

Classical-like Cardiac-valvular	cEDS	1/20 000	pattern AD	Type V collagen	
				i i vue v colladen	COL5A1/COL5A2
Cardiac valvular	CILDS	24	AR	Tenascin-X (Complete deficiency)	TNXB
Cardiac-valvular	cvEDS	4	AR	Type I collagen	COL1A1
Vascular	vEDS	1/50 000-250 000	AD	Type III collagen	COL3A1
Hypermobile	hEDS	1/5000-20 000	AD	Unknown	Unknown
Arthrochalasia	aEDS	49	AD	Type I collagen	COL1A1/COL1A2
Dermatosparaxis	dEDS	8	AR	ADAMTS-2	ADAMTS2
Kyphoscolitotic	kEDS	1/100 000	AR	Lysyl hydroxylase-1, FKBP14	PLOD1, FKBP22
Brittle Cornea syndrome	BCS	11	AR	ZNF469, PRDM5	ZNF469, PRDM5
Spondylodysplastic	spEDS	8	AR	β4GalT7, β3GalT6	B4GALT7, B3GALT6
Musculocontractural	mcEDS	31	AR	CHST14, DSE	CHST14, DSE
Myopathic	mEDS		AD or AR	Type XII collagen	COL12A1
Periodontal	pEDS		AD	C1r, C1s	C1R, C1S
0	Arthrochalasia Dermatosparaxis Kyphoscolitotic Brittle Cornea syndrome Spondylodysplastic Musculocontractural Myopathic	Arthrochalasia aEDS Dermatosparaxis dEDS Kyphoscolitotic kEDS Brittle Cornea syndrome Spondylodysplastic spEDS Musculocontractural mcEDS Myopathic mEDS	Arthrochalasia aEDS 49 Dermatosparaxis dEDS 8 Kyphoscolitotic kEDS 1/100 000 Brittle Cornea syndrome Spondylodysplastic spEDS 8 Musculocontractural mcEDS 31 Myopathic mEDS	Arthrochalasia aEDS 49 AD Dermatosparaxis dEDS 8 AR Kyphoscolitotic kEDS 1/100 000 AR Brittle Cornea syndrome BCS 11 AR Spondylodysplastic spEDS 8 AR Musculocontractural mcEDS 31 AR Myopathic mEDS AD or AR Periodontal pEDS AD	Arthrochalasia aEDS 49 AD Type I collagen Dermatosparaxis dEDS 8 AR ADAMTS-2 Kyphoscolitotic kEDS 1/100 000 AR Lysyl hydroxylase-1, FKBP14 Brittle Cornea syndrome BCS 11 AR ZNF469, PRDM5 D Spondylodysplastic spEDS 8 AR β4GalT7, β3GalT6 Musculocontractural mcEDS 31 AR CHST14, DSE Myopathic mEDS AD or AR Type XII collagen

Clinical feature of TNX-deficient type EDS (cIEDS)



- Typical clinical feature
 - Generalized joint hypermobility (with or without (sub)luxations)
 - Skin hyperextensibility
 - Easy bruising

Other common clinical feature

- · Foot and hand deformities
 - * Piezogenic papules
 - * Pes planus
 - * Hallux valgus
 - * Broad forefeet
 - * Brchydactyly
 - * Acrogeric skin of hands
- Neurological symptoms
 - * Muscle weakness
 - * Chronic back pain, myalgias, arthralgias 📩
 - 🖒 | Prof. Emiko Ashitaka

- * Severe fatigue
- Cardiovascular abnormality (valvular problems)
- Gastrointestinal manifestation

Dr. Hiroaki Hanafusa

In contrast to the classical type EDS (cEDS)

- Inheritance pattern: Autosomal recessive
- · Without atrophic scarring

Demirdas *et al.*, *Clinical Genet.* 91, 411-425, 2017. Malfait *et al.*, Am. J. Med. Genet. Part C Semin. Med. Genet. 175C, 8-26, 2017.

