

Holoprosencephaly

Holoprosencephaly

- First described in 1963
- Failure of proper formation of the midline structures of the forebrain is the common feature of the many variant forms.
- Occurs in about 1/10,000 liveborn infants but is much more frequent in prenatal studies.

Etiology of HPE

- Chromosomal
- Teratogens
- Syndromes
- Single gene disorders

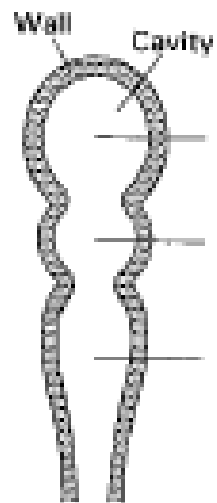
Famous Teratogens

- Alcohol
- Cycloamine

HPE Genes

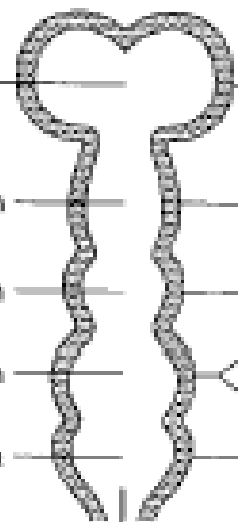
- Sonic Hedgehog (SHH); chromosome 7
- ZIC2 (chromosome 13q32)
- SIX3; chromosome 2
- TGIF, chromosome 18
- Others

3 Primary Vesicles



Prosencephalon
 Mesencephalon
 Rhombencephalon

5 Secondary Vesicles

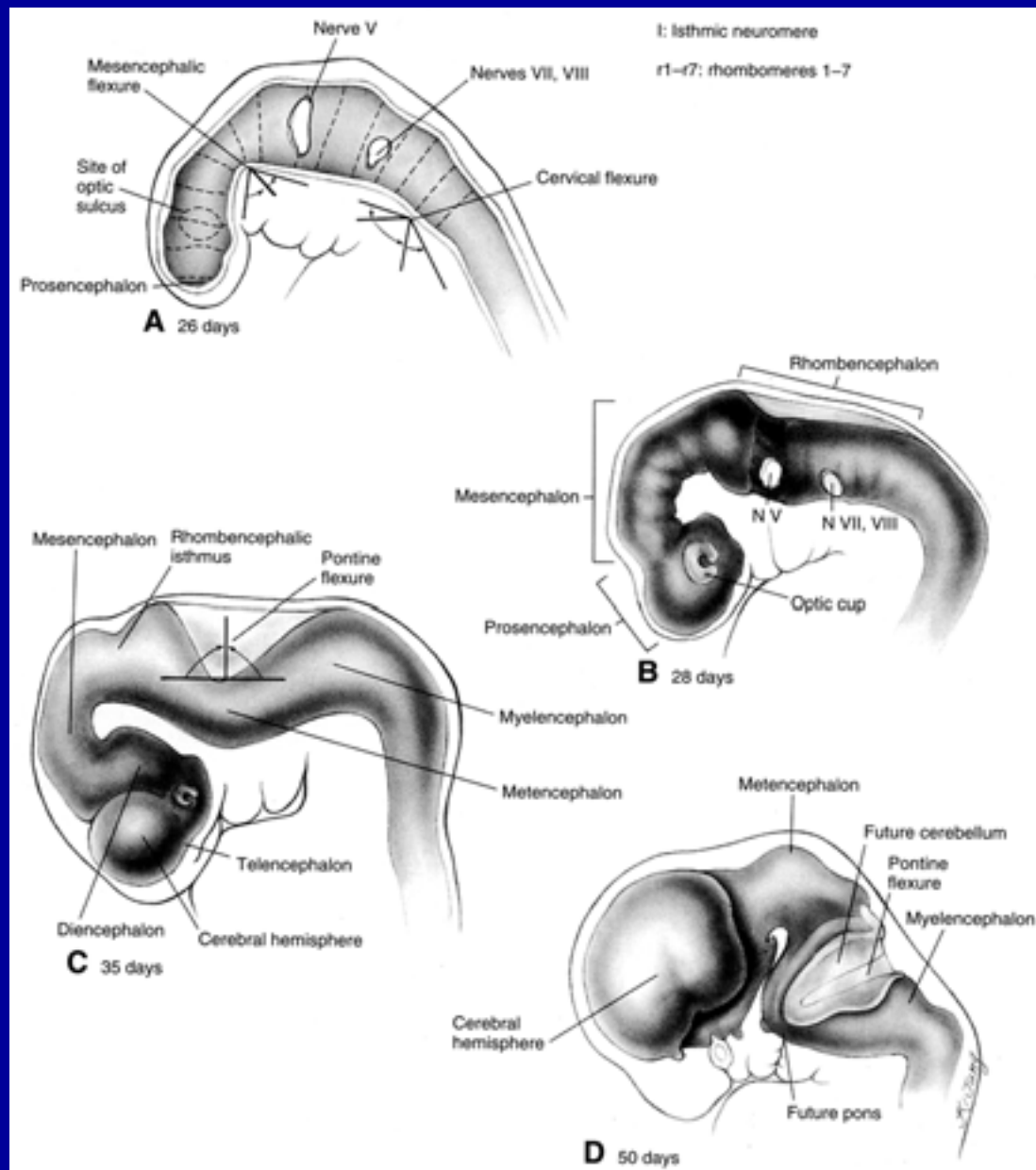


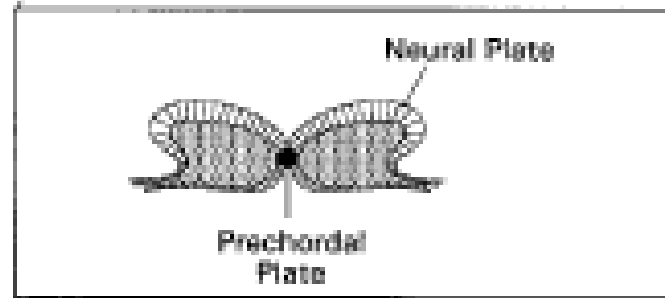
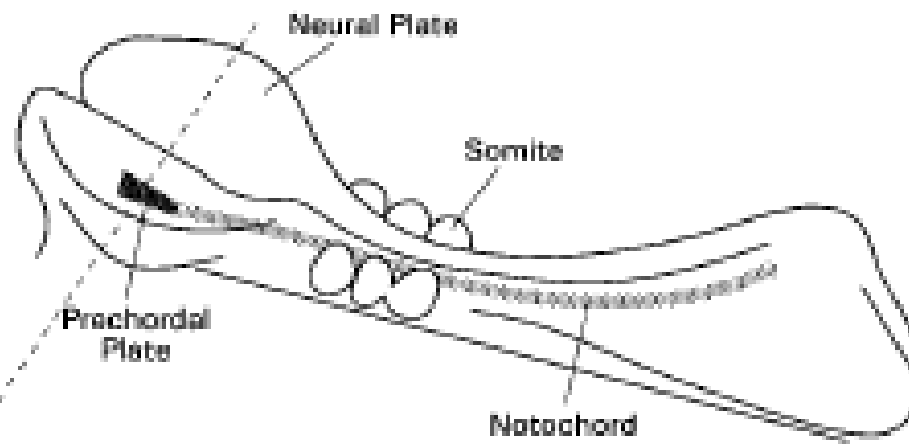
Telencephalon
 Diencephalon
 Mesencephalon
 Metencephalon
 Myelencephalon

