Further insights into Allan-Herndon-Dudley syndrome: a novel SLC16A2 splice site variant

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Introduction

Genetics variants in SLC16A2 gene encoding for the monocarboxylate transporter 8 (MCT8) cause a severe X-linked intellectual deficit and neurological impairment known as Allan-Herndon-Dudley syndrome (AHDS). MCT8 promotes cellular uptake and efflux of thyroid hormone and its mutations provoke elevated serum T3 levels in children. Iodothyronine deiodinases (DIO) 1 and 2 are implicated in the conversion of T4 into biologically active T3, while DIO3 converts T4 into the inactive hormone reverse T3 (rT3). Active T3 and retinoid X receptors (RXR) can form heterodimer complexes which bind to hormone response elements (HREs) that leads to activate or repress transcription.



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Results



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Aim of the study

Our aim is to investigate the impact of mutations in SLC16A2 gene on the pathogenetic mechanisms of AHDS.



Figure 1. The identified variant in the SLC16A2 gene causes the breakup of the wild type donor

Figure 2. MTT assay after 24-48-72 hours (**p<0.01 vs CTR). MTT ASSAY



Figure 3. Live and Dead assay revealed a decrease in live cell populations (n=3, *p<0.05 vs CTR).

CTR_1

AHDS_1



Figure 4. RT-qPCR Analysis of both *SLC16A2* and thyroid hormone signalling pathway genes

Live&Dead



Figure 5. Western blot analysis to evaluate HR protein expression





(n=3, *p<0.05 vs CTR). HR 2.0-Expression HR mw: 120 kDa 1.5-BACT mw: 42 kDa **Relative Protein** 1.0 0.5-0.0 CTR_1 AHDS_1

Relative Fluorescence Intensity

Figure 6. RT-qPCR Analysis of MBP (Myelin basic protein) RNA expression (n=3, *p<0.05 vs CTR).



Figure 7. The Oil Red O staining revealed an increasing presence of lipid droplets (****p<0.0001 vs CTR).



ORO Analysis **** 1.5 1.0-0.5-0.0

CTR_1

AHDS_1

Conclusions



