

# A *De Novo* Missense Variant in the DEAD-Box Gene *EIF4A1*Detected in Two Children with Congenital Malformations and Developmental Delay



Jennifer Stallworth, MS<sup>1</sup>; Raymond Louie, PhD<sup>1</sup>; R. Curtis Rogers, MD<sup>1</sup>; Sebastien Moutton, MD<sup>2</sup>; Antonio Vitobello, PhD<sup>2</sup>

Greenwood Genetic Center, Greenwood, SC, USA; <sup>2</sup>Université de Bourgogne-Franche Comté, Dijon, France

### Introduction

Eukaryotic initiation factor 4A1 (*EIF4A1*) is a DEAD-box gene also known as *DDX2A* and is located at 17p13.1. Its protein product is part of the translation initiation complex and was one of the earliest RNA helicases characterized, with known effects in translation of oncogenes. Gene variants in *EIF4A1* have not been reported previously to cause congenital anomaly syndromes. We report two unrelated children with congenital heart defects, other malformations, feeding problems, and developmental delay who have the same variant in the *EIF4A1* gene.

### **Clinical History**

In both cases, complex congenital heart disease was diagnosed by prenatal ultrasound. Patient 1 also had congenital diaphragmatic hernia detected prenatally. Both patients had normal chromosome analysis, microarray analysis, a targeted gene panel, and eventually whole exome sequencing (WES). Through GeneMatcher, the two cases were recognized to have similar phenotypes with the same *de novo* variant. Clinical findings are summarized in the table. Pertinent negative findings in both cases include: normal head circumference, no regression, no behavioral issues, and no seizures.

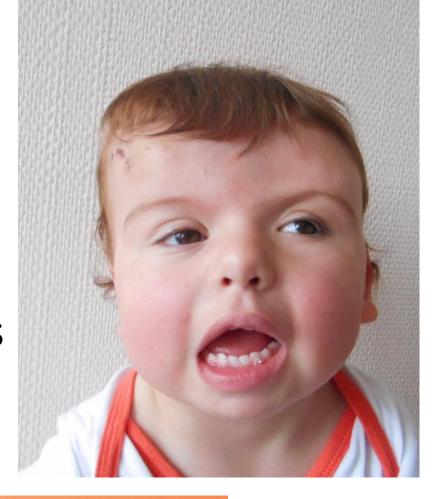




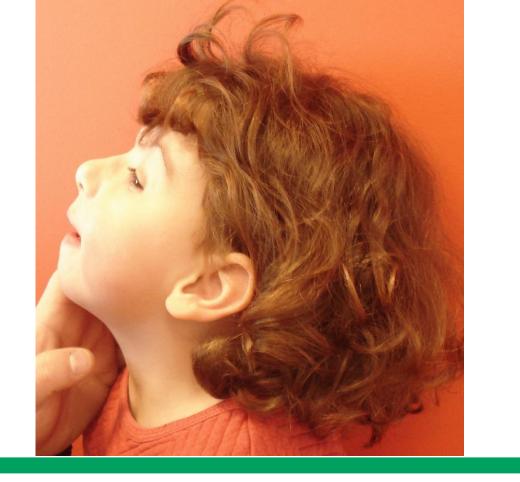
Patient 1 at 15 months of age



Patient 2 at 1 month
of age (left),
21 months (right),
and 4 years 5 months
(below)







Acknowledgement

We sincerely thank the patients and their families for sharing their information and photographs.

