

ABC's of *RYR1*-related Diseases

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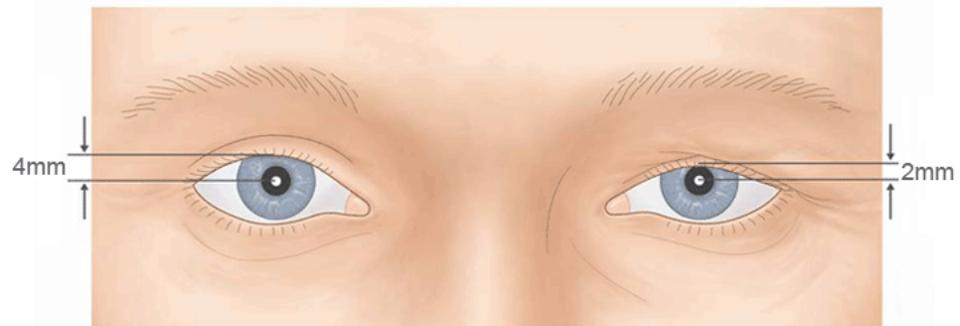
Toronto, Ontario, Canada

Outline

- Diagnostic Process
 - Symptoms
 - EMG/NCV
 - Muscle MRI/ultrasound
 - Muscle Biopsy
 - Contracture Testing for MH
 - Genetic Testing
- Inheritance Patterns
- Genotype-Phenotype Correlations

Symptoms

- Long face
- Ptosis (drooping eye lids)
- Ophthalmoplegia
(restricted movements of the eye muscles)

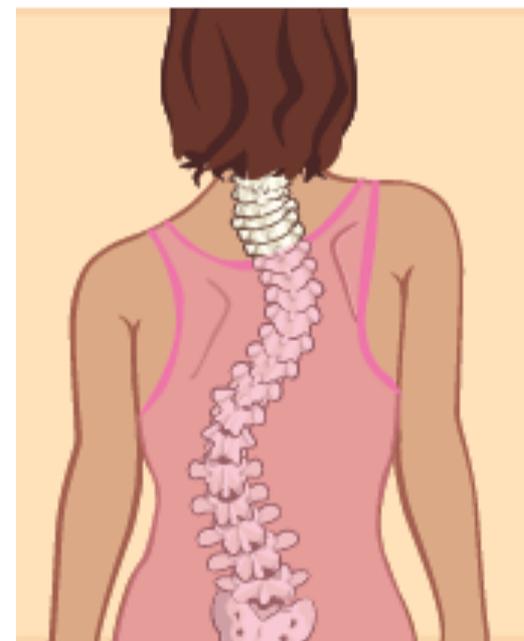
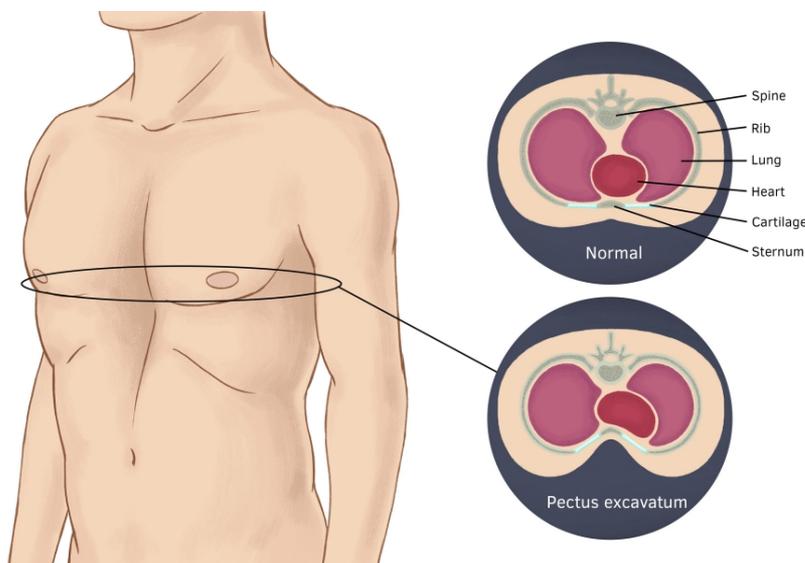


Symptoms (cont.)