Adult Derivatives of

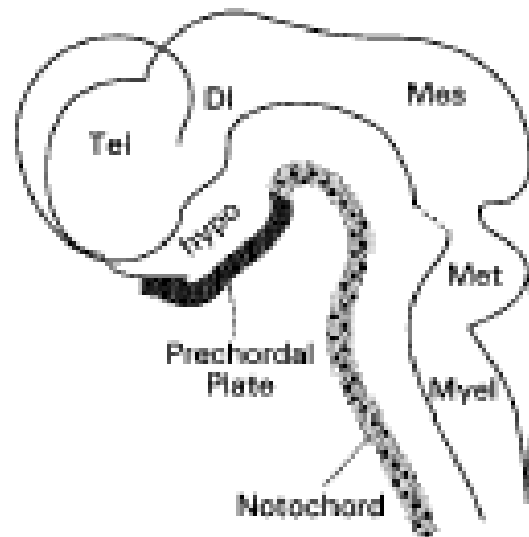
Walls	Cavities
Cerebral Hemispheres	Lateral Ventricles
Thalami, etc.	Third Ventricle
Midbrain	Aqueduct
Pons Cerebellum	Upper Part
Medulla	Lower Part
	of Fourth Ventricle

Spinal Cord



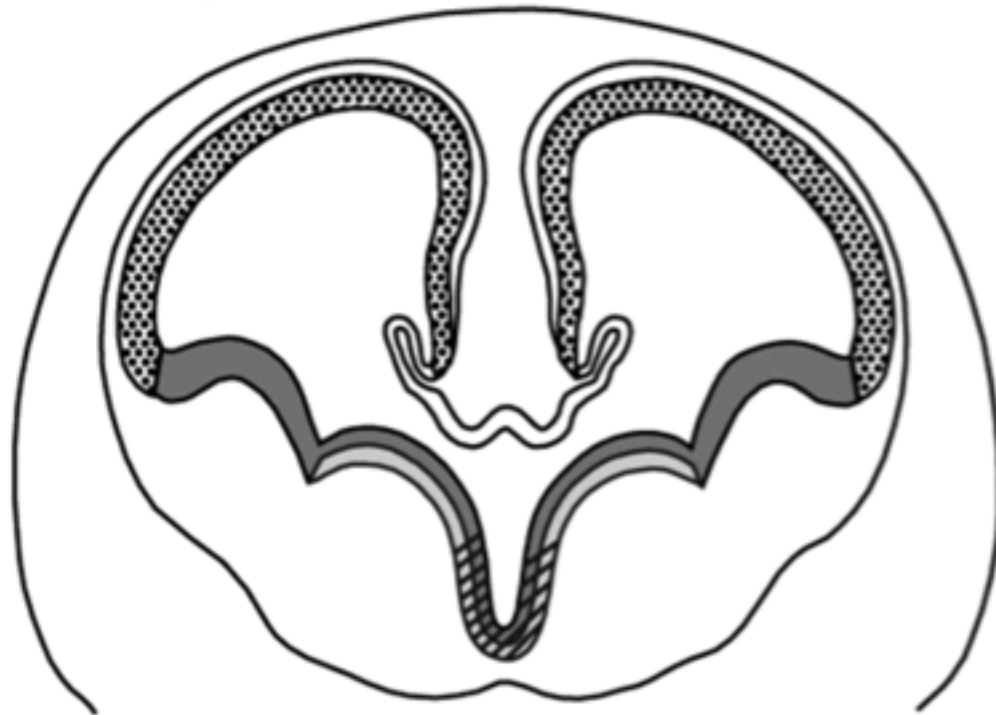


A Cross Section

