




European Reference Network
for rare or low prevalence
complex diseases
Network
Neurological Diseases
(ERN-NND)


European Academy of Neurology


European Reference Network
for rare or low prevalence
complex diseases
Network
Neuromuscular
Diseases (ERN EURO-NMD)

Joint webinar series



MRI Pattern Recognition in Leukodystrophies

Nicole Wolf
Amsterdam University Medical Centers, the Netherlands

DG 'Leukodystrophies'
June 8, 2021

 Emma Children's Hospital
Amsterdam UMC  Amsterdam Leukodystrophy
Center

1




European Reference Network
for rare or low prevalence
complex diseases
Network
Neurological Diseases
(ERN-NND)


European Academy of Neurology


European Reference Network
for rare or low prevalence
complex diseases
Network
Neuromuscular
Diseases (ERN EURO-NMD)

MRI pattern recognition in leukodystrophies

Most helpful for a diagnosis: MRI pattern recognition (MS van der Knaap).



But:

- May be normal in a presymptomatic patient
- May improve or even normalize
- May be non-characteristic, certainly in adult patients

 Amsterdam Leukodystrophy
Center

2



MRI pattern recognition in leukodystrophies

Why is it still important (in the time of next generation sequencing)?

- Ultrafast diagnosis, confirmation needs usually less time than NGS (think of implications for treatment)
- Interpretation of variants found in primary genetic testing
- Looking for variants in non-coding parts of DNA



