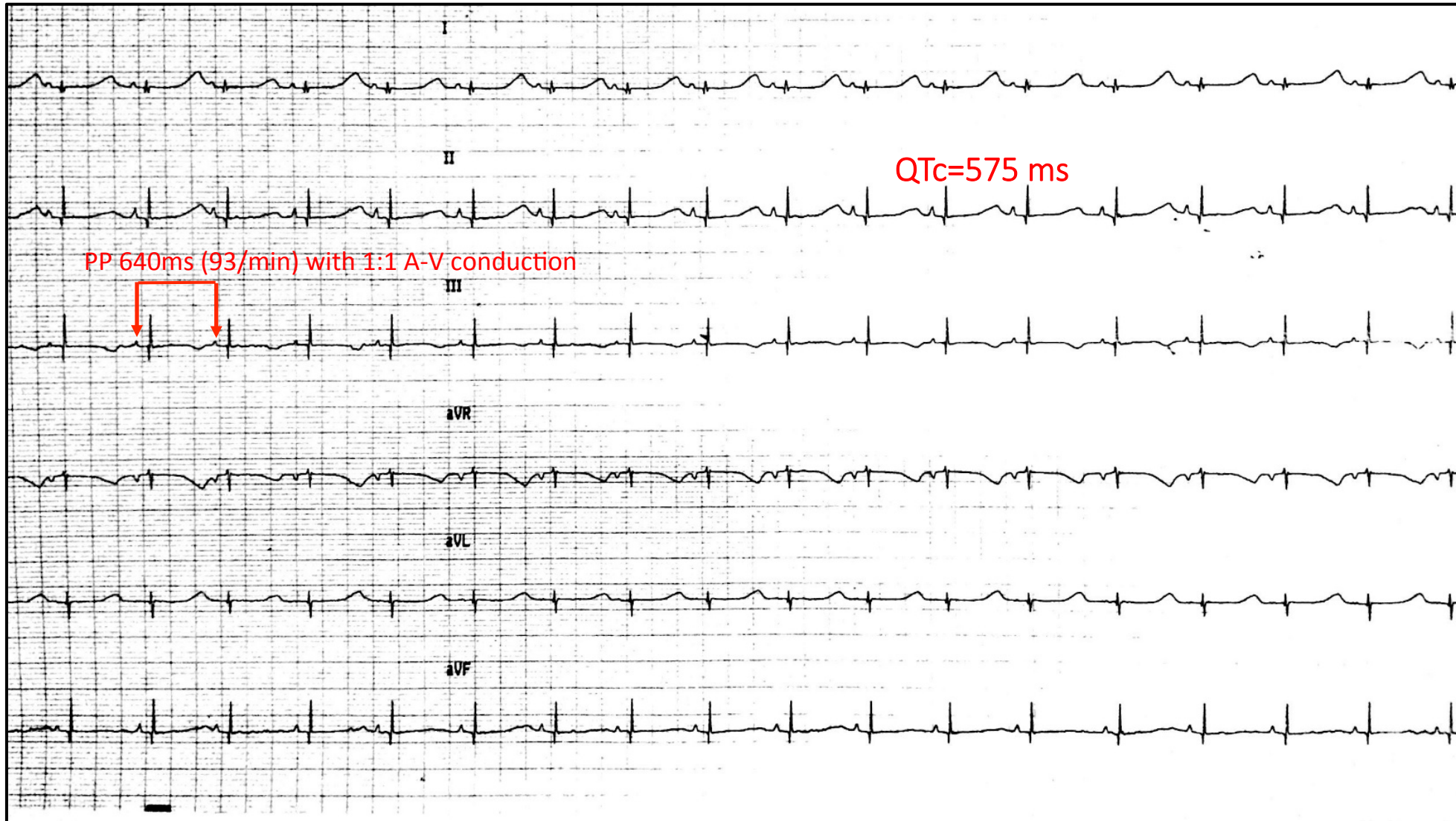
NGS Analysis: *KCNQ1*, *KCNH2*, *SCN5A*, *KCNE1*, *KCNE2*, *KCNJ2* and *CACNA1C* resulted in:
heterozygous mutation of ***CACNA1C***
NM_000719: c.1216G>A; p.Gly406Arg (rs79891110),
de novo



For the complex phenotype, Exome sequencing was performed that turned to be negative for CMP genes.

