

# Lowe syndrome

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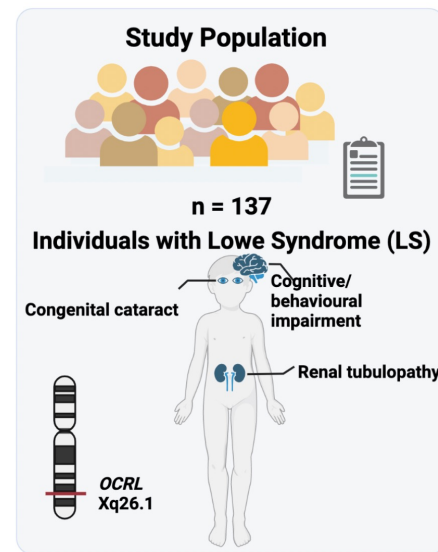
# Disclosures

- No relevant disclosures



# Oculo-cerebro-renal syndrome of Lowe

- First described by Lowe in 1952
- OMIM # 309000
- X-linked recessive inheritance
- Mutation in *OCRL-1* gene
- 30% *de novo* mutations, 3% mosaicism. In 10% no mutation found
- Prevalence ca. 1 in 500,000 (Italy), 1 in 2 million (Poland)
- Defective *Phosphatidylinositol(4,5)P<sub>2</sub> 5-phosphatase*



Sena et al, J. Med. Genet 2022



# Key manifestations

## Eyes

- Congenital cataract, glaucoma

## CNS

- Congenital hypotonia, absence of tendon reflexes
- Severe intellectual disability, IQ 40-50 (25% >70)
- Seizures in 50%
- Behavioral abnormalities

## Kidney

- Generalized proximal tubular dysfunction (incomplete Fanconi syndrome)
- Progressive kidney failure



# Other manifestations

## Short stature

- Starting in infancy, unrelated to kidney (dys)function

## Musculoskeletal

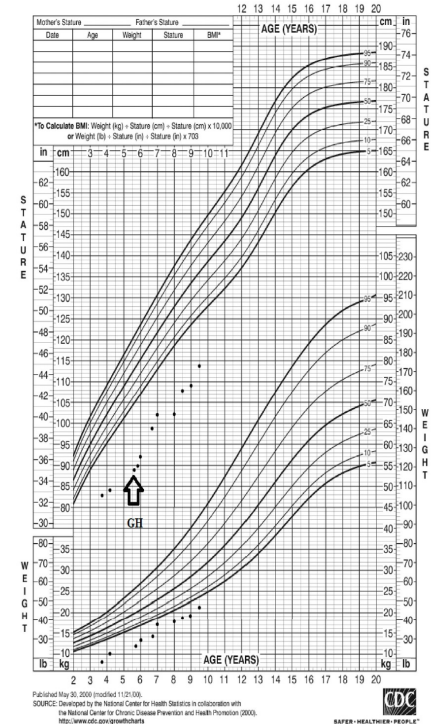
- Scoliosis
- Osteopenia / rickets
- Debilitating deforming arthropathy

## Bleeding disorder

- Impaired primary hemostasis, coagulation tests normal
- Responds to tranexamic acid

## Increased CK / LDH

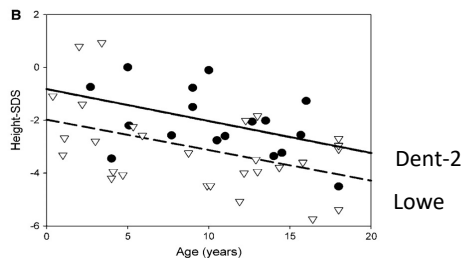
2 to 20 years: Boys  
Stature-for-age and Weight-for-age percentiles





# Dent-2

- Some 15% of patients with phenotype of Dent disease harbour an *OCRL-1* mutation
- Milder phenotype mostly restricted to the kidneys – LMW proteinuria obligate finding
- “Lowe light”

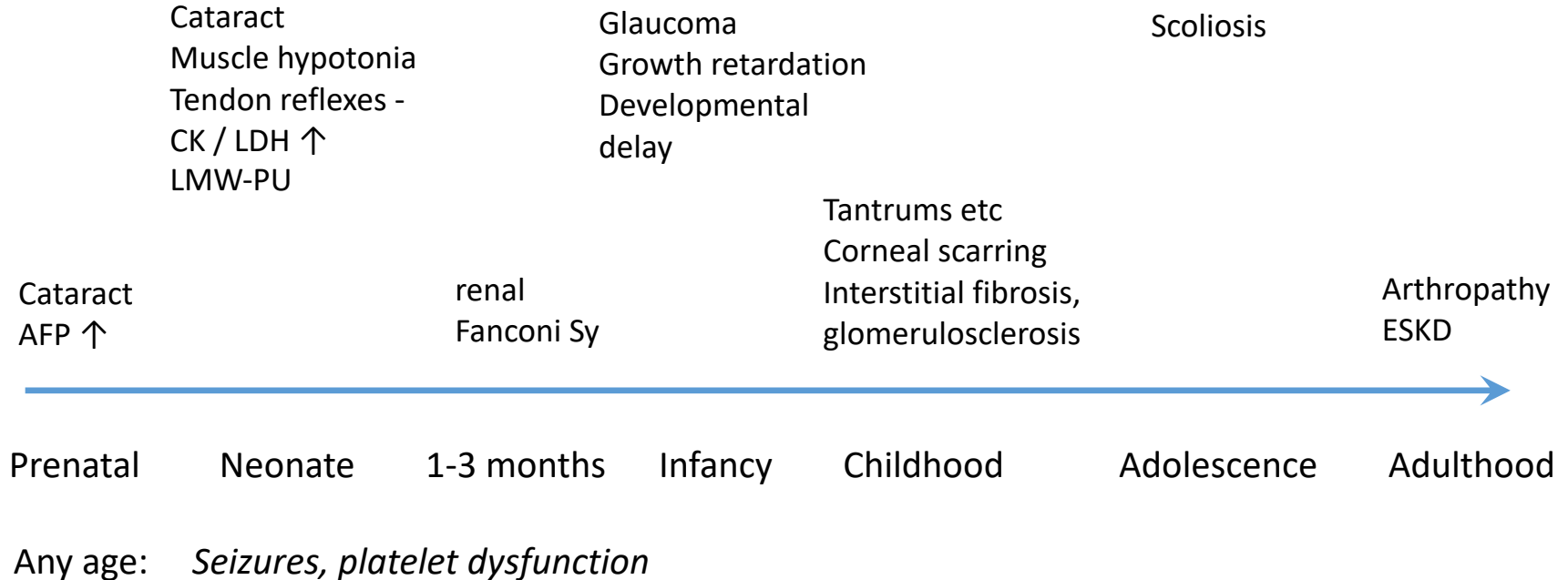


**On close examination**  
39 % ocular symptoms  
46 % CNS symptoms  
64 % CK/LDH ↑





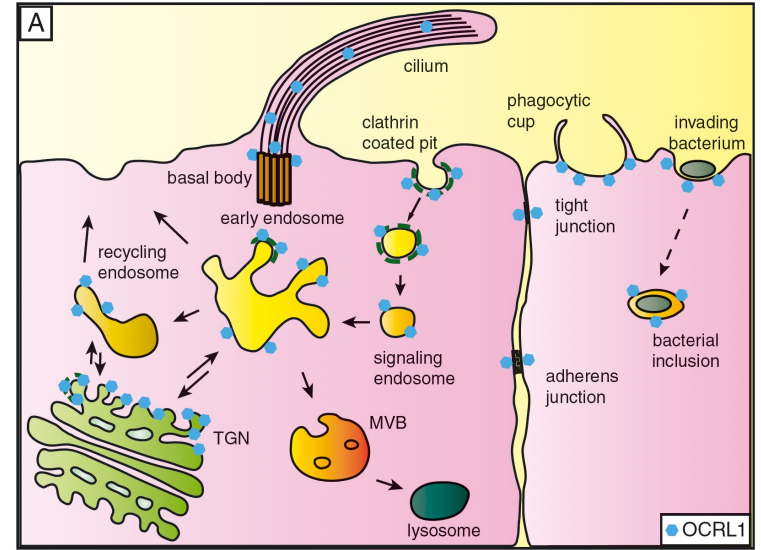
# Time pattern of disease manifestations





