

RESEARCH NOTE

Novel *NPHS1* gene mutations in a Chinese family with congenital nephrotic syndrome

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Introduction

Congenital nephrotic syndrome (CNS) of the Finnish type (CNF; MIM: 256300) is a rare autosomal recessively inherited disease characterized by a large placenta, massive proteinuria, marked edema and clinical onset within the first three months of life. Mutations of *NPHS1* gene were the most well-recognized causes of CNF, which was firstly and mostly described in Finland with two main defects: Finmajor (c.121delCT) and Finminor (c.3325C>T). In other countries, the two typical Finnish mutations were rarely found, but a wide variety of different mutations have been described (Heeringa *et al.* 2008; Schoeb *et al.* 2010), including missense, nonsense, deletions, insertions and splice site. To date, about 183 different *NPHS1* mutations in CNF have been reported, but only a few have been reported in China (Shi *et al.* 2005; Wu *et al.* 2011; Yu *et al.* 2012). In this study, we report a Chinese family with two CNF patients and identified two novel heterozygous missense mutations in exons 15 and 16 of *NPHS1* gene.

Materials and methods

Patients

Two siblings were diagnosed with CNF, who came from a Chinese nonconsanguineous family with no known Finnish ancestry (figure 1). The proband (III-2), a 15-day-old girl, was admitted to our hospital due to leg oedema, heavy proteinuria (+++) and hematuria (+++). Informed consent was obtained from her parents. The study obtained the ethic committee approval from the ethic commission of Huazhong University of Science and Technology.

Mutations of *NPHS1* gene

Genomic DNA of the proband and her parents was extracted directly from peripheral blood leukocytes using QIAamp DNA Mini kit (Qiagen, Valencia, USA). The primer for amplifying exons 1–29 of *NPHS1* were designed to cover all exons and introns adjacent to each exon of *NPHS1*, according to published primer sequence (Lenkkeri *et al.* 1999). PCR was performed on C1000 Thermo cycler (Biorad, Berkeley, USA) with 2× PCR mix (Thermo Scientific, Waltham, USA). PCR products were identified by agarose gel electrophoresis and purified. Purified PCR products sequencing reaction was performed on an ABI 3730 sequencing reaction with the ABI Big Dye terminator cycle sequencing kit (ABI, Foster City, USA). Sequencing results were analysed using the vector NTI 11. The mutations were described according to the standard nomenclature (den Dunnen and Antonarakis 2000).

To identify the novel mutations, PCR and sequencing of exons 15–16 were performed on 150 unrelated healthy individuals who had the same ethnic background as the patient. The possible impact of the amino acid substitution on the function and structure of nephrin was predicted by the Polyphen-2 software (Adzhubei *et al.* 2010) (<http://genetics.bwh.harvard.edu/pph2/>).

Results

Clinical features

The proband (figure 1, III-2) with normal female external manifestations was born at 38 weeks of gestational age and weighed 3500 g at birth. There was no abnormality on routine prenatal examinations. It was recorded that the placenta was twice as large as normal size. The proband was admitted to our hospital due to leg oedema and heavy proteinuria (+++) on the 15th day of birth. An initial physical examination

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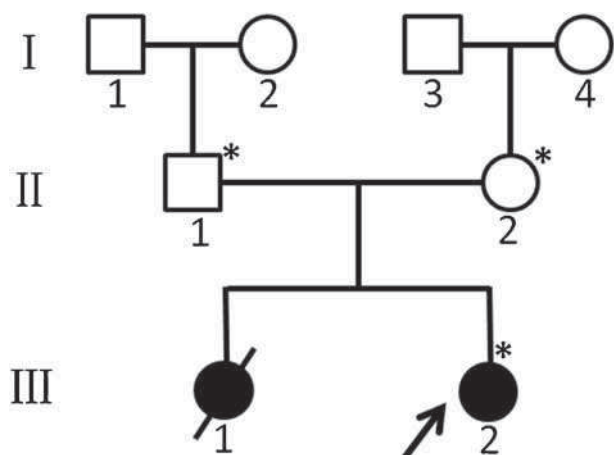


Figure 1. The Chinese family pedigree. The arrow indicates the proband and the asterisks indicate blood sample collected.

revealed apparent lower limbs oedema. Initial laboratory test results are shown in table 1. Her elder sister (figure 1, III-1) was also diagnosed with CNS and died of uremia.