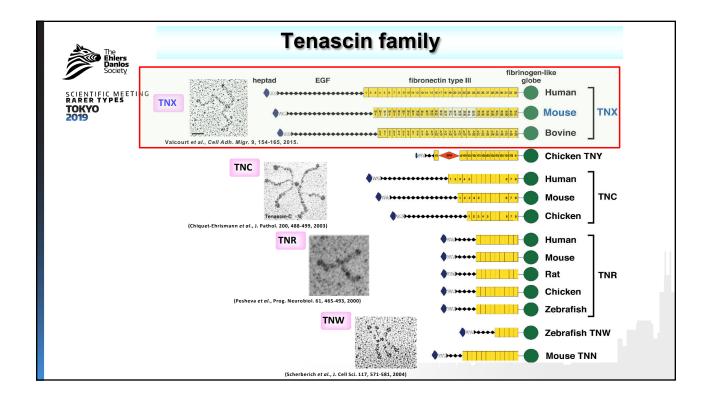
The Ehlers Danios Society

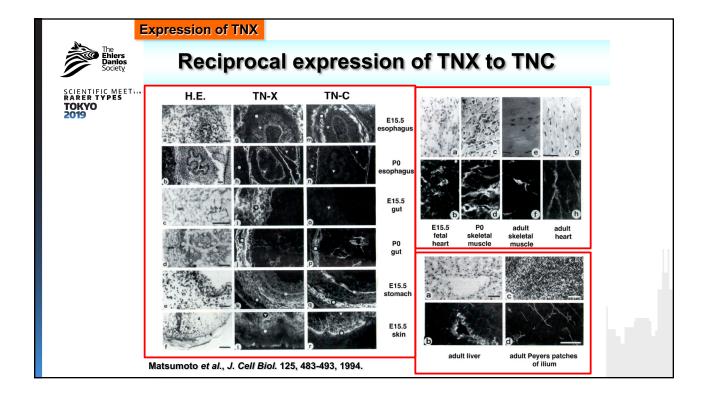
SCIENTIFIC MEETING RARER TYPES

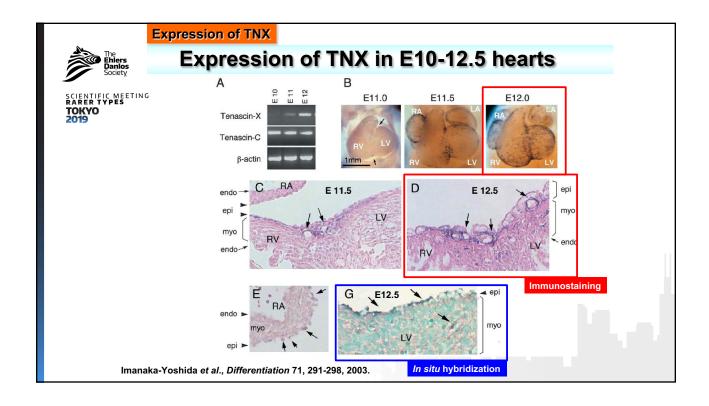
Genetic analysis of TNX-deficient patients

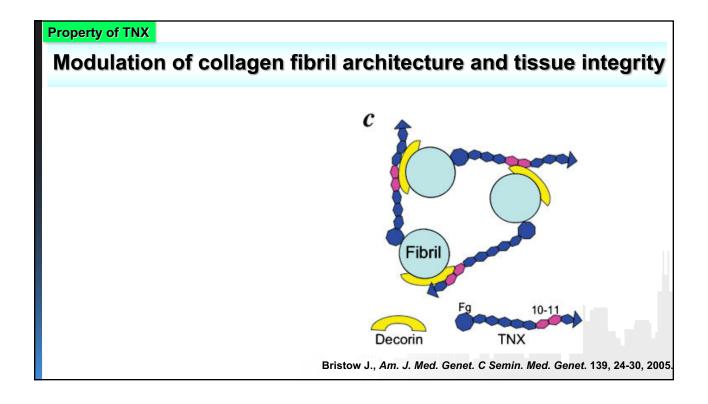
- A 2 bp deletion (c.3290_3291del)
- Two different 30 kb deletions both generating a TNXB/TNXA fusion gene, and pseudogene-derived missense variant [c.12174C>G p.(Cys4058Trp)]
- Premature stop codon [c.903del p.(Tyr301*)], [c.12553C>T p.(Arg4185*)], [c.2461C>T p.(Arg821*)], [c.2590C>T p.(Gln864*)]
- Splice site mutation [c.7826-1G>C p.(?)], [c.12464-1G>A p.(?)]
- A small deletion/insertion [c.107_108delinsA p.(Ala36Aspfs*68]
- A pseudogene-derived 120 bp deletion (c.11435_11524+30del)