CACNA1C topography [Courtesy Fukuyama et al., 2014 Europace]

Started beta blocker therapy (propranolol titrated)



Critical events (1)

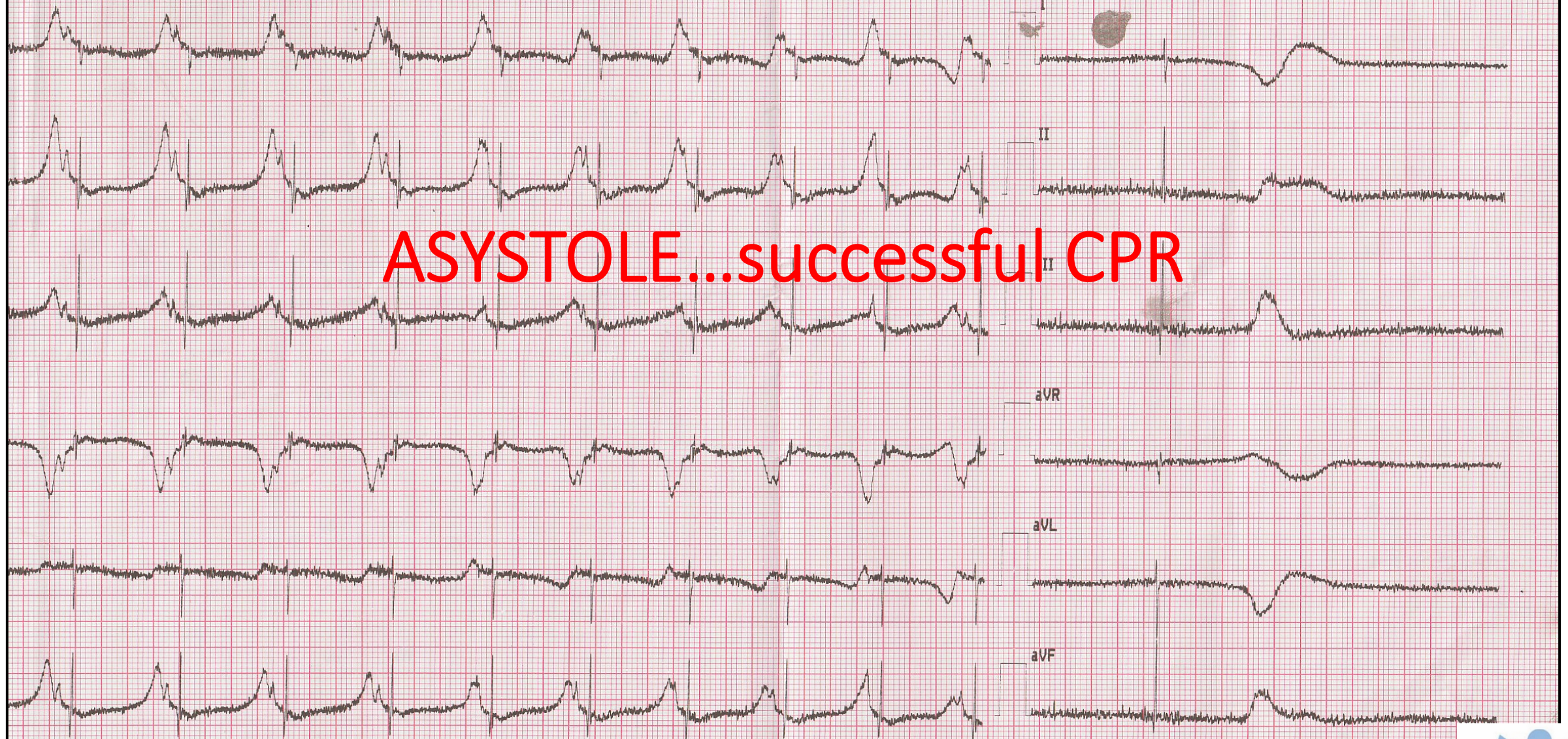
During anesthesia induction...

VENTRICULAR FIBRILLATION occurred



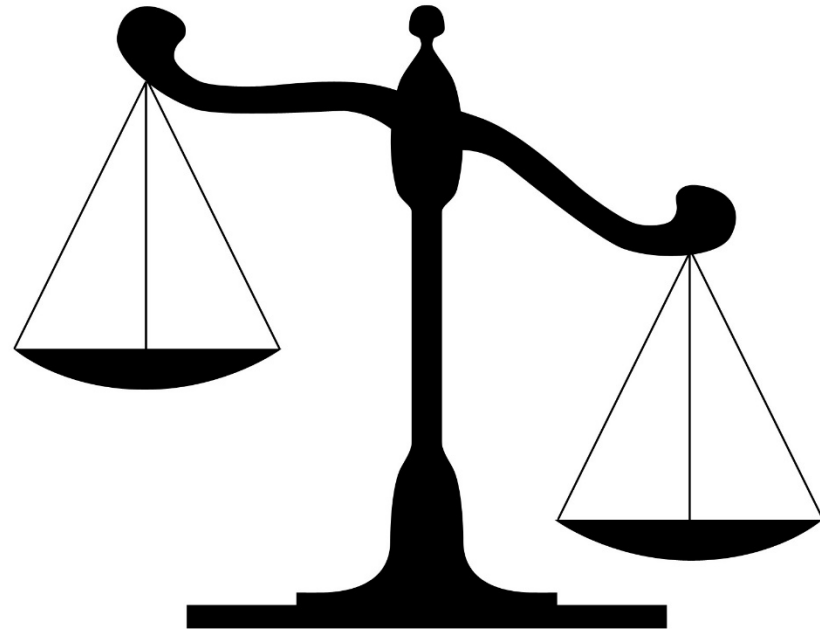
...resuscitated...