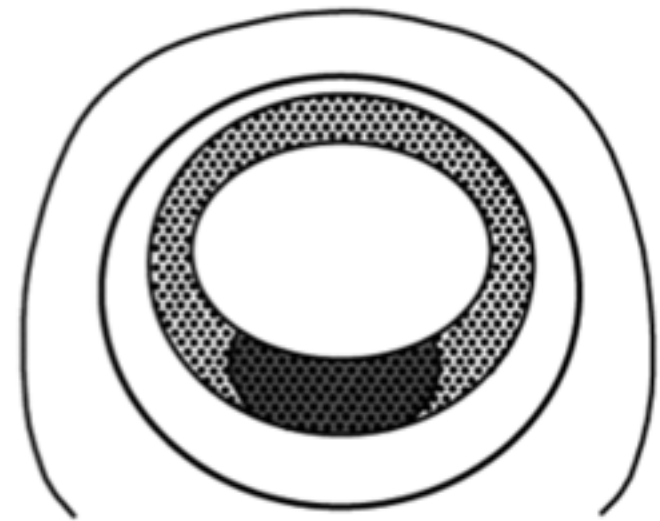


B

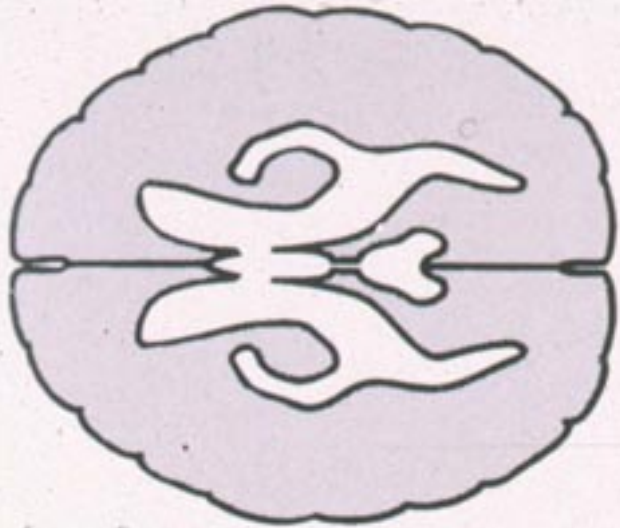
(a) wild type



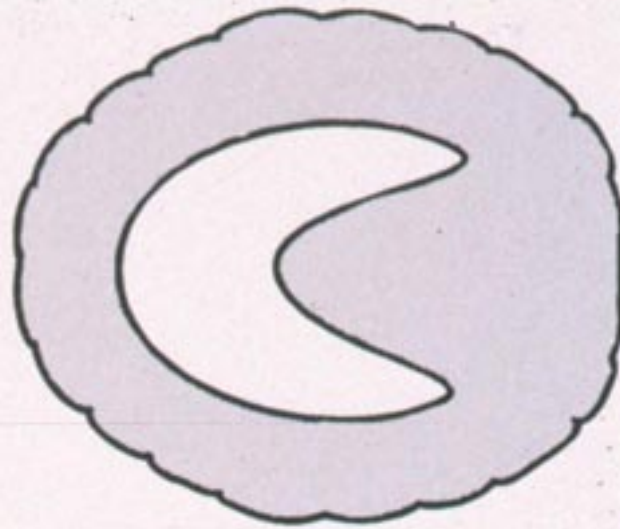
(b) *Shh* mutant



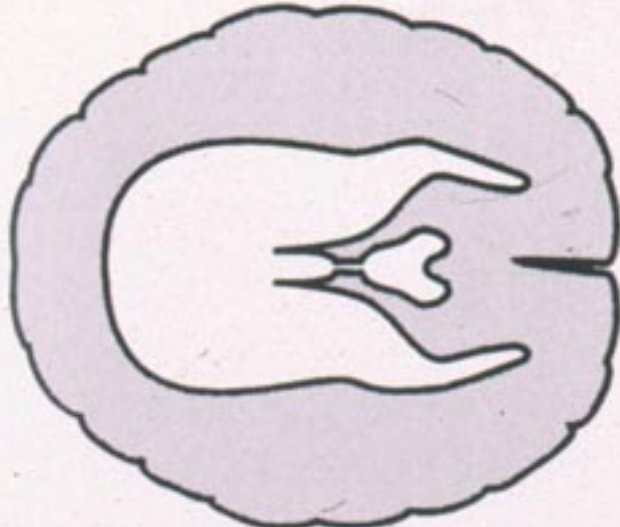
■ *Emx1* ■ *Dlx2* ■ *Nkx2.1* // *Shh*



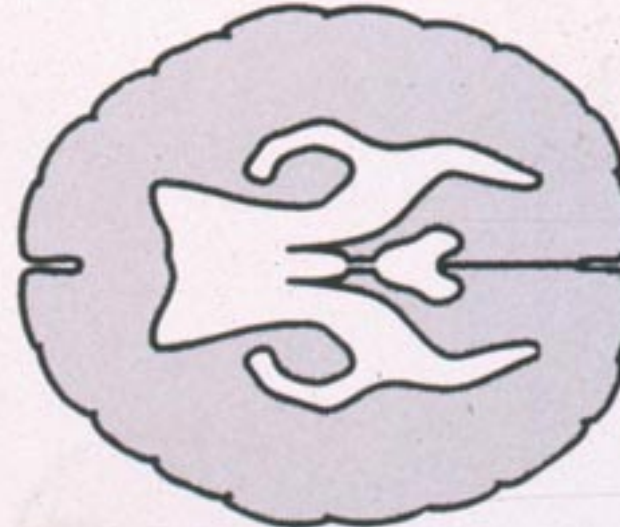
NORMAL