- Muscle weakness
 - Facial and proximal (muscles closest to the core) muscles
 - Delays in sitting, walking, etc
 - Difficulties getting up off the floor/out of a chair
 - Difficulties walking
 - Difficulties with stairs
- Muscle wasting (muscles get smaller)
- Muscle cramping/pain
- Rhabdomyolysis (severe breakdown of muscle tissue, muscle cramping/pain/weakness, dark urine, high CK)
- Susceptibility to malignant hyperthermia (MH)

Symptoms (cont.)

- Contractures (fixed/stiff joints)
- Scoliosis (spine curvature)
- Changes in the shape of the chest
- Hip dislocation



Scoliosis

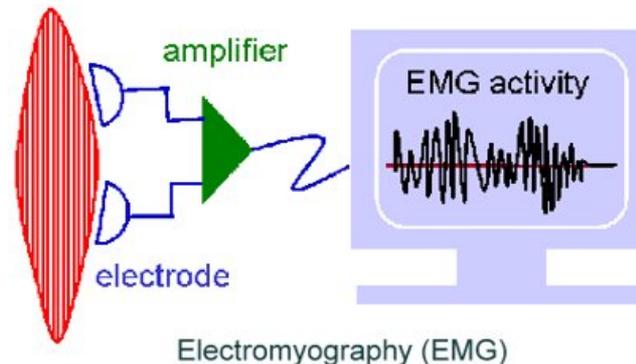
Symptoms (cont.)

- Eating difficulties
- Breathing difficulties, sleep apnea (difficulties breathing during sleep)
- Fatigue (especially in warm weather), exercise intolerance
- Intelligence is typically normal



