

產前全基因檢測的 分析諮詢原則

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精準預防醫學會理事長

GA 25+0

Ventriculomegaly, VSD, PLSVC (持續性左側上腔靜脈
persistent left superior vena cava)

Karyotyping, Array CGH : WNL

MRI : Asymmetric ventriculomegaly, the right ventricle
measured 13mm

考量重點

1. Array CGH, 僅測染色體片段變化(CNV) , 解析度約 50 kb , 更細微的染色體變化測不到
2. 基因的變異測不到
3. 也有可能是後天因素所造成的
4. 精確地找到致病原因 , 才有辦法做出正確的決策

全部基因體變異序列

ClinVar 全世界最大的臨床基因資料庫

521萬筆資料

The screenshot displays the ClinVar website interface. At the top, there is a navigation bar with links for "NCBI", "Resources", and "How To". The main header features the "ClinVar" logo, a search bar with the placeholder text "Search ClinVar for gene symbols, HGVS expressions, conditions, and more", and a "Search" button. Below the search bar is a navigation menu with links for "Home", "About", "Access", "Help", "Submit", "Statistics", and "FTP". A prominent red banner in the center contains a COVID-19 notice: "COVID-19 is an emerging, rapidly evolving situation. Get the latest public health information from CDC: <https://www.coronavirus.gov>. Get the latest research from NIH: <https://www.nih.gov/coronavirus>. Find NCBI SARS-CoV-2 literature, sequence, and clinical content: <https://www.ncbi.nlm.nih.gov/sars-cov-2/>." Below the banner, a dark blue section displays a DNA sequence: "ACTGATGGTATGGGGCCAAGAGATATATCT CAGGTACGGCTGTCATCACTTAGACCTCAC CAGGGCTGGGCATAAAAGTCAGGGCAGAGC CCATGGTGCATCTGACTCCTGAGGAGAAGT GCAGGTTGGTATCAAGGTTACAAGACAGGT GGCCTGACTCTCTCTGCCTATTGGTCTAT". To the right of the sequence, the "ClinVar" logo is displayed, followed by the text "ClinVar aggregates information about genomic variation and its relationship to human health." At the bottom, there are three columns of links: "Using ClinVar" (About ClinVar, Data Dictionary, Downloads/FTP site, FAQ, Contact Us), "Tools" (ACMG Recommendations for Reporting of Incidental Findings, ClinVar Submission Portal, Submissions, Variation Viewer, Clinical Remapping - Between assemblies and RefSeqGenes), and "Related Sites" (ClinGen, GeneReviews®, GTR®, MedGen, OMIM®).

NCBI Resources How To Sign in to NCBI

ClinVar ClinVar Search ClinVar for gene symbols, HGVS expressions, conditions, and more Search

Advanced

Home About Access Help Submit Statistics FTP

COVID-19 is an emerging, rapidly evolving situation.
Get the latest public health information from CDC: <https://www.coronavirus.gov>.
Get the latest research from NIH: <https://www.nih.gov/coronavirus>.
Find NCBI SARS-CoV-2 literature, sequence, and clinical content: <https://www.ncbi.nlm.nih.gov/sars-cov-2/>.

ACTGATGGTATGGGGCCAAGAGATATATCT
CAGGTACGGCTGTCATCACTTAGACCTCAC
CAGGGCTGGGCATAAAAGTCAGGGCAGAGC
CCATGGTGCATCTGACTCCTGAGGAGAAGT
GCAGGTTGGTATCAAGGTTACAAGACAGGT
GGCCTGACTCTCTCTGCCTATTGGTCTAT

ClinVar

ClinVar aggregates information about genomic variation and its relationship to human health.

Using ClinVar

About ClinVar
Data Dictionary
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Tools

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Clinical Remapping - Between assemblies and RefSeqGenes

Related Sites

ClinGen
GeneReviews®
GTR®
MedGen
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ClinVar變異點臨床作用分類 clinical significance



Germline classification	Guidance for use in ClinVar SCV records
Benign	As recommended by ACMG/AMP for variants classified for Mendelian diseases.
Likely benign	As recommended by ACMG/AMP for variants classified for Mendelian diseases.
Uncertain significance	As recommended by ACMG/AMP for variants classified for Mendelian diseases.
Likely pathogenic	As recommended by ACMG/AMP for variants classified for Mendelian diseases.
Pathogenic	As recommended by ACMG/AMP for variants classified for Mendelian diseases.
Likely pathogenic, low penetrance	As recommended by ClinGen for variants with decreased penetrance for Mendelian diseases.
Pathogenic, low penetrance	As recommended by ClinGen for variants with decreased penetrance for Mendelian diseases.
Uncertain risk allele	As recommended by ClinGen for variants with decreased penetrance for Mendelian diseases.
Likely risk allele	As recommended by ClinGen for variants with decreased penetrance for Mendelian diseases.
Established risk allele	As recommended by ClinGen for variants with decreased penetrance for Mendelian diseases.
drug response	A general term for a variant that affects a drug response, not a disease.
association	For variants identified in a GWAS study and further classified for disease.
protective	For variants that decrease the risk of a disorder, including infections.
Affects	For variants that cause a non-disease phenotype, such as lactose intolerance.
conflicting data from submitters	Only for submissions from a consortium, where groups within the consortium have conflicting classifications of a variant but provide a single submission to ClinVar. This value was only used for early submissions from one consortium. Currently, we ask that a consortium come to its own consensus on a variant's classification before submission to ClinVar.
other	If ClinVar does not have the appropriate term for your submission, we ask that you submit "other" as the classification and include the appropriate term as "Explanation if classification is other or drug response".
not provided	For submissions without a of classification of the variant. The primary goal of ClinVar is to archive variant classifications, so submissions with a classification of "not provided" are limited to: • "literature only" submissions that only report a publication about the variant, without providing a classification • "research" submissions that provide functional data (e.g. undetectable protein level) but no classification of the variant for a disease • "phenotyping only" submissions from clinics or physicians that provide additional information about individuals with the variant, such as observed phenotypes, but do not provide a classification of the variant
'.'	This value may not be submitted. It is used in the file variant_summary.txt.gz in the path https://ftp.ncbi.nlm.nih.gov/pub/clinvar/tab_delimited/ . This file reports '.' in the ClinicalSignificance column for a variant that was submitted to ClinVar only in combination with another variant (e.g. a submission for classification of a haplotype or a genotype) and was not classified explicitly. In that case, ClinVar has no classification specific to that variant. To find the record that includes that variant, you can query ClinVar by the AlleleID, e.g. https://www.ncbi.nlm.nih.gov/clinvar/?term=38420[alleleid] .

WES or WGS

WES 僅測exomes, 存在
read gap, 驗CNV不準



A. Whole Exome Sequencing (WES)



Selection (capture):

All exons of all known genes (1.5–2% of all human DNA)

- Variable read depth at boundaries
- Greater sequencing depth
- More cost effective

B. Whole Genome Sequencing (WGS)



No selection:

Entire human DNA analyzed including introns, RNA genes, etc.

- Moderate read depth
- Similar read depth across the genome
- Can identify copy number variants, repeat expansions
- Higher price