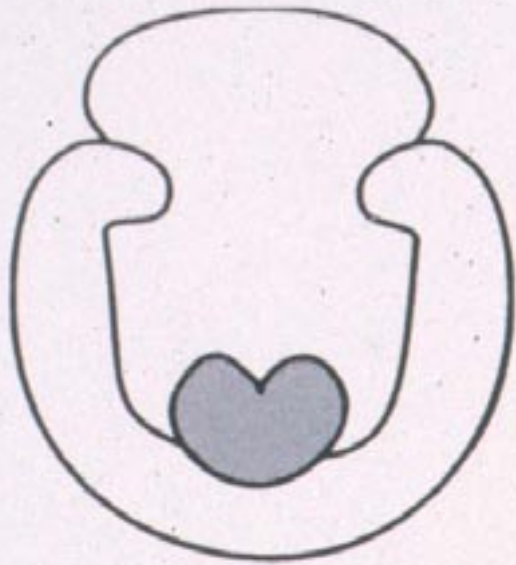
ALOBAR



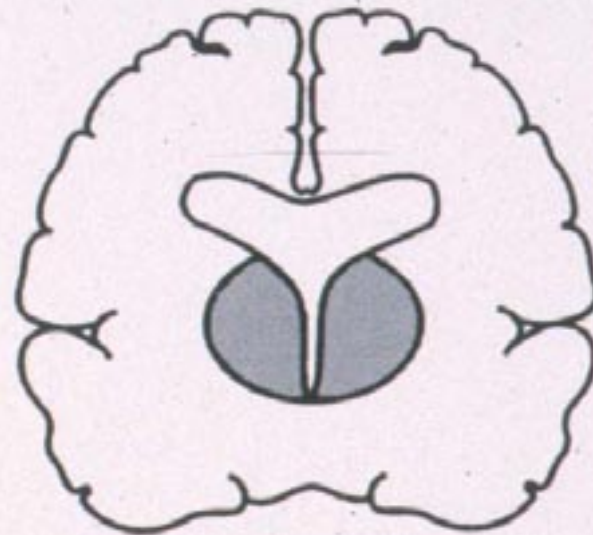
SEMILOBAR



LOBAR



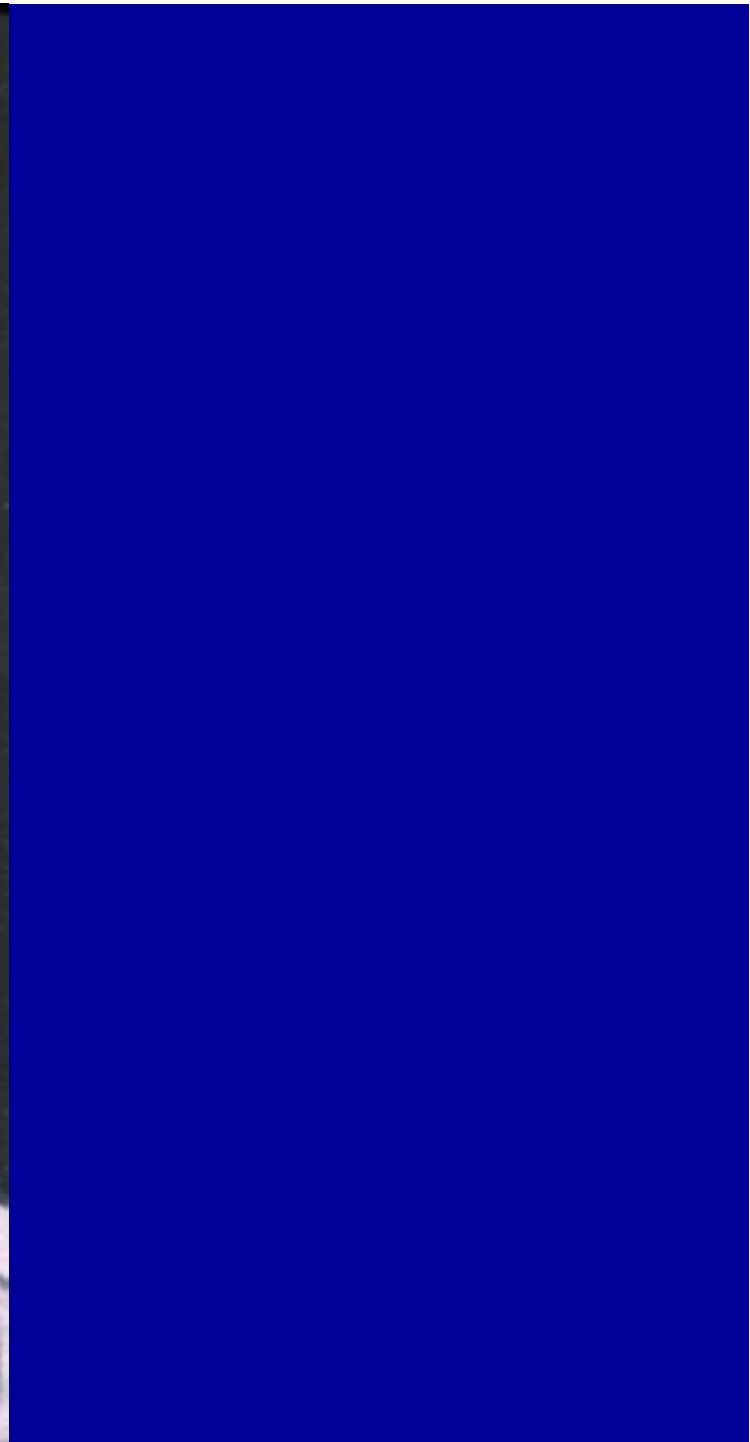
Alobar
holoprosencephaly



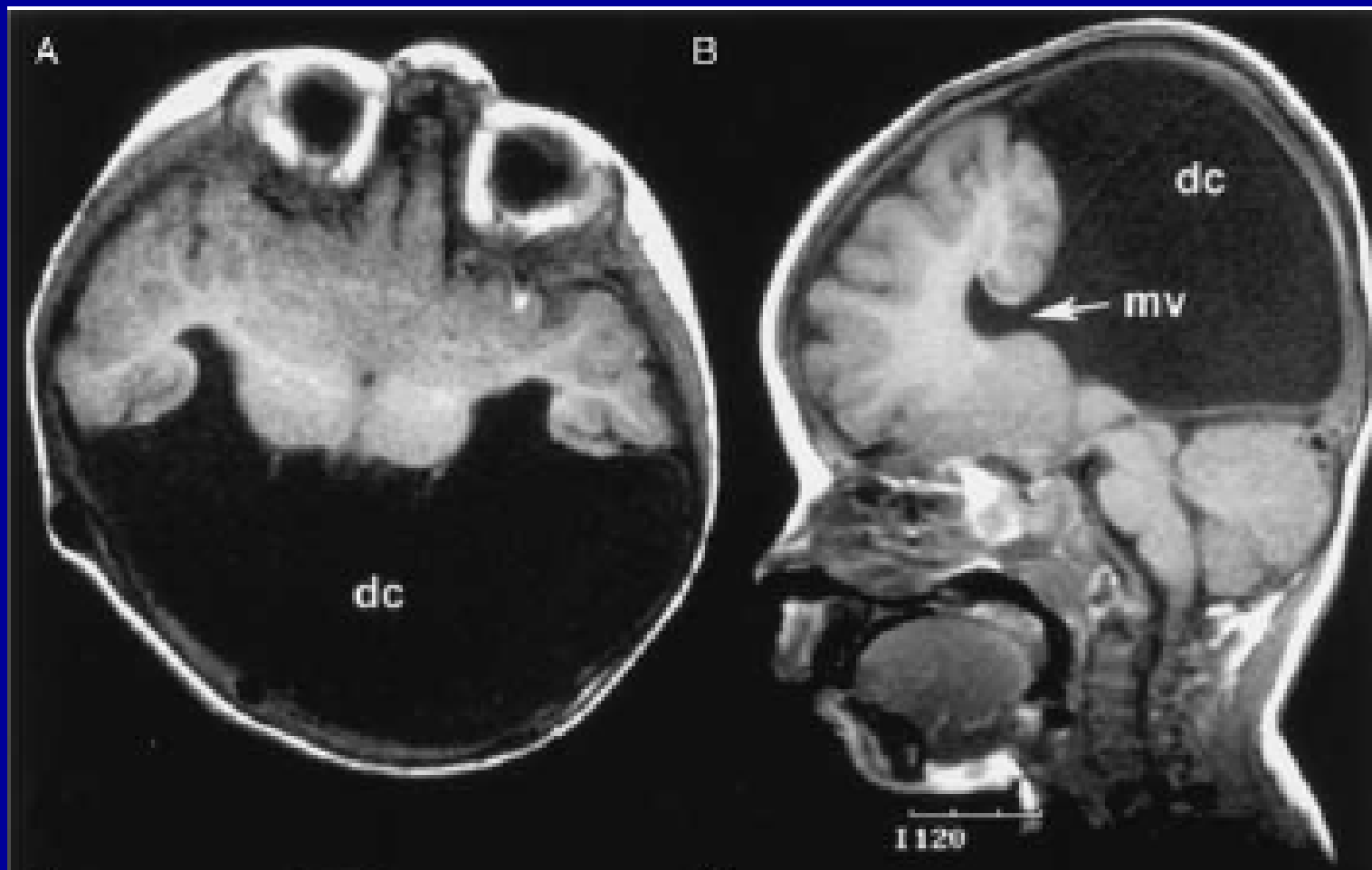
Lobar
holoprosencephaly



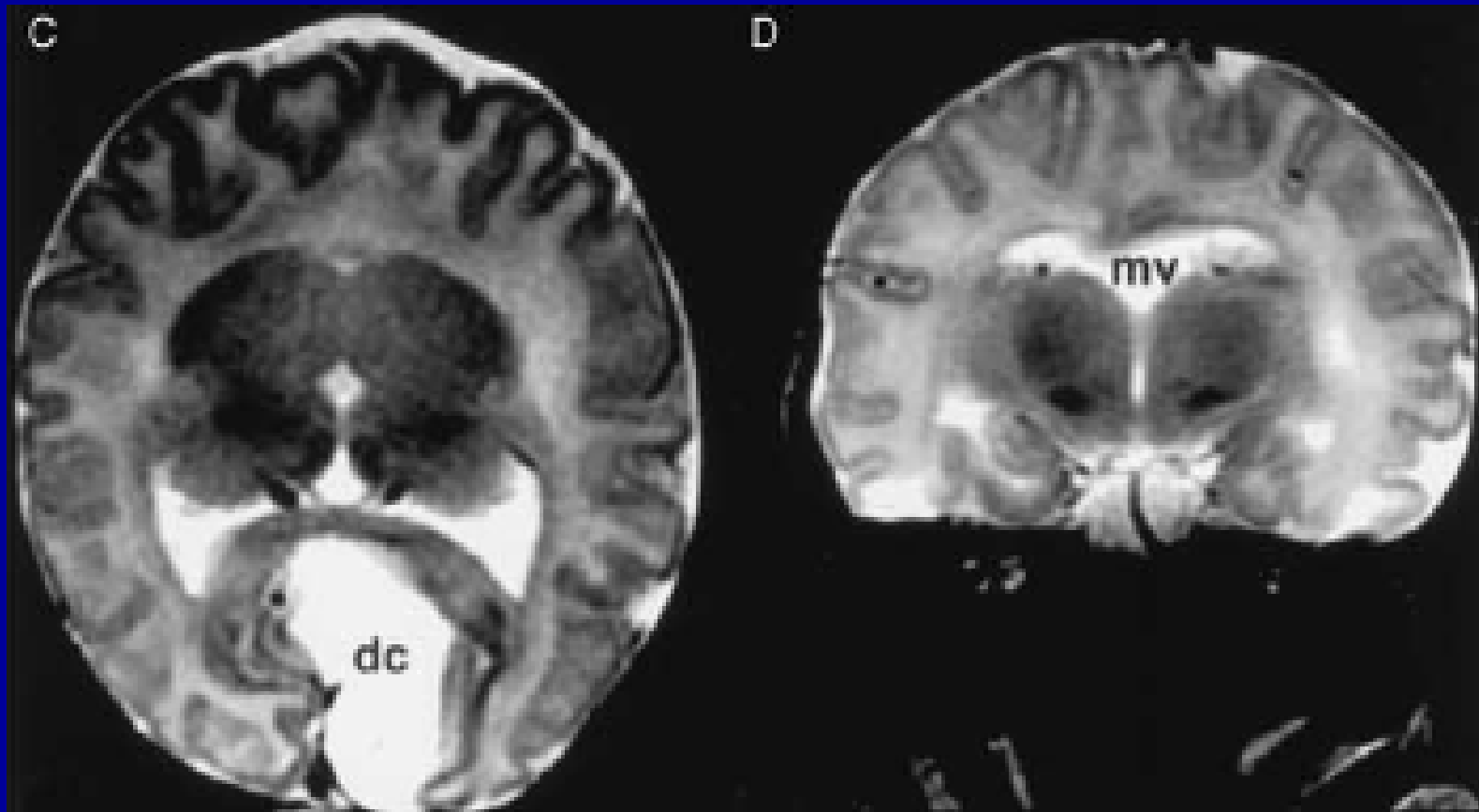
18cm +0.45cm F P