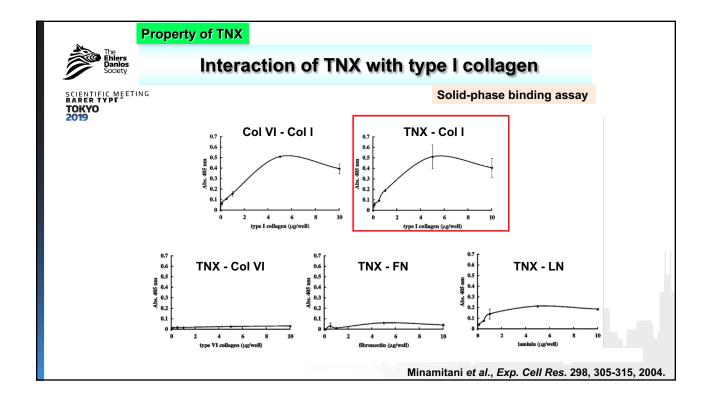
Demirdas et al., Clinical Genet. 91, 411-425, 2017

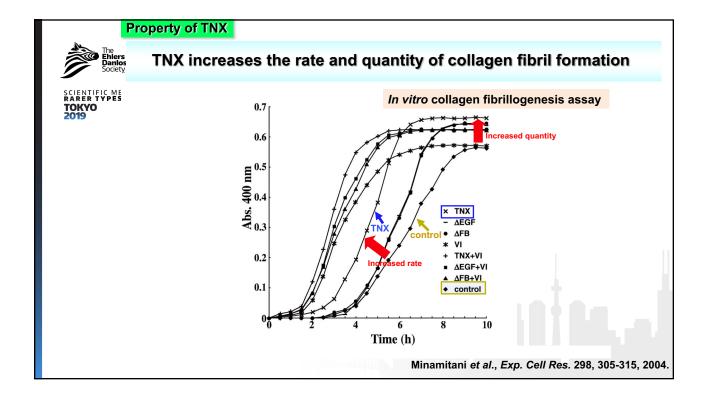


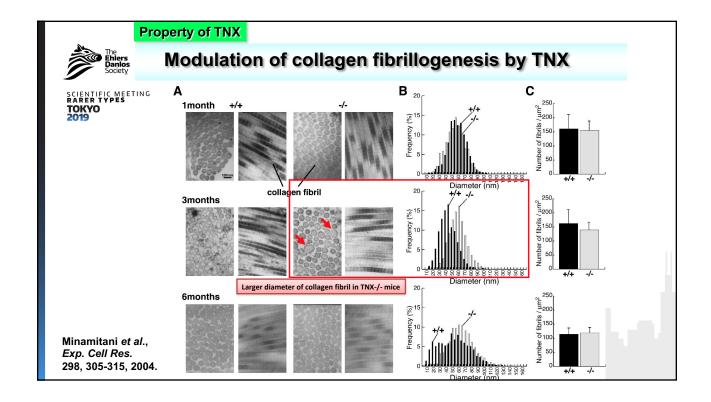


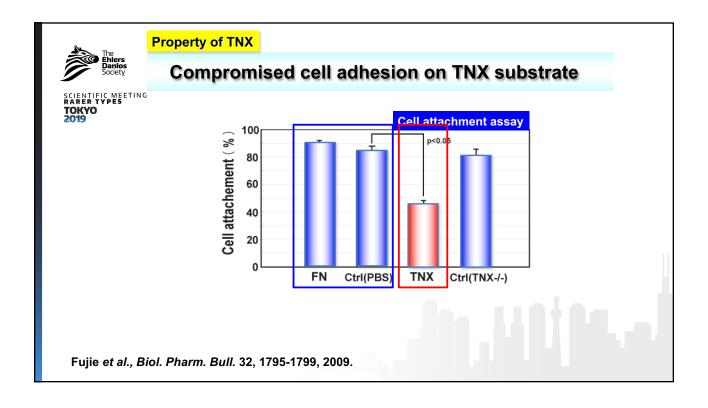


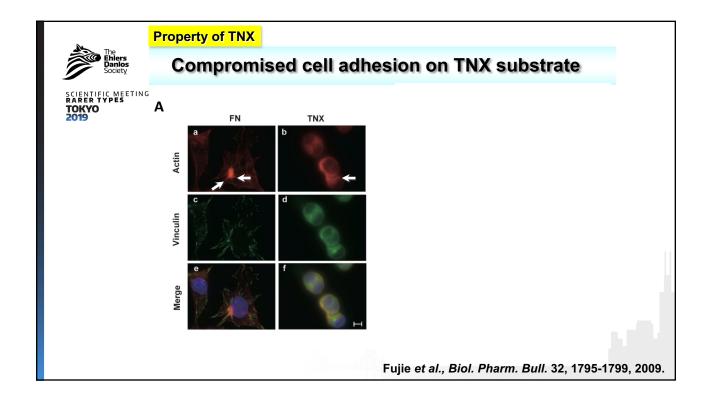


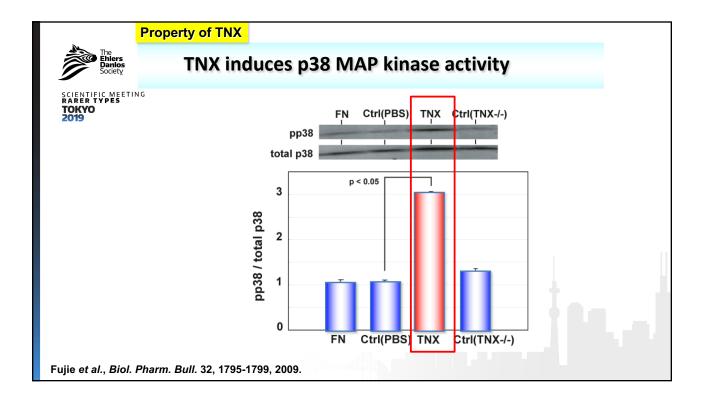


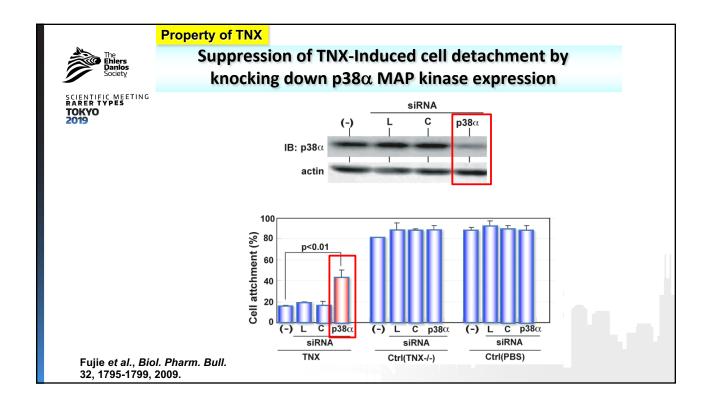