Molecular studies

Two novel missense mutations of *NPHS1* were found: c.2020C>T and c.2207T>C (figure 2a), both located between Ig-like domain 6 and Ig-like domain 7 of nephrin (figure 2b). The c.2020C>T (p.Pro674Ser) within exon 15 was inherited from father, and was likely to affect the protein structure and function due to the substitution of a hydrophobic amino acid by a hydrophilic amino acid. The c.2207T>C (p.Val736Ala) within exon 16 of *NPHS1* was inherited from mother and its coded amino acid was oriented adjacent to one free cysteine residues. These mutations which had not been published previously were absent in 150 healthy controls and were probably predicted to be damaging with a

score of 1.000 (c.2020C>T) and possibly damaging with a score of 0.952 (c.2207T>C) using Polyphen-2. Moreover, the mutation site is highly conserved among humans and other mammals. Therefore, the missense mutations c.2020C>T and c.2207T>C which had not been published previously were speculated to be disease-causing mutations in the Chinese family. Additionally, two other mutations c.349G>A and c.3048+44C>T were also identified in the proband, but these were both single-nucleotide polymorphisms (SNPs) through comparing with SNP database at NCBI and Ensembl.

Discussion

CNF is a recessively inherited disorder which is most frequent in Finland with the incidence of 1 in 10,000 births. Most CNF patients in Finnish populations (98% of cases) had *NPHS1* mutations (Kestila *et al.* 1998), but CNF was reported outside Finland with a lower frequency of *NPHS1* mutations, accounting for 39–50% of nonFinnish cases (Machuca *et al.* 2010; Schoeb *et al.* 2010). Until now, only six disease-causing mutations are reported in three Chinese CNF patients from three different families. In our study, six Chinese CNF patients were screened for *NPHS1* mutations and only one patient was found to have *NPHS1* disease-causing mutations. Together with the total reported *NPHS1* mutations in China, we presumed the frequency of *NPHS1* mutations may be lower in Chinese CNF patients.

In our study, the Chinese patient's disease-causing mutations were compound heterozygous mutations. A recent research showed that 31 of 60 patients (51%) with CNF had compound heterozygous mutations in *NPHS1* (Machuca *et al.* 2010). In China, *NPHS1* mutations in two of three reported CNF patients were compound heterozygous. Thus, compound heterozygous mutations of *NPHS1* gene are very common in CNF patients.

Table 1. Laboratory investigation of the proband.

Laboratory test	Result	Status	Reference value
Albumin	10 g/L	↓	35–52 g/L
Total cholesterol	6.06 Mm	↑	2.9–5.2 Mm
Triglyceride	1.85 Mm	↑	<1.7 Mm
LDL	3.8 Mm	↑	0.0–3.12 Mm
IgG	1.47 g/L	↓	7.00–16.00 g/L
IgA	0.24 g/L	↓	0.7–4.0 g/L
Urine protein	5242.8 mg/L	↑	0.0–150.0 mg/L
Urine β 2-microglobulin	7.29 mg/L	↑	0.0–0.2 mg/L
ESR	43 mm/h	↑	0–20 mm/h
APTT	71.1 s	↑	26.0–38.0 s
D-dimer	2770 ng/mL	↑	<500 ng/mL

LDL, low-density lipoprotein; ESR, erythrocyte sedimentation rate; APTT, activated partial thromboplastin time.

