



DNA are made of Genes which are coiled together by histone proteins; which forms the chromatids in next phase, which makes chromosomes in dividing phase.

Gene → Segment of DNA, which codes for proteins called Codones.

DNA ? Deoxyribose nucleic acid which is a double helix model which has a Nitrogenous base (Nucleotides)

Purines → Adenine and Guanine (Same in RNA)

Pyrimidines → Cytosine and Thymine which look oppositely. (Useful in RNA)

Chromosome → where DNA are packed together they form chromatids and chromosomes

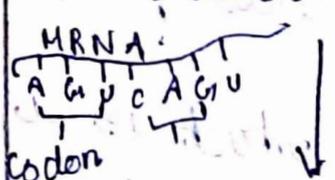
Autosome: Except germ cell (sperm and eggs) and RBE, all cells contain Diploid 2n (23 pairs of chromosomes), one from maternal and one from paternal.

Autosomes → 22 pairs, except 1 sex chromosome.
Sex chromosome → X and Y in male, XX in female.

Transcription

Gene (segment of DNA) codes for protein chain of amino acids (o-o-o-o-o)

Sends mRNA to ribosome (helps of RNA polymerase)



(single stranded and Thymine replaced by Uracil)

Translation of the message into proteins (code)

Protein synthesis (20 amino acids)

Genetics

+ DNA (Gene) makes the chromosomes =

Autosomal \rightarrow 22 pairs

Sex chromosome \rightarrow 1 pair xx / xX

Female: Male

Pattern of Inheritance

1) Autosomal



Recessive



Consanguinity in marriage.

Recessive in sibling is possible in 25%

Dominant



50% of the children

are affected.

More than one generation

System

	Autosomal dominant	Autosomal Recessive
1) Nervous	Huntington disease Neurofibromatosis	Neurogenic Muscular atrophy
2) Skeletal	Marfan's syndrome Achondroplasia	
3) Metabolic	Familial Hypercholesterolemia	Cystic fibrosis Phenyl ketonuria, Haemochromatosis, Glycogen storage disease.
4) Haematopoietic	Hereditary Spherocytosis.	Sickle cell anemia Thalassemia -
5) Renal	Poly cystic kidney disease	
6) GIT.	Familial polyposis coli	

Sexual Inheritance

X-linked

Dominant

$XX \quad X \quad Y$
 $X^1 X^2 \quad Y$ ~~$X^1 X^2$~~
↳ can compensate

~~Autosomal~~
Recessive

↳ Females more affected
from father equal to son +
daughter if affected

↳ Always women carriers, never from father -
Some are affected, daughters are carriers

Disorders of X linked recessive

- 1) Nervous → Fragile X syndrome
- 2) Muscular → Duchenne muscular dystrophy
- 3) Metabolic → Diabetic insipidus
- 4) Blood → Hemophilia A & B, G6PD deficiency
- 5) Immune → Agammaglobulinemia, Colour Blindness, Night Blindness

X linked dominant → Rare

↳ Hypophosphatemic type Vitamin D resistant rickets, Fragile X syndrome

Autosomal Disorders

Down's Syndrome (Trisomy 21)

- Chromosome number 21 is present in triplicate, making the total number of 47.

Maternal age → Strong influence.

≈ 25 years → 1 in 1500 live births

> 40 years - 1 in 100 births

> 45 years - 1 in 40 births.

Risk Factors → Exposure to pesticides, electromagnetic fields, anaesthetic, coffee, alcohol.

Causes → 1) Non-Disjunctional - 95%,
C chromosome does not separate.

2) Translocation - 4%.

3) Mosaic - 1%.

Clinical Features

- 1) Marked Hypotonia
- 2) Poor Moro's Reflex
- 3) Flat facies
- 4) Upward slant of eyes.
- 5) Dysplastic ears
- 6) Dysplastic middle pharynx
- 7) Fold of skin near neck.
- 8) Dysplastic pedis
- 9) Fold of skin near neck.

Physical → 1) Simian Crease (Transverse Crease)

2) Gap between first two toes.

3) Flat facial profile.

4) Epicanthal fold.