Ventriculomegaly
VSD

檢測前諮詢



全基因定序

抽羊水



分析



結果諮詢

B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T																	
基因	gene	代號	SN	置	positi	序列	refer	序列	alter	正常	1變	變模式	影響	Clini	經驗	Cli	疾病或特質	phenotype	要性	cli	告數目	症變	命名	生率	all	生率	gend	變異	目	據來源	資	床資料	目	MedGen	
NCR3	rs273619131593133C								G	0/1			multifactor	scanty or	scanty or		Malaria~ severe~ susceptibility_tolMalar	Pathogenic/risk	fact	NC_000000	0.376	0.45	(200/0)	(0/200)						https://www.ncbi.nlm.nih.gov/medgen/1970029					
ATP6V1E	rs121964870936045C								T	0/1			autosomal	scanty or	low		Renal_tubular_acidosis_with_progressive	Pathogenic		NC_000002	12.12:g.700	(0/442)	NaN	(0/0)						https://www.ncbi.nlm.nih.gov/medgen/40403554					
CCL5	rs228078835880401G								C	0/1			multifactor	scanty or	scanty or		Human_immunodeficiency_virus_type_1-	Pathogenic		NC_000000	0.1085	0.2	(89/440)	(0/89)						https://www.ncbi.nlm.nih.gov/medgen/4016386					
CCL5	rs228078835879999A								G	0/1			multifactor	scanty or	scanty or		Human_immunodeficiency_virus_type_1-	Pathogenic		NC_000000	0.3165	0.38	(170/0)	(0/170)						https://www.ncbi.nlm.nih.gov/medgen/4016387					
SLC6A4	rs774676430237266AGGGCTA								A	0/1			multifactor	low	scanty or		Serotonin_transporter_activity~_increased	Pathogenic		NC_000000	0.0005	0.36	(158/0)	(0/158)						https://www.ncbi.nlm.nih.gov/medgen/4016375					
PRB3	rs11267400A								AG	0/1			multifactor	scanty or	scanty or		PRB3M(NULL)	Pathogenic		NC_000000	0.1061	0.37	(162/0)	(0/162)						https://www.ncbi.nlm.nih.gov/medgen/0					
F13A1	rs26760676151874-G								A	0/1			autosomal	scanty or	middle		Factor_XIII~_A_subunit~_deficiency_of	Pathogenic		NC_000006	12.12:g.610	(0/442)	NaN	(0/0)						https://www.ncbi.nlm.nih.gov/medgen/2750514					
APOA2	rs508216122389G								A	1/1			multifactor	middle	scanty or		Hypercholesterolemia~_familial~_1	Pathogenic		NC_000000	0.0935	0.8	(354/40)	(0/354)						https://www.ncbi.nlm.nih.gov/medgen/40745103					
PIK3CA	rs5877761792102TAGA								T	0/1			multifactor	uncertain	middle		Megalencephaly-capillary_malformatio	Pathogenic		NC_000003	12.12:g.10	(0/442)	NaN	(0/0)						https://www.ncbi.nlm.nih.gov/medgen/40018553					
GCNT2	rs185805710528925G								A	0/1			autosomal	scanty or	low		Cataract_13_with_adult_I_phenotype	Pathogenic		NC_000000	0.0015	0.01	(3/440)	(0/3)						https://www.ncbi.nlm.nih.gov/medgen/3805373					
PERM1	rs976215-9A								G	1/1			autosomal	scanty or	scanty or		Renal_tubular_epithelial_cell_apoptosis	Pathogenic		NC_000000	0.058	0.82	(364/0)	(0/364)						https://www.ncbi.nlm.nih.gov/medgen/405397664					
XK	rs3111032748343-G								C	0/1			multifactor	scanty or	scanty or		XG_BLOOD_GROUP_SYSTEM~_Xg(a-)	Pathogenic		NC_000000	0.4895	0.41	(182/0)	(0/182)						https://www.ncbi.nlm.nih.gov/medgen/0					
CD36	rs55056580673381ATATTG								A	0/1			autosomal	scanty or	middle		Platelet-type_bleeding_disorder_10	Pathogenic/Likely_r	NC_000000	0.0165	0.03	(12/40)	(0/12)						https://www.ncbi.nlm.nih.gov/medgen/401842090						
TMEM12	rs752316885634199CAT								C	0/1			autosomal	scanty or	middle		not_provided	Mitochondrial_complex_I_d	Pathogenic/Likely_r	NC_000000	0.001	0	(1/442)	0	(0/1)					https://www.ncbi.nlm.nih.gov/medgen/403661900					
SUN5	rs754130C32983868G								A	0/1			autosomal	scanty or	middle		Spermatogenic_failure_16	Likely_pathogenic	NC_000000	0.0005	0	(0/442)	NaN	(0/0)						https://www.ncbi.nlm.nih.gov/medgen/403661900					
CDCA8	rs37708311TTTC								T	1/1			multifactor	scanty or	scanty or		Neutrophil_inclusion_bodies	Likely_pathogenic	NC_000000	0.2825	0.49	(218/0)	(0/218)						https://www.ncbi.nlm.nih.gov/medgen/40421547						
ITPKBILC	rs22673717ACTGCCA								A	0/1			multifactor	scanty or	low		Myeloproliferative_neoplasm~_unclassified	Likely_pathogenic	NC_000000	0.0005	0.35	(155/0)	(0/155)						https://www.ncbi.nlm.nih.gov/medgen/401333046						
CCR5ICC	rs179998746370444A								G	0/1			multifactor	scanty or	low		CCR5_PROMOTER_POLYMORPHISM	ConflictinPathogeni	NC_000000	0.384	0.23	(102/0)	(0/102)						https://www.ncbi.nlm.nih.gov/medgen/404016730						
UGT1A1U	rs412487423375701T								G	0/1			autosomal	scanty or	low		UGT1A9-related_disorder	Lucey-Driscoll	ConflictinPathogeni	NC_000000	0.334	0.46	(204/0)	(0/204)						https://www.ncbi.nlm.nih.gov/medgen/400270210					
HNF1A	rs116928812097884A								C	0/1			multifactor	low	low		Type_2_diabetes_mellitusnot_specified	ConflictinLikely_pa	NC_000000	0.4215	0.43	(192/0)	(0/192)						https://www.ncbi.nlm.nih.gov/medgen/400071860						
WNT10A	rs14768021889024G								A	0/1			autosomal	scanty or	low		Tooth_agenesis~_selective~_2	not_provided	ConflictinPathogeni	NC_000000	0.03	0.05	(22/40)	(0/22)						https://www.ncbi.nlm.nih.gov/medgen/401865092					
SPTA1	rs285255715861806G								A	0/1			autosomal	scanty or	low		not_provided	Hemolytic_anemia	Elliptocy	ConflictinLikely_pa	NC_000000	0.1805	0.31	(135/0)	(0/135)						https://www.ncbi.nlm.nih.gov/medgen/403661900				
SPTA1	rs373751515862771G								C	0/1			autosomal	scanty or	low		not_specified	not_provided	Hemolytic_an	ConflictinPathogeni	NC_000000	0.1795	0.29	(127/0)	(0/127)						https://www.ncbi.nlm.nih.gov/medgen/40169374				
SLC3A1H	rs69876144320435G								A	0/1			autosomal	scanty or	low		Cystinuria	not_provided	ConflictinPathogeni	NC_000000	0.333	0.39	(172/0)	(0/172)						https://www.ncbi.nlm.nih.gov/medgen/40010691					
CARD14	rs116520780205094C								T	0/1			autosomal	scanty or	low		Psoriasis_2	not_provided	not_specified	Pit	ConflictinLikely_pa	NC_000000	0.452	0.45	(199/0)	(0/199)						https://www.ncbi.nlm.nih.gov/medgen/401864497			
TCF3	rs20748881615797-G								A	1/1			multifactor	scanty or	low		not_provided	Myeloproliferative_neoplas	ConflictinLikely_pa	NC_000000	0.424	0.18	(79/40)	(0/79)						https://www.ncbi.nlm.nih.gov/medgen/403661900					
ITPKB	rs22673580G								T	1/1			multifactor	scanty or	low		Myeloproliferative_neoplasm~_unclassified	ConflictinLikely_pa	NC_000000	1.0	0.95	(421/0)	(0/421)						https://www.ncbi.nlm.nih.gov/medgen/401333046						
ITPKB	rs22673623A								C	1/1			multifactor	scanty or	low		Myeloproliferative_neoplasm~_unclassified	ConflictinLikely_pa	NC_000000	0.325	0.46	(205/0)	(0/205)						https://www.ncbi.nlm.nih.gov/medgen/401333046						
NQO1	rs18005669711242G								A	1/1			multifactor	middle	scanty or		Benzene_toxicity~_susceptibility_tolLeuk	ConflictinPathogeni	NC_000000	0.4915	0.11	(50/40)	(0/50)						https://www.ncbi.nlm.nih.gov/medgen/402675718						
APOE	rs42935844908684T								C	0/1			multifactor	low	low		Lipoprotein_glomerulopathy	Alzheimer_d	ConflictinPathogeni	NC_000000	0.0955	0.19	(83/40)	(0/83)						https://www.ncbi.nlm.nih.gov/medgen/402673196					
ACTN3	rs181573866560624C								T	0/1			multifactor	scanty or	scanty or		Actn3_deficiency	Sprinting_performance	ConflictinPathogeni	NC_000000	0.443	0.49	(216/0)	(0/216)						https://www.ncbi.nlm.nih.gov/medgen/403888204					

推薦資料庫 GeneCards

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PIK3CA Gene - Phosphatidylinositol-4,5-Bisphosphate 3-Kinase Catalytic Subunit Alpha
Protein Coding (Updated: Dec 25, 2024 ; GC03P179148 ⓘ ; GIFtS: 66 ⓘ)   

GeneCards Summary for PIK3CA Gene

PIK3CA (Phosphatidylinositol-4,5-Bisphosphate 3-Kinase Catalytic Subunit Alpha) is a Protein Coding gene. Diseases associated with PIK3CA include [Megaloencephaly-Capillary Malformation-Polymicrogyria Syndrome](#) and [Congenital Lipomatous Overgrowth, Vascular Malformations, And Epidermal Nevi](#). Among its related pathways are [Downstream signaling of activated FGFR2](#) and [Translation Insulin regulation of translation](#). Gene Ontology (GO) annotations related to this gene include *transferase activity*, *transferring phosphorus-containing groups* and *protein serine/threonine kinase activity*. An important paralog of this gene is [PIK3CD](#).

查基因相關疾病

Disorders for PIK3CA Gene

Subsections: [Uniprot disorders](#) / [External links](#)

 **Buy Research Products:** [Animal Models](#)

 **MalaCards** HUMAN DISEASE DATABASE **123 diseases for PIK3CA Gene - From: OMIM®, ClinVar, Orphanet, UniProt**
(click the  icon to the left of a disorder to see descriptions and symptoms)

Filter: (123 results) [See less](#) «

	Disorder	
	Megalencephaly-Capillary Malformation-Polymicrogyria Syndrome ★ 1 4 6 97 99 107 136	
	Congenital Lipomatous Overgrowth, Vascular Malformations, And Epidermal Nevii ★ 1 4 6 63 97 99 107 136	
	Capillary Malformation Of The Lower Lip, Lymphatic Malformation Of Face And Neck, Asymmetry Of Face And Limbs, And Partial/Generalized Overgrowth ★ 4 6 97 107 136	
	Ovarian Cancer ★ 1 4 6 21 63 99 107 136	

查基因相關疾病

Summaries for Megalencephaly-Capillary Malformation-Polymicrogyria Syndrome

MedlinePlus Genetics⁴³

Megalencephaly-capillary malformation syndrome (MCAP) is a disorder characterized by overgrowth of several tissues in the body. Its primary features are a large brain (megalencephaly) and abnormalities of small blood vessels in the skin called capillaries (capillary malformations).

In individuals with MCAP, megalencephaly leads to an unusually large head size (macrocephaly), which is typically evident at birth. After birth, the brain and head continue to grow at a fast rate for the first few years of life; then, the growth slows to a normal rate, although the head remains larger than average. Additional brain abnormalities are common in people with MCAP; these can include excess fluid within the brain (hydrocephalus) and abnormalities in the brain's structure, such as those known as Chiari malformation and polymicrogyria. Abnormal brain development leads to intellectual disability in most affected individuals and can also cause seizures or weak muscle tone (hypotonia). In particular, polymicrogyria is associated with speech delays and difficulty chewing and swallowing.

The capillary malformations characteristic of MCAP are composed of enlarged capillaries that increase blood flow near the surface of the skin. These malformations usually look like pink or red spots on the skin. In most affected individuals, capillary malformations occur on the face, particularly the nose, the upper lip, and the area between the nose and upper lip (the philtrum). In other people with MCAP, the malformations appear as patches spread over the body or as a reddish net-like pattern on the skin (cutis marmorata).

In some people with MCAP, excessive growth affects not only the brain but other individual parts of the body, which is known as segmental overgrowth. This can lead to one arm or leg that is bigger or longer than the other or a few oversized fingers or toes. Some affected individuals have fusion of the skin between two or more fingers or toes (cutaneous syndactyly).

Additional features of MCAP can include flexible joints and skin that stretches easily. Some affected individuals are said to have doughy skin because the tissue under the skin is unusually thick and soft.

The gene involved in MCAP is also associated with several types of cancer. Only a small number of individuals with MCAP have developed tumors (in particular, a childhood form of kidney cancer known as Wilms tumor and noncancerous tumors in the nervous system known as meningiomas).

OMIM®⁵⁹
(Updated 24-11-27)

Megalencephaly-capillary malformation-polymicrogyria syndrome (MCAP) is characterized by a spectrum of anomalies including primary megalencephaly, prenatal overgrowth, brain and body asymmetry, cutaneous vascular malformations, digital anomalies consisting of syndactyly with or without postaxial polydactyly, connective tissue dysplasia involving the skin, subcutaneous tissue, and joints, and cortical brain malformations, most distinctively polymicrogyria (summarized by Mirzaa et al., 2012). This disorder is also known as the macrocephaly-capillary malformation (MCM).