3

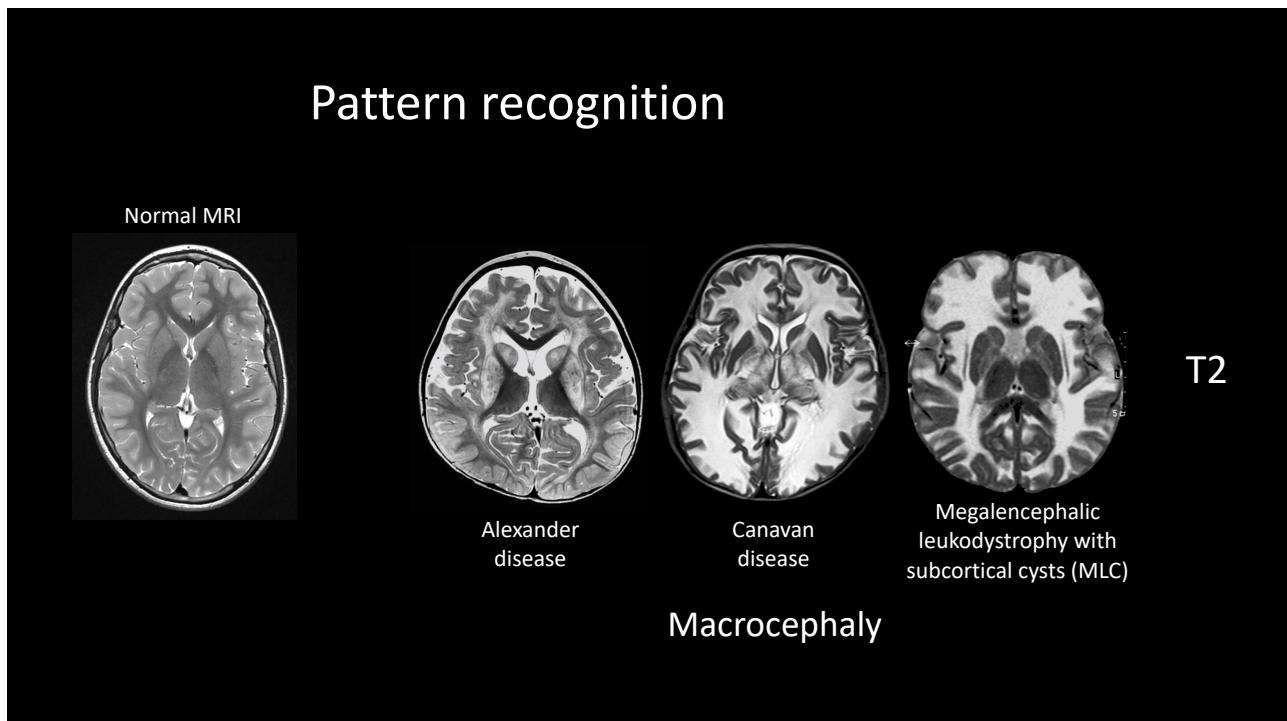


Contents

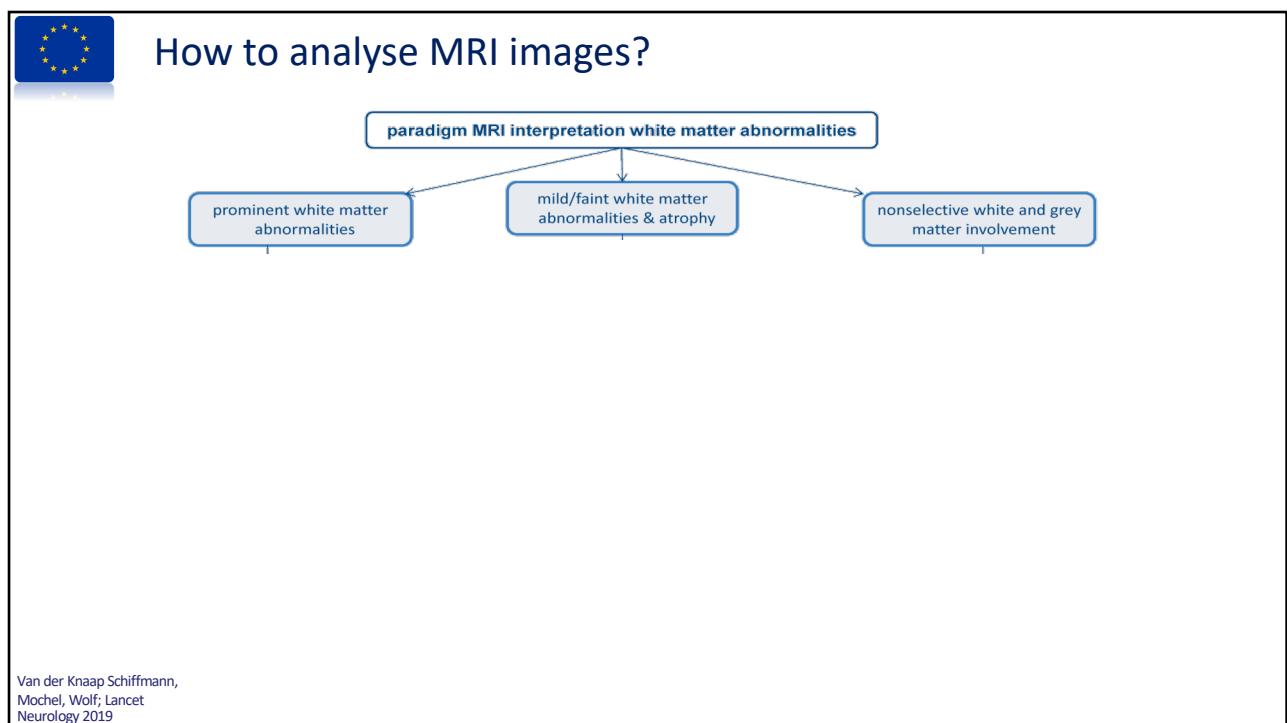
- Pattern recognition step by step
- The importance of disease stage and age of onset
- Some examples
- Why pattern recognition is still important