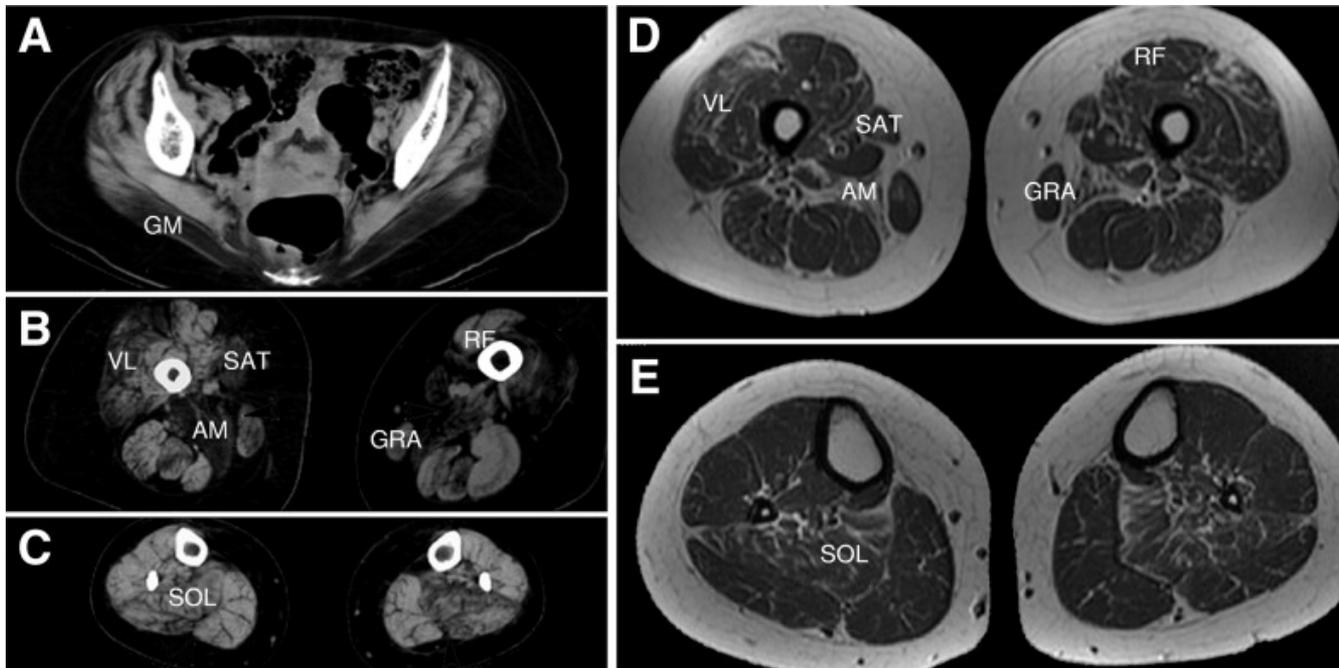
EMG/NCV

- Electromyography (EMG)
 - Assesses the muscle activity
 - Needle (recording microphone)
- Nerve conduction velocities (NCV)
 - Assesses the nerve signals
 - Recording electrodes placed over the nerves

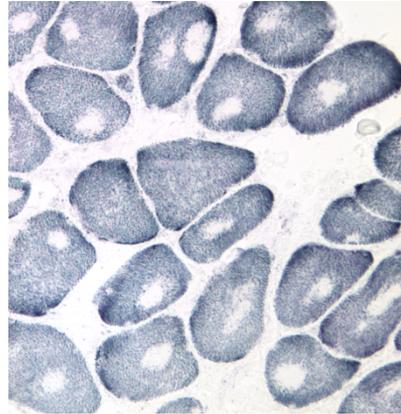
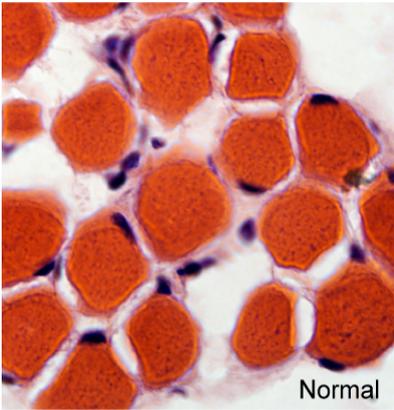


Muscle MRI & Ultrasound

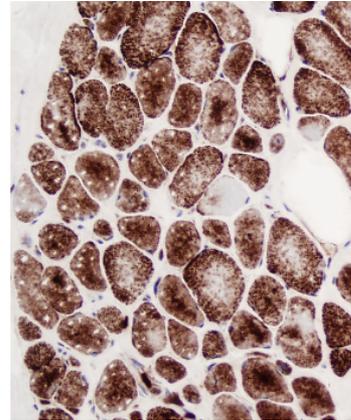
- Looks for patterns of muscle groups that are affected



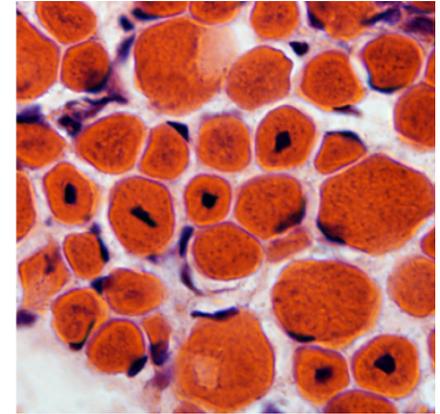
Biopsy Findings of *RYR1*-related Myopathies



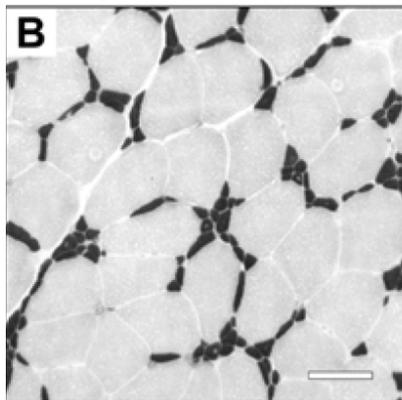
Central Core Disease (CCD)