OMIM 資料庫

#602501

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MACROCEPHALY-CAPILLARY MALFORMATION; MCM
MEGALENCEPHALY-CAPILLARY MALFORMATION SYNDROME
MACROCEPHALY-CUTIS MARMORATA TELANGIECTATICA CONGENITA; MCMTC
MEGALENCEPHALY-CUTIS MARMORATA TELANGIECTATICA CONGENITA

Phenotype-Gene Relationships

Location	Phenotype	Phenotype MIM number	Inheritance	Phenotype mapping key	Gene/Locus	Gene/Locus MIM number
3q26.32	Megalencephaly-capillary malformation-polymicrogyria syndrome, somatic	602501		3	PIK3CA	171834

Clinical Synopsis

PheneGene Graphics



比對資料庫及 胎兒症狀

CARDIOVASCULAR

Heart

- Ventricular septal defect

SKELETAL

- Joint laxity

Hands

- Syndactyly
- Polydactyly

Feet

- Syndactyly
- Polydactyly

SKIN, NAILS, & HAIR

Skin

- Thick, loose, doughy skin
- Cutaneous vascular malformations
- Patchy, reticular stains
- Cutis marmorata

MUSCLE, SOFT TISSUES

- Thickened subcutaneous tissue

NEUROLOGIC

Central Nervous System

- Developmental delay
- Mental retardation
- Hypotonia
- Seizures
- MRI shows brain asymmetry
- Ventriculomegaly
- Hydrocephalus
- Large cerebellum, progressive
- Cerebellar tonsil herniation
- Crowding of the posterior fossa
- Cavum septum pellucidum
- Cavum vergae
- Polymicrogyria
- Cortical dysgenesis
- Thickened corpus callosum
- Thickened optic nerve sheath

查變異點證據力

 **National Library of Medicine**
National Center for Biotechnology Information

Log in

ClinVar Genomic variation as it relates to human health

Search by gene symbols, location, HGVS expressions, c-dot, p-dot, conditions, i

Search ClinVar ?

Advanced search

AboutAccessSubmitStatsFTPHelp



NM_006218.4(PIK3CA):c.1356AGA[1] (p.Glu453del)

CiteFollowPrintDownload

Germline

Classification

★★★★☆ ?

Pathogenic

4 out of 6 submissions contributed to this classification ?



Somatic

No data submitted for somatic clinical impact

Somatic

No data submitted for oncogenicity



查變異點 證據力

Submissions - Germline					Conditions
					Submissions
					Functional Evidence
					Citations
					Text mined Citations
Classification ? (Last evaluated)	Review status ? (Assertion criteria)	Condition ?	Submitter ?	More information ?	
Pathogenic (Apr 01, 2022) C Contributing to aggregate classification	☆☆☆☆ (ARUP Molecular Germline Variant Investigation Process 2021) Method: clinical testing	not provided Affected status: unknown Allele origin: germline	ARUP Laboratories, Molecular Genetics and Genomics, ARUP Laboratories Accession: SCV003800370.2 First in ClinVar: Feb 13, 2023 Last updated: Mar 04, 2023	Comment: The PIK3CA c.1359_1361del; p.Glu453del variant (rs587776933) is reported in the literature in several individuals affected with megalencephaly-capillary malformation (MCAP) or megalencephaly-polymicrogyria-polydactyly-hydrocephalus (MPPH) syndromes and was ... (more)	
Pathogenic (Oct 23, 2020) C Contributing to aggregate classification	☆☆☆☆ (ACMG Guidelines; 2015) Method: clinical testing	not provided (Unknown mechanism) Affected status: yes Allele origin: germline	Institute of Medical Genetics and Applied Genomics, University Hospital Tübingen Accession: SCV001446433.1 First in ClinVar: Nov 28, 2020 Last updated: Nov 28, 2020		
Pathogenic (Dec 14, 2024) C Contributing to aggregate classification	☆☆☆☆ (GeneDx Variant Classification Process June 2021) Method: clinical testing	Not Provided Affected status: yes Allele origin: germline	GeneDx Accession: SCV000709990.5 First in ClinVar: Apr 02, 2018 Last updated: Dec 22, 2024	Comment: Published functional studies demonstrate a damaging effect. Immunostaining of c.1359_1361delAGA mutant lymphoblastoid cell lines support that this variant impairs protein function, as predicted by in-silico ... (more)	
Pathogenic (Nov 20, 2022) C Contributing to aggregate classification	☆☆☆☆ (Invitae Variant Classification Sherloc (09022018)) Method: clinical testing	Cowden syndrome Affected status: unknown Allele origin: germline	Labcorp Genetics (formerly Invitae), Labcorp Accession: SCV004293537.2 First in ClinVar: Feb 14, 2024 Last updated: Mar 04, 2025	Publications: PubMed (4) Comment: For these reasons, this variant has been classified as Pathogenic. ClinVar contains an entry for this variant (Variation ID: 39706). This variant has been observed ... (more)	
Pathogenic (Jun 06, 2021) N Not contributing to aggregate classification	☆☆☆☆ Method: clinical testing	Megalencephaly-capillary malformation-polymicrogyria syndrome Affected status: yes Allele origin: somatic	Medical Genetics Laboratory, Aldo Moro University of Bari Accession: SCV001736924.1 First in ClinVar: Jun 19, 2021 Last updated: Jun 19, 2021		
Pathogenic (Jun 24, 2012) N Not contributing to aggregate classification	☆☆☆☆ Method: literature only	MEGALENCEPHALY-CAPILLARY MALFORMATION-POLYMICROGYRIA SYNDROME, SOMATIC Affected status: not provided Allele origin: somatic	OMIM Accession: SCV000056682.3 First in ClinVar: Apr 04, 2013 Last updated: Mar 10, 2024	Publications: PubMed (1)	

查相關治療藥物文獻

Drugs & Compounds for PIK3CA Gene							
Subsections: Drugs / Inferred drugs / Compounds / Inferred compounds / Commercial compounds							
🛒 Buy Research Products: Drug products							
(317) Drugs for PIK3CA Gene - From DrugBank , PharmGKB , ClinicalTrials , ApexBio , DGIdb , IUPHAR , HMDB , Tocris , and Novoseek ⓘ							
Filter: (317 results) See all 317 »				 GeneAnalytics GENE SET ANALYSIS		Identify cells, diseases, pathways, functions & compounds, relevant to your genes of interest	
						SIGN UP FREE >	
	Name	Status	Disease Links	Group	Role	Mechanism of Action	Clinical Trials
+	Alpelisib ^{22 23 74 80 91}	Approved, Investigational ²³	MalaCards MedlinePlus	Pharma	Inhibitor, Target, Inhibition	Selective PI3Kα inhibitor, Kinase Inhibitors, PI3K/MTOR Dual Inhibitor, PI3K Inhibitors, EGFR MAb Inhibitor, BRAF Inhibitor, PI3K Inhibitor, PIK3CA Inhibitor	🔗
+	Paclitaxel ^{21 91 91 92}	Approved, Vet_approved ²³	MalaCards MedlinePlus	Pharma		Antineoplastic agent, Taxanes, Small Molecule, Antineoplastic Agents, Taxane, Promotes assembly and inhibits disassembly of microtubules	🔗
+	Copanlisib ^{23 74 80 91}	Approved, Investigational ²³	MalaCards MedlinePlus	Pharma	Inhibitor, Target, Inhibition	PI3K inhibitor, PI3K Inhibitors, PI3K Inhibitor, Kinase Inhibitors	🔗
+	Metformin ^{21 91 92}	Approved ²³	MalaCards MedlinePlus	Pharma		Anti-diabetic drug, Hypoglycemic Agents, Small	🔗

WGS CNV 分析

Knot AnnotSV														50873580_fetus.cnv in hg38	
COMPACT		EXPANDED		Show 250		lines								Search:	
AnnotSV ID	ACMG class	SV type	Annotation mode	Gene name	Location	OMIM ID	Exomiser score	Overlapped regulatory elements	Pathogenic SV	Number of pathogenic SNV/indel overlapped	Benign SV	Left breakpoint annotations	Right breakpoint annotations		
Search	Search	Search	full	Search	Search	Search	Search	Search	Search	Search	Search	Search	Search	Search	Search
4_68505825_68626242_DEL_1	5	DEL	full	UGT2B17		601903:	NA		458603099-68620106		DDD:13999; DDD:14001				
19_38447275_38461503_DEL_1	4	DEL	full	STRI		180901:	NA	GGN (morbid RE=EA_enhancer); SPINT2 (morbid R[...])		33					
1_108190066_108195302_DEL_1	4	DEL	full	SLC25A24		608744:	NA				DDD:2369; dgs73e212				
17_36455272_36459470_DEL_1	3	DEL	full	TBC1D10; TBC1D3G; TBC1D10B; TBC1D3L; TBC1D3E; [...5genes]			NA								
12_10412106_10446048_DEL_1	3	DEL	full	KLRK1; KLRK2; KLRK3; [...3genes]			NA								
19_52814391_52857881_DEL_1	3	DEL	full	ZNF48; ZNF48B; [...2genes]			NA	PPP2R1A (morbid RE=EA_enhancer);							
5_112887809_112891485_DEL_1	3	DEL	full	REEP5; SRP19; [...2genes]			NA								
X_60802378_60806441_DEL_1	3	DEL	full	IGFB		300451:	NA								
14_35136353_35148507_DEL_1	3	DEL	full	PROBE		600947:	NA								
9_138081046_138087948_DEL_1	3	DEL	full	GLIS3A1A		601012:	NA								
9_110714042_110718260_DEL_1	3	DEL	full	MICB		601295:	NA								
9_98546406_98549515_DEL_1	3	DEL	full	GLIS3A1		607340:	NA								
9_4526301_4538962_DEL_1	3	DEL	full	SLC1A1		133550:	NA	GLIS3 (morbid RE=EA_enhancer); JAK2 (morbid R[...])							
7_148374803_148379257_DEL_1	3	DEL	full	ZNF64P2		604560:	NA								
7_16132212_16134610_DEL_1	3	DEL	full	CEPPA		614631:	NA								
4_9844750_9851624_DEL_1	3	DEL	full	SLC2A9		606142:	NA								
8_190019120_190022135_DEL_1	3	DEL	full	PHE2		610341:	NA								
1_58277961_58279107_DEL_1	3	DEL	full	DAB1		601448; 614566:	NA								
X_155583515_155596389_DEL_1	3	DEL	full	TMLHE		300777:	NA								
X_155560509_155567122_DEL_1	3	DEL	full	TMLHE		300777:	NA								
22_10961147_10962788_DEL_1	3	DEL	full	FRG1P			NA					High Signal Region	High Signal Region		
21_9780816_9780954_DEL_1	3	DEL	full	LINC01667			NA								
21_9651710_9764050_DEL_1	3	DEL	full	LOC103379514			NA					High Signal Region			
20_25848069_25854141_DEL_1	3	DEL	full	LOC101924933			NA								
19_53462879_53482032_DEL_1	3	DEL	full	ZNF313			NA	PRKCG (morbid RE=EA_enhancer);							
19_14933671_14942792_DEL_1	3	DEL	full	SNHG2			NA								
18_26180840_26187128_DEL_1	3	DEL	full	PSMA7			NA								
17_52038149_52048283_DEL_1	3	DEL	full	CAM			NA								
17_343863_347348_DEL_1	3	DEL	full	RPTN			NA								