4



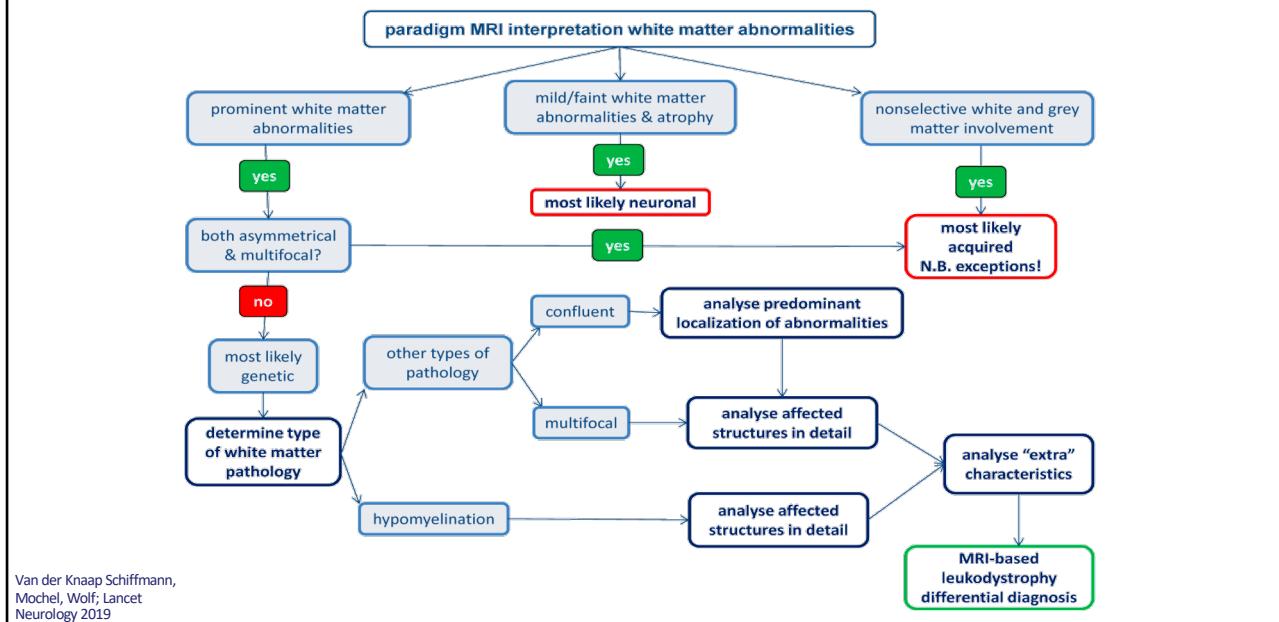
5



6



How to analyse MRI images?



7

MRI paradigm for other pathologies								
multifocal cerebral	confluent cerebral				brain stem + cerebellum + spinal cord			
extensive / diffuse cerebral	anterior cerebral	posterior cerebral	periventricular cerebral	subcortical cerebral	brain stem	cerebellar white matter + middle cerebellar peduncles	spinal cord	
L-2-HGA Hyperhomocystinuria/ homocysteine remethylation defects HMG-CoA lyase deficiency LBSL Mitochondrial LDs Genetic vasculopathies Mucopolysacchari- doses Lowe Galactosemia ALSP Chromosomal mosaicism and other abnormalities	VWM MLC Merosin deficiency <i>CLCN2</i> -related LD Mitochondrial LDs ADLD	MLD (later onset forms) Alexander Cerebral ALD AARS2-related LD HDLS	Cerebral ALD ALD variants MLD (late-infantile form) Krabbe AARS2-related LD APBD	MLD Krabbe Cerebral ALD SLS LAMB1-related LD LBSL PKU	L-2-HGA Canavan KSS LTBL	LBSL LTBL Genetic vasculopathies Mitochondrial LDs AMACR deficiency ALD variants Alexander APBD ADLD <i>CLCN2</i> -related LD DRPLA	CTX ALD variants LBSL LTBL Alexander Giant axonal neuro- pathy FXTAS ADLD <i>CLCN2</i> -related LD MSUD	LBSL Mitochondrial LDs Alexander APBD ADLD DD Inflammatory diseases Infections
DD Non-genetic vasculopathies Infections Inflammatory disorders	Endstage of most LDs DD (Sub)acute cortex degeneration in neonates Toxins	DD (Sub)acute cortex degeneration due to hypoglycemia in neonates				DD Non-genetic vasculopathies Pontine myelinolysis	DD Paramalignant, histiocytosis	

