

Congenital Thrombotic Thrombocytopenia Purpura

ADAMTS13 Sequence Analysis

Description:

Congenital TTP, also known as Schulman-Upshaw syndrome, is classically characterized by neonatal onset of recurrent episodes of thrombocytopenia and hemolytic anemia, fever, and neurologic symptoms that are responsive to plasma infusion or plasmapheresis. However, the phenotype is highly variable, even among family members. Delayed onset of symptoms has been described, especially in regards to women who initially develop TTP during pregnancy. Congenital TTP is caused by biallelic mutations in the ADAMTS13 gene that impair the protein's ability to cleave von Willebrand Factor (vWF), resulting in thrombotic microangiopathy and tissue injury.

Indications:

- Individuals with congenital thrombotic thrombocytopenia purpura
- Women who develop TTP during pregnancy
- Females with a history of TTP who are contemplating pregnancy
- Targeted mutation analysis of at-risk relatives of patient with ADAMTS13 mutation
- Prenatal diagnosis of an at-risk fetus (after confirmation of parental carrier status).

Specimen:

At least 3 mls whole blood in purple top (EDTA) tube. Label tube with patient's name, birth date, and date of collection. Phlebotomist must initial tube to verify patient's identity.

Testing Methodology:

PCR-based sequencing of the coding regions and their exon/intron boundaries of the ADAMTS13 gene.

Sensitivity:

Clinical Sensitivity: PCR-based sequencing of the coding regions and their exon/intron boundaries of the ADAMTS13 gene detects the vast majority of mutations in patients with congenital TTP. Several deletions of ~30 basepairs in ADAMTS13 have been described, which may not be detected with this test methodology. The sensitivity of PCR-based DNA sequencing is over 99% for the detection of nucleotide base changes, small deletions and insertions in the regions analyzed. Mutations in regulatory regions or other untranslated regions are not detected by this test. Multiple exon deletions, large insertions, genetic recombinational events and rare, primer site mutations may not be identified using this methodology. Rare primer site mutations may lead to erroneous results.

Turn-Around Time:

30 days

CPT Codes:

- **ADAMTS13 sequence analysis:** 81479
- **ADAMTS13 family specific mutation analysis:** 81403

Please call 1-866-450-4198 for current pricing, insurance preauthorization or with any billing questions.

Results:

Each test report includes a detailed interpretation of the genetic findings, the clinical significance of the result, and specific recommendations for the clinical management and additional testing, if warranted. Results will be reported to the referring physician or health care provider as specified on the test requisition form.

Shipping Instructions:

Please enclose **test requisition** with sample.

All information must be completed before sample can be processed.

Place samples in styrofoam mailer and ship at room temperature by overnight Federal Express to arrive Monday through Friday.

Ship to:

Cytogenetics and Molecular Genetics Laboratories
3333 Burnet Avenue NRB 1042
Cincinnati, OH 45229
513-636-4474

References:

Assink, K., et al. (2003). Kidney Int, 63(6), 1995-1999.

Bianchi, V., et al. (2002). Blood, 100(2), 710-713.

Camilleri, R. S., et al. (2012). J Thromb Haemost, 10(9), 1792-1801.

Hing Z.A., et al. (2103) Br J Haematol, 160(6), 825-37.

Kremer Hovinga, J.A., et al. (2012). Hematology Am Soc Hematol Educ Program, 2012, 610-616.

Loirat, C., et al. (2013). Curr Opin Pediatr, 25(2), 216-224.