Clinical Findings		
	Patient 1 (USA)	Patient 2 (France)
Weight	-2.0 SD at 15 months	-5 SD at 21 months
		-1.9 SD at 4 years
Height	-3.7 SD at 15 months	Normal
Cranium	Plagiocephaly, broad	Craniosynostosis of left
	forehead	coronal suture; surgery at 17
		months
Face	Round, broad	Asymmetry, full cheeks
Eyes	Hypertelorism, telecanthus	
	, p =, =,	epicanthic folds
Ears	Normal	Mild posteriorly rotated ears
	1.10111161	Normal hearing
Nose	Low nasal bridge	Bulbous
Mouth	Mildly thickened gums	(Not described)
Neck	Short	(Not described)
Chest	Diaphragmatic hernia	Inverted nipples
Hands	Normal Chronic recoiratory failure:	Left single palmar crease
Respiratory	Chronic respiratory failure;	Nocturnal oxygen until 7
Status	tracheostomy and	months of age
	ventilator dependent;	Asthma
	pulmonary hypoplasia;	
	bronchomalacia	
Cardiac Status	Tetralogy of Fallot	Patent ductus arteriosus,
	Pulmonary hypertension	ventricular septal defect,
		atrial septal defect
		Pulmonary hypertension
Digestive	Dysphagia	Feeding/orality troubles
Status	Nissen, gastrostomy	Nissen, gastrostomy (still
	Gastroesophageal reflux	required at age 4)
		Some vomiting until age 3
Genitalia	Small scrotum	(Not described)
Neurological	Normal deep tendon	Brisk patellar reflexes, no
	reflexes	Achilles reflexes
Cranial imaging	Bilateral subcortical white	Mild periventricular and
(MRI)	matter hyperintensity	subcortical white matter
(10111)	Enlarged cerebrospinal	hyperintensity
	fluid spaces and ventricles,	Try permeensity
	likely volume loss.	
Development	Delayed	Delayed
Development	•	sat unsupported (<13
	can pick up toys and shake	, ,
	rattle; good head control;	months); walk
	tracks with eyes; no	independently (23 months);
	speech with tracheostomy	2-word sentences but
	(15 months)	pronunciation troubles (4
		years)
Other genetic	Congenital Heart Defect	Normal craniosynostosis
testing	and Heterotaxy 82-gene	gene panel
	panel: variant of uncertain	
	significance in ANKS6	
	(c.2233G>T, p.Gly745Arg)	
	WES: pathogenic,	
	paternally-inherited	
	variant in <i>FANCA</i> (c.1827-	
	1G>A)	
	References	
Payne Let al Paralog Studies Augment Gene Discovery: DDX and		

- Payne I, et al. <u>Paralog Studies Augment Gene Discovery: DDX and DHX Genes.</u> Am J Hum Genet. 2019 Aug 1;105(2):302-316.
- Snijders Blok L, et al. <u>Mutations in DDX3X Are a Common Cause of Unexplained Intellectual Disability with Gender-Specific Effects on Wnt Signaling.</u> Am J Hum Genet. 2015 Aug 6;97(2):343-52.
- <a href="https://genematcher.org/statistics">https://genematcher.org/statistics</a>. Accessed September 12, 2019.