Organ → 1) Brain → Retardation, Alzheimer.

A
A
A
A

2) Blood → Acute leukemia

3) Heart → Congenital Heart disease

(ASD, J of Fallot) Atrial Septal Defect

4) GIT → Duodenal atresia

5) Reproductive → ↓ Fertility.

Screening during pregnancy

Decrease

- 1) Alpha fetal protein AFP
- 2) Unconjugated estriol

Increase

- 1) HCG
- 2) Inhibin A

- Imaging - Ultrasound seeing how much light passes through neck - Nuchal translucency. Karyotyping

Treatment → ↑ Quality of life.

Edward syndrome (Trisomy 18)

- Chromosome number 18 is present in triplicate making the total number of 47.

- Maternal age increases the risk.

Causes → 1) Non-Disjunction 2) Translocation, 3) Mosaicism.

C/F: Organs → 1) Heart → Congenital Heart defect (VSD)

2) GI → Anorexia atresia → Swallow ↓ Amniotic fluid
↓
Omphalocele Polyhydramnios

3) Kidney → Horseshoe kidney

↑ Wilms tumor & Hepatoblastoma.

- Child usually dies before birth, if survives dies after birth.

Physical → Microcephaly, low set ears, cleft lip/palate, Rocker bottom feet, Digit overlapping.

Screening → USG → Nuchal translucency.

Prenatal program → Polyhydramnios.

Screen → 1st trimester → ↓ HCG & Inhibin A

and trimester → ↓ AFP & Unconjugated

- Karyotyping → before birth → Amniocentesis.
after → Blood test.

Triploxy 13 (Patau Syndrome)

- Very rare only 1 in 10,000 births
- Chromosome number 13 is present as a triplicate - making the total number 47
- Cause → 1) Non-disjunction 2) Translocation, 3) Mosaicism
- ↑ Maternal age

C/F:

- Organ → 1) Microcephaly
 2) Holoprosencephaly (No division of 2 hemispheres)
 3) Spina bifida
 4) Heart → Septal defect
 5) GI T → Omphalocele 6) Kidney → PKD -

- Physical → cleft lip & Palate
 Cyclopia → (Fusion of Eyes no division)
 Proboscis → (Nose absent)
 Multiple fingers (polydactyly)
 Rocker bottom feet

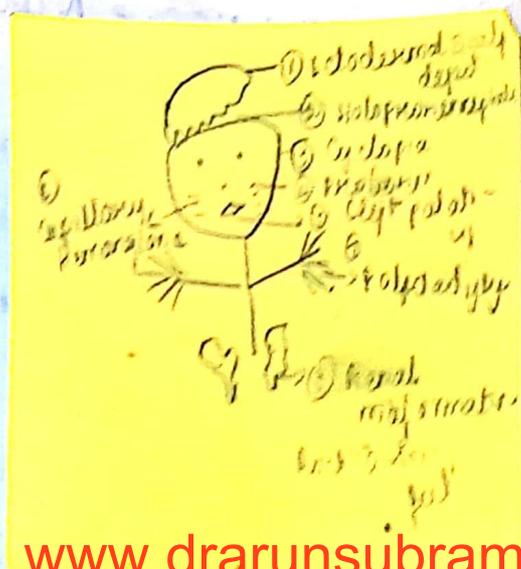
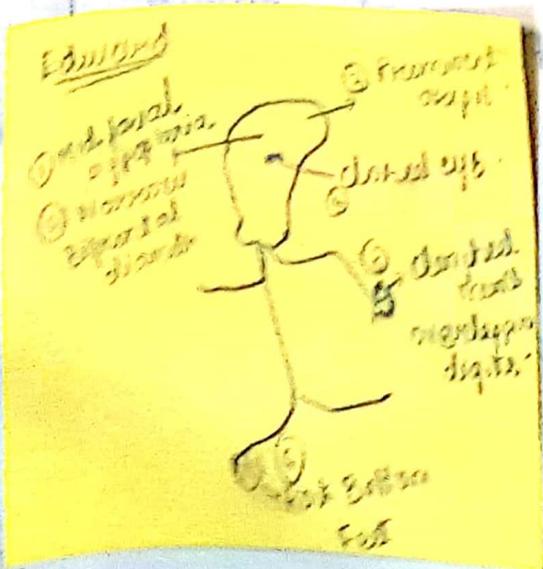
Investigation