WGS, or WES + SNP array

✓ WGS

- 4個禮拜左右可發報告
- 目前可做到最完整的胎兒產前基因檢測
- 包含染色體數目、CNV、SV、幾乎所有的基因密碼變異
- 30x下 解析度達5kb (SNP array 為50 kb)

報告文字說明

適應症

胎兒腦室擴大及心室中隔缺損

Indication

結果

請參考下列敘述

Result

說明 Interpretation:

基因分析顯示胎兒在位於染色體 3 上的 PIK3CA 基因中，發現了一個特定的變異：

NM_006218.4(PIK3CA):c.1356AGA[1] (p.Glu453del) · 基因變異代號為 rs587776933 · 該變異導致正常序列 TAGA 變為 T · 並且胎兒的基因型為 0/1 (異合子) ·

變異評估

1. 基因功能影響：

- PIK3CA 基因編碼的蛋白參與細胞增殖、分化及血管生成的信號傳遞，此變異可能破壞正常蛋白結構與功能。
- 此變異 (p.Glu453del) 已被臨床基因資料庫記錄，並具中等臨床相關性證據。

2. 潛在影響：

- 此變異可能與胎兒中樞神經系統及血管系統發育異常有關。
- 需進一步結合臨床影像學檢查與其他先天異常特徵 (如腦室擴大、心血管結構異常等) 進行綜合判斷。

建議

1. 臨床對照：

- 建議將此基因變異與胎兒的臨床異常 (如腦室擴大、心臟缺陷等) 進行對照，以評估其因果關係。

2. 專家諮詢：

- 聯繫遺傳學專家及多學科團隊進行進一步解讀與諮詢。

報告文字說明

- PIK3CA 基因, 基因型 0/1, 基因變異臨床重要性是 Pathogenic, 代號是 NC_000003.12:g.179210290AGA[1] 的基因變異說明

根據您的檢測結果, 涉及的基因是染色體 3 上的 PIK3CA 基因, 這基因在您的 DNA 中發現了一個特定的變異代號為 rs587776933。這個變異是由正常序列 TAGA 變為 T。您有這個基因變異的基因型是 0/1, 這意味著您是帶有這個變異的人。

這裡的遺傳模式被歸類為多因素遺傳, 這意味著這種基因變異可能會增加某些先天疾病的風險, 但是否真的會影響健康, 還需要考慮很多後天環境與生活方式因素。簡單來說, 即使有這個基因變異, 也不代表一定會生病, 因此需要避免一些可能誘發疾病的後天因素。

關於這個特定變異, 根據我們的資料中心, 它對健康的影響目前是不確定的, 需要進一步確定。這也提醒我們, 儘管這基因變異已被標記為具有一定臨床重要性, 但需要更多的研究資料及身體檢查來確認它是否會對您造成影響。這意味著, 建議您考慮到專科醫師進一步諮詢, 以便更全面地理解這個基因變異可能帶來的健康意涵。

就目前的發現來看, 這個 PIK3CA 基因變異與 Megalencephaly-capillary malformation-polymicrogyria syndrome 這種綜合症有關。這是一種影響大腦結構的先天性狀況, 但如前所述, 不一定會因為這個基因變異導致這種症狀的出現。

目前, 變異在我們實驗室資料庫中的發生率是 0%, 這意味著我們未見到過這個變異的報告。也就是說, 在我們的實驗室環境下, 這個變異是非常少見的。

最後, 這基因變異的臨床證據顯示為中等水平, 建議您與醫學專家進一步商討, 以便根據您的臨床症狀和家族遺傳背景做出更具體的健康評估。記得在日常生活中注重健康生活方式, 以減少可能的後天風險因素。

臨床變異證據來源資料庫 ClinVar:

<https://www.ncbi.nlm.nih.gov/clinvar/variation/39706/>

基因異常臨床資料庫 GeneCards: <https://www.genecards.org/cgi-bin/carddisp.pl?gene=PIK3CA>

**基因變異點都要考慮到
影響力及證據力**

案例：懷孕，前胎 Lissencephaly

NM_006009.4(TUBA1A):c.641G>A (p.Arg214His)

考量點

→ 是否就是這
基因單獨造成？

Interpretation (Last evaluated)	Review status (Assertion criteria)	Condition (Inheritance)	Submitter	Supporting information (See all)
Pathogenic (Feb 03, 2017)	criteria provided, single submitter (ACMG Guidelines, 2015) Method: clinical testing	not provided Allele origin: de novo	Center for Pediatric Genomic Medicine, Children's Mercy Hospital and Clinics Accession: SCV000511367.1 Submitted: (Feb 17, 2017)	Evidence details
Pathogenic (Aug 01, 2017)	criteria provided, single submitter (ACMG Guidelines, 2015) Method: clinical testing	Lissencephaly 3 (Sporadic) Allele origin: de novo	Institute of Human Genetics, Friedrich- Alexander-Universität Erlangen-Nürnberg Accession: SCV000586724.1 Submitted: (Aug 03, 2017)	Evidence details Comment: De novo missense variant identified in a female patient with severe ID, severe epilepsy, developmental regression, scoliosis, hypotonia, MRI: agenesis of corpus callosum, Dandy-Walker malformation, ... (more)
Pathogenic (Oct 31, 2018)	criteria provided, single submitter (ACMG Guidelines, 2015) Method: clinical testing	Lissencephaly 3 Allele origin: unknown	Fulgent Genetics, Fulgent Genetics Accession: SCV000893302.1 Submitted: (Nov 14, 2018)	Evidence details Publications PubMed (1) DOI: 10.1038/gim.2015.30
Pathogenic (Oct 05, 2018)	criteria provided, single submitter (GeneDx Variant Classification (06012015)) Method: clinical testing	Not Provided Allele origin: germline	GeneDx Accession: SCV000490865.2 Submitted: (Jan 29, 2019)	Evidence details Comment: The R214H variant in the TUBA1A gene has been reported previously as a de novo heterozygous pathogenic variant in an individual with severe developmental delay, ... (more)
Pathogenic (Jul 01, 2018)	criteria provided, single submitter (ACMG Guidelines, 2015) Method: literature only	Tubulinopathies Allele origin: de novo	Institute of Human Genetics, Friedrich- Alexander-Universität Erlangen-Nürnberg Accession: SCV000898038.1 Submitted: (Oct 08, 2018)	Evidence details Publications PubMed (1) DOI: 10.1101/427948 Comment: A variant that is classified as pathogenic has been identified in the TUBA1A gene in a 51 months old born individual of female sex. The ... (more)
Pathogenic (Dec 03, 2018)	criteria provided, single submitter (ACMG Guidelines, 2015) Method: research	Lissencephaly 3 (Autosomal dominant inheritance) Allele origin: de novo	Broad Institute Rare Disease Group, Broad Institute Accession: SCV001164438.1 Submitted: (Oct 03, 2019)	Evidence details Comment: The heterozygous p.Arg214His variant in TUBA1A was identified by our study in one individual with lissencephaly. Trio exome analysis showed this variant to be de ... (more)
Pathogenic (Dec 01, 2018)	criteria provided, single submitter (Praxis fuer Humangenetik Tuebingen - Variant ...)	not provided Allele origin: germline	CeGaT Praxis fuer Humangenetik Tuebingen Accession: SCV001247150.2 Submitted: (May 18, 2020)	Evidence details

推薦網站

ClinVar

NM_006009.4(TUBA1A):c.641G>A (p.Arg214His)

Interpretation:

Pathogenic/Likely pathogenic

Review status:

★ ★ ☆ ☆ criteria provided, multiple submitters, no conflicts

Submissions:

8 (Most recent: Jul 6, 2020)

Last evaluated:

Dec 3, 2018

Accession:

VCV000372542.8

Variation ID:

372542

Description:

single nucleotide variant

NM_006009.4(TUBA1A):c.641G>A (p.Arg214His)

Allele ID:

359970

Variant type:

single nucleotide variant

Variant length:

1 bp

Cytogenetic location:

12q13.12

Genomic location:

12: 49185725 (GRCh38) [GRCh38](#) [UCSC](#)

12: 49579508 (GRCh37) [GRCh37](#) [UCSC](#)

HGVS:

Nucleotide	Protein	Molecular consequence
NC_000012.11:g.49579508C>T		
NC_000012.12:g.49185725C>T		
NM_006009.4:c.641G>A MANE SELECT ?	NP_006000.2:p.Arg214His	missense

[... more HGVS](#)

Protein change:

R214H

Other names:

-

Canonical SPDI: [?](#)

NC_000012.12:49185724:C:T

Lissencephaly

NM_006009.4(TUBA1A):c.641G>A (p.Arg214His)