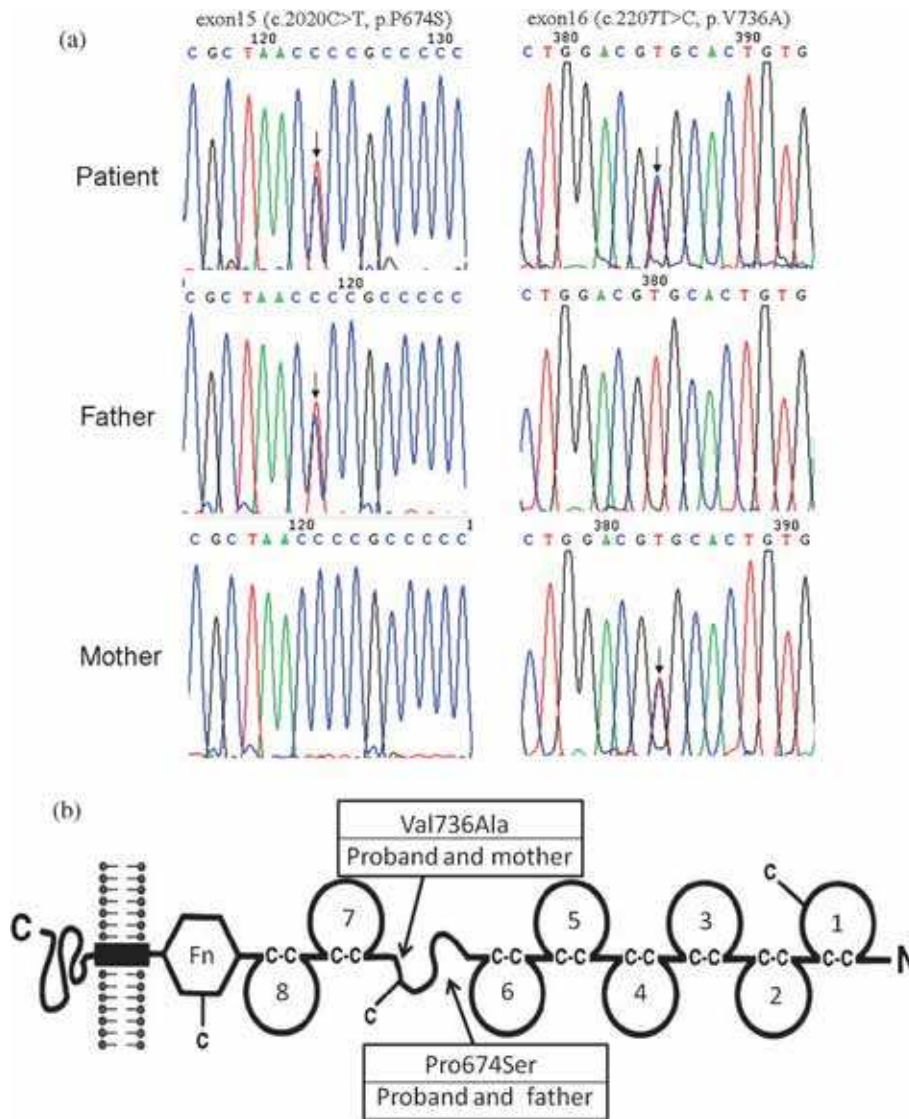


Figure 2. Genetic analysis and localization of the two novel mutations in nephrin.

Table 2. Pathogenic missense mutations in the *NPHS1* gene detected in cases with CNS from previous studies (Kestila *et al.* 1998; Lenkkeri *et al.* 1999; Aya *et al.* 2000; Patrakka *et al.* 2000; Beltcheva *et al.* 2001; Koziell *et al.* 2002; Caridi *et al.* 2003; Gigante *et al.* 2005; Heeringa *et al.* 2008; Lowik *et al.* 2008; Schoeb *et al.* 2010; Wu *et al.* 2011; Ovunc *et al.* 2012).