Critical events (2)

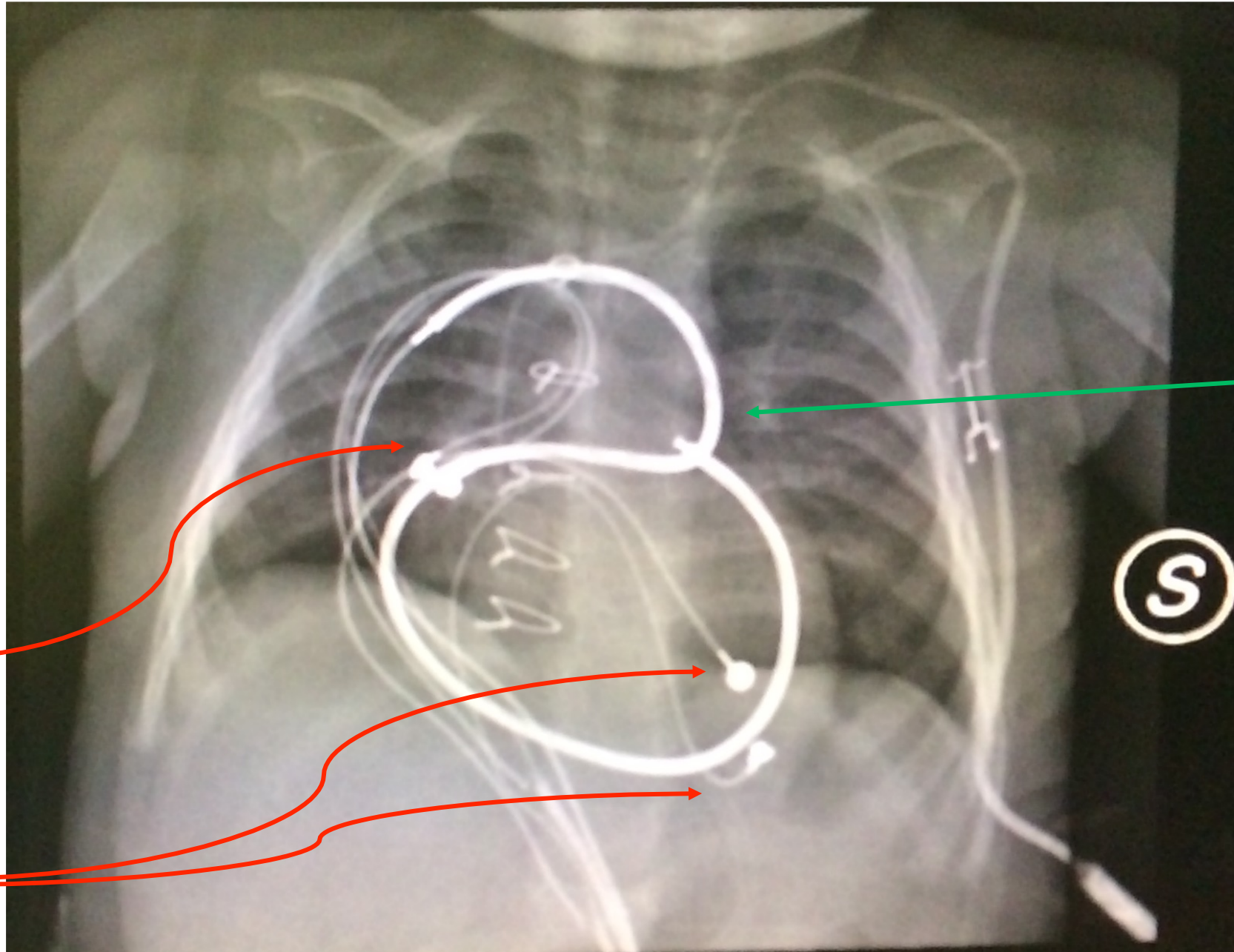


What to do next??

W=6.1 Kilograms...



Epicardial dual-chamber PMK-ICD implant + PDA closure



Single coil
(figure-of-8
epicardial loop)

Atrial lead

Ventricular
lead

Postoperative procedure
complicated by chylothorax

Extracardiologic Phenotype and Multiorgan Screening



Normal brain US

Normal eye visit

Normal abdominal US



Formal neurocognitive evaluation at 7 months:
Regular development except for very mild
hypotonia (consider 6 months hospital stay!!!!).