USG → Nuchal translucency

Screen → 1st Trimester → HCG & PAPP-A ↓

2nd Trimester → AFP, Ue3, HCG Normal

Karyotyping



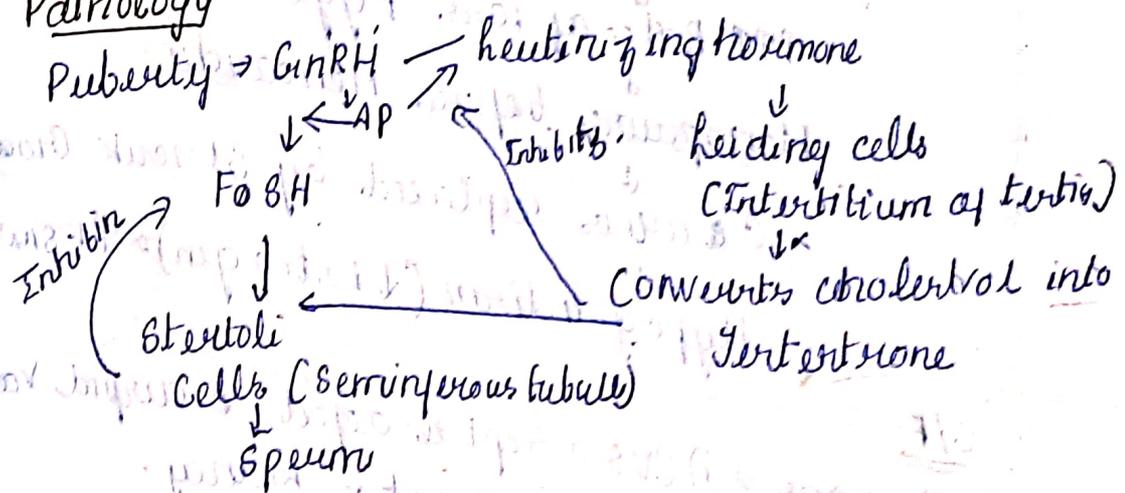
Sex Chromosomal Disorder

- Extra X chromosome - Klinefelter syndrome
- Deletion X chromosome - Turner syndrome

Klinefelter's Syndrome

- Male ~~has~~ is affected usually, and addition of one X extra chromosome cause XXY.
- Male = Sex, Not gender or identity.

Pathology



→ In Klinefelter syndrome, no production of the
 ↓ Testosterone → ↓ Inhibin → ↑ Production of Estrogen
 ↓ Small testes → Sterility
 ↓ Breast tissue

C/F - Most after puberty, live as men or female

- 1) Hypogonadism - small Testis & Penis → Sterility
- 2) The spine is big than height and lower segment bigger than upper segment
- 3) Gynecomastia, 4) low Muscle mass, facial hair
- 4) Lower Energy levels
- 5) Increased risk of Breast Cancer & Osteoporosis

Investigation → ↑ Estrogen, FSH, LH, ↓ Testosterone

Karyotyping - Amniocentesis → XXY
 → Blood

Treatment → Long acting testosterone

Turner's Syndrome (Monosomy)

- Missing of ^{but on partner} X chromosome (Monosomy)

Cause = 1) Non-Disjunction (XO)

2) Mosaic Pattern (XX/XO)

3) Deletion of parts

Pathology:

only 1 complete X chromosome

↓
↑↑↑ Rate of loss Eggs

↓
Menopause before Menarche

↓
Ovaries replaced by streak Glands

↓
Hypogonadism (↓ Estrogen) → ↑FSH ↑LH

C/F:

Organs → 1) CVS → Septal defect, Bicuspid Valve

2) Kidney → Horseshoe kidney

3) ↑ Risk of Type II Diabetes + Hypothyroidism

4) Lymph obstruction → Cystic hygroma + edema

Physical → 5) Female → Underdeveloped breast

Hypoplastic uterus + presence of

Fatty streak in ovaries, less hair, Amenorrhoea.