Exon	DNA damage	Effect on protein	Nephrin domain	Origin
2	c.65C>T	P.Ala22Val	Signal peptide	ND
2	c.191G>C	p.Trp64Ser	Ig-like domain 1	Finland
3	c.313G>A	p.Asp105Asn	Ig-like domain 1	Japan
3	c.320C>T	p.Ala107Val	Ig-like domain 1	India
3	c.385C>T	p.Leu129Phe	Ig-like domain 1	Germany
3	c.386T>A	p.Leu129His	Ig-like domain 1	Turkey, Armenia
4	c.479G>C	p.Cys160Ser	Ig-like domain 2	Japan
4	c.499C>A	p.Pro167Thr	Ig-like domain 2	Finland
4	c.500C>T	p.Pro167Leu	Ig-like domain 2	India
4	c.512T>A	p.Ile171Asn	Ig-like domain 2	Turkey
4	c.518T>A	p.Ile173Asn	Ig-like domain 2	France
5	c.563A>T	p.Asn188Ile	Ig-like domain 2	India
6	c.644T>G	p.Leu215Arg	Ig-like domain 2	Caucasian
6	c.658T>G	p.Ser220Ala	Ig-like domain 2	Italy

Table 2 (contd)

Exon	DNA damage	Effect on protein	Nephrin domain	Origin
7	c.767C>T	p.Arg256Trp	Ig-like domain 3	Arab
7	c.791C>G	p.Pro264Arg	Ig-like domain 3	England, India
7	c.808G>T	p.Gly270Cys	Ig-like domain 3	England
8	c.896C>T	p.Arg299Cys	Ig-like domain 3	France
8	c.928G>A	p.Asp310Asn	Ig-like domain 3	China
8	c.1001T>C	p.Leu334Pro	–	Turkey
9	c.1019C>A	p.Pro340His	Ig-like domain 4	Afghanistan, Asia
9	c.1039G>A	p.Gly347Arg	Ig-like domain 4	Byelorussia
9	c.1040G>A	p.Gly347Glu	Ig-like domain 4	Arab
9	c.1048T>C	p.Ser350Pro	Ig-like domain 4	France
9	c.1096A>C	p.Ser366Arg	Ig-like domain 4	Croatia, Portugal, North America
9	c.1099C>T	p.Arg367Cys	Ig-like domain 4	France, India, Spain
9	c.1100G>A	p.Arg367His	Ig-like domain 4	Spain
9	c.1102C>T	p.Pro368Ser	Ig-like domain 4	The Netherlands
9	c.1103C>T	p.Pro368Leu	Ig-like domain 4	North America
9	c.1126C>G	p.Leu376Val	Ig-like domain 4	The Netherlands
9	c.1135C>T	p.Arg379Trp	Ig-like domain 4	Japan, Turkey
10	c.1192T>C	p.Ser398Pro	Ig-like domain 4	Croatia
10	c.1219C>T	p.Arg407Trp	Ig-like domain 4	Jordania
10	c.1223G>A	p.Arg408Gln	Ig-like domain 4	Finland, North America
10	c.1234G>T	p.Gly412Cys	Ig-like domain 4	Caucasian
10	c.1250G>T	p.Cys417Phe	Ig-like domain 4	Turkey
10	c.1258T>G	p.Phe420Val	Ig-like domain 4	Germany
11	c.1337T>A	p.Ile446Asn	Ig-like domain 5	England, India
11	c.1339G>A	p.Glu447Lys	Ig-like domain 5	Japan
11	c.1379G>A	p.Arg460Gln	Ig-like domain 5	Mauritania, India, Europe, Spain, Turkey, Antilles, Japan, La Reunion
11	c.1394G>A	p.Cys465Tyr	Ig-like domain 5	Finland, France
12	c.1538T>C	p.Leu513Pro	Ig-like domain 5	Spain
12	c.1555C>T	p.Pro519Ser	Ig-like domain 5	Europe, France
12	c.1583G>T	p.Cys528Phe	Ig-like domain 5	France
13	c.1672C>T	p.Arg558Cys	Ig-like domain 6	Turkey
13	c.1707C>G	p.Ser569Arg	Ig-like domain 6	Jerusalem (Arab)
13	c.1715G>A	p.Ser572Asn	Ig-like domain 6	Italy, Algeria
13	c.1716C>G	p.Ser572Arg	Ig-like domain 6	Europe
13	c.1738T>G	p.Trp580Gly	Ig-like domain 6	Germany
13	c.1756A>G	p.Arg586Gly	Ig-like domain 6	Somalia
14	c.1760T>G	p.Leu587Arg	Ig-like domain 6	Turkey
14	c.1801G>C	p.Gly601Arg	Ig-like domain 6	Japan
14	c.1829T>A	p.Leu610Gln	Ig-like domain 6	France
14	c.1850A>G	p.His617Arg	Ig-like domain 6	ND
14	c.1868G>T	p.Cys623Phe	Ig-like domain 6	North America, England, Spain, Greece
14	c.1928T>C	p.Leu643Pro	–	India
15	c.2014G>C	p.Ala672Pro	–	Turkey
15	c.2014G>A	p.Ala672Thr	–	France
15	c.2019C>A	p.Asn673Lys	–	Europe
15	c.2043G>T	c.Trp681Cys	–	Arab
16	c.2104G>T	p.Gly702Trp	–	France
16	c.2126T>G	p.Val709Gly	–	Turkey, Portugal
16	c.2131C>T	p.Arg711Cys	–	Italy
16	c.2143G>C	p.Gly715Arg	–	Spain
16	c.2149T>G	p.Tyr717Asp	–	Turkey, Armenia
16	c.2171C>G	p.Ser724Cys	–	France
16	c.2175G>C	p.Glu725Asp	–	ND
17	c.2216C>T	p.Ala739Val	–	ND
17	c.2225T>C	p.Ile742Thr	Ig-like domain 7	China
17	c.2227C>T	p.Arg743Cys	Ig-like domain 7	Finland, England, France
17	c.2251G>T	p.Val751Leu	Ig-like domain 7	France
17	c.2324G>T	p.Trp775Leu	Ig-like domain 7	Turkey
18	c.2404C>T	p.Arg802Trp	Ig-like domain 7	The Netherlands, India
18	c.2405G>C	p.Arg802Pro	Ig-like domain 7	North America
18	c.2417C>A	p.Ala806Asp	Ig-like domain 7	Morocco, Spain, France