2 septic attacks related to CVL (*Staphylococcus epidermidis*, *Enterobacter cloacae*).

Never spontaneous sepsis. Immunologic work up within normal.



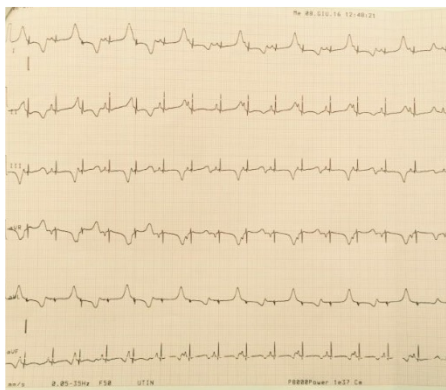
A.M.

June 2016

July 2016

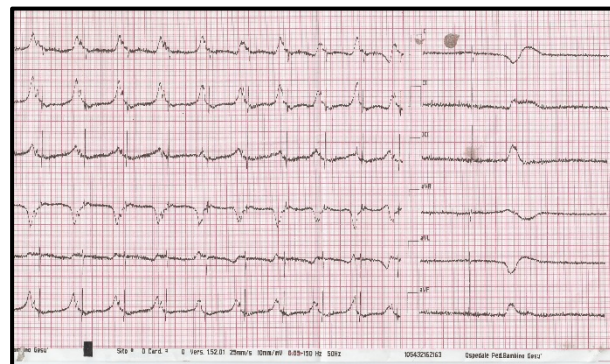
November 2016

January 2017

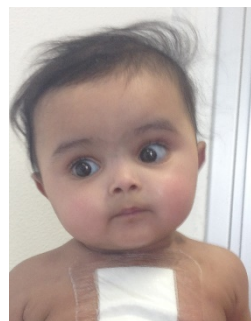
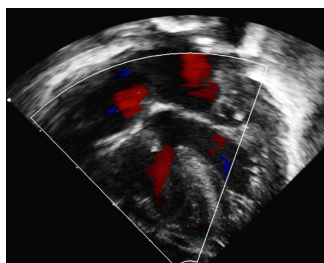
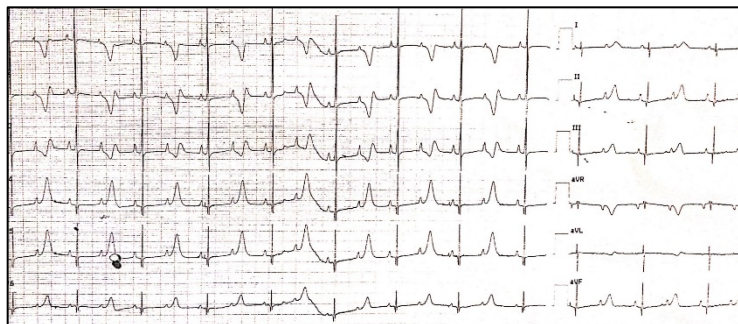


CACNA1C c.1216G>A;
p.Gly406Arg *de novo*.

Exome: negative for CMP
genes



At home and doing well



Chylothorax

Long QT Syndromes (LQTS)

Genes Mutated in >1% of LQTS

Gene	Disease Name	% of LQTS Attributed to Mutation of This Gene	Proportion of Reported Pathogenic Variants Detected by Test Method	
			Sequence analysis	Gene-targeted deletion/duplication analysis
<i>KCNQ1</i>	LQTS type 1	30%-35%	97%-98%	2%-3%
<i>KCNH2</i>	LQTS type 2	25%-30%	97%-98%	
<i>SCN5A</i>	LQTS type 3	5%-10%	All variants reported to date	None reported

