Title- Mutational Analysis of Myocilin in Juvenile Open Angle Glaucoma

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Background-

JOAG affects individuals between the ages of 5 and 40.Compared to adult-onset POAG, JOAG tends to be more severe and progresses rapidly. High intraocular pressures (IOP > 30 mmHg)need early surgical intervention. It has Autosomal dominant inheritance. Genetic linkage analysis played a crucial role in identifying the GLC1A locus on chromosome 1q23-25 and mutations in the MYOC gene.

• Introduction -MYOC GENE- located within the GLC1A interval. The majority diseaseassociated MYOC mutations are located within exon 3, where the olfactomedin homology region is localized.



Over 90% are found in exon 3 coding for the olfactomedin homology domain of myocilin. Figure from (Resch and Fautsch. 2009)

To determine the mutational load associated with myocilin (MYOC; MIM*601652) mutations inpatients with JOAG in Pune region.

Patient Recruitment and DNA extraction (PUNE) - Glaucoma clinics in Pune, India Consent was Obtained from all subjects. Ethical Compliance Followed Declaration of Helsinki Criteria for selection of JOAG: Intraocular pressure >21 mm Hg (in at least one eye) Glaucomatous optic nerve head changes, Open anterior chamber angle,Characteristic visual field defects, No secondary glaucoma conditions, Age was 3-40 years.

MYOC Sequencing (Belfast, UK)

DNA Extraction was done in Pune from peripheral blood leucocytes. PCRAmplification, Sequencing and Analysis using Manual and SeqScape software was dobe in Belfast, UK **Sequence Variant Assessment** was done with Myocilin allele-specific glaucoma phenotype database (http://www.myocilin.com/) and PolyPhen-2 and Mutation Taster algorithms. Structural Effects were evaluated for amino acid substitutions

Conservation Analysis done to assess conservation of affected amino acids across species.

Results - The MYOC mutational load in this cohort was lower 4.5% which suggests further heterogenicity. A 32yr old patient with severe JOAG had two MYOC mutations (compound heterozygote, MYOC Mutations:

Known Pathogenic Mutation: c.1279G>A; p.Ala427Thr

Novel Mutation: c.1129A>G; p.Thr377Ala

The affected patient had three children in whom MYOC was sequenced. The compound heterozygote mutation was inherited by two children.

Conclusion - Cascade screening helps identification of at risk family members and directs targeted surveillance. The MYOC mutational load in this cohort was lower 4.5% which suggests further heterogenicity.

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