# OCRL-1 defect causes multisystem disease

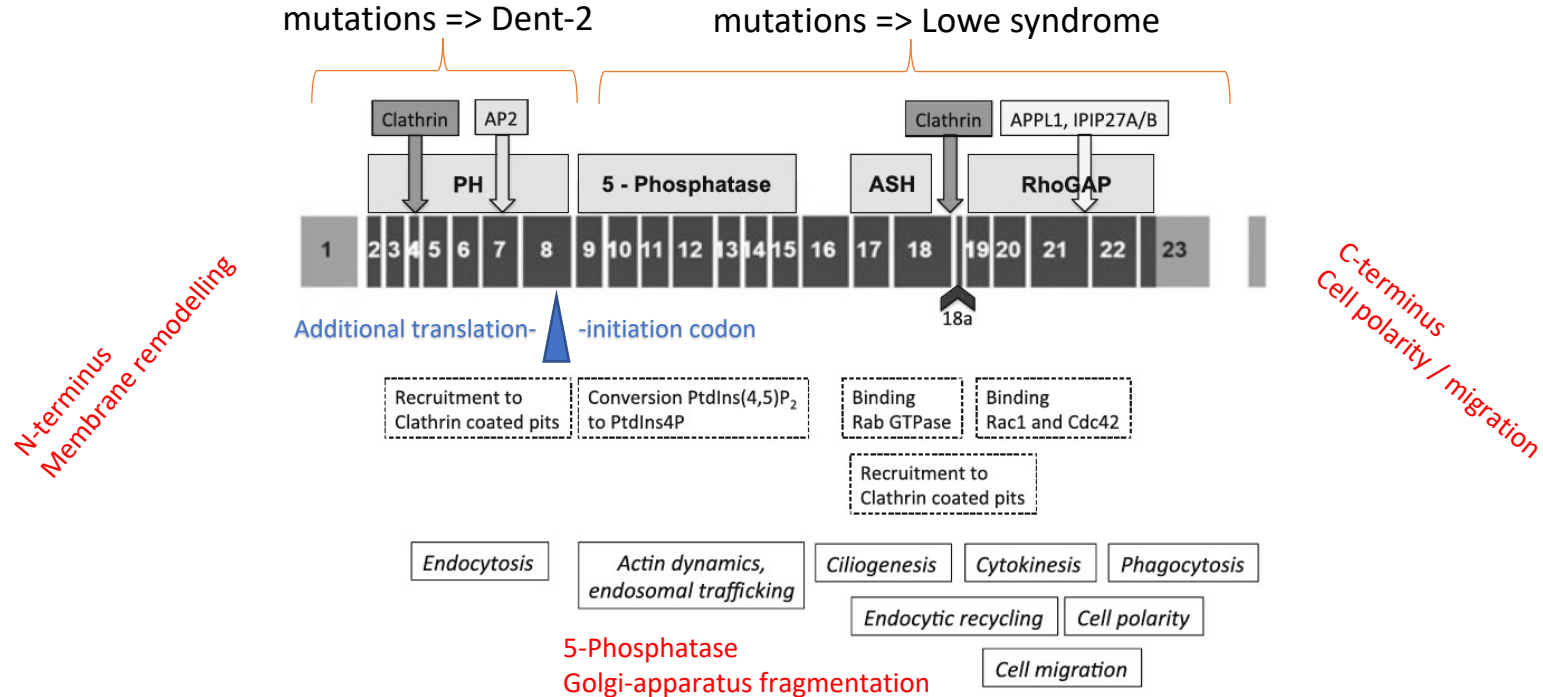
- Seven different phosphoinositides
- Phosphorylation of inositol ring determines **compartment identity**
- OCRL-1 involved in
  - Cell polarity / cilia formation
  - Cell migration
  - Cell adhesion
  - Cell signaling
  - Phagocytosis
  - Actin cytoskeleton remodeling
  - Membrane and endosomal trafficking







# OCRL-1 gene domains involved in different processes





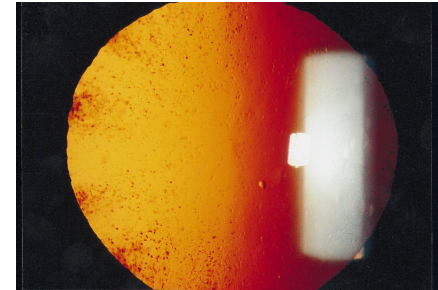
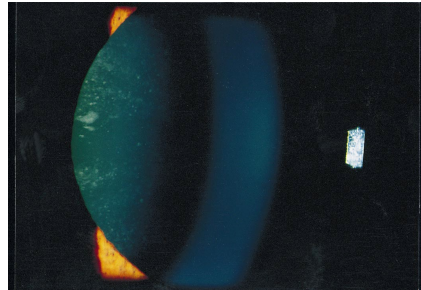
# No strict genotype-phenotype correlation

- At least five mutations reported manifesting with very different disease severity (Dent-2 vs. Lowe syndrome)
- Also differences in disease severity within a single family (ocular manifestations)
- Activity of PtdIns(4,5)P<sub>2</sub> 5-phosphatase comparable in fibroblasts from Lowe and Dent-2 patients
- Modifying genes? *INPP5B* compensating for *OCRL*-defect?
- Environmental factors?