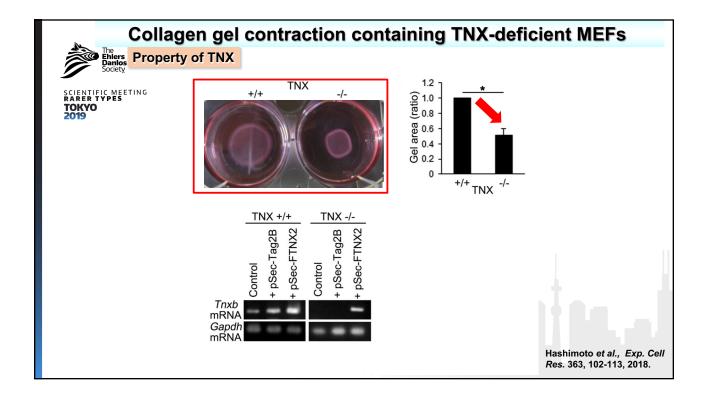


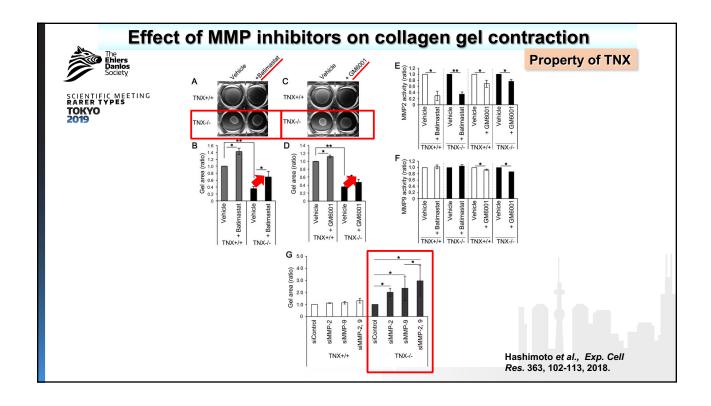


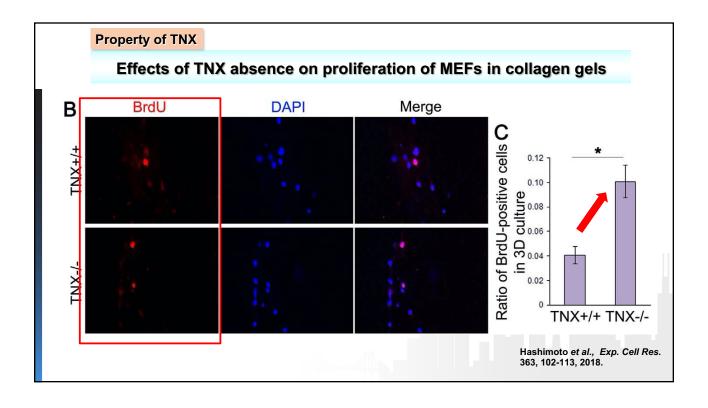


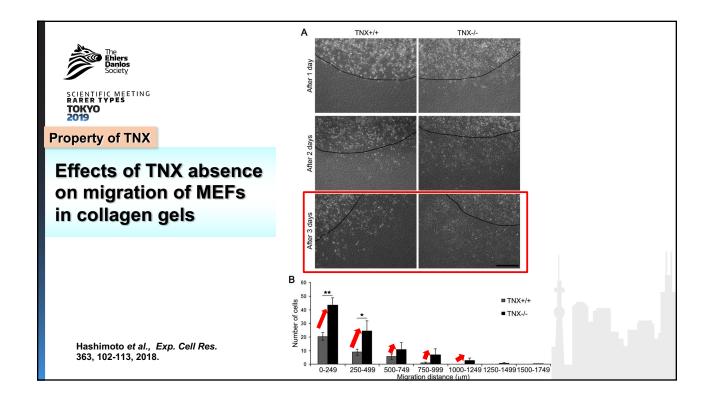


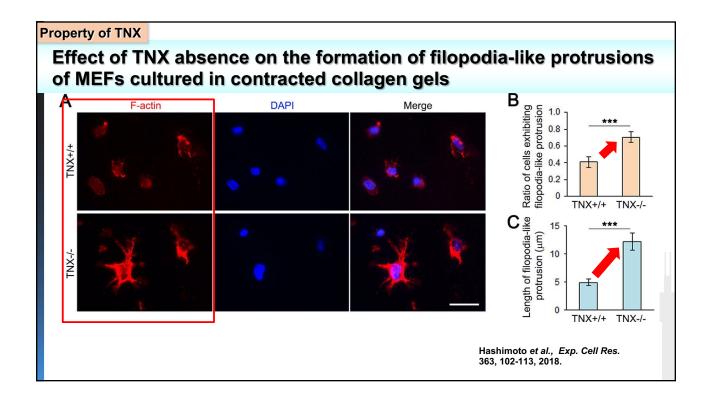


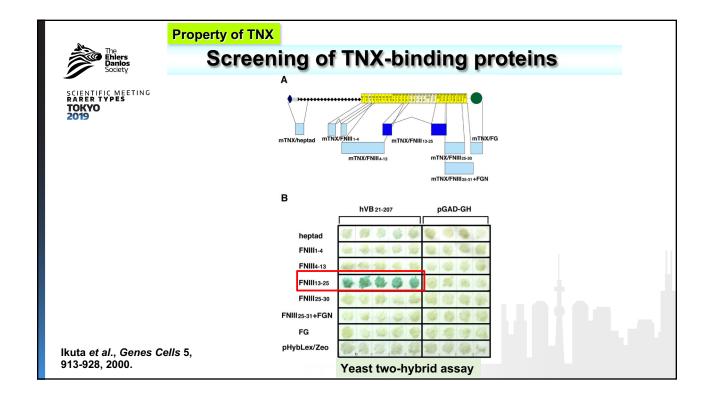


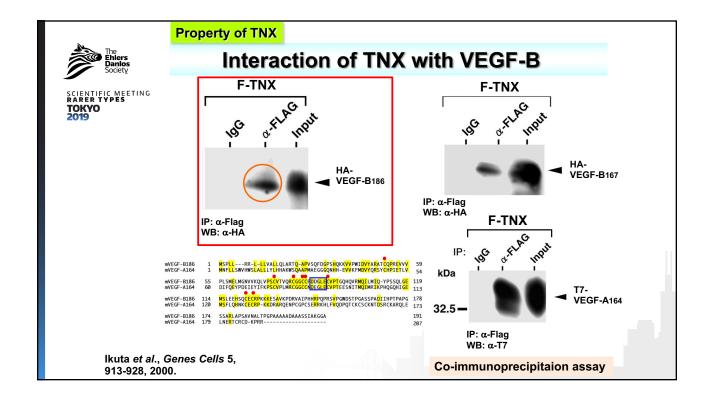


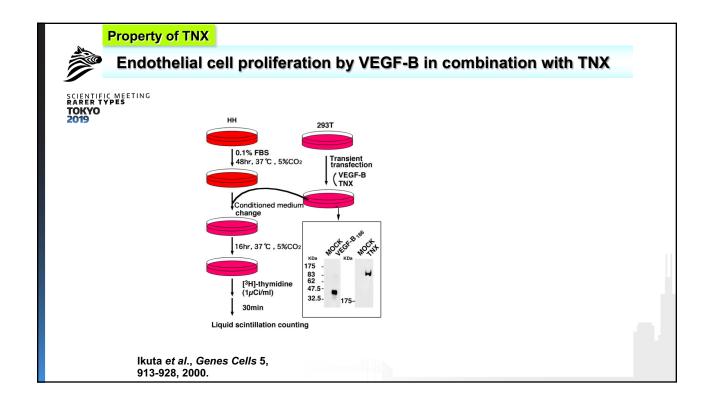


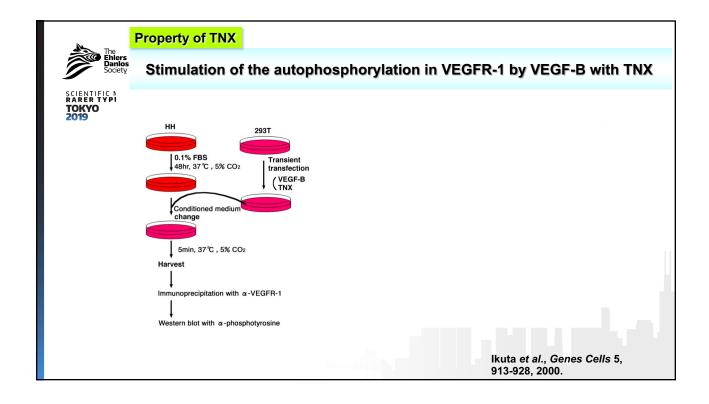