Table 2 (contd)

Exon	DNA damage	Effect on protein	Nephrin domain	Origin
18	c.2456A>T	p.Asp819Val	Ig-like domain 7	Japan
18	c.2491C>T	p.Arg831Cys	Ig-like domain 7	North America
18	c.2500G>T	p.Val834Phe	–	France
19	c.2552C>T	p.Ala851Val	Ig-like domain 8	ND
19	c.2587T>C	p.Cys863Arg	Ig-like domain 8	Morocco
20	c.2719G>A	p.Ala907Thr	Ig-like domain 8	Italy
20	c.2728T>C	p.Ser910Pro	Ig-like domain 8	Arab
20	c.2755A>C	p.Thr919Pro	Ig-like domain 8	Finland
20	c.2776C>T	p.Leu926Phe	Ig-like domain 8	Italy
21	c.2869G>C	p.Val957Leu	FN-III	China
21	c.2881T>C	p.Trp961Arg	FN-III	France
22	c.2928G>T	p.Arg976Ser	FN-III	Europe
22	c.2930A>G	p.Try977Cys	FN-III	Caucasian
24	c.3230A>G	p.Asn1077Ser	Cytoplasmic	Italy
24	c.3233C>A	p.Ala1078Asp	Cytoplasmic	Italy
27	c.3418C>T	p.Arg1140Cys	Cytoplasmic	France

ND, no data available.

Nephrin is an essential component of the slit diaphragm (SD), the structurally molecular filter in renal glomerular capillaries (Wartiovaara *et al.* 2004). *NPHS1* mutations lead to disruption of the SD and massive protein loss, which has been proved by electron microscopy and electron tomography. To date, the most common *NPHS1* mutations causing CNS are missense mutations, up to about 50% (table 2). Liu *et al.* (2001) showed the pathomechanism of a large number of missense mutations of *NPHS1* gene. They found that nephrin was a highly flexible protein which can lead to misfold and could be retained in the endoplasmic reticulum instead of being transported to the plasma membrane. In this study, the two novel *NPHS1* missense mutations were speculated to affect the protein structure and function. However, the true impact on nephrin function needs to be further tested by experiment *in vitro*.

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