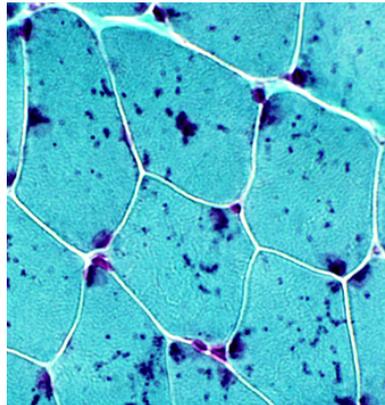
Multiminicore Disease (MmD)



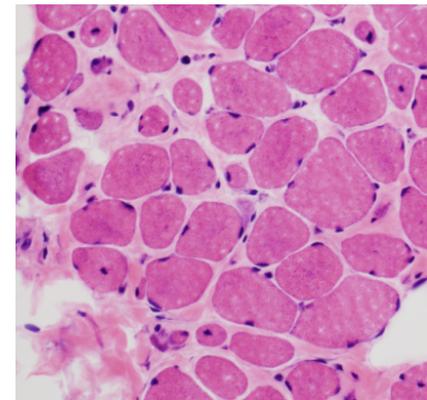
Centronuclear Myopathy (CNM)



Congenital Fiber Type Disproportion (CFTD)



Nemaline Myopathy (NM)



Congenital Muscular Dystrophy (CMD)

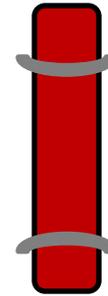
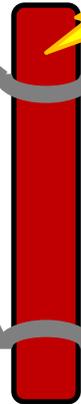
Contracture Testing

1)

Equipment recording muscle contraction



Electrical Stimulus



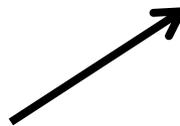
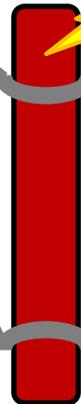
Baseline Muscle Contraction

2)

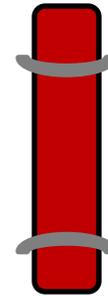
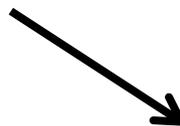
Equipment recording muscle contraction



Electrical Stimulus



+ Caffeine or Halothane



Normal Muscle Contraction (MH Negative)



Excessive Muscle Contraction (MH Positive)