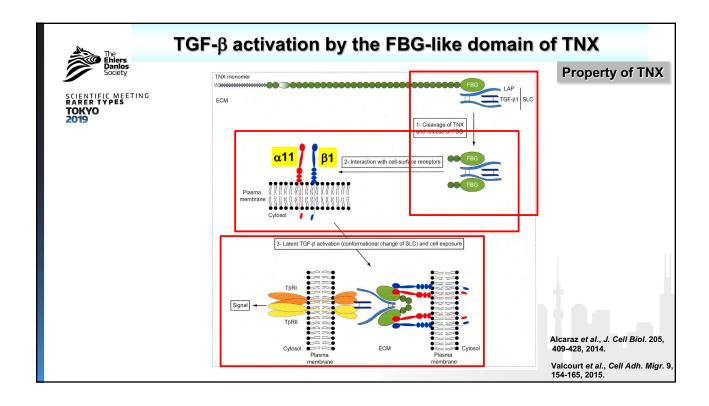


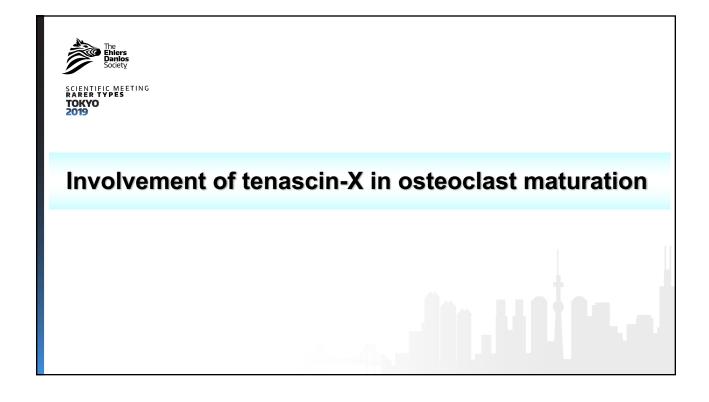


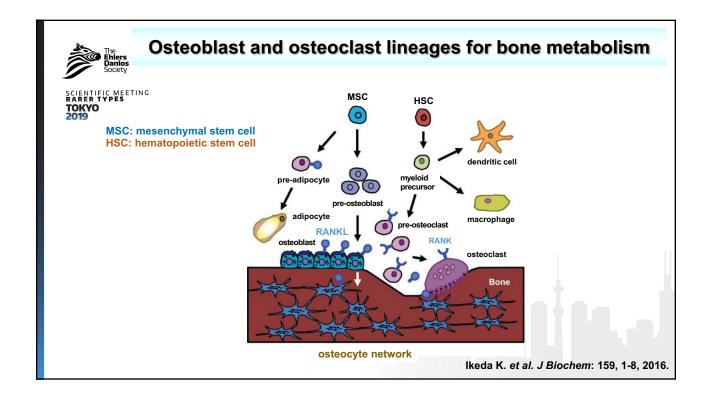


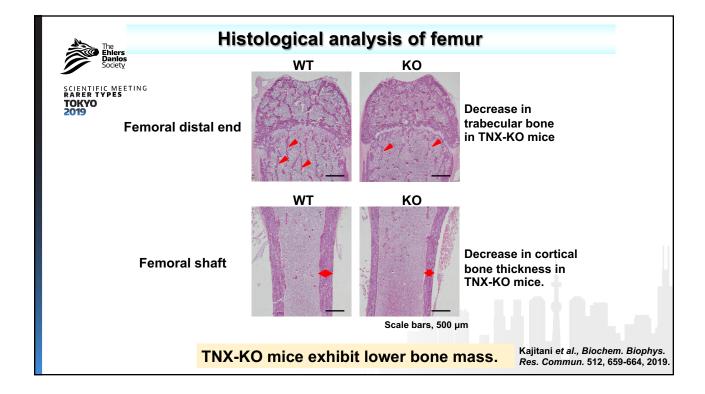


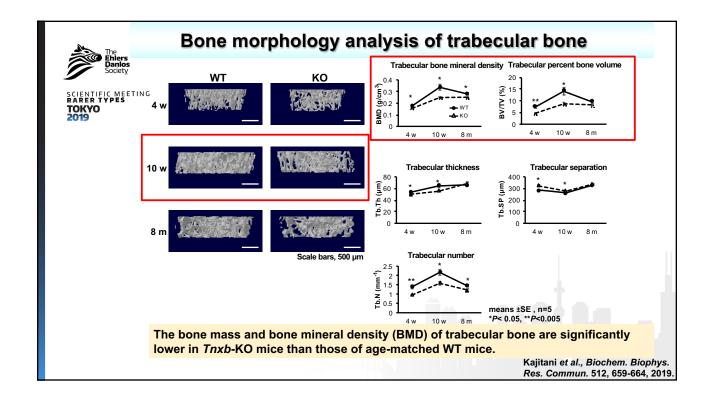


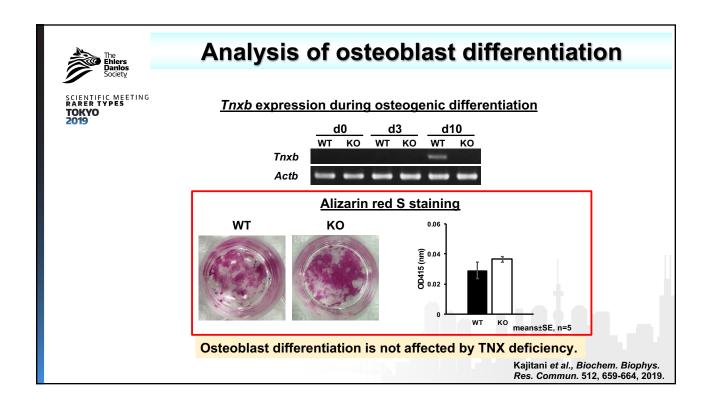


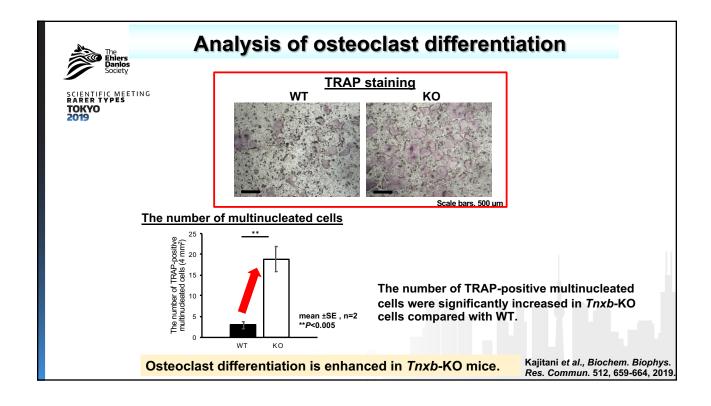


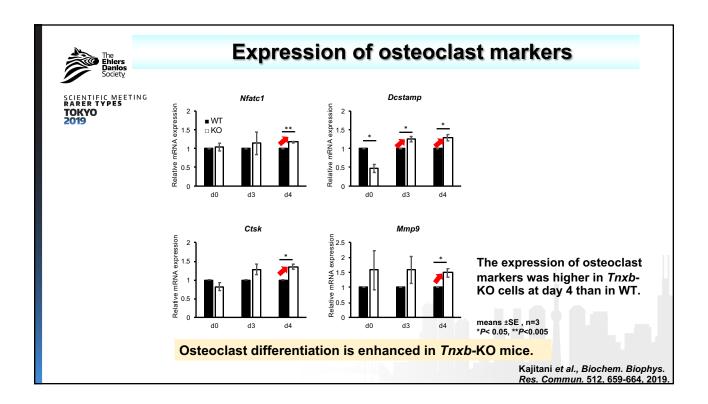