- 大部分是de novo
 - 顯性遺傳模式, 父母遺傳機會小
 - 是否還有其他基因異常?
- prenatal exome sequencing

分析重點

1. 有無其他基因
2. NM_006009.4(TUBA1A):c.641是否有變異

WES : 無lissencephaly相關基因

A	B	C	D	E	F	G	H
Chr	Gene	Ref	Alt	Genotype	Phenotype	ClinicSigr	Significan
chr3	GHRL GH	G	T	0/1	Metabolic_syndrome~_susceptibility_to Obesity~_age_at_onset_of	Pathogenic~_risk_fac	N
chr4	SOD3	C	G	0/1	Superoxide_dismutase~_elevated_extracellular	Pathogenic	N
chr5	FGFR4	G	A	1/1	Cancer_progression_and_tumor_cell_motility	Pathogenic	N
chr18	PIGN	C	T	0/1	Multiple_congenital_anomalies-hypotonia-seizures_syndrome_1	Pathogenic	N
chr17	MAPK7	G	A	0/1	Scoliosis~_isolated~_susceptibility_to~_1	Pathogenic	N
chr1	FLG FLG-	A	AC	0/1	not_provided	Pathogenic	N
chr2	TRAF3IP1	C	G	0/1	Jeune_thoracic_dystrophy	Pathogenic	N
chr11	ATM C11c	G	T	0/1	Ataxia-telangiectasia_syndrome not_provided	Pathogenic	N
chr17	TLK2	G	A	0/1	not_provided	Pathogenic	N
chr16	IL4R	A	G	0/1	Acquired_immunodeficiency_syndrome~_slow_progression_to Atopy~_res	Pathogenic~_protecti	N
chr13	BRCA2	G	T	0/1	Hereditary_cancer-predisposing_syndrome not_provided	Pathogenic/Likely_pa	N
chr10	PTEN	A	T	0/1	Hereditary_cancer-predisposing_syndrome PTEN_hamartoma_tumor_syn	Likely_pathogenic	N
chr15	DNAAF4 CAT	A	A	0/1	Primary_ciliary_dyskinesia	Likely_pathogenic	N
chr4	ZGRF1	C	T	0/1	Speech-language_disorder_1	Likely_pathogenic	N
chr6	HFE LOC	C	G	0/1	Alzheimer_disease Hereditary_hemochromatosis Familial_porphyria_cutar	Conflicting Likely_ber	N
chr19	CD320	ACTC	A	0/1	Methylmalonic_aciduria_due_to_transcobalamin_receptor_defect not_spec	Conflicting Likely_ber	N
chr4	KLKB1	G	A	0/1	Prekallikrein_deficiency	Conflicting Benign(1)-	N
chr12	CD4	C	T	0/1	Okt4_epitope_deficiency	Conflicting Benign(1)-	N
chr14	GALC	GA	G	1/1	Abnormality_of_brain_morphology Galactosylceramide_beta-galactosidase	Conflicting Benign(4)-	N
chr8	GATA4	C	A	1/1	Congenital_heart_disease not_provided	Conflicting Pathogenic	N
chr1	SPTA1	C	T	1/1	Hemolytic_anemia Hereditary_pyropoikilocytosis Elliptocytosis_2 Spheroc	Conflicting Benign(4)-	N
chr1	SPTA1	G	A	0/1	Hemolytic_anemia Hereditary_pyropoikilocytosis Elliptocytosis_2 Spheroc	Conflicting Benign(1)-	N
chr16	ABCC6	T	C	0/1	Pseudoxanthoma_elasticum not_specified not_provided	Conflicting Benign(1)-	N
chr8	GATA4	T	C	1/1	Congenital_heart_disease	Conflicting Benign(1)-	N

須熟悉VCF格式： 一般不列出正常點

Raw VCF (variant call format), hg38

GTACCTTGATTTTCGTATTCTGAGAGGCTGCTGCTTAGC
GCGCGGGAATTACAGATAAATTAATACTGCGACTGCGC
GACAGGCTGTGGGGTTTCTCAGATAACTGGGCCCCTGC
AAGGTAGTAGAGTCCCGGGAAGGGACAGGGGGCCCA
GATTTCCGAAGCTGACAGATGGGTATTCTTTGACGGGG
TGTGAACCCTGGGGAGGGGGGCAGTTTGTAGGTCGCGA
AGTGTCCGTGGGGGAATCCTCGTGATAGGAAGTGAAT
CGTCGGCTGGTCATGAGGTCAGGAGTTCCAGACCAG
AAATACAAAAATTAGCCGGGCGTGGTGCCGCTCCAGCT
ACCCGGGAGGCGGAGGTTGCACTGAGCCGAGATCGCGC
CTGTCTCAAAACAAAACAAAACAAAACAAAACAAAAA
TGTGGAAGAAGAGGTGCCAGGAATATGTCTGGGAAGGG
AAGAACTGGATCCATTTGCGCCATTGAGAAAGCGCAAG
GCTGCCGGCAGGGATGTGCTTGAGGAGGATCCAGAGAT

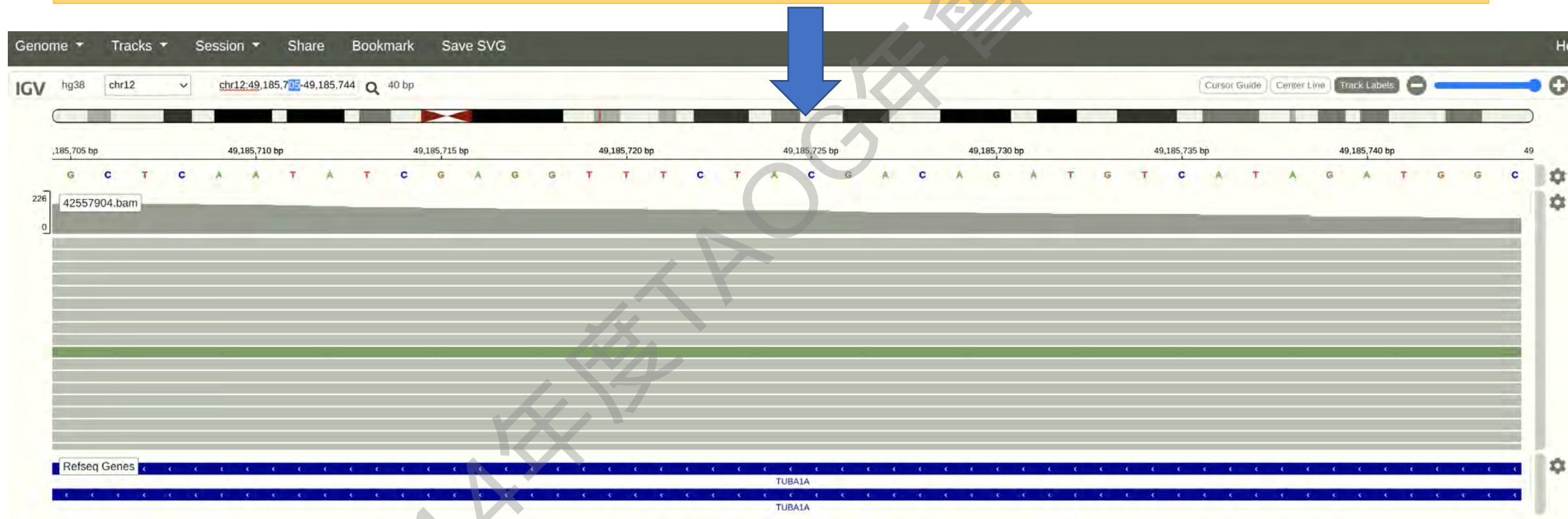
```
##fileformat=VCFv4.2
##reference=file:///home/cc/gatk/resources/Homo_sapiens_assembly38.fasta
##SnEffVersion="4.3b (build 2016-11-06 07:07), by Pablo Cingolani"
##SnEffCmd="SnEff GRCh38.86 /home/cc/gatk_output/DNA15064/DNA15064_gatk_recal.vcf"
##SnSiftVersion="SnSift 4.3b (build 2016-11-06 07:07), by Pablo Cingolani"
##SnSiftCmd="SnSift annotate /home/cc/snpEff/data/dbsnp147g38.vcf /home/cc/gatk_output/DNA15064/DNA15064_gatk_recal.vcf_ann"
##SnSiftCmd.1="SnSift annotate /home/cc/snpEff/data/clinvar.vcf.gz /home/cc/gatk_output/DNA15064/DNA15064_snp_ann"
##fileDate=20161204
```

```
#CHROM POS ID REF ALT QUAL FILTER INFO FORMAT $sm
chr1 133160 rs371468694 G A 44.84 VQSRTTrancheSNP99.90to100.00 . GT:AD:DP:GQ:PL 0/1:1,3:4:18:73,0,18
chr1 777778 rs183634591 T A 40.74 PASS GENEINFO=LOC100288069:100288069|LOC105378581:105378581 GT:AD:DP:GQ:PL 1/1:0,2:2:6:68,6,0
chr1 817341 rs3131972 A G 113.03 PASS GENEINFO=FAM87B:400728 GT:AD:DP:GQ:PL 1/1:0,4:4:12:141,12,0
chr1 818802 rs3131969 A G 62.74 PASS GENEINFO=FAM87B:400728 GT:AD:DP:GQ:PL 1/1:0,2:2:6:90,6,0
chr1 818812 rs3131968 A G 62.74 PASS GENEINFO=FAM87B:400728 GT:AD:DP:GQ:PL 1/1:0,2:2:6:90,6,0
chr1 841742 rs2980319 A T 59.28 PASS GENEINFO=LINC01128:643837 GT:AD:DP:GQ:PL 1/1:0,3:3:9:87,9,0
chr1 857100 rs2905036 C T 280.77 PASS GENEINFO=LINC01128:643837 GT:AD:DP:GQ:PL 1/1:0,11:11:33:309,33,0
chr1 873251 rs11240779 G A 51.77 VQSRTTrancheSNP99.90to100.00 GENEINFO=FAM41C:284593 GT:AD:DP:GQ:PL 0/1:3,3:6:71:80,0,71
chr1 873542 rs6594027 G A 40.74 PASS GENEINFO=FAM41C:284593 GT:AD:DP:GQ:PL 1/1:0,2:2:6:68,6,0
chr1 876290 rs201930939 GCCCACTCC G 53.7 PASS GENEINFO=FAM41C:284593 GT:AD:DP:GQ:PL 1/1:0,2:2:6:90,6,0
chr1 877371 rs4246500 T C 78.28 PASS GENEINFO=FAM41C:284593 GT:AD:DP:GQ:PL 1/1:0,3:3:9:106,9,0
chr1 880282 rs4970339 G T 49.74 PASS . GT:AD:DP:GQ:PL 1/1:0,2:2:6:77,6,0
chr1 880301 rs4970338 G T 18.59 LowQual . GT:AD:DP:GQ:PL 1/1:0,1:1:3:45,3,0
chr1 883265 chr1:883265_G/T G T 38.74 PASS . GT:AD:DP:GQ:PL 1/1:0,2:2:6:66,6,0
chr1 905950 chr1:905950_C/T C T 28.79 LowQual . GT:AD:DP:GQ:PL 0/1:1,2:3:25:57,0,25
chr1 907932 chr1:907932_C/A C A 33.77 PASS . GT:AD:DP:GQ:PL 0/1:3,2:5:62:62,0,86
chr1 911109 rs4970333 T C 60.77 PASS GENEINFO=LOC284600:284600 GT:AD:DP:GQ:PL 0/1:2,3:5:51:89,0,51
chr1 915400 rs6657440 C T 38.74 PASS GENEINFO=LOC284600:284600 GT:AD:DP:GQ:PL 1/1:0,2:2:6:66,6,0
```

需用IGV確認

TUBA1A: NC_000012.12:g.49185725

→ 正常 且定序QC足夠



胎兒正常

案例

第二胎23周：thickened NT (5.6mm) ;
no other abnormality,
做過羊水及SNP array, 都正常



繼續懷孕?

