

## ANGELMAN SYNDROME

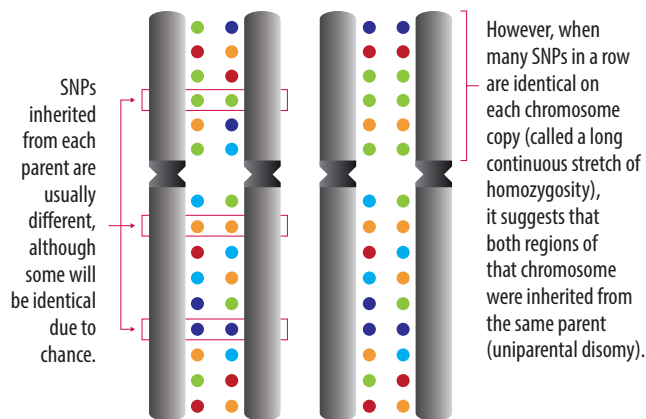
### Patient and Clinical Presentation

Pediatrician ordered FirstStep<sup>Dx</sup> for 5-year-old male with intellectual disability, ADHD, and excessive salivary secretions

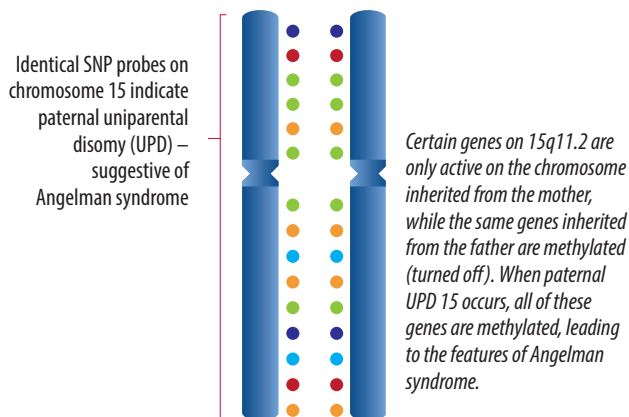
### FirstStep<sup>Dx</sup> Results

- Suggestive of uniparental disomy (UPD) of chromosome 15
- This indicates either Angelman or Prader-Willi syndrome depending on parent-of-origin of the UPD 15
- Lineagen confirmatory testing is consistent with Angelman syndrome

#### Long Continuous Stretch of Homozygosity



#### Long Continuous Stretch of Homozygosity Indicating UPD 15



### Angelman Syndrome Characteristics

- Developmental delay
- Lack of speech
- Seizures
- Walking and balance disorders/gait ataxia
- Apparent happy demeanor
- Abnormal EEG
- Incidence of 1 in 15,000 births

### Management Changes

- Switched from intensive speech and language therapy to sign and picture communication
- Neurological evaluation ordered due to commonly occurring seizures in children with AS
- Informed individualized education program
- Management of sleep disturbances
- Evaluation and management of scoliosis

### Case Study Summary

- UPD identified by FirstStep<sup>Dx</sup> would have been missed by standard chromosome analysis or microarrays that lack SNP probes
- Speech therapy is contraindicated for AS – child is excelling in alternate communication methods
- Genetic counseling: The diagnosis accurately informed family planning decisions and helped the child qualify for a special education program in his school district