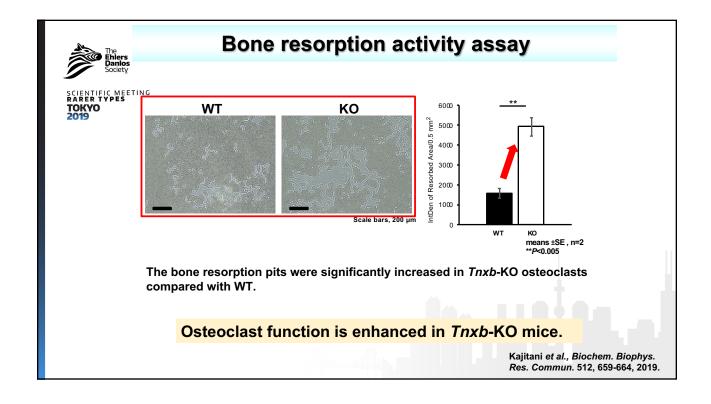


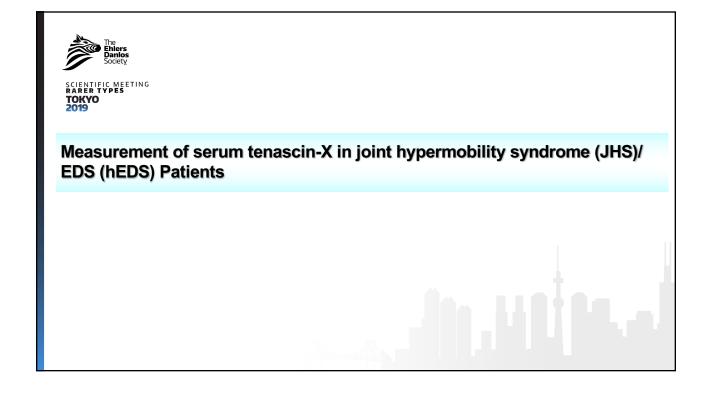












Hypermobility EDS (hEDS)

TOKYO 2019

* Generalized joint hypermobility

* Two or more among the following features

A. Generalized connective tissue disorder

e.g.,

Unusually soft or velvety skin Mild skin hyperextensibility

Unexplained striae

Bilateral piezogenic papules of heel Recurrent or multiple abdominal hernia

B. Positive family history

C. Musculoskeletal complications

* All the following prerequisites must be met

Beighton et al., Am. J. Med. Genet. 77, 31-37,1998.

Malfait et al., Am. J. Med. Genet. Part C Semin. Med. Genet. 175C, 8-26, 2017.

Absence of unusual skin fragility

Exclusion other heritable connective tissue disorders

In 2003, Zweers was reported that there is a small subset of patients with JHS/hEDS who have haploinsufficiency of tenascin-X (TNX).

However, the relationship between TNXB and JHS/hEDS has not been reported at all afterwards.

At present, the causative gene of hEDS remained to be identified.

Zweers et al., Am. J. Hum. Genet. 73, 214-217, 2003.