Muscle Fiber

Muscle Fiber

Genetic Testing

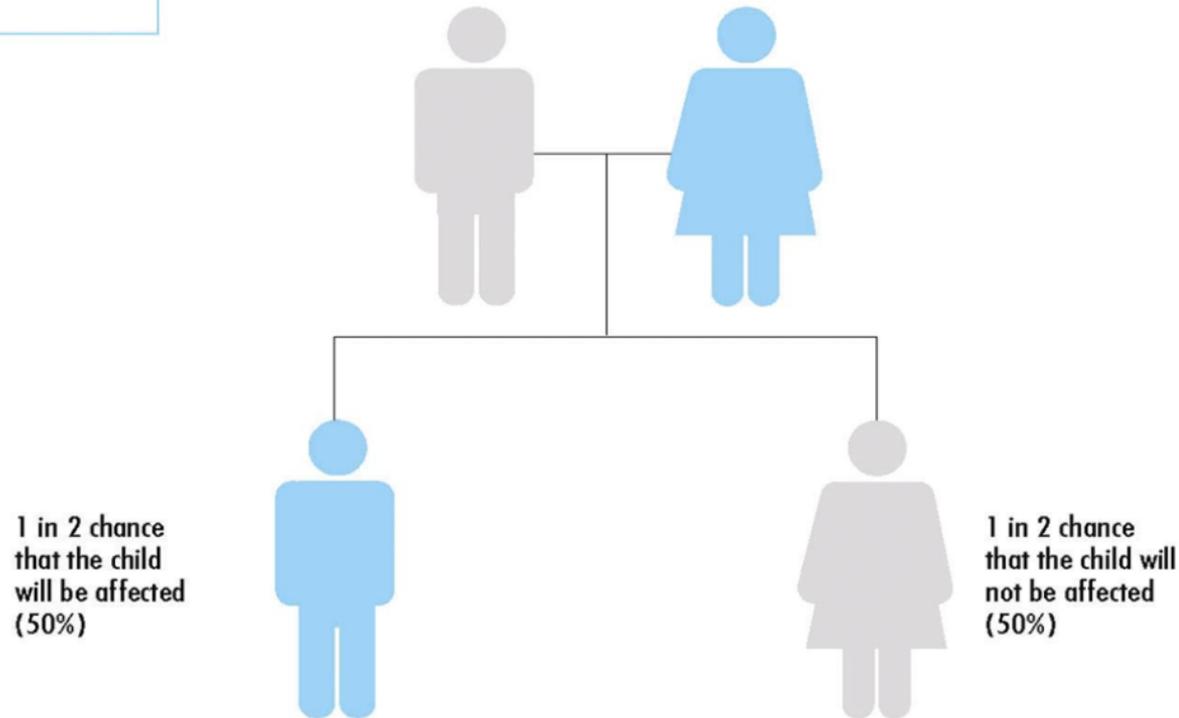
- Options:
 - Sequencing
 - Deletion/Duplication
 - Panel
 - Whole exome/genome sequencing
- Interpretation of Results
 - Medical Literature
 - Prediction Programs
 - Prevalence of the Change



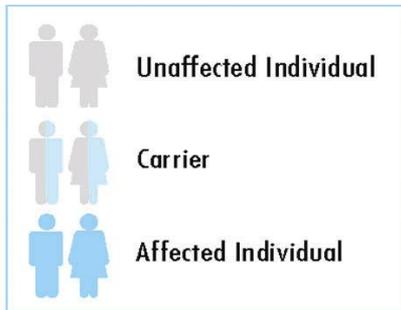
Autosomal Dominant Inheritance



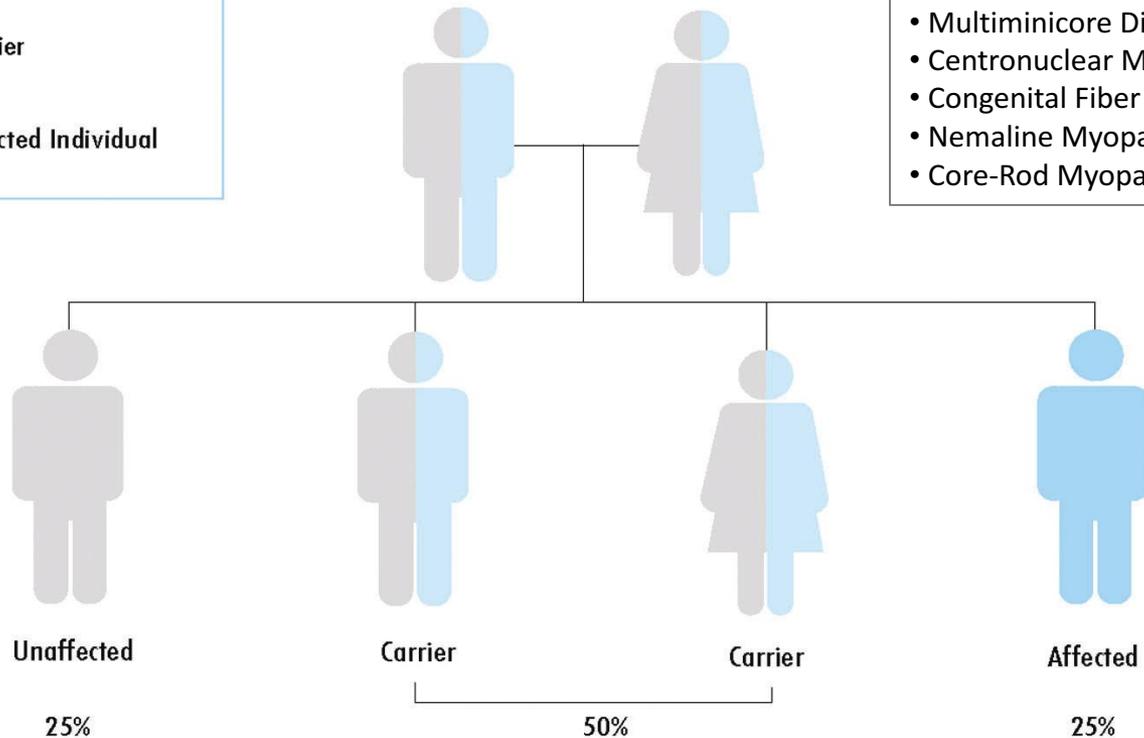
- Central Core Disease
- Core-Rod Myopathy



