

# UMPS deficiency case, the importance of multi-omics diagnostics

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Radboudumc

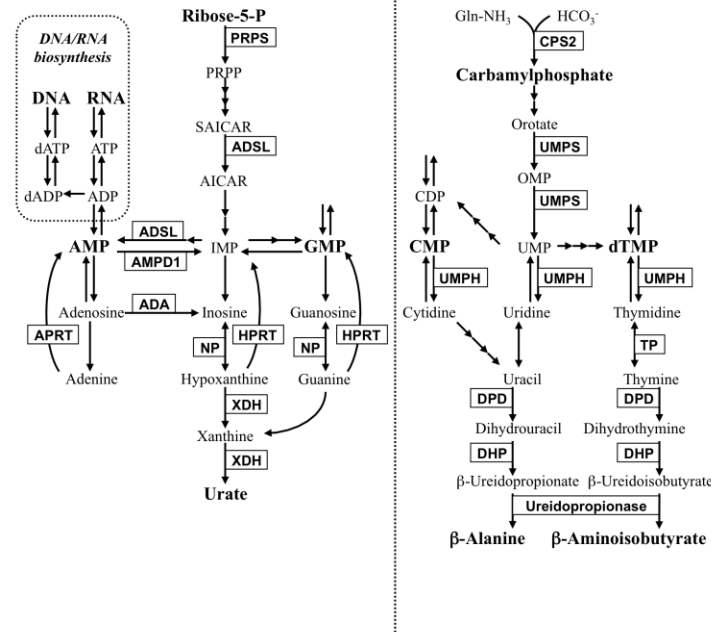
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# UMPS: Uridine Monophosphate Synthase Deficiency

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# Disorder in the pyrimidine metabolism



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# case

- 3 year old boy
- History
  - 2nd child of non consanguineous parents, one miscarriage
  - Prematurely born 30 weeks
  - Congenital urethral valves, surgically treated
  - Congenital normocytic transfusion dependent anemia, also a mild leucocytopenia with neutropenia. Blood transfusions every 5-7 weeks
  - 3 months: nefrocalcinosis/lithiasis and dilated pyelum (left)

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- 2 years acute kidney failure due to obstruction by kidney stones
  - Motor and speech development adequate
  - Height -1.2 SD and weight for height -0.8 SD
  
  - Diagnostic workup congenital anemia, ringsideroblasts without hemolysis
  - Karyotyping normal 46 XY
  - Exome sequencing anemia panels, trio WES

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- Result trio WES: heterozygous mutation in SEC23B, associated with dyserythropoietic anemia type II (CSAII) in case of bi-allelic mutations
  - After 2 years of diagnostics it was decided to do metabolic screening
  - Metabolic screening
  - UOA and purine/pyrimidine analysis: very high orotic acid: 3404 umol/mmol kreat (ref 0-4) without indication in the serum amino acids for a urea cycle disorder
  - Diagnosis: [UMPS deficiency/ hereditary orotic aciduria](#)



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# UMPS deficiency/ hereditary orotic aciduria

- Kidney stones due to orotic acid stones
- Anemia due to decreased production of UMP, leading to impairment cell division/erythropoiesis
- Impairment growth/development



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- Enzyme analysis erythrocytes not possible due to frequent blood transfusions, fibroblasts?
  - Re analysis trio WES:
    - UMPS: 866A>G (Asp289Gly) and 1064A>C (Gln355Pro), compound heterozygous, first classified as class 2/3. Predicted non pathogenic by mutation predictive software, although not mentioned in sequence variant databases. Not mentioned in literature.

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- Kidney stone analysis orotic acid stone
  - Enzyme analysis: UMPS activity in erythrocytes: deficient

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# Treatment

- 1969 Becroft et al: Hereditary orotic aciduria: long term therapy with uridine and a trial of uracil
- 2014 Shanti Balasubramaniam et al JIMD, Inborn errors of pyridimidine metabolism, clinical update and therapy
- Trial uridine tri acetate (Xuriden), registered in US, expensive (800.000 euro's per year?), not registered in the Netherlands
- 15 cases reported, in the Netherlands in the meantime 2 patients
- Radboud pharmacy: permission import IGJ, but route difficult and second step financial compensation insurance company

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- Uridine: 150-300 mg/kg
  - Xuriden 60 mg/kg, max 120 mg/kg
  
  - 89 euro for 150 gram
  - Food supplement good for concentration



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- Started on 60 mg/kg in January 2020
  - From blood transfusions every 5-7 weeks, no blood transfusions needed now for one year
  - Reticulocytes and leucocytes increased
  
  - Much more energy, eating is better, growth improved
  - But orotic acid levels still high, effect on kidney has to be seen
  - Higher dose uridine

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# Summary

- Metabolic screening really here added quality of life to this patient
  - Combination of Metabolic diagnostics and data of whole exome sequencing has lead to the diagnosis
- Impressive effect of uridine therapy
- Issues
- GMP manufactured product in the Netherlands
- Financial compensation by insurance company

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# Thank you for your attention

## Translational Metabolic Laboratory

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