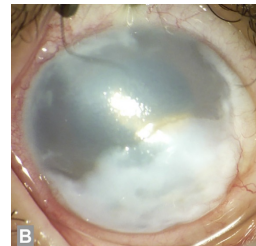
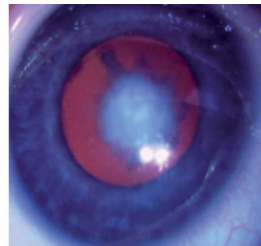
# Female carriers

- In 60% Lowe syndrome transmitted by female carriers
- Asymptomatic clinically (only 10 cases of more severe manifestations reported)
- Obligate finding in post-pubertal females: asymptomatic punctate lens opacities



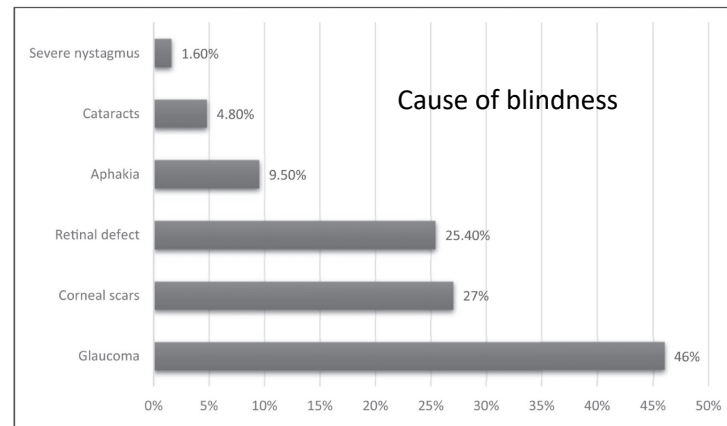


# Eyes



- Congenital cataract requiring lens extraction in the first months
- Glaucoma manifesting around the age of 4 months, often requiring surgery
- Corneal keloid developing around the age of 7 years
- **Avoid contact lenses**

More than 50% legally blind (visual acuity  $\leq 20/200$ )





# Nervous system

- Most debilitating clinical feature
- Muscle hypotonia of central origin. Absence of tendon reflexes.
- Elevated muscle enzymes CK / LDH
- Motor milestones delayed (independent ambulation achieved at 6 to 13 years)
- Seizures in 50%
- Behavioral abnormalities
  - Temper tantrums in response to frustration
  - Stubbornness, irritability
  - Repetitive purposeless movements (e.g. hand flapping)
  - Aggression, auto-mutilation
- Distinct from individuals with comparable intellectual and visual impairment

*Risperidone?*  
*Paroxetine?*  
*Clomipramine?*





# Renal Fanconi syndrome

Number of manifestations may increase with time

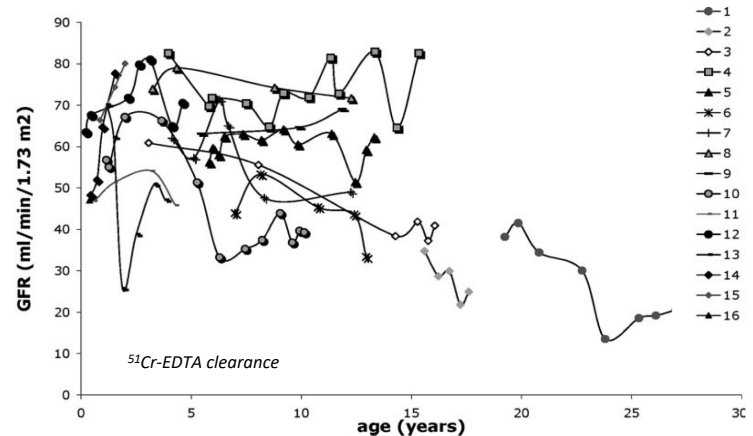
	Recker et al (N = 28)	Bökenkamp et al (N = 36)	Böckenhauer et al (N = 16)	
LMW proteinuria	100%	100%	100%	} First abnormality, detectable at birth
Hypercalciuria	68%	83%	94%	
Nephrocalcinosis/-lithiasis	43%	44%	53%	} Less than in Dent 1 despite comparable hypercalciuria
Aminoaciduria	72%	82%	88%	
RTA	79%	33%	44%	} More than in Dent- 1 and in Dent-2
Phosphate wasting	58%	43%	20%	
Potassium wasting	44%	21%	NA	} Osteopenia / rickets
Glycosuria	4%	7%	0%	
				} Less than in other forms of Fanconi sy