Autosomal Recessive Inheritance

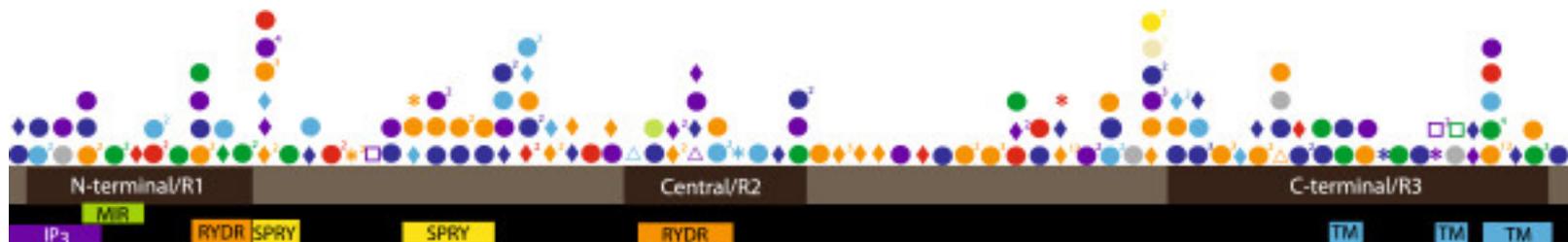


- Central Core Disease
- Multimincore Disease
- Centronuclear Myopathy
- Congenital Fiber Type Disproportion
- Nemaline Myopathy
- Core-Rod Myopathy



Genotype-Phenotype Correlations

- Location and type of the gene change
- Affect on protein levels



Domain KEY



N-terminal/Region I: Exons 2-17
 Central/Region II: Exons 39-46
 C-terminal/Region III: Exons 85-103

● Missense
 ◆ Nonsense
 □ Deletion
 ■ Insertion
 △ Duplication
 * Splice Site

■ MmD
 ■ CCD
 ■ Core Myopathy
 ■ CNM/CNM-like
 ■ CFTD
 ■ RRM
 ■ KDS
 ■ Congenital Myopathy/MH
 ■ AR MD
 ■ Core/Rod Disease

Core-Rod Myopathy

Core Myopathy

King Denborough Syndrome

RYR1-Related Myopathy
Congenital Muscular Dystrophy

Multimincore Disease

Centronuclear Myopathy

Central Core Disease

**Thank you to all of the patients and families in
our clinics and who have participated in our
research**

CENTRE FOR RESEARCH AND LEARNING

Our Clinic Team

Dr. Jim Dowling

Dr. Jiri Vajsar

Dr. Grace Yoon

Dr. Ronald Cohn

Dr. Hernan Gonorazky

Lynn MacMillan

