Fragile X Syndrome

Fragile X syndrome (FXS) is an inherited condition which presents with typical behavioural, developmental and physical problems.

Genetics

FXS is the most common cause of sex-linked, general learning disability. It is one of a number of repeat expansion disorders. In DNA coding it is common to see repeated sequences of the nucleotides that make up the genetic strand. In FXS there is an expansion of the number of repeat sequences in the fragile X mental retardation (FMR1) gene. This gene is on the X chromosome (Xq28). The nucleotides involved are cytosine (C) and guanine (G) and the repeated sequence is CGG. In the most common form of the condition, the CGG sequence is repeated more than 200 times. The metabolic result of this is to block production of a substance called fragile X mental retardation protein (FMRP).

In normal people the trinucleotide sequence is repeated 6-54 times. People in whom the sequence is repeated over 200 times have the full mutation, which causes a deficiency in FMRP and thereby the full clinical syndrome. If there are between 55 and 200 repeats, there may be a "premutation". In these individuals, FMRP is produced but there is a risk of expansion in subsequent generations. The premutation alleles also confer a risk of associated fragile-X disorders (fragile X-associated tremor/ataxia disorder and fragile X-associated primary ovarian insufficiency).

Epidemiology

A UK screening study in 2003 estimated an overall prevalence of FXS in the general population of 2.3/10,000 (or 1 in 4,425). Other estimates suggest it is present in 1 in 4,000 males and 1 in 8,000 females but that this may be an underestimation. Prevalence depends on the population studied.

The premutation is far more common. Two to four times as many females as males carry the gene abnormality. This has an estimated prevalence of 1 in 130-260 females and 1 in 250-810 males.

Presentation

An individual with FXS typically has learning difficulties (IQ less than 70) and delayed milestones, along with typical physical features such as a high forehead, large testicles (2-3 times normal size), facial asymmetry, a large jaw and long ears.

There may be features due to changes in connective tissue including prominent ears, hyperextensible finger joints, mitral valve prolapse, soft skin and flat feet.

There may be associated anxiety-related symptoms including obsessive-compulsive and perseverative behaviours, emotional lability and aggressive or self-aggressive behaviours. Affected girls and women are more likely to have problems with shyness or social withdrawal. In some cases, those affected may also have a diagnosis of attention deficit hyperactivity disorder (ADHD) or an autism spectrum disorder. Around 30% of affected males have autism and as many again may have an autism spectrum disorder.

Other symptoms may include hand-flapping, repetitive actions, clumsiness, avoidance of gaze, seizures and sleep disturbance.

Specific speech disorders may include echolalia and perseveration (the inability to complete a sentence due to repetition of words at the end of a phrase).

The diagnosis is usually made by the age of 3 due to delay in attainment of developmental milestones.

Differential diagnosis

- Other causes of general learning disability.
- Other chromosomal abnormalities causing learning difficulty, such as Down's syndrome and other sex chromosome anomalies such as Klinefelter's syndrome, Rett syndrome and Lujan-Fryns syndrome.
- Sotos syndrome.
- ADHD.
- Autistic spectrum disorder.
- Marfan's syndrome.

Investigations

- A detailed family history is useful as there may be features across the generations of premutation.
Further reading & references

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with learning difficulties, aiming to identify more families and to enable carriers to have prenatal counselling.

Currently, the policy is to restrict screening to carrier identification within affected families. It may also be worthwhile screening children Likewise in the USA, FXS is not part of the newborn screening programme but this remains a controversial issue. The UK National Screening Programme Committee decided not to institute a national newborn screening programme (January 2011).

Prognosis

There is no shortening of life expectancy. Outcome in general varies with the degree of intellectual disability and expression of other characteristics, which vary widely.

Prevention

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Further reading & references

1. FMR1 Gene, FMR1; Online Mendelian Inheritance in Man (OMIM)


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