Physical → 1) low Set Ears

2) Neck webbing

3) Broad chest & wide Nipples

4) Arm turns outward (Cubitus valgus)

5) Short stature

Investigation:

Karyotyping → Aminoacids

Ultrasound

Genetic disorders

1) Single Gene Mutation

- ↳ Substitutions → Sickle Cell (Glutamate to Valine)
- Insertions -
- Deletions -

2) Polygenic →

3) Chromosomal disorders:

1) Structural:

- 1) → Deletion
- 2) → Duplication
- 3) → Inversion
- 4) → Inversion
- 5) → Translocation → Eg. (Philadelphia chromosome)
9:22
- 6) → Non disjunction? Ring chromosome.

2) Numerical chromosomal aberration:

1) Aneuploidy → Chromosome number not a multiple of 23 (haploid normal) by addition or deletion.

- a) Trisomy → $(2n+1)$,
- Autosome → Trisomy 21 → Down syndrome $(47XX+21)$
 - Trisomy 13 → Patau syndrome $(47XY+13)$
 - Trisomy 18 → Edward syndrome $(47XY+18)$
 - Sexual → Klinefelter syndrome (XXY)

b) Monosomy → $(2n-1)$.

Turner syndrome $(45X0)$

2) Poly ploidy: chromosome number that is multiple of 23, but greater than $2n$ (2 haploid)

- 69 → Triploid. 92 → Tetraploid → Spontaneous abortion.

3) Mixoploidy

a) Monocism

b) Chimerism

(side)

(main)

(sub)

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Prader Willi Syndrome

→ Defect in chromosome 15 (Imprinting disorder)
Absence of expression of paternally active gene on long arm chromosome 15 (Tf maternal active chromosome gene → Angel man's syndrome)

Infancy

→ Poor Hypotonia

↓
Anphusia ↓ Suckling reflex
↓
Failure to thrive

Late Infancy

• Overeating
• always full
• Hungry

Childhood

• Obesity,
• Type II diabetes
• Obstructive
• Sleep apnea

Hypothalamus

↓ GnRH → Hypogonadism
↓ Gn → Short stature

Mnemonic

'SOM' eat too much. Though He has small hands + feet

Fish shaped mouth + almond shaped eyes

S - Short stature

O → Obesity, Obstructive sleep apnea

M → Mental retardation

T - Tonic decreased (Anphusia, Suckling reflex)

HH - Hypogonadotropic Hypogonadism

Small hands + feet

Fish shaped mouth

(Almond) shaped eyes

Management → Restrict amount of food

↑ GnH supplement

Angelman's Syndrome

- Imprinting disorder
- Absence of action expression of maternally active genes on long arm of 15 expression

"SAMI the happy puppet"

S - Seizures

A - Ataxia

M → Mental retardation

I → Inappropriate laughter

Happy

Puppet → Cogwheel rigidity

Developmental milestones delayed

Williams Syndrome

Autosomal dominant disorder of chromosome

7 where small portion is deleted

W - Weight low at birth slow to

I - Iris (stellate iris)

L - Long philtrum

L - Large mouth

I → Increased Ca^{++} (vitamin D) intake

A → Aortic stenosis (supraaortic stenosis), Pulmonary stenosis

M - Mental retardation

S - Swelling over eyes (Periorbital)

H - Hoarse voice

E - Elfin Face

L - low quality personality

Di George Syndrome (ATCH 22)

→ Deletion of chromosome 22q11.2 deletion, which codes for parathyroid pouch ~~causes~~ for parathyroid & P thymus.

C → Cardiac abnormality (Tetralogy of Fallot)

A → Abnormal Facial,

T → Thymic aplasia, T cell defect.

C - Cleft Palate & lip.

H - Hypocalcemia/Hypoparathyroidism.

Werner's Syndrome (WRN gen, Recessive)

- Adult Progeria
- Premature ageing syndrome
- Sterile cataracts, premature balding and grays, scleroderma like illness.
- Muscle wasting, osteoporosis.
- ↑ Malignant risk and diabetes.