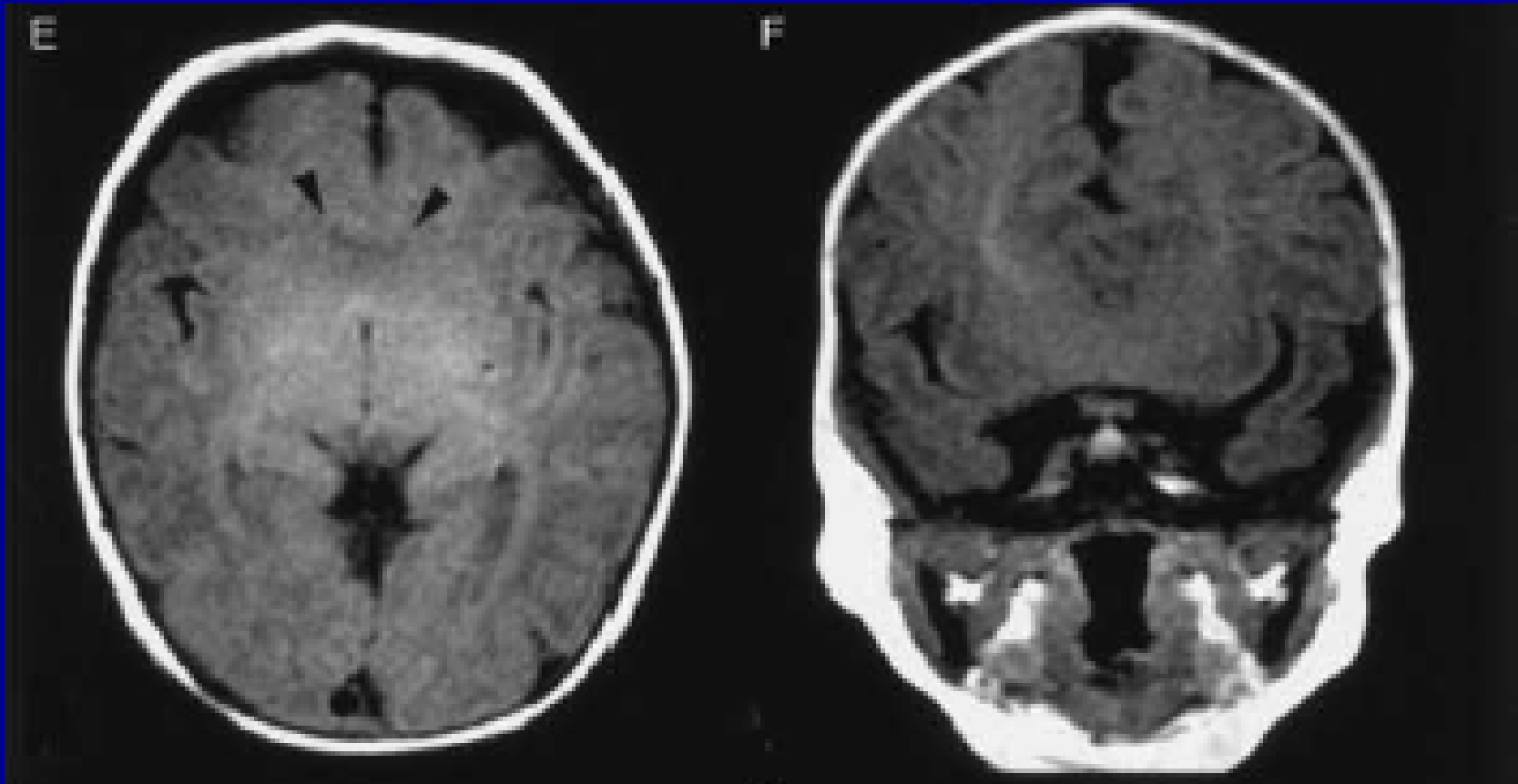
Alobar HPE. (A) lack of separation of the two hemispheres. Large dorsal cyst (dc) posteriorly. (B) reveals a midline ventricle, a monoventricle (mv), that communicates posteriorly with the dorsal cyst (dc).

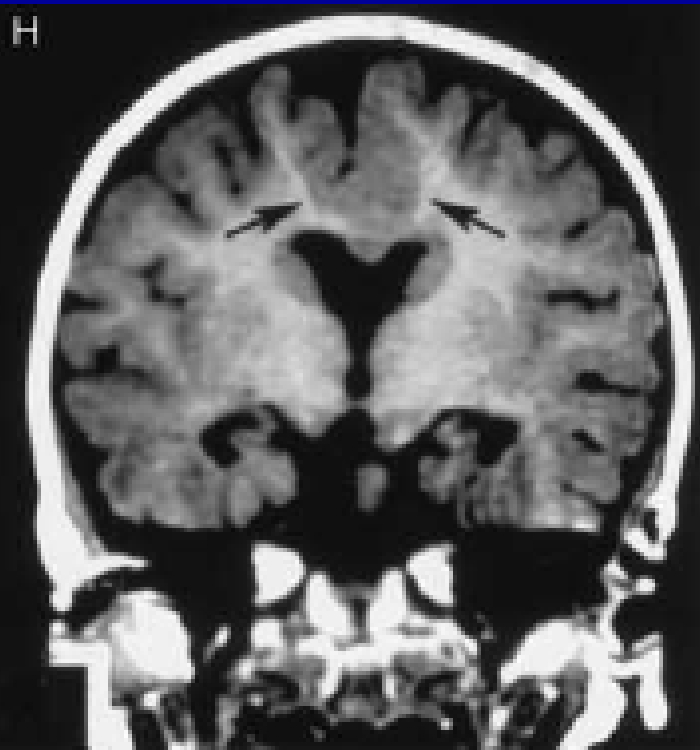
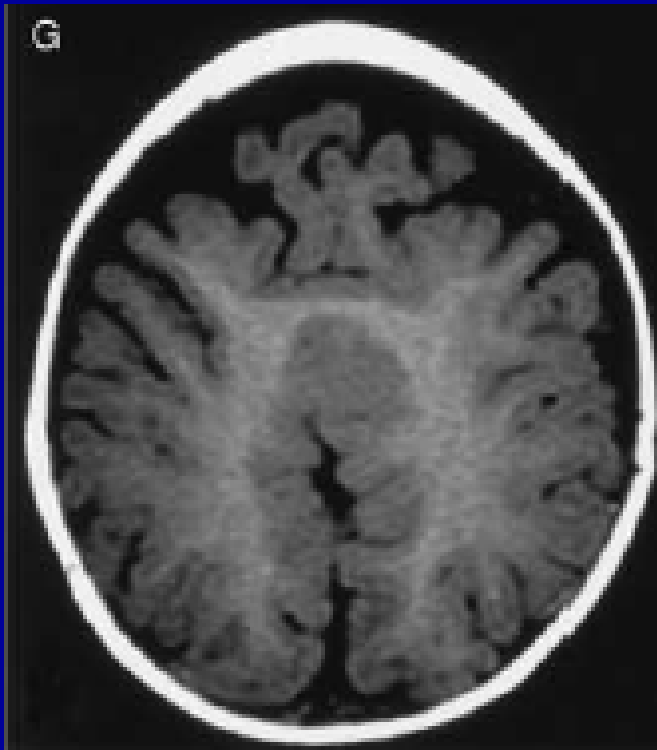