染色體沒問題，但是基因呢？

1. 先收集資料

Defects and syndromes in chromosomally normal fetuses with increased nuchal translucency thickness at 10-14 weeks of gestation

A. P. Souka, R. J. M. Snijders, A. Novakov, W. Soares and K. H. Nicolaides

Table 1 Pregnancy outcome in 4116 chromosomally normal fetuses with increased nuchal translucency thickness at 10-14 weeks of gestation

Nuchal translucency (mm)	Total (n)	Terminations		Intrauterine death	Postnatal death	Alive
		Total	Abnormal			
95th centile-3.4	3423	49	36	47	29	3298 (96.3%)
3.5-4.4	448	23	14	9	4	412 (92.0%)
4.5-5.4	138	13	8	4	3	118 (85.5%)
5.5-6.4	48	13	7	4	0	31 (64.6%)
≥ 6.5	59	21	12	10	2	26 (44.4%)
Total	4116	119	77	74	38	3885 (94.4%)

初步預估異常機會 $7/13 = 54\%$

2. 比對可能共病

Table 2 Fetal abnormalities and genetic syndromes in chromosomally normal fetuses with increased nuchal translucency thickness at 10–14 weeks of gestation according to translucency thickness

Fetal abnormality	Fetal nuchal translucency thickness (mm)					Pregnancy outcome			
	< 3.5	3.5–4.4	4.5–5.4	5.5–6.4	≥ 6.5	TOP	IUD	NND	Alive
Anencephaly	4	1				5			
Encephalocele	3 ¹				1	4			
Ventriculomegaly	6					5			1
Dandy–Walker cyst	1					1			
Holoprosencephaly	1					1			
Microcephaly	1								1
Facial cleft	2								2
Microphthalmia	1 ⁷								1
Laryngeal cyst	1								1
Cystic hygroma	1								1
Major cardiac defect	12	12	6	3	10	19	6	3	15
Diaphragmatic hernia	4	1	3	1		1		5	2
Exomphalos	2 ²	3 ^{3,4}	1 ⁵	1 ⁶		5	1		1
Gastroschisis		1						1	
Bowel obstruction	2								2
Duodenal atresia		1							1
Hydronephrosis	2	2	1			1			4
Multicystic kidneys	4					3			1 ⁷
Polycystic kidneys					1	1			
Renal agenesis	1	1				1			1 ⁷
Megacystis	7	1				2	2		4
Spina bifida	3	1				2	1		1
Kyphoscoliosis				1		1			
Body stalk anomaly	1	3	1	1	4	10			
Diastomatomeia	1								1
Talipes	10	4	1			1			14
Akinesia deformation	2			1	3	6			
Jarcho–Levin syndrome	1		1			1		1	
Joubert syndrome	1					1			
Nance–Sweeney syndrome			1						1
Noonan syndrome					1				1
Smith–Lemli–Opitz syndrome	1		1	1		2		1	
Spinal muscular atrophy	1							1	
Thanatophoric dysplasia	1					1			
Trigonocephaly 'C'	1								1
VACTER association	2					1			1
Unspecified syndrome	3	1	1		1	2			4

3.檢查:染色體+基因

NM_006939.4(SOS2):c.791C>G (p.Thr264Arg) GRCh37:Chr14:50649248 GRCh38:Chr14:50182530	SOS2	T264R	Noonan :
NM_007373.4(SHOC2):c.807_808delinsTT (p.Gln269_His270delinsHisTyr) GRCh37:Chr10:112745489-112745490 GRCh38:Chr10:110985731-110985732	SHOC2		Noonan : anagen h
NM_005188.4(CBL):c.1096-2A>T GRCh37:Chr11:119148874 GRCh38:Chr11:119278164	CBL		Noonan : without ju
NM_002709.3(PPP1CB):c.166G>C (p.Ala56Pro) GRCh37:Chr2:28998830 GRCh38:Chr2:28776964	PPP1CB	A56P	Noonan : anagen h
CBL_IVS8AS_A-G_-2	CBL		Noonan : myelomo
NM_005188.3(CBL):c.1168G>T (p.Asp390Tyr) GRCh37:Chr11:119148948 GRCh38:Chr11:119278238	CBL	D390Y	Noonan : without ju
NM_005188.3(CBL):c.1144A>G (p.Lys382Glu) GRCh37:Chr11:119148924 GRCh38:Chr11:119278214	CBL	K382E	Noonan : without ju
NM_000267.3(NF1):c.4095_4096insTG (p.His1366fs) GRCh37:Chr17:29576122-29576123 GRCh38:Chr17:31249104-31249105	NF1	H1366fs	Neurofibr
NM_012250.6(RRAS2):c.208G>A (p.Ala70Thr) GRCh37:Chr11:14316397 GRCh38:Chr11:14294851	RRAS2	A35T, A70T	Noonan : 12
NM_004333.6(BRAF):c.741T>G (p.Phe247Leu) GRCh37:Chr7:140501331 GRCh38:Chr7:140801531	BRAF	F247L	not provic Noonan- syndrome
NM_006939.4(SOS2):c.791C>A (p.Thr264Lys) GRCh37:Chr14:50649248 GRCh38:Chr14:50182530	SOS2	T264K	Noonan :
NM_012250.6(RRAS2):c.70_78dup (p.Gly24_Gly26dup) GRCh37:Chr11:14380338-14380339 GRCh38:Chr11:14358792-14358793	RRAS2		Noonan : 12
NM_002834.5(PTPN11):c.1471C>G (p.Pro491Ala) GRCh37:Chr12:112926851 GRCh38:Chr12:112489047	PTPN11	P491A, P495A, P490A	Noonan : syndrome
NM_005188.3(CBL):c.1096-4_1096-1del GRCh37:Chr11:119148872-119148875 GRCh38:Chr11:119278162-119278165	CBL		Rasopath with or wii leukemia,
NM_004859.4(CLTG):c.1912_1916delinsAGA (p.Ala639fs) GRCh37:Chr17:57743970-57743974 GRCh38:Chr17:59666609-59666613	CLTC	A639fs, A643fs	Noonan :
NM_006767.4(LZTR1):c.1785+1G>C GRCh37:Chr22:21349017 GRCh38:Chr22:20994728	LZTR1		Noonan :

Noonan syndrome 相關基因

SOS2, SHOC2, CBL, PPP1CB, NF1, RRAS2, BRAF, PTPN11, CLTC, LZTR1, MRAS, RAF1, RIT1, KRAS, NRAS, MAP2K1, SOS1, MAPK1, GJB2, CDC42, MAP2K2, HRAS|LRRC56,, DYNC2H1, DYNLT2B, NEK1, IGFBP7, SHOC2|SMC3|PDCD4|BBIP1|RBM20|PDCD4-AS1|MIR548E|MIR4680|LOC111875823|LOC116216121, SPRED1, SLC7A9, ARVCF|COMT|CRKL|GP1BB|GSC2|SERPIND1|PI4KA|SEPTIN5|PRODH|RANBP1|SLC7A4|SLC25A1|TBX1|CLDN5|HIRA|UFD1|ZNF74|DGCR6|LZTR1|CLTCL1|ESS2|CDC45|P2RX6|SNAP29|DGCR2|TXNRD2|TSSK2|DGCR11|DGCR9|DGCR5|DGCR10|TRMT2A|ZDHHC8|MED15|DGCR8|GNB1L|MRPL40|RTN4R|RTL10|THAP7|KLHL22|DGCR6L|RIMBP3|SCARF2|C22orf39|TA NGO2|LINC00895|LINC00896|AIFM3|LINC02891|USP41|CCDC188|LRRC74B|MIR185|THAP7-AS1|FAM230E|FAM230A|MIR649|GGTLC3|TMEM191B|FAM230J|MIR1286|MIR1306|MIR3618|SEPT5-GP1BB|MIR4761|LINC01311|FAM230F|FAM230G|LINC01637|MIR6816|HSEVPRODH|LOC108510655|SNORA77B|LOC110120888|LOC110121413|LOC112694764|LOC112694766|LOC112694767|LOC114004361|LOC116309126|LOC116309127"