Genes Mutated in <1% of LQTS

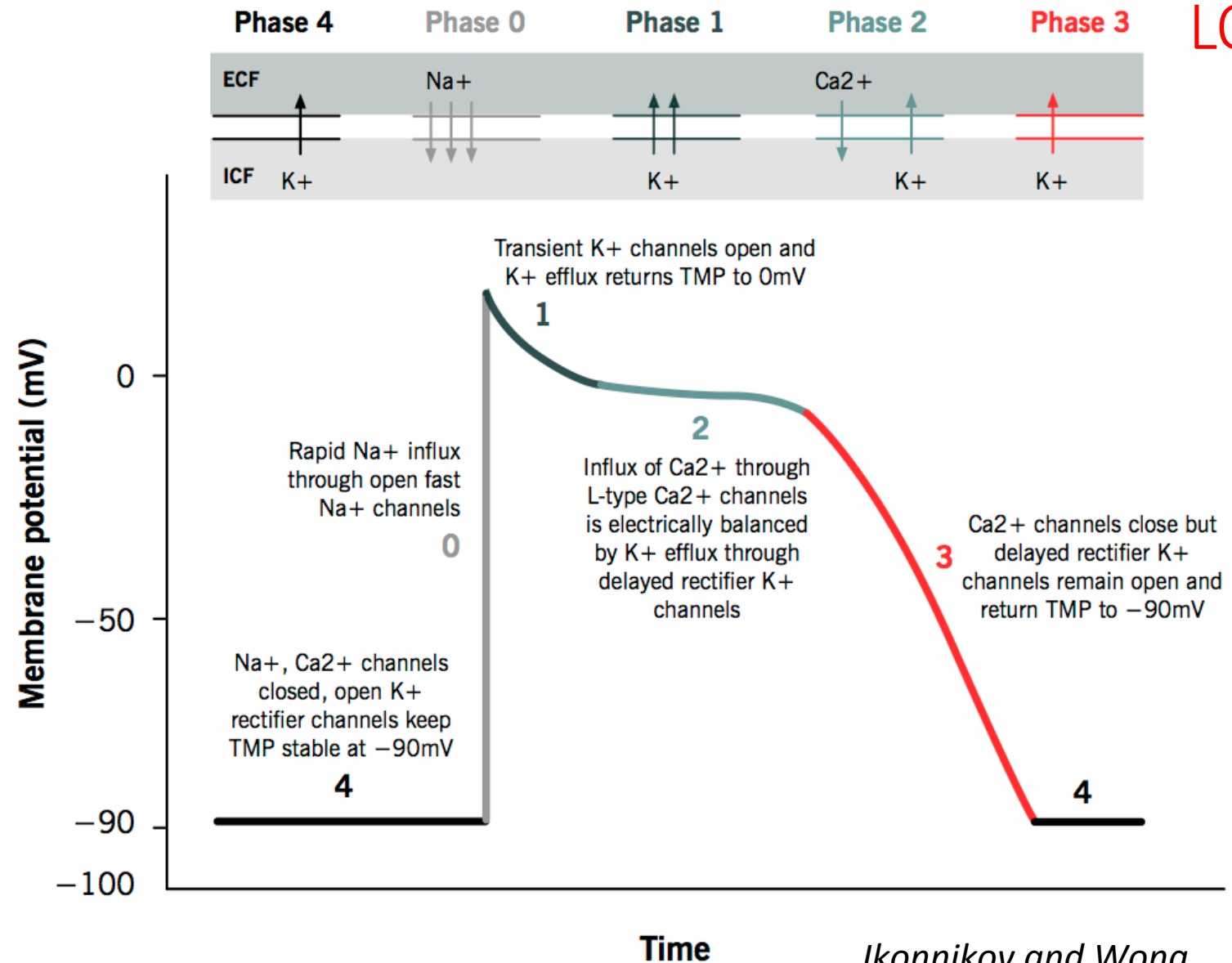
Gene	Disease Name	Comment
<i>ANK2</i>	LQTS type 4	<1%
<i>KCNE1</i>	LQTS type 5	<1%
<i>KCNE2</i>	LQTS type 6	<1%
<i>KCNJ2</i>	LQTS type 7	<1%
<i>CACNA1C</i>	LQTS type 8	<1%
<i>CAV3</i>	LQTS type 9	<1%
<i>SCN4B</i>	LQTS type 10	Rare (2 cases)
<i>AKAP9</i>	LQTS type 11	Rare (1 case)
<i>SNTA1</i>	LQTS type 12	Rare (3 cases)
<i>KCNJ5</i>	LQTS type 13	Rare (2 cases)
<i>CALM1</i>	LQTS type 14	<1%
<i>CALM2</i>	LQTS type 15	<1%

NCBI: Books: GeneReviews. Long QT Syndrome. National Center for Biotechnology Information; web site. www.ncbi.nlm.nih.gov/books/NBK1403. [Alders and Imke Christiaans - June 18, 2015]

Action potential of cardiac muscle cells

LQTS 8

- CACNA1C** has a critical role for:
- ✓ plateau phase of cardiac action potential,
 - ✓ cellular excitability,
 - ✓ excitation-contraction coupling,
 - ✓ regulation of gene expression



Ikonnikov and Wong



Deletion of the Mouse Homolog of *CACNA1C* Disrupts Discrete Forms of Hippocampal-Dependent Memory and Neurogenesis within the Dentate Gyrus

Stephanie J. Temme,¹ Ryan Z. Bell,² Grace L. Fisher,² and Geoffrey G. Murphy^{1,2,3}

DOI: <http://dx.doi.org/10.1523/ENEURO.0118-16.2016>

Cacna1c in the Prefrontal Cortex Regulates Depression-Related Behaviors via REDD1

Zeeba D Kabir^{1,4}, Anni S Lee^{1,2,4}, Caitlin E Burgdorf^{1,2}, Delaney K Fischer¹, Aditi M Rajadhyaksha¹, Ethan Mok¹, Bryant Rizzo¹, Richard C Rice¹, Kamalpreet Singh¹, Kristie T Ota³, Danielle M Gerhard³, Kathryn C Schierberl^{1,2}, Michael J Glass², Ronald S Duman³ and Anjali M Rajadhyaksha^{1,2}

Electrocardiogram Alterations Associated With Psychotropic Drug Use and *CACNA1C* Gene Variants in Three Independent Samples

Chiara Fabbri¹, Giuseppe Boriani², Igor Diemberger³, Maria Giulia Filippi⁴, Gloria Ravegnini⁴, Patrizia Hrelia⁴, Alessandro Minarini⁵, Diego Albani⁶, Gianluigi Forloni⁶, Sabrina Angelini^{4,*} and Alessandro Serretti^{1,*}

Differential Roles for L-Type Calcium Channel Subtypes in Alcohol Dependence

Stefanie Uhrig¹, David Vandael², Andrea Marcantoni², Nina Dedic³, Ainhoa Bilbao¹, Miriam A Vogt⁴, Natalie Hirth¹, Laura Broccoli¹, Rick E Bernardi¹, Kai Schöning⁵, Peter Gass⁴, Dusan Bartsch⁵, Rainer Spanagel¹, Jan M Deussing³, Wolfgang H Sommer^{1,6}, Emilio Carbone² and Anita C Hansson^{1,6}

C
A
C
N
A
1
C



Loss-of-function

Brugada S.
[Burashnikov 2010]

Gain-of-function



Cardiac Only Timothy Syndrome (COTS):

<5 reports in literature

Abnormalities:

- severe prolongation of the QT interval (*QTc* of **480 ms - 700 ms**) (100%)
- ventricular tachyarrhythmias (VT, TdP, VF) (84%)
- bradycardia, functional AV block (81%)
- T-wave alternans (70%)

B. Congenital Heart Defects:

- PDA, PFO, VSD, vascular ring, TOF

C. Cardiomyopathy:

- HCM

Gain-of-function

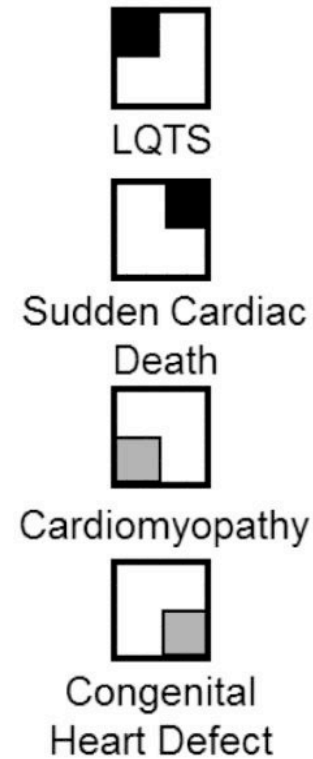
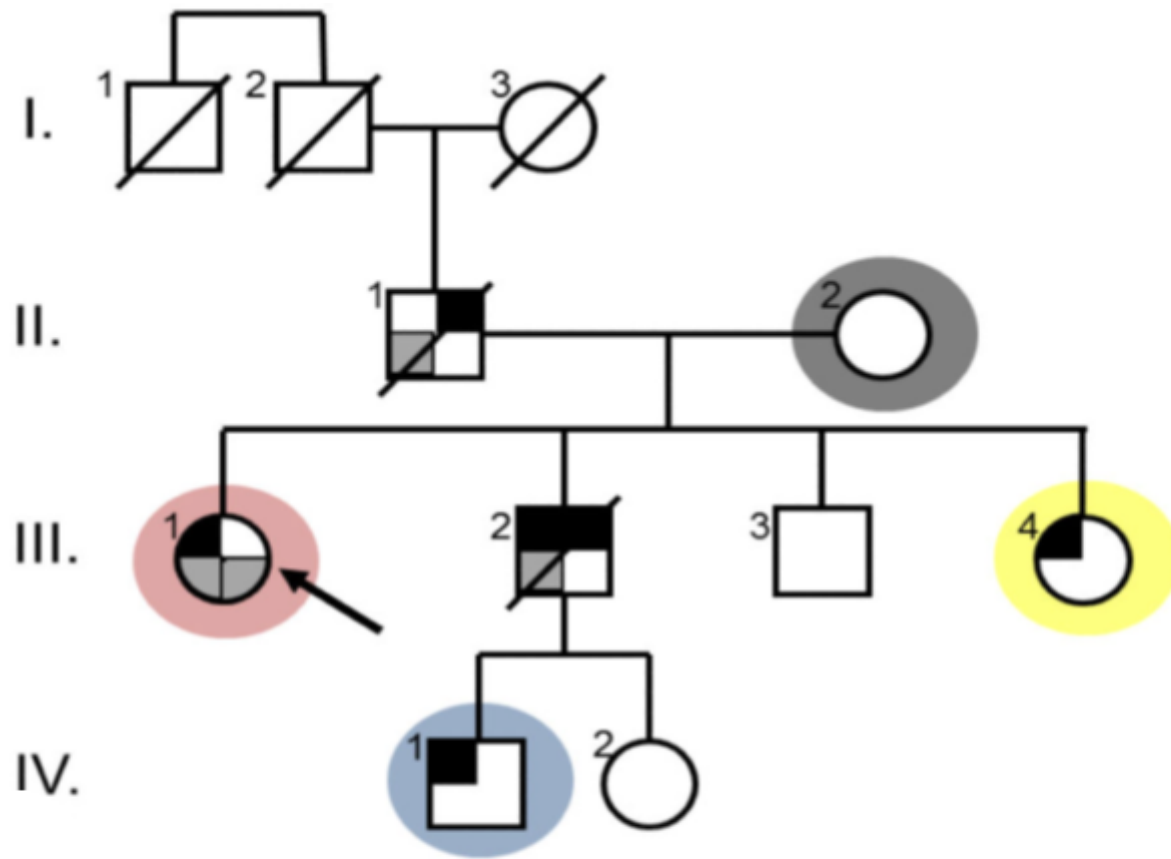
Timothy Syndrome (TS)