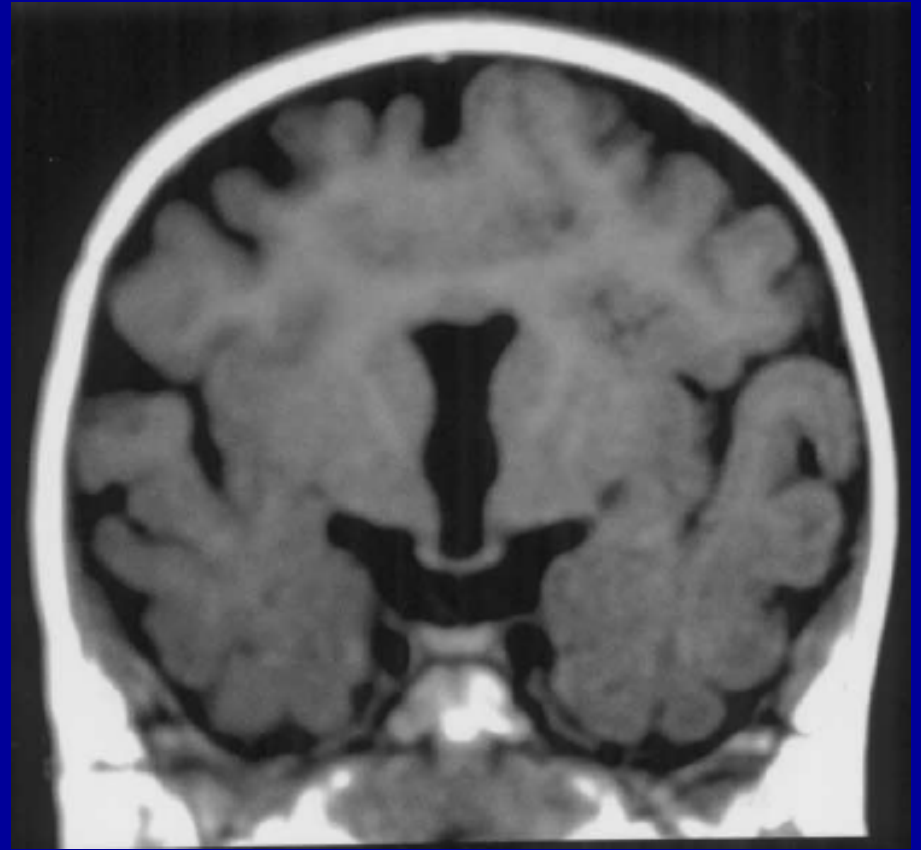
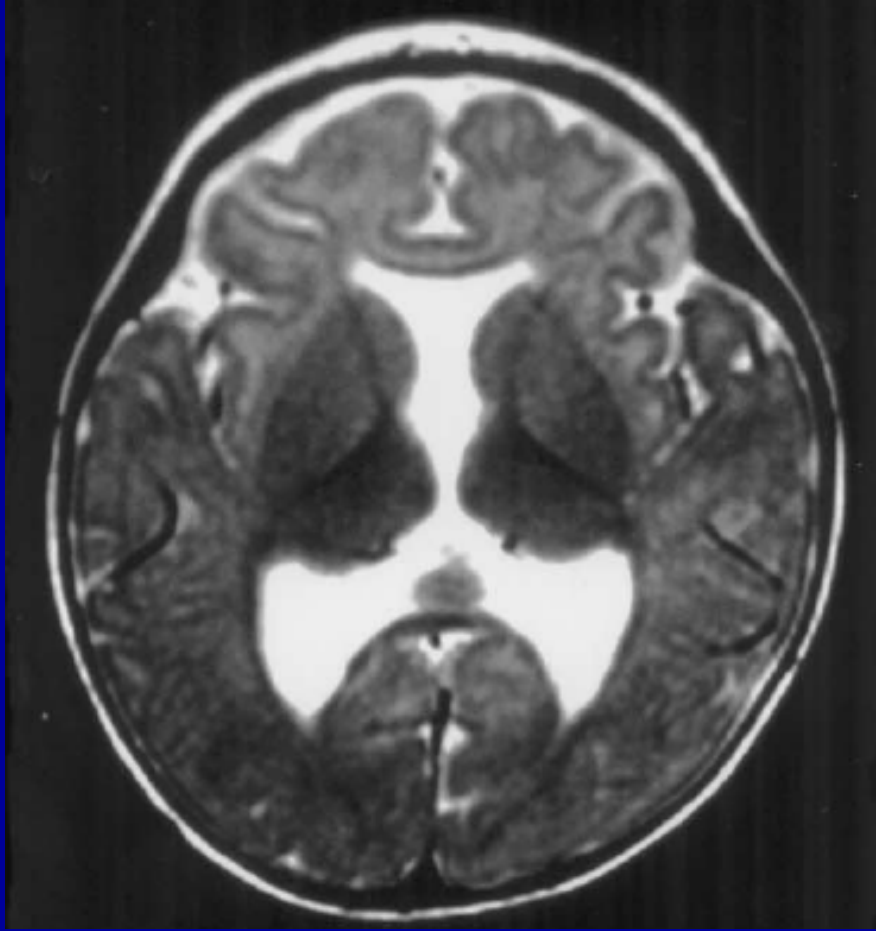
Semilobar HPE. (C) separation of the hemispheres posteriorly but not anteriorly. There is incomplete separation of the basal ganglia. (D) reveals a lack of interhemispheric fissure and a monovertricle (mv)



Lobar HPE. (E) reveals that two hemispheres are separated by an interhemispheric fissure both anteriorly and posteriorly. (F) documents incomplete separation of the inferior frontal lobes near the midline.







Face Predicts the Brain

- ~85% of HPE cases are associated with facial malformation of various types.
- Thus, brain imaging in the context of facial malformation is a good idea.
- Nonetheless, brain malformation can be severe even with a relatively normal face.



