Type III Osteogenesis Imperfecta

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Introduction

- Caused by a mutation to the COL1A1 or COL1A2 genes, which results in change to the structure of the pro alpha chains that make up the protein collagen
- Leads to deformed, easily fractured bones and severely restricts the mobility of the patient
- Prevalence of 1 to 2 for every 100,000 people
Characteristic Symptoms

- Frequent bone fractures caused by little or no trauma; may even occur before the baby is born
- Dentinogenesis imperfecta
- Hearing loss
- Micromelic Dwarfism
- Rib cage is barrel-shaped and other bones may be deformed
  - Kyphoscoliosis
- Blue Sclerae
Diagnostic Tools

- **X-rays** can reveal bone deformities, evidence of past fractures, and osteoporosis.

- **Collagen analysis** from a biopsy examines the types and quantities of collagen present.
Classical Treatments

- Non-Surgical
  - Physical Therapy
  - Bracing and Splinting
- Surgical
  - Intramedullary Rod Positioning
  - Bone Marrow Replacement (Being studied as a possibility)
- Medications
  - Pamidronate (Biphosphonate Drug)

http://gait.aidi.udel.edu/res695/homepage/pd_ortho/educate/clincase/clcsimage/homaoi3.jpg
Inheritance

- Autosomal Dominant, in many cases the result of a sporadic mutation
  - Chromosome 17, Location 17q21.33
- Sometimes autosomal recessive, but in those cases genes other than COL1A1 or COL1A2 tend to be involved
- Other types of Osteogenesis Imperfecta are autosomal dominant as well
- Full penetrance
The Role of Genetics in Diagnosis and Treatment

- DNA sequencing can identify close to 100% of mutations to the COL1A1 and COL1A2 genes.
- Gene therapy is difficult due to the variety of genes involved.
Sources

- eMedicine

- Entrez Gene

- Gene Reviews

- Geneva Foundation for Medical Education and Research

- Genetics Home Reference

- OMIM