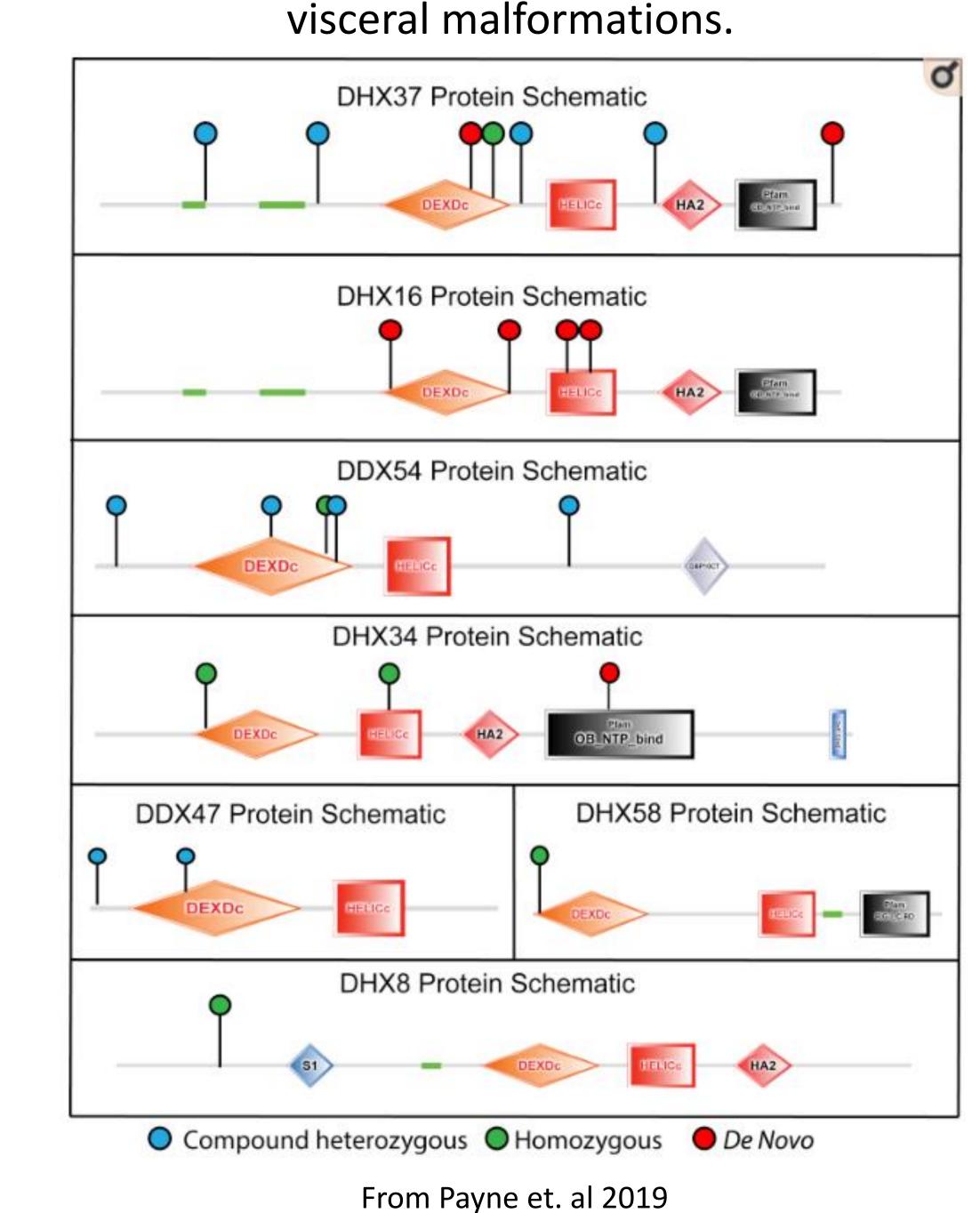
### **Molecular Findings**

The heterozygous, *de novo* missense change, c.1019G>A (Arg340Gln), is a variant of uncertain significance by ACMGG guidelines and is found in the conserved helicase

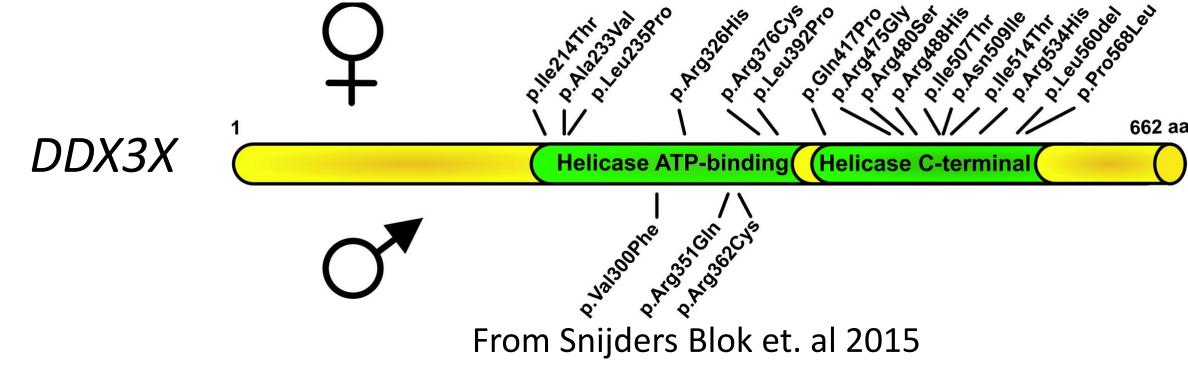


Adapted from Payne et. al 2019

DEAD-box proteins are a subset of RNA helicases that contain multiple conserved motifs, including one with the amino acid sequence Aspartic acid-Glutamic acid-Alanine-Aspartic acid (or "D-E-A-D" in single letter abbreviations). Their functions include a variety of intracellular roles, including translation initiation, RNA metabolism, and others. Pathogenic variants in other RNA helicase genes, such as *DDX3X*, *DHX3O*, and *EIF4A3* have been associated with neurodevelopmental disorders that can include



# Trom rayne et. ar 2015



## **Summary**

We would like to gather more patients to better describe the clinical spectrum associated with *EIF4A1* variants and reinforce the pathogenicity of similar variants. We would also like to pursue functional studies.