AUTHORS: Vanessa Ferreira (Portuguese Association for CDG - APCDG, www.apcdg.com), and Jaak Jaeken (Centre for Metabolic Diseases, University Hospital Gasthuisberg Leuven, Belgium). REVISION: Dirk Lefeber (Radboudumc Center for Disorders of Glycosylation, Radboudumc, The Netherlands), Begona Cano and Sandra Pereira Pinto (AESCDG, aescdg@gmail.com).

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# WHAT IS CDG?

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Congenital disorders of glycosylation (CDG) is an umbrella term for a rapidly expanding group of rare metabolic disorders due to genetic defects in complex biochemical processes known as glycosylation. ①



Glycosylation is carried out by many specific enzymes and transporters that are defective in CDG. As a result, the glycans are either completely missing (CDG-I) or structurally abnormal or incomplete (CDG-II).



Glycosylation is the assembly of glycans (or sugar trees) and their binding to certain proteins and lipids (called glycoproteins and glycolipids). It is essential for their many biological functions in cell-cell communication, intracellular signalling, protein folding or targeting of proteins a.o. The importance of glycosylation is best illustrated by the fact that its disruption often leads to multisystem and serious diseases.



BECAUSE OF THE GREAT VARIETY OF CDG SYMPTOMS AND THE RESEMBLANCE TO OTHER DISEASES, THE DIAGNOSIS OF CDG IS VERY DEMANDING. THUS, THE MOST IMPORTANT STEP IS TO SUSPECT A CDG! •

# WHEN SHOULD WE SUSPECT A CDG

#### **COMMON NEUROLOGICAL SYMPTOMS INCLUDE:**

Hypotonia, seizures, developmental disability, cognitive impairment, cerebellar hypoplasia, which can cause problems with balance and coordination.

#### **ABNORMAL FAT DISTRIBUTION SUCH AS:**

Fat pads, "orange peel" skin.

#### **DEFECTS IN BLOOD CLOTTING:**

That can cause abnormal bleeding or clotting (coagulation defects).

### **GASTROINTESTINAL SYMPTOMS:**

Vomiting and diarrhea, feeding difficulties leading to failure to thrive is also common.

#### **EYE ABNORMALITIES SUCH AS:**

Crossed eyes (strabismus) and retinal degeneration.

OTHER SYMPTOMS MAY BE CONSIDERED.

# WHAT IS THE NEXT STEP AFTER SUSPICION OF A CDG?

The next step is to perform a blood test to analyze the glycosylation status of transferrin (serum transferrin isoelectrofocusing or IEF). This test is able to diagnose only CDG due to an N-glycosylation defect. Thus not all CDG can be detected by this assay.

Some O-glycosylation defects can be diagnosed by IEF of another serum protein namely apoprotein CIII.

Sometimes the defect is not found because it is in a gene that has not yet been implicated in CDG. In that situation research will be started. This can be a difficult time - emotionally and psychologically – for the patients and particularly their families.

# **PITFALLS**

Transferrin glycosylation patterns may initially be normal. Repeat testing is thus warranted in patients with a strong clinical suspicion. Many referral centers offer diagnosis of CDG. Contact us if you wish to liaise with one center:

sindromecdg@gmail.com

 Jaeken J. Congenital disorders of glycosylation. NORD report available at: https://rarediseases.org/rare-diseases/congenital-disorders-of-glycosylation/. Accessed 01/08/2015.

STRATEGY FOR THE LABORATORY DIAGNOSIS OF CDG

### **CLINICAL SUSPICION**

**OBTAIN PLASMA OR SERUM SAMPLE** 

**ISOELECTRIC FOCUSING (IEF) OF SERUM TRANSFERRIN (TF)** 

**NORMAL** (CDG NOT EXCLUDED)

**ABNORMAL** 

**SECONDARY** 

(INFECTION,...)

**CDG TYPE II** 

PRIMARY

**DIAGNOSIS** 

## **CDG TYPE**

**SECONDARY PRIMARY** 

> (GALACTOSEMIA, FRUCTOSE INTOLERANCE, **ALCOHOL ABUSE, ...)**

**ENZYME/MUTATION ANALYSIS** OF PMM2, PMI

**DIAGNOSIS** 

**NORMAL** 

IEF OF APO CIII

**ANALYSIS** 

**GLYCAN STRUCTURE** 

**DIAGNOSIS** 

TARGETED SEQUENCING (BASED OR NOT ON CLINICAL **SYMPTOMS) OR NEXT-GENERATION SEQUENCING** 

RESEARCH

WWW.AESCDG.COM