Fig. 1



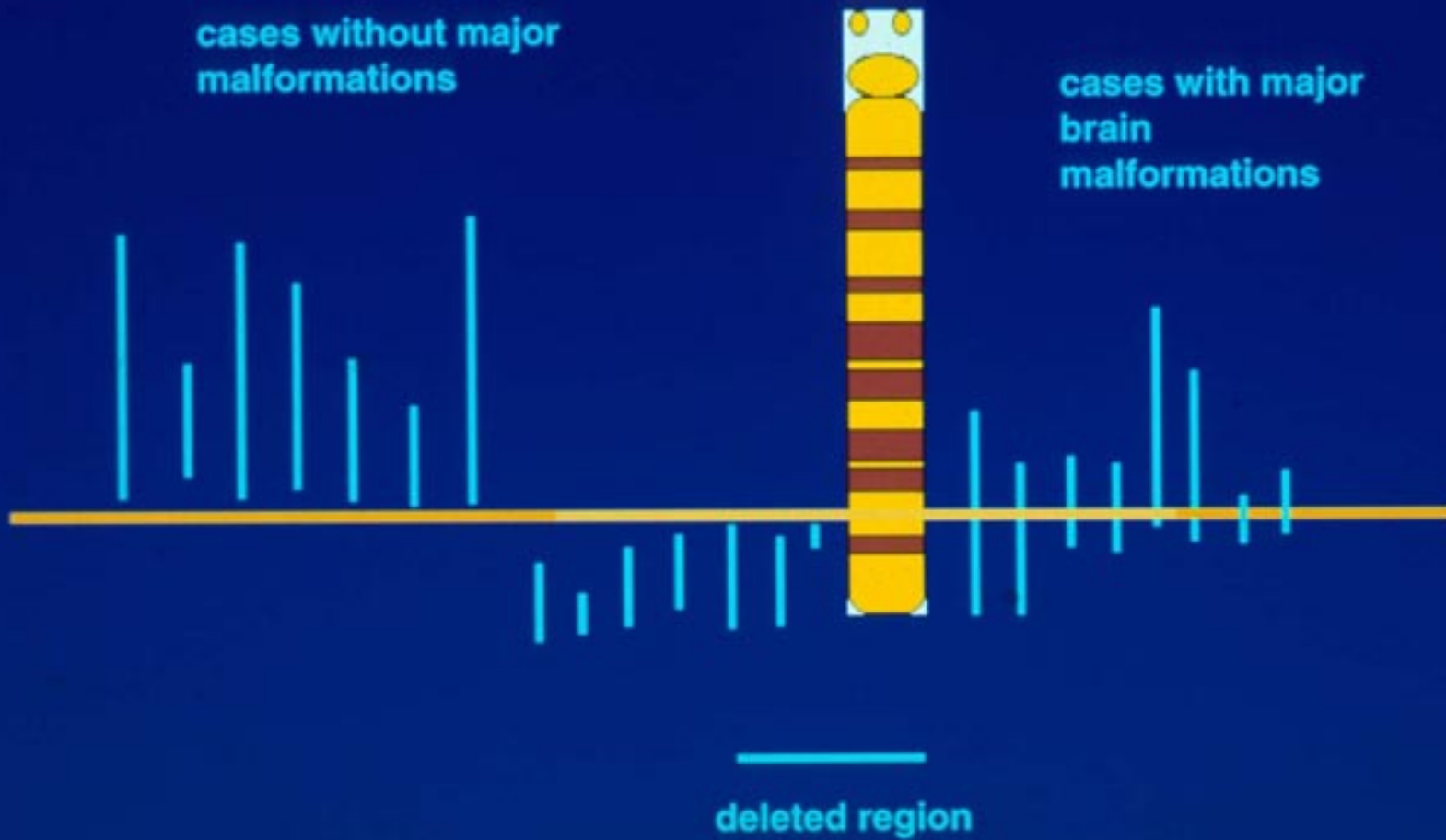
Fig. 2



**13q32 deletion in a fetus
in which HPE was the
only malformation.**

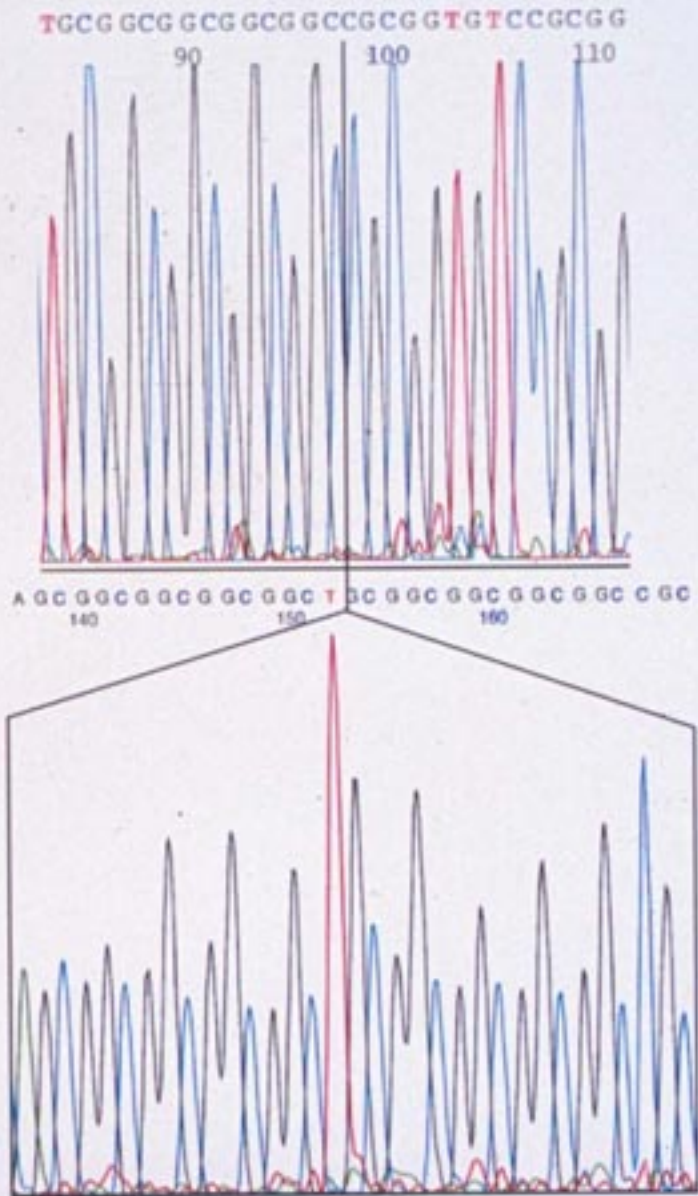
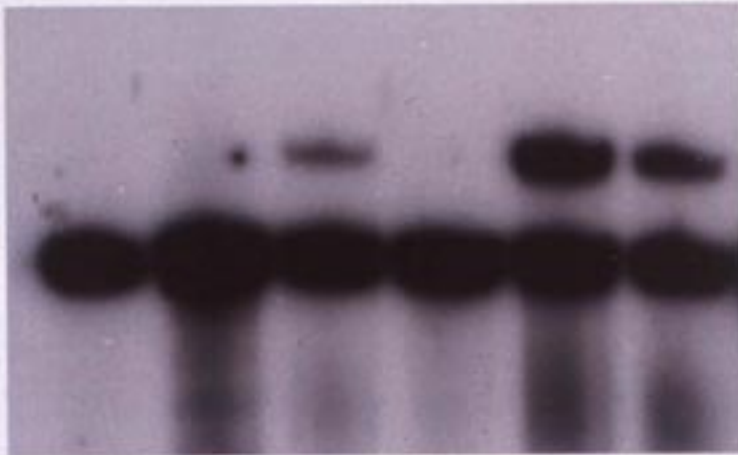
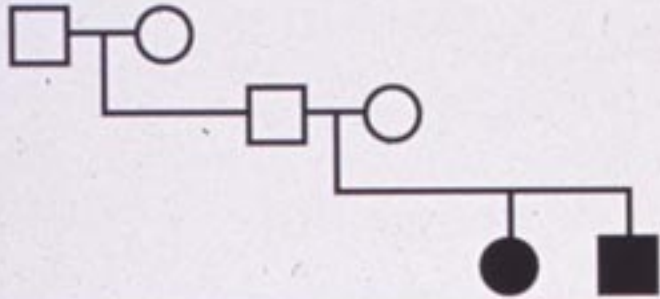
cases without major malformations

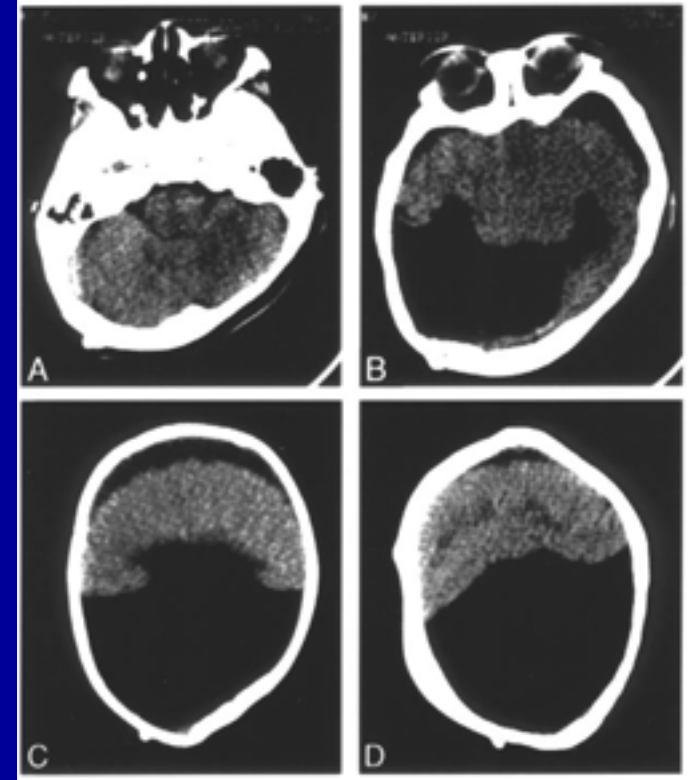
cases with major brain malformations



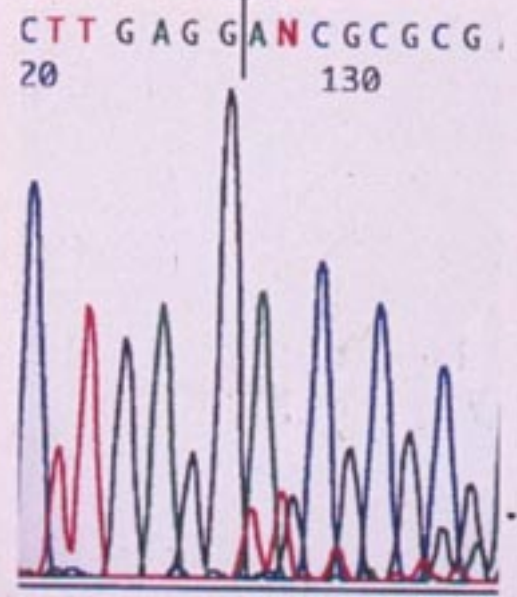
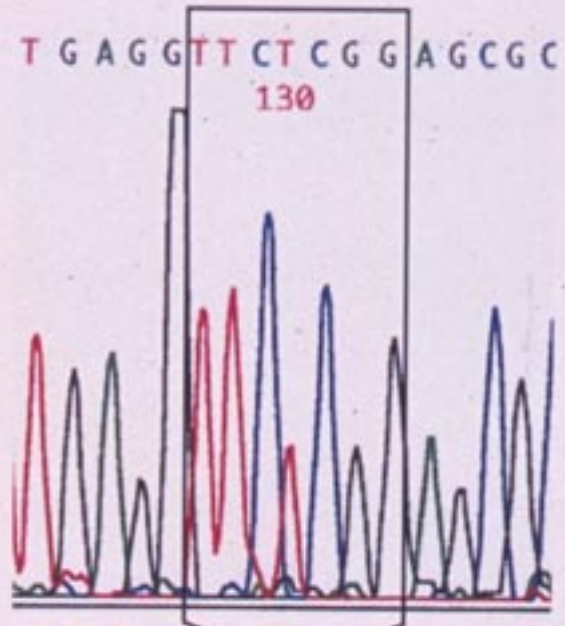
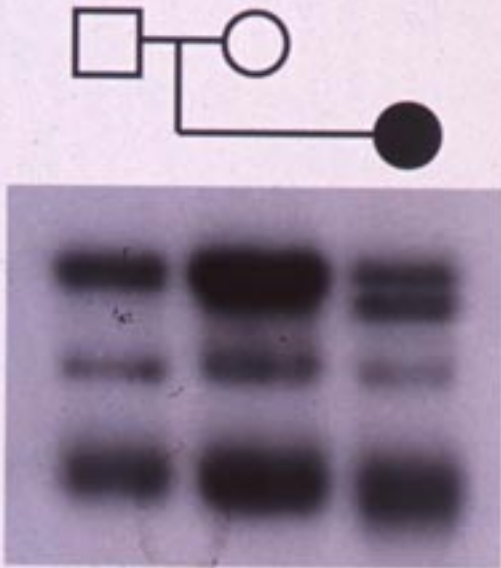


