

BOTH ABCG8 AND APOB MUTATIONSPadeira G¹, Gomes I², Correia C³, Valongo C⁴, Alves AC⁵, Medeiros A⁵, Bourbon M⁵, Ferreira AC⁶

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Background: Familial Hypercholesterolemia (FH) is the most common of all genetic hypercholesterolaemias with defects in *LDLR*, *APOB* and *PCSK9* accounting for the majority of cases. However, there are other rare disorders like sitosterolemia that can present the same phenotype. Both can cause premature atherosclerosis but have distinctive dietetic and therapeutic intervention.

Patient/Proband

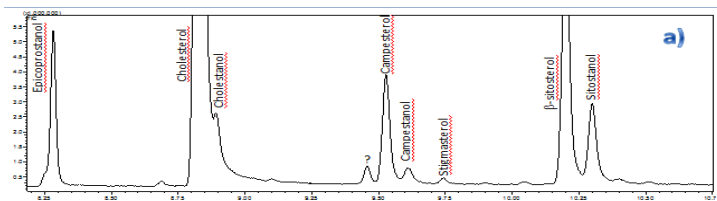
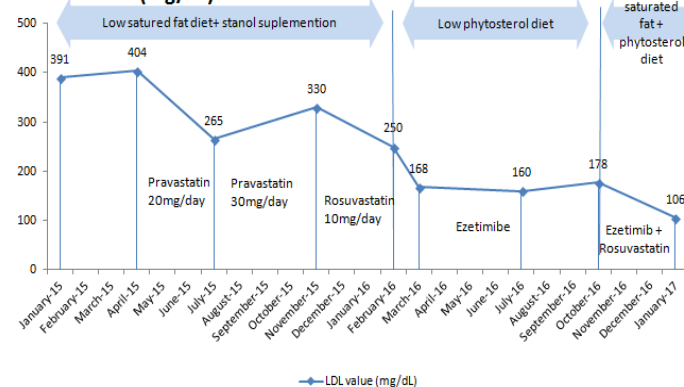
5 year-old referred for:

- ✓ xanthoma
- ✓ severe hypercholesterolemia
- ✓ family history of hypercholesterolemia

Lipid profile	(mg/dL)
LDL	391
HDL	34
TG	89

**Initial Diagnosis: FH****Treatment:** low saturated fat diet + stanol supplementation + statin...but lack of mutations *LDLR*, *APOB* (2 fragments of exons 26 and 29) and *PCSK9* genes questioned the diagnosis**Sitosterolemia?**

- **Sterol Chromatography:** high plasma levels of sitosterol and presence of phytosterols
- **ABCG8 gene analysis:** mutation (c.1974C>G, p.(Tyr658*)) in homozygosity
- **Treatment:** low phytosterol diet + ezetimibe

**LDL evolution (mg/dL)****Re-sequencing of FH genes**

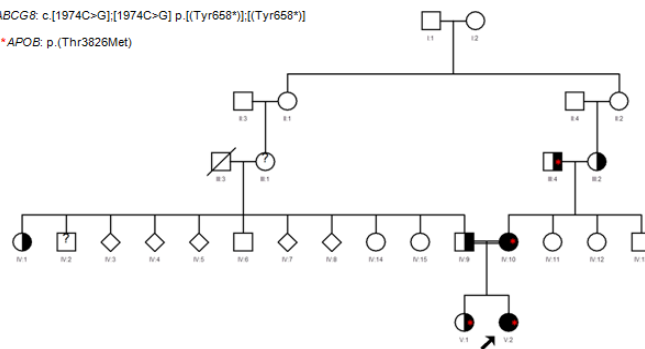
- heterozygous variant in exon 26 of *APOB* gene (c.11477C>T, p.(Thr3826Met))
- pathogenicity confirmed by functional studies (data not reported)

Follow-up

1. Cardiovascular and subclinical atherosclerosis assessment:
 - pre-hypertension with non-dipping pattern
 - intima-media thickness (IMT) in P50-75.
2. Control of LDL levels:
 - combined dietary and therapeutic intervention (sitosterolemia and familial hypercholesterolaemia)

Family studies: same mutations in several elements

ABCG8: c.[1974C>G];[1974C>G] p.[(Tyr658*)];[(Tyr658*)]
 *APOB: p.(Thr3826Met)



Comments: Correct diagnosis of the various causes of hypercholesterolaemia is important because of the different dietary and pharmacological interventions in the prevention of atherosclerosis.