Extracardiac Abnormalities:

- ✓ Cutaneous Syndactyly
- ✓ Facial dysmorphism
- ✓ Autism spectrum disorder
- ✓ Immunodeficiency
- ✓ Intermittent hypoglycemia



CACNA1C-Mediated Clinical Phenotypes



Filtering Strategy

Filter 1

- Exclude all variants with a call quality of <20, read depth <10 or found in top 1% of genes with high variability.

Filter 2

- Exclude all variants with a frequency >0.01% in the NHLBI ESP, 1000 Genomes Project, and Complete Genomics Genomes.

Filter 3

- Exclude all synonymous and noncoding variants with the exception of potential splice site variants.

Filter 4

- Familial filtering based on autosomal dominant inheritance model, with index case (III.1), III.4, and IV.1 as positive cases, and II.2 as negative control.

Filter 5

- Utilize biological plausibility filter in Ingenuity, with disease presets of LQTS, cardiomyopathy, sudden cardiac death, and diseases consistent with these phenotypes.

of variants

146,020

116,332

9,545

1,099

29

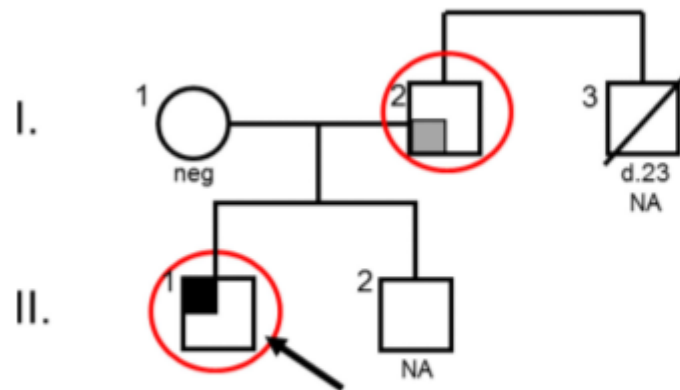
1

**Arg518Cys
CACNA1C**

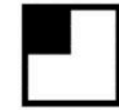
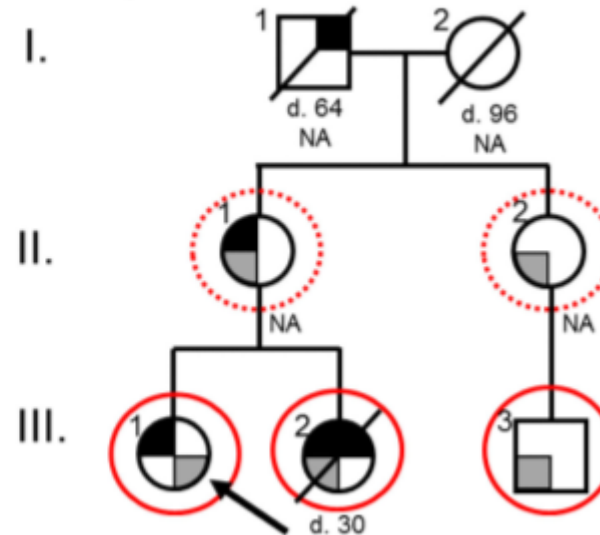
Boczek et al., 2015

CACNA1C-Mediated Clinical Phenotypes

Pedigree 2



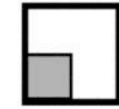
Pedigree 3



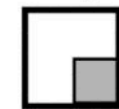
LQTS



Sudden Cardiac
Death



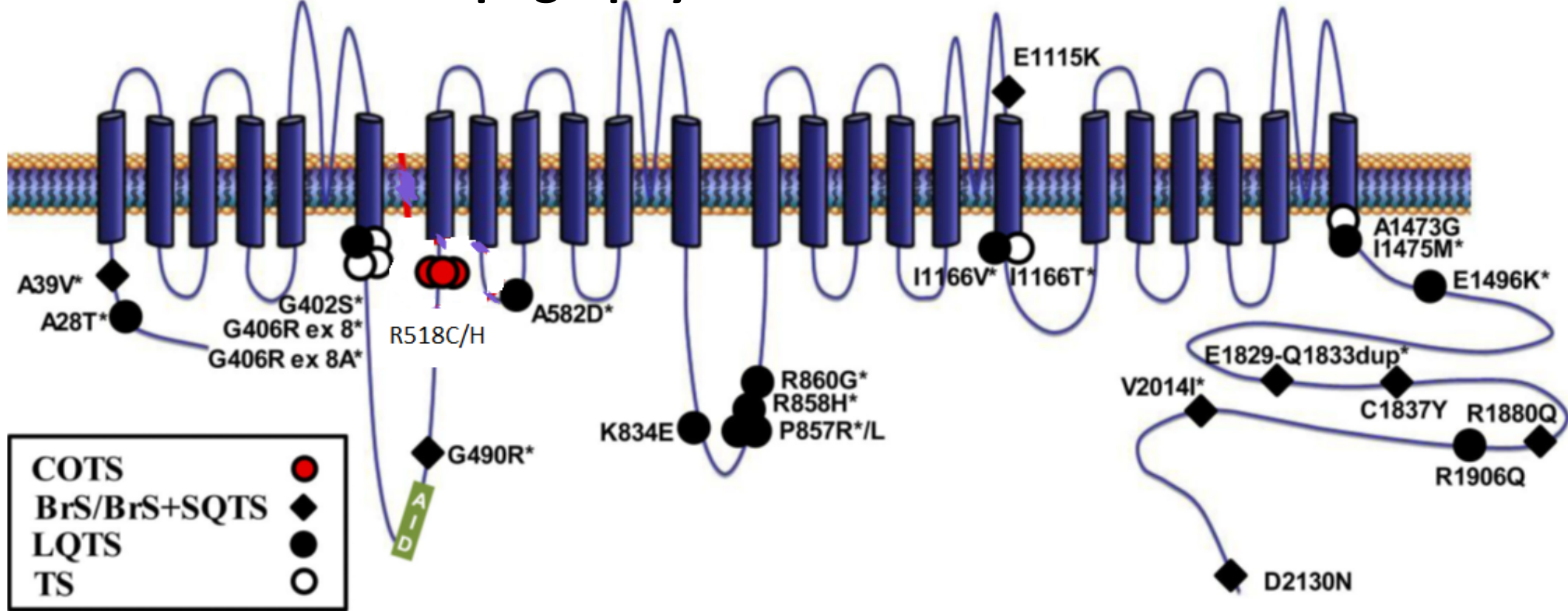
Cardiomyopathy



Congenital
Heart Defect

Families Harboring p.Arg518Cys/His.

CACNA1C Topography



Cardiomyopathy & CACNA1C mutations:

G406R E8 [Splawski 2005; Lo-A-Njoe 2005; Kawaida 2016 and our patient]

G402S [Splawski 2005]

G490R & E771G [D'Argenio 2014]

I1166T [Wemhoner, 2015]

R518C/H [Boczek, 2015]

**LQTS + Syndactyly: mild HCMP + endocardial fibroelastosis [Marks 1995]

Boczek et al., 2015

Take home message:

Think of CACNA1C!!!!

Individual or intrafamilial recurrence of:

- ✓ LQTS, ventricular tachyarrhythmias, 2:1 AV block (functional);
- ✓ Congenital Heart defects;
- ✓ Cardiomyopathy;
- ✓ Sudden cardiac death.

Even in the absence of extracardiological involvement.

There is no strict genotype – phenotype correlation -> better complete gene coverage and not only hotspot screening.

www.EPteachingAEPC2017.it



First Announcement

PAEDIATRIC ARRHYTHMIAS

6th TEACHING COURSE OF THE ASSOCIATION
FOR EUROPEAN PAEDIATRIC AND CONGENITAL
CARDIOLOGY

September 22/23, 2017

Thank you for your attention!