4.分析及諮詢

Fetal WES : 無NT 異常相關基因

Gene	Ref	Alt	Filter	Quality	DP	Inheritance	Genotype	Zygosity	Phenotype	ClinicSig	Significance
TAB2 SUMG		A	LowGQX	1969~377	141~147~149		0/1	heterozyg	Diabetes_mellitus~_insulin-dependent~_5	Pathogenic	I
SOX10 PCT		G	LowGQX	10	6		0/1	heterozyg	Waardenburg_syndrome_type_2E~_with_neurologic_ir	Pathogenic	I
IRGM	C	T	LowGQX	134~640~	47~46~48		0/1	heterozyg	Inflammatory_bowel_disease_19	Pathogenic	I
AR	C	A	LowGQX	10	6		0/1	heterozyg	not_provided	Pathogenic	I
PRKCQ	G	A	LowGQX	250~39~6	45~46~50	Heterogeneous	0/1		Inflammatory_bowel_disease_1	Pathogenic	I
IL4R	A	G	PASS~Low	53~123~3	13~12~11	NA	1/1	homozyg	Acquired_immunodeficiency_syndrome~_slow_progres	Pathogenic~_protecti	I
AEBP1	C	A	LowGQX	10	7	Autosomal_reces	0/1	heterozyg	EHLERS-DANLOS_SYNDROME~_CLASSIC-LIKE~_2	Likely_pathogenic	I
MYBPC3	C	A	LowGQX	10	4		0/1	heterozyg	not_provided	Likely_pathogenic	I
TTN TTN-AC		A	LowGQX	10	10	Autosomal_domi	0/1	heterozyg	Familial_hypertrophic_cardiomyopathy_9	Likely_pathogenic	I
FECH	A	G	PASS~F	3193~100	94~94~97		1/1	homozyg	Jaundice Erythema Increased_urinary_porphobilinogen	Conflicting Likely_pat	I
MEFV	C	G	LowGQX	221~57~2	24~24~24		0/1	heterozyg	Familial_mediterranean_fever~_autosomal_dominant F	Conflicting Benign(3)-	I
MEFV	G	A	LowGQX	103~388~	32~32~32		0/1	heterozyg	Familial_Mediterranean_fever not_specified not_provide	Conflicting Benign(1)-	I
MEFV	C	T	LowGQX	483~106~	40~39~40		0/1	heterozyg	Familial_Mediterranean_fever not_specified not_provide	Conflicting Benign(1)-	I
KLKB1	G	A	LowGQX	2462~402	200~203~		0/1	heterozyg	Prekallikrein_deficiency	Conflicting Benign(1)-	I
GALC	GA	G	PASS~	67~5195	230~206		1/1	homozyg	Abnormality_of_brain_morphology Galactosylceramide	Conflicting Benign(4)-	I
GATA4	C	A	PASS~F	665~2034	67~67~67		1/1	homozyg	Congenital_heart_disease not_provided	Conflicting Pathogeni	I
CYP21A2	C	A	PASS~F	1135~399	116~119~		1/1	homozyg	Classic_congenital_adrenal_hyperplasia_due_to_21-hy	Conflicting Benign(2)-	I
PIBF1	G	A	LowGQX	1001~128	112~111~	AR	0/1	heterozyg	Joubert_syndrome JOUBERT_SYNDROME_33 not_sp	Conflicting Likely_pat	I
PCCA	G	T	LowGQX	1474~3202	263~265~	AR	0/1	heterozyg	Propionic_acidemia not_specified	Conflicting Benign(3)-	I
OTOA	G	T		544	272		0/1		Deafness~_autosomal_recessive_22 not_specified Rare	Conflicting Likely_pat	I
NPHS1	G	A	LowGQX	687~97~0	88~91~92	AR	0/1	heterozyg	Finnish_congenital_nephrotic_syndrome Hereditary_ne	Conflicting Benign(1)-	I
MYH2 MYIA		G	LowGQX	2507~403	182~183~		0/1	heterozyg	Myopathy~_proximal~_and_ophthalmoplegia not_speci	Conflicting Benign(2)-	I
SPTA1	C	T	PASS~F	7252~228	217~219~		1/1	homozyg	Hemolytic_anemia Hereditary_pyropoikilocytosis Elliptoc	Conflicting Benign(4)-	I
TTN	C	A	LowGQX	10	10		0/1	heterozyg	Dilated_cardiomyopathy_1G not_provided	Conflicting Likely_pat	I
GATA4	T	C	LowGQX	261~94~3	8~10~10		1/1	homozyg	Congenital_heart_disease	Conflicting Benign(1)-	I
IER3IP1	A	G	LowGQX	1379~221	111~113~		0/1	heterozyg	Epilepsy Rolandic_epilepsy	Conflicting Likely_ber	I
DUOX2	C	A	LowGQX	1936~330	166~167~		0/1	heterozyg	Nongoitrous_Euthyroid_Hyperthyrotropinemia Thyroid_c	Conflicting Likely_ber	I
UGT1A UCC		A	LowGQX	162~1115	121~119~		0/1	heterozyg	Crigler-Najjar_syndrome~_type_II Gilbert's_syndrome n	Conflicting Benign(2)-	I
UGT1A UCC		CAT	RefCall	149~0	17~23		0/1	heterozyg	Lucey-Driscoll_syndrome Crigler-Najjar_syndrome~_typ	Conflicting Benign(2)-	I
ACTN3	C	T	LowGQX	1213~487~	20~17~21		1/1	homozyg	ACTININ~_ALPHA-3_POLYMORPHISM ACTN3_defici	Conflicting Benign(1)-	I

4.分析及諮詢

Mother WES : 無特別異常基因

B	C	D	E	F	G	H	I	J	K	L	M
Gene	Ref	Alt	Filter	Quality	DP	Inheritance	Genotype	Zygosity	Phenotype	ClinicSig	Significance
GHRL	G	T	LowGQX;1293~1506	104~106~108			0/1	heterozygc	Metabolic_syndrome~_susceptibility_toObesity~_age_at_ons	Pathogenic~_risk_fac	NC_00001
PLA2G7	C	A	LowGQX;788~4848	379~376~	Autosomal_rec		0/1	heterozygc	Platelet-activating_factor_acetylhydrolase_deficiency	Pathogenic~_risk_f	NC_00001
IL4R	A	G	~LowGQ;925~315~	27~27~27			1/1		Acquired_immunodeficiency_syndrome~_slow_progress	Pathogenic~_protec	NC_00001
PTEN	A	T	~RefCall	130~0	252~307		0/1	heterozygc	Cowden_syndrome_1 Hereditary_cancer-predisposing_syndrc	Pathogenic	NC_00001
GATA6	G	T	LowGQX;10			6 Multifactorial_in	0/1	heterozygc	Congenital_diaphragmatic_hernia Abnormality_of_cardiovascul	Pathogenic	NC_00001
ABCD1	G	A	LowGQX;10			4 X-linked_recess	0/1	heterozygc	Adrenoleukodystrophy	Pathogenic	NC_00001
PRKCQ	G	A	~LowGQ;640~144~	60~65~66	Heterogeneous		0/1	heterozygc	Inflammatory_bowel_disease_1	Pathogenic	NC_00001
FOXL2	G	T	LowGQX;1	1	3	Autosomal_dom	0/1	heterozygc	Blepharophthalmosis~_ptosis~_and_epicanthus_inversus	Pathogenic	NC_00001
COL2A1	C	T	LowGQX;10			8 Autosomal_rece	0/1	heterozygc	Stargardt_disease	Pathogenic	NC_00001
TULP1	A	C	~RefCall	80~0	63~76	AR	0/1	heterozygc	Retinal_atrophy Seizures Dysarthria Spastic_tetraparesis Dysp	Pathogenic/Likely_pa	NC_00001
TTN	T	A	LowGQX;10			6 Autosomal_dom	0/1	heterozygc	Dilated_cardiomyopathy_1G Limb-girdle_muscular_dystrophy	Likely_pathogenic	NC_00001
SCN5A	C	A	LowGQX;10			9 Autosomal_dom	0/1	heterozygc	Brugada_syndrome	Likely_pathogenic	NC_00001
MESP2	G	T	LowGQX;10			5 AR	0/1	heterozygc	not_provided	Likely_pathogenic	NC_00001
FECH	A	G	~LowGQ;1730~332	127~128~			0/1	heterozygc	Jaundice Erythema Increased_urinary_porphobilinogen Autosc	Conflicting Likely_pat	NC_00001
MEFV	C	G	~LowGQ;261~76~5	15~20~20			0/1	heterozygc	Familial_mediterranean_fever~_autosomal_dominant Familial	Conflicting Benign(3)-	NC_00001
MEFV	G	A	LowGQX;199~438~5	38~37~38			0/1	heterozygc	Familial_Mediterranean_fever not_specified not_provided	Conflicting Benign(1)-	NC_00001
MEFV	C	T	LowGQX;169~399~4	53~50~54			0/1	heterozygc	Familial_Mediterranean_fever not_specified not_provided	Conflicting Benign(1)-	NC_00001
KLKB1	G	A	~LowGQ;3346~488	280~281~			0/1	heterozygc	Prekallikrein_deficiency	Conflicting Benign(1)-	NC_00001
UGT1A1	U	G	LowDepth;	3	1 AR		0/1	heterozygc	Gilbert's_syndrome Gilbert_syndrome~_susceptibility_to not_s	Conflicting Benign(1)-	NC_00001
AMPD1	C	T	~LowGQ;1147~221	86~88~89	AR		0/1	heterozygc	Muscle_AMP_deaminase_deficiency not_provided	Conflicting Likely_pat	NC_00001
PRSS1	T	T	PASS~	12~864	161~164		0/1	heterozygc	Recurrent_pancreatitis Hereditary_pancreatitis not_specified	Conflicting Likely_ber	NC_00001
GALC	GA	G	~PASS	7156~66	276~324		1/1	homozygo	Abnormality_of_brain_morphology Galactosylceramide_beta-g	Conflicting Benign(4)-	NC_00001
GATA4	C	A	PASS~	F 1280~395	129~125~		1/1	homozygo	Congenital_heart_disease not_provided	Conflicting Pathogeni	NC_00001
CYP21A2	C	A	PASS~	F 1758~622	173~177~		1/1	homozygo	Classic_congenital_adrenal_hyperplasia_due_to_21-hydroxyla	Conflicting Benign(2)-	NC_00001
PIBF1	G	A	~LowGQ;1410~255	113~114~			0/1	heterozygc	Joubert_syndrome JOUBERT_SYNDROME_33 not_specified	Conflicting Likely_pat	NC_00001
MYH2	MY	A	~LowGQ;4091~692	278~272~			0/1	heterozygc	Myopathy~_proximal~_and_ophthalmoplegia not_specified	Conflicting Benign(2)-	NC_00001
SPTA1	C	T	~LowGQ;2433~269	254~257~			0/1	heterozygc	Hemolytic_anemia Hereditary_pyropoikilocytosis Elliptocytosis	Conflicting Benign(4)-	NC_00001
GATA4	T	C	PASS~Lo	54~188~6	20~18~18		1/1	homozygo	Congenital_heart_disease	Conflicting Benign(1)-	NC_00001
IER3IP1	A	G	~LowGQ;1539~246	130~130~			0/1	heterozygc	Epilepsy Rolandic_epilepsy	Conflicting Likely_ber	NC_00001
UGT1A1	U	A	LowGQX;1253~1884	188~190~			0/1	heterozygc	Crigler-Najjar_syndrome~_type_II Gilbert's_syndrome not_spe	Conflicting Benign(2)-	NC_00001
UGT1A1	U	CAT	~RefCall	491~0	39~45		0/1	heterozygc	Lucey-Driscoll_syndrome Crigler-Najjar_syndrome~_type_II Gi	Conflicting Benign(2)-	NC_00001
ACTN3	C	T	~LowGQ;222~54~5	26~28~28			0/1	heterozygc	ACTININ~_ALPHA-3_POLYMORPHISM ACTN3_deficiency S	Conflicting Benign(1)-	NC_00001

