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Case Report

Prenatal diagnosis and molecular cytogenetic characterization of *de novo* partial monosomy 3p (3p26.3 \rightarrow pter) and partial trisomy 16q (16q23.1 \rightarrow qter)

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ABSTRACT

Objective: To present the prenatal diagnosis and molecular cytogenetic characterization of a *de novo* unbalanced reciprocal translocation.

Case Report: A 37-year-old woman, G3P1, underwent amniocentesis at 17 weeks of gestation because of her advanced maternal age. Her husband was 38 years old. Amniocentesis revealed a derivative chromosome 3 with the deletion of terminal 3p and the addendum of an unknown extra chromosomal segment on the distal 3p. The parental karyotypes were normal. Prenatal ultrasound findings were unremarkable. Array comparative genomic hybridization (aCGH) analysis using cultured amniocytes revealed a 2.38-Mb deletion in 3p26.3 [arr 3p26.3 (1-2,380,760)×1] encompassing 15 genes, which included 3 OMIM genes *CHL1, CNTN6*, and *CNTN4*, and a 13.17-Mb duplication in 16q23.1-q24.3 [arr 16q23.1q24.3 (76,999,082-90,170,596)×3] encompassing 207 genes, which included 81 OMIM genes. The pregnancy was subsequently terminated, and a malformed fetus was delivered with facial dysmorphism. Postnatal cord blood analysis revealed a karyotype of 46,XY,der(3)t(3;16)(p26.3;q23.1)dn. Polymorphic DNA marker analysis by quantitative fluorescent polymerase chain reaction (QF-PCR) on the DNAs extracted from the placenta and parental blood showed a paternal origin of the aberrant chromosome. *Conclusion:* The aCGH and QF-PCR analyses helped in delineating the genomic imbalance and parental origin of prenatally detected *de novo* unbalanced reciprocal translocation.

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Introduction

Concomitant partial monosomy 3p and partial trisomy 16q is very unusual. To our knowledge, only one case has been previously reported [1]. Dikmetas et al [1] reported an infant with the karyotype of 46,XY,der(3)t(3;16)(p25;q13)mat associated with partial trisomy 16q $(16q13 \rightarrow qter)$ and partial monosomy 3p $(3p25 \rightarrow pter)$, anterior segment dysgenesis with iris hypoplasia on the right and glaucoma on the left, facial dysmorphism of synophrys, high prominent forehead, bitemporal narrowing, depressed nasal bridge, long philtrum and lingual phrenulum, atrial septal defect, patent ductus arteriosus, buphthalmos, stromal edema of the left eyes, right-sided atypical iris coloboma, and mild delay in growth and mental development.

In this paper, we also report the prenatal diagnosis and molecular cytogenetic characterization of a fetus with the karyotype of

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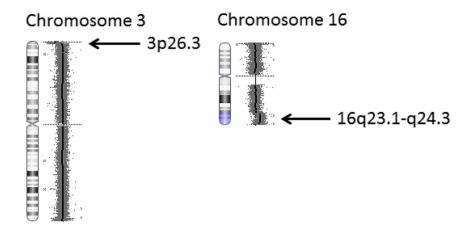


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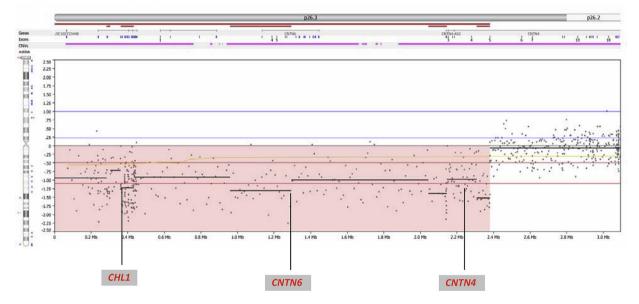
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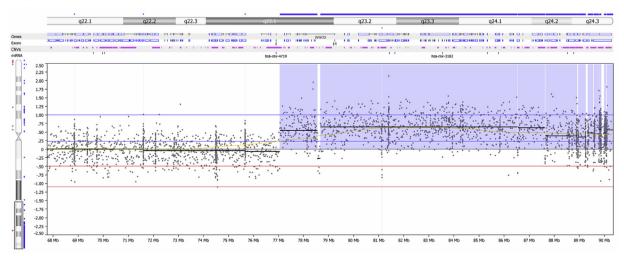
(A) Chromosome Zoom-in View

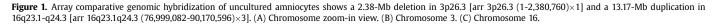


(B) chr3: 1-2,380,760



(C) chr16: 76,999,082-90,170,596





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