



Characterization of two missense variants in the hydroxymethylbilane synthase gene in the Israeli population, which differ in their associations with acute intermittent porphyria

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ABSTRACT

Acute intermittent porphyria (AIP) is an autosomal dominant disorder of heme biosynthesis caused by molecular defects in the hydroxymethylbilane synthase (HMBS) gene. In this study, we report two novel missense sequence variations in the HMBS gene, T59I (C176T) and V215M (G643A), in two patients with clinical symptoms compatible with acute attacks of porphyria. However, only the patient who carried V215M presented with full AIP-affirming biochemical evidence. Both variant proteins were expressed in a prokaryotic system and characterized in vitro. Recombinant T59I and V215M had residual activity of 80.6% and 19.4%, respectively, of that of the wild type enzyme. Moreover, changes in K_m , V_{max} and thermostability observed in the recombinant V215M suggest a causal relationship between V215M and AIP. The association between the T59I substitution and AIP is less obvious. Based on our investigation, substitution T59I is more likely to be a mutation with a weak effect than a rare form of polymorphism. This study demonstrates that in vitro characterization of missense variations in the HMBS gene can provide valuable information for the interpretation of clinical, biochemical and genetic data, for establishing a diagnosis of AIP. It also highlights the fact that there are still many aspects to be investigated concerning AIP and corroborates the need to report new data that can help to clarify the genotype–phenotype relationship.

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Introduction

Acute intermittent porphyria (AIP, MIM #176000) is an autosomal dominantly inherited disorder of heme biosynthesis resulting from an ~50% deficiency of hydroxymethylbilane synthase activity (EC 4.3.1.8; HMBS). This enzyme, also known as uroporphobilinogen deaminase, catalyzes the head-to-tail condensation of four molecules of porphobilinogen (PBG) to form hydroxymethylbilane. Clinically, AIP is characterized by acute intermittent neurovisceral attacks that can be provoked by various factors such as drugs, hormones and alcohol [1]. Biochemical diagnosis of AIP is based on measurement of the urinary porphyrin precursors, δ -aminolevulinic acid (ALA) and PBG, in combination with the determination of erythrocyte HMBS activity. Molecular analysis of the HMBS gene has been shown to be more efficient than enzymatic analysis in detecting latent AIP patients who do not excrete excess amounts of ALA and PBG in the urine [2,3].

The locus for this disorder has been mapped on chromosome 11q24.1–q24.2 [4]. The length of the HMBS gene is ~10 kb, and the cDNA, encoded by 15 exons, is 1.4 kb, with a single open reading frame of 1038 bp [5,6]. Two distinct promoters, located in the 5' flanking region and in intron 1, respectively, generate housekeeping (contains exon 1 and 3–15) and erythroid-specific (contains exon 2–15) transcripts by alternative splicing of exon 1 and 2 [7].

To date, a total of 301 different mutations have been identified in the HMBS gene [8]. Among them, 97 mutations (32%), were missense. Most of the missense mutations were documented only at the DNA level, while only a small fraction was expressed and characterized in vitro [9–12]. The availability of the crystal structure of *Escherichia coli* HMBS made it possible to postulate the molecular

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^c Activity measured in the latent phase.

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