4.分析及諮詢

Father WES : SDHA, C9異常



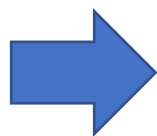
Gene	Ref	Alt	Filter	Quality	DP	Inheritance	Genotype	Zygosity	Phenotype	ClinicSig	Significance
SLC6A19	G	A	LowGQX;1299~56~1	121~128~	Autosomal_dominant	0/1	heterozygous	heterozygous	Hyperglycinuria Iminoglycinuria~_digenic	Pathogenic	1
TAB2 SUNG	A	A	PASS~.~F2065~660	198~199~202		1/1	homozygous	homozygous	Diabetes_mellitus~_insulin-dependent~_5	Pathogenic	1
WFS1	C	T	LowGQX;10	10	Autosomal_recessive	0/1	heterozygous	heterozygous	Diabetes_mellitus AND insipidus with optic atrophy AND deafness	Pathogenic	1
PTPRJ	A	C	LowGQX;1246~1325	105~99~1	Autosomal_dominant	0/1	heterozygous	heterozygous	Carcinoma_of_colon	Pathogenic	1
GJB2	C	T	LowGQX;1112~598~	43~43~44		0/1	heterozygous	heterozygous	Hearing_impairment Mutilating_keratoderma Keratitis-ichthyosis-deafness_syndrome	Pathogenic	1
C9	G	A	~LowGQX;4724~763367~367~?			0/1	heterozygous	heterozygous	Complement_component_9_deficiency	Pathogenic	1
IRGM	C	T	~LowGQX;965~173~	72~72~74		0/1	heterozygous	heterozygous	Inflammatory_bowel_disease_19	Pathogenic	1
EEF2	G	T	LowGQX;10	5	Autosomal_dominant	0/1	heterozygous	heterozygous	Spinocerebellar_ataxia_type_26	Pathogenic	1
SDHA	C	T	~LowGQX;3921~612322~319~	AR/ AD/ Multifactorial		0/1	heterozygous	heterozygous	Rhabdomyosarcoma_(disease) Mitochondrial_complex_II_deficiency Leigh_syndrome	Pathogenic	1
TTN	C	T	LowGQX;10	10		0/1	heterozygous	heterozygous	Noncompaction_cardiomyopathy	Pathogenic	1
PKD1 LOC	G	T	LowDepth;1	2		0/1	heterozygous	heterozygous	Polycystic_kidney_disease~_adult_type	Pathogenic	1
IL4R	A	G	~LowGQX;522~214~	16~17~17		1/1	homozygous	homozygous	Acquired_immunodeficiency_syndrome~_slow_progression_to Atopy~_resistance	Pathogenic~_protective	1
VEGFA	G	GGACA	~PASS	438~59	27~39		0/1	heterozygous	not_provided	Likely_pathogenic	1
LOXHD1	C	T	LowGQX;175~47~57	48~50~47	Autosomal_recessive	0/1	heterozygous	heterozygous	Deafness~_autosomal_recessive_77	Likely_pathogenic	1
FECH	A	G	LowGQX;1340~37~1	142~142~		0/1	heterozygous	heterozygous	Jaundice Erythema Increased_urinary_porphobilinogen Autosomal_erythropoietic_proporia	Conflicting Likely_pathogenic	1
KLKB1	G	A	~PASS~F9392~289	278~280~		1/1	homozygous	homozygous	Prekallikrein_deficiency	Conflicting Benign(1)	1
GALC	GA	G	PASS~.~70~6482	299~251~		1/1	homozygous	homozygous	Abnormality_of_brain_morphology Galactosylceramide_beta-galactosidase_deficiency	Conflicting Benign(4)	1
GATA4	C	A	PASS~.~F1688~546	162~161~		1/1	homozygous	homozygous	Congenital_heart_disease not_provided	Conflicting Pathogenic	1
SHOX	G	C	LowDepth;3	1		0/1	heterozygous	heterozygous	Short_stature~_idiopathic~_X-linked	Conflicting Benign(1)	1
CYP21A2	C	A	~PASS~F8368~238	250~243~		1/1	homozygous	homozygous	Classic_congenital_adrenal_hyperplasia_due_to_21-hydroxylase_deficiency not_provided	Conflicting Benign(2)	1
PCCA	G	T	LowGQX;1825~4962	357~357~		0/1	heterozygous	heterozygous	Propionic_acidemia not_specified	Conflicting Benign(3)	1
NPHS1	G	A	~LowGQX;1252~202	113~110~		0/1	heterozygous	heterozygous	Finnish_congenital_nephrotic_syndrome Hereditary_nephrotic_syndrome not_provided	Conflicting Benign(1)	1
SPTA1	C	T	~LowGQX;2902~456	234~238~		0/1	heterozygous	heterozygous	Hemolytic_anemia Hereditary_pyropoikilocytosis Elliptocytosis_2 Spherocytosis	Conflicting Benign(4)	1
GATA4	T	C	~LowGQX;1302~384	39~39~40~		1/1	homozygous	homozygous	Congenital_heart_disease	Conflicting Benign(1)	1
DUOX2	C	A	~LowGQX;3772~625	292~290~		0/1	heterozygous	heterozygous	Nongoitrous_Euthyroid_Hyperthyrotropinemia Thyroid_dyshormonogenesis_6 not_provided	Conflicting Likely_benign	1
ACTN3	C	T	~LowGQX;1291~435	39~39~39~		1/1	homozygous	homozygous	ACTININ~_ALPHA-3_POLYMORPHISM ACTN3_deficiency Sprinting_performance	Conflicting Benign(1)	1

胎兒uncertain significance (VUS) 中有一可能與Noonan syn 有關基因

SEC63	0/1	A	A	.	33	138	Uncertain significance	Polycystic liver disease_1	2/90
SRD5A3	0/1	G	T	LowDepth	3	1	Uncertain significance	Congenital disorder of glycosylation type_1Q	0/90
TRDN	0/1	TA	T	~RefCall	36~0	27~36	Uncertain significance	Catecholaminergic polymorphic ventricular tachycardia	7/90
SEC63	1/2	C	A, CAA	.	1052	45	Uncertain significance	Polycystic liver disease_1	6/90
BRAF	1/1	G	GA	~PASS	2650~56	77~210	Uncertain significance	Noonan syndrome with multiple lentigines	Cardio-facio-cutaneous 40/90
DNAJB6	0/1	G	A	PASS	0	3	Uncertain significance	Limb-girdle muscular dystrophy type_1E	0/90
ADAMTSL1	0/1	C	G	LowGQX	143~870	89~88~90	Uncertain significance	Geleophysic dysplasia_1	13/90
PKHD1	0/1	TA	T	~RefCall	506~0	143~195	Uncertain significance	Autosomal recessive polycystic kidney disease	1/90
ESR1	0/1	C	T	LowGQX	1	0	Uncertain significance	Chondroblastoma	1/90

但母親也有相同變異, 所以可排除

PALLD	0/1	G	A	LowGQX	167~996	187~90~91	Uncertain significance	Pancreatic cancer_1	0/89
MANBA	0/1	C	T	LowGQX	0	4	Uncertain significance	Beta-D-mannosidosis	0/89
SEC63	0/1	TA	T	.	121	161	Uncertain significance	Polycystic liver disease_1	1/89
EYA4	0/1	C	T	LowGQX	0	8	Uncertain significance	Deafness autosomal dominant_10	0/89
PAX4	0/1	TA	T	.	52	46	Uncertain significance	Maturity onset diabetes mellitus in young	3/89
BRAF	1/1	G	GA	~PASS	2527~58	96~259	Uncertain significance	Noonan syndrome with multiple lentigines	Cardio-facio-cutaneous 39/89
ADAMTSL1	0/1	C	G	LowGQX	1319~1649	119~119	Uncertain significance	Geleophysic dysplasia_1	1/89
VPS13A	0/1	AT	A	~RefCall	633~0	188~270	Uncertain significance	Choreoacanthocytosis	23/89
ESCO2	0/1	T	TAATA	~PASS	1837~50	66~78	Uncertain significance	Roberts-SC phocomelia syndrome	29/89



Trio WES可提供快速且更穩當分析

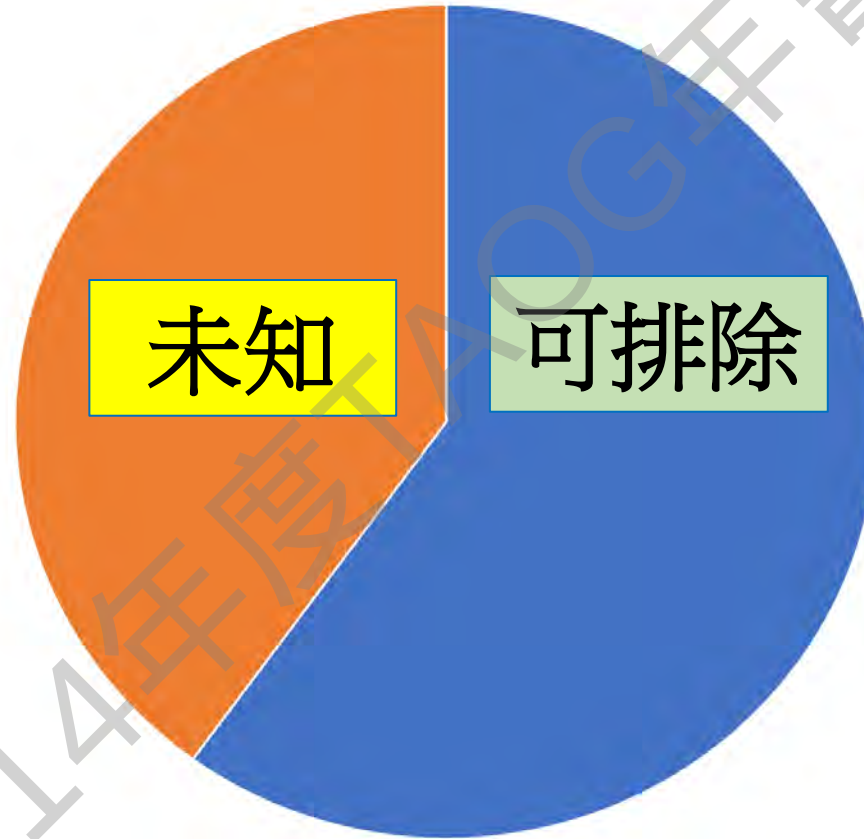
出生後兒科醫師檢查無異常



總結

產前診斷無法做到100%
→ 只能用排除法

後天因素
環境
飲食
心理
基因表現
Penetrance
Expressivity



Ultrasound
Amniocentesis
Array CGH
Single gene tests
2nd WES
3rd WGS

重要考量點及原則

- 了解檢測的限制
- 能為帶來受檢者益處
- 兼具廣度及深度，完整及精確
- 保持客觀：勿預設立場, 勿過度解讀
- 盡可能做到上限：區分是否為基因或非基因異常
- 說明全基因檢測結果，要顧及父母心理層面，區分是單基因或多因素疾病
- 產前檢測僅能用排除法，一般無法做到百分百確認
- 產前基因檢測不確定性高，證據力很重要，要說明清楚
- 讓病人知道檢測限制, 及結果失誤的可能性，以後有更新及再次修正說明之必要