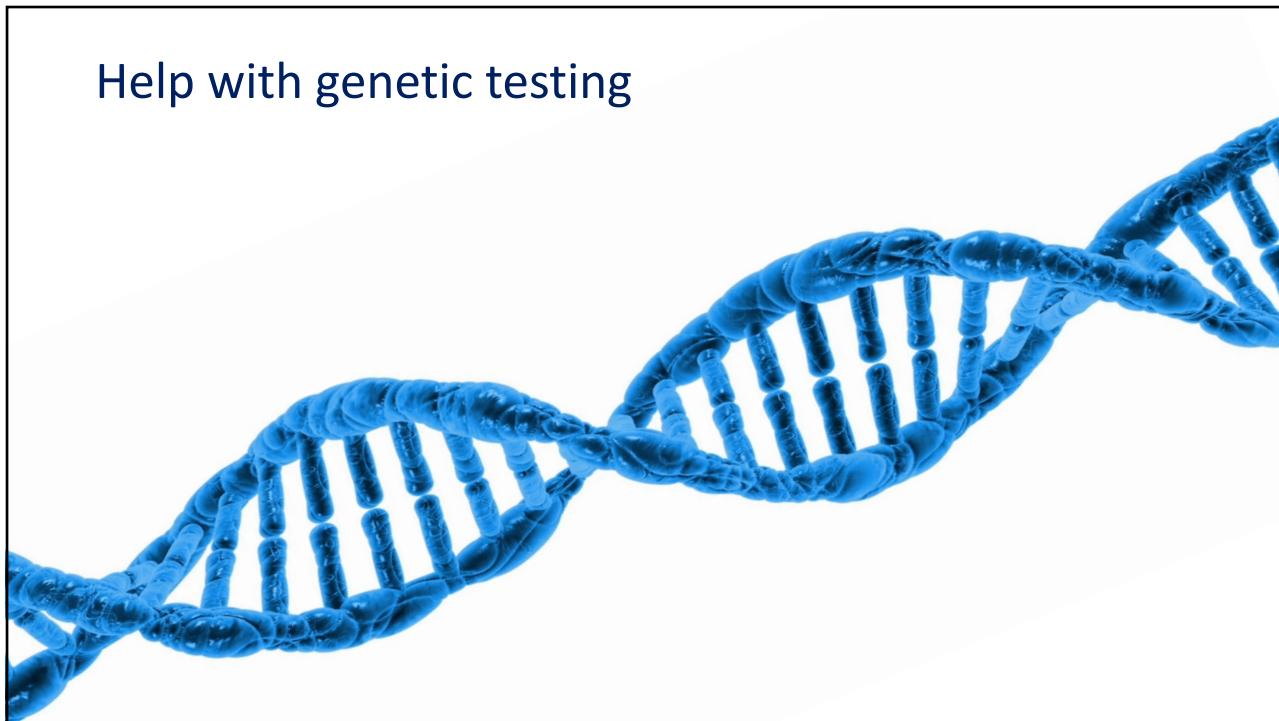
Van der Knaap Schiffmann, Mochel, Wolf; Lancet Neurology 2019

8

“special” characteristics of leukodystrophies									
	WM swelling + megalecephaly	myelin micro-vacuolization	cystic WM degeneration	anterior temporal cysts	contrast enhancement	calcium deposits	micro-bleeds	central nuclei	cortex
MLC Alexander Canavan L-2-HGA Merosin deficiency	CLCN2-related LD X-linked CMT MYRF-related LD MSUD LBSL LTBL Mitochondrial LDs GABA transaminase deficiency	Mitochondrial LDs VWM Alexander (Subacute cortex degeneration in neonates (e.g. molybdenum cofactor deficiency)) Incontinentia pigmenti in neonates	MLC RNASE72-related LD VWM, severe Merosin deficiency <i>RNMD1</i> -related disorder	Alexander Aicardi-Goutières, severe VWM, severe Merosin deficiency	Aicardi-Goutières Mitochondrial LDs Cerebral ALD LCC Coates Plus	Genetic vasculopathies RNASE72-related LD LCC Coates Plus Cockayne ALSP	Genetic vasculopathies Periventricular leukomalacia Vasculopathies	Genetic vasculopathies LCC Coates Plus LTBL Mitochondrial LDs Canavan L-2-HGA MSUD DRPLA Porphyria-related LD AMACR deficiency CTX	Genetic vasculopathies cerebral, lesion Mitochondrial LDs DD (Subacute cortex degeneration in neonates (e.g. molybdenum cofactor deficiency, asphyxia)) Infections Inflammatory disorders
DD Mild Encephalopathy with Reversible Splenial lesion Toxins	Periventricular leukomalacia (Subacute cortex degeneration in neonates)	DD Congenital CMV infection	DD Vascular/perivascular malignancies Haemophagocytic lymphohistiocytosis	DD Vasculitis Other congenital infections Periventricular leukomalacia Vasculopathies	DD Congenital CMV infection Other congenital infections	DD Extrapontine myelinolysis			cerebellar, lesion NUPBL-related LD DD Parainfectious
									cerebral, dysplasia early onset peroxisomal defects <i>LAMB1</i> -related LD <i>GPR56</i> -related LD Congenital muscular dystrophies DD Congenital CMV infection
									cerebellar, dysplasia Congenital muscular dystrophies <i>LAMB1</i> -related LD <i>GPR56</i> -related LD DD Congenital CMV infection

Van der Knaap Schiffmann,
Mochel, Wolf; Lancet
Neurology 2019

9



10

HEMS – genetics

- Variants in exon 3B (including synonymous variants)
- Variants deep in intron 3
- Splicing affected with higher ratio DM20/PLP1 than normal
- Typical MRI pattern – hypomyelination of early myelinating structures
- Clinically, complicated spastic paraparesis
- Intron 3 not covered by WES

PLP1 mRNA

Taube et al, 2014;
Kevelam et al, 2015

11

Another case

- Several seizures round age 7 months