## CARDIOMYOPATHY ASSOCIATED GENETIC DISORDERS

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Hypertrophic Cardiomyopathy (HCM)	Dilated Cardiomyopathy (DCM)
<ul> <li>Noonan Syndrome</li> <li>Incidence &amp; Cause         <ul> <li>1 in 1,000-2,500 live births</li> <li>Autosomal dominant inheritance</li> <li>50% of cases caused by genetic mutation in PTPN11 gene</li> </ul> </li> <li>Symptoms &amp; Characteristics</li> <li>Distinctive physical/facial appearance: broad or webbed neck, short stature, low set ears, wide set eyes, small jaw, chest deformity, extra skin folds, and congenital heart defects</li> <li>Improperly formed bones, blood and lymph vessels; cardiomyopathy; irregular blood clotting, and mild mental retardation</li> </ul> <li>Pompe Disease (Glycogen Storage Disease Type II)         <ul> <li>Incidence &amp; Cause</li> <li>1 in 100,000 live births</li> <li>Acid maltase enzyme deficiency (body cannot break down glycogen)</li> <li>Symptoms &amp; Characteristics</li> <li>Infantile-onset: low muscle tone, muscle weakness, cardiomyopathy, feeding difficulties, failure to thrive, respiratory distress, and hearing loss</li> </ul> </li> <li>Fatty Acid Oxidation Disorders (Carnitine cycle defects, DER, Glutaric Acidemia II, IBCD, LCAD, LCHAD, MADD, MCAD, MKAT, M/SCHAD, SCAD, TFPD, VLCAD)         <ul> <li>Incidence &amp; Cause</li> <li>1 in 10,000 live births</li> <li>Enzyme deficiency related to the production of energy from fatty acids</li> <li>Autosomal recessive inheritance</li> <li>Symptoms &amp; Characteristics</li> <li>Recurrent episodes of illness caused by fasting or reduced food intake, vomiting, and severe lethargy that can progress to a coma</li> <li>Low blood sugar, respiratory distress, congestive heart failure with or without arrhythmias, muscle weakness, low muscle tone, cardiomyopathy</li> </ul> </li> <li>Mitochondrial HCM (complex I, II, III, IV deficiency, myoclonic epilepsy, mitochondrial myopathy,</li>	<ul> <li>Barth Syndrome (3-methylglutaconic aciduria type II) Incidence &amp; Cause         <ul> <li>1 in 200,000 live births</li> <li>Occurs nearly exclusively in male infants; females can be carriers</li> <li>X-linked recessive inheritance: carrier mothers will pass to sons (affected) and daughters (carriers). Affected fathers will pass to daughters (carriers)</li> <li>Caused by mutations in TAZ gene on the X chromosome</li> </ul> </li> <li>Symptoms and Characteristics</li> <li>Changes in skeletal and cardiac muscle, weakened immune system, growth retardation or gross motor delays, short stature, low mucle tone, muscle weakeness, increased levels of organic acids in the urine and blood, and cardiomyopathy</li> <li>Muscular Dystrophies (Duchenne, Becker, Limb-Girdle 2F, X -linked Emery-Dreifuss)</li> <li>Incidence &amp; Cause</li> <li>1 in 3,500 to 5,000 live births (Duchene, Becker muscular dystrophies)</li> <li>X-linked recessive inheritance</li> <li>Caused by mutations in DMD gene</li> <li>1 in 14,500 to 1 in 123,000 individuals (Limb-Girdle)</li> <li>Autosomal recessive inheritance</li> <li>Caused by mutations in SGCD gene</li> <li>1 in 10,000 people (Emery Dreifuss)</li> <li>X-linked recessive inheritance</li> <li>Caused by mutation in EMD gene</li> <li>Symptoms &amp; Characteristics</li> <li>Severity, age of onset, and features vary by disease type</li> <li>Progressive muscle wasting, abnormally curved lower back or spine, joint stiffness, and cardiomyopathy</li> <li>May have delayed motor skills, need wheelchair assistance, and mild to severe breathing problems</li> <li>Mitochondrial Defects (Kearns-Sayre syndrome)</li> <li>Incidence &amp; Cause</li> <li>1-3 in 100,000</li> <li>Not generally inherited; maternal inheritance is rare</li> <li>Caused by large deletion in mitochondrial DNA which leads to decreased energy production and the brain and muscles to not function p</li></ul>

Please note: Due to the rapidly evolving nature of the genetic testing field the information provided is a general overview of common associations and is not intended to be comprehensive. © 2020 Children's Cardiomyopathy Foundation