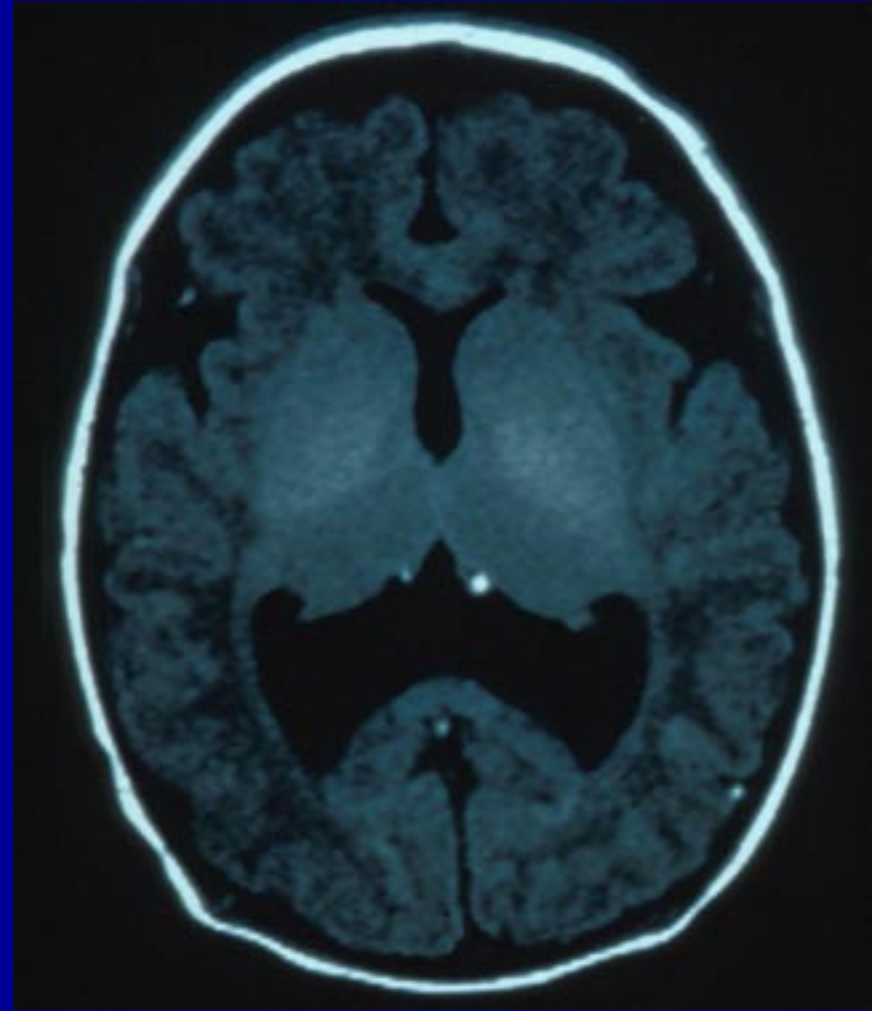
Alobar HPE and alanine tract expansion in 2 sibs. Father is a mosaic carrier of the mutation.





De-novo 7 BP deletion in zinc finger region. Alobar HPE.





12 AA in frame deletion near carboxy terminus.
Interhemispheric fusion defect.



De-novo alanine
tract expansion.
Semi-lobar HPE



Birth



21 Months

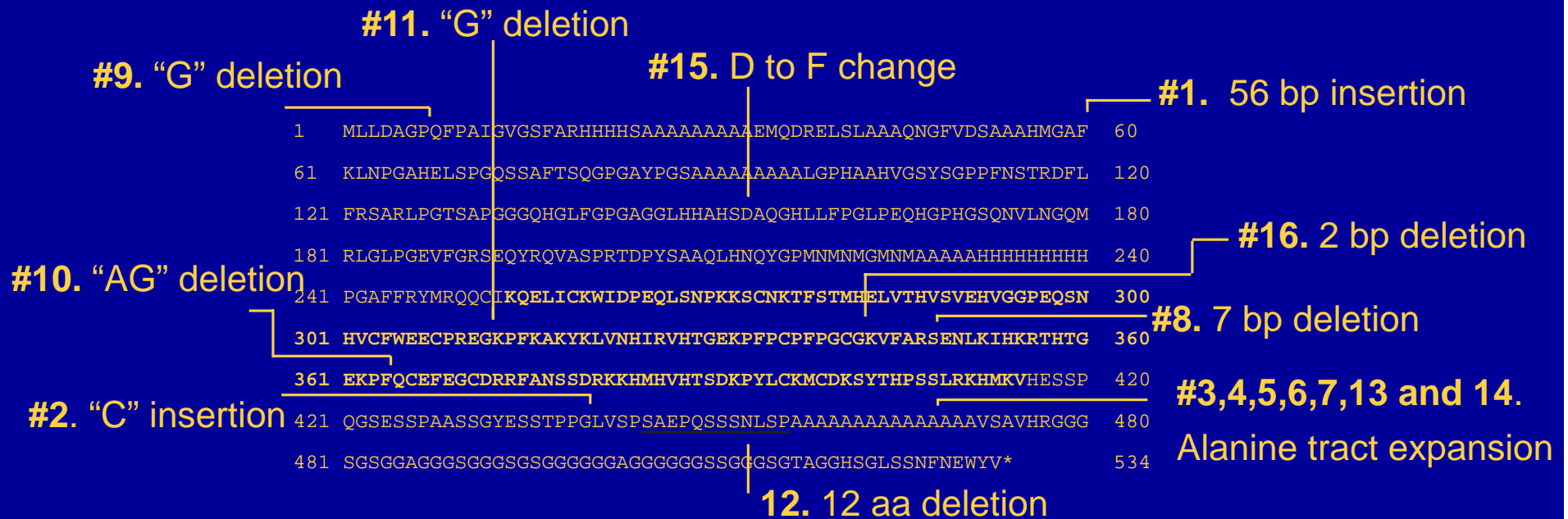
De-novo 2 base deletion at AA 365. Stop at 366. Semi-lobar HPE.



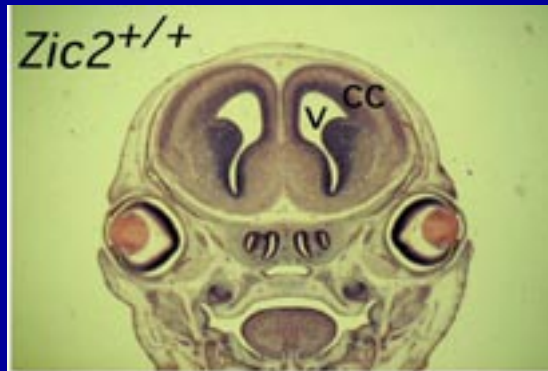
Aspartic acid to
Phenylalanine
change caused
by 2 base change.
Lobar HPE.
Inherited from
mother who is
normal except for
hypotelorism.



De-novo single base deletion at
AA 312. Stop at 413. Semi-
lobar HPE.



Amino acid sequence of ZIC2 with summary of HPE associated mutations. Numbers refer to the table of mutation patients. Bold type indicates the zinc finger region of the protein.



Day 15 coronal sections showing HPE like malformation in *Zic2* mutant mice.

From Nagai et al., PNAS, March 2000