Treatment symptomatic as in other forms of renal Fanconi syndrome



# Kidney function

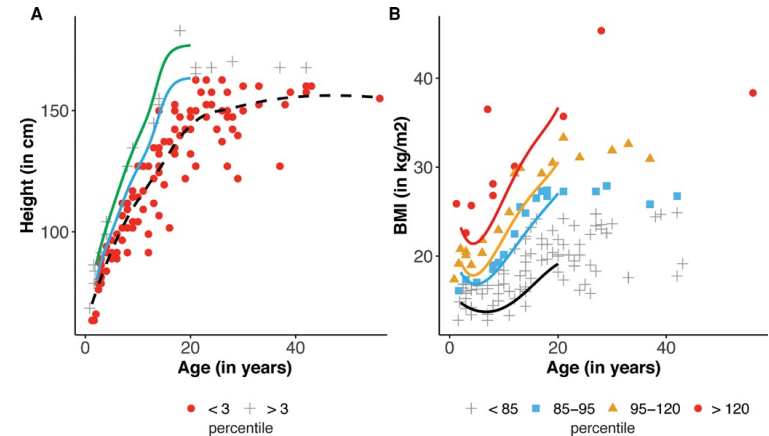
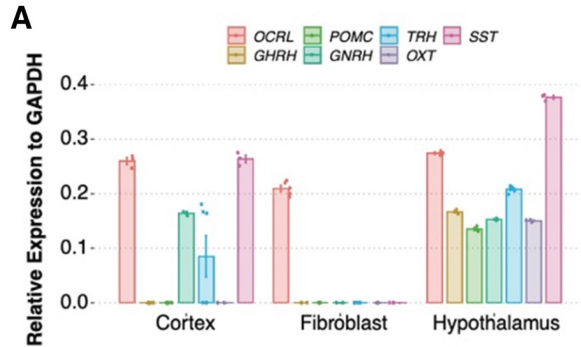
- Calculation of eGFR using kreatinine problematic (low muscle mass)
- Use cystatin C (or a k-value of 26 in the Schwartz equation with creatinine in  $\mu\text{mol/l}$ )
- Progressive decline of GFR, unrelated to presence of nephrocalcinosis
- ESKD mostly in adulthood
- Incidental reports of dialysis and transplantation





# Endocrine function

- Postnatal growth failure (80% < 3<sup>rd</sup> centile)
- Unrelated to kidney function, resistant to correction of renal tubular dysfunction
- Undescended testis about 50%
- Delayed puberty (median age 15 years)
- OCRL highly expressed in hypothalamus

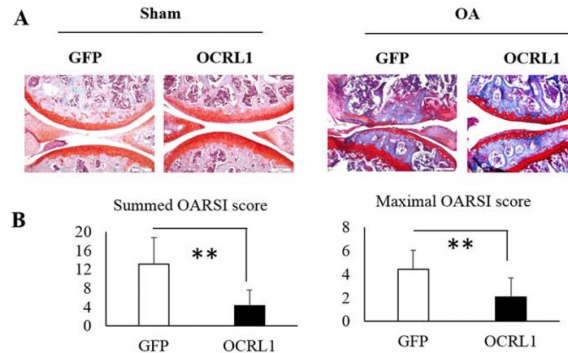






# Osteoarthritis

- Debilitating deforming arthropathy
- No specific treatment
- OCRL expressed in human cartilage
- Upregulation of OCRL effective against osteoarthritis in animal model
- Related to presence of the RhoGAP domain





# Cause of death

- Many reviews state that death typically occurs in the 3<sup>rd</sup> or 4<sup>th</sup> decade
- Zaniew: literature search for case reports and contact with treating physicians:
  - 15 cases
  - Death at 4 days to 44 years, median 7 years
  - (Presumed) causes:
    - Pneumonia / respiratory failure in 4
    - Sepsis in 1
    - Seizures in 1
    - Sudden death in sleep in 2
    - Ewing sarkoma in 1
    - Severe acidosis in 1
    - Cardiac failure 2 years after kidney transplantation
    - unknown in 4

Nota bene – only 2 patients died with /of ESKD  
(at age of 18 and 44 years)



## Take home

- Lowe syndrome is a severe multisystem disease
  - Extra-renal manifestations determine burden of the disease
  - Mortality is unrelated to renal failure in most patients
  - Incomplete renal Fanconi syndrome
  - Slowly progressive loss of kidney function
  - Creatinine less suitable for monitoring, use cystatin C
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- Nephrologists are not involved in the care of many Lowe patients
  - Importance of patient organizations (e.g. Lowe Sy Association [US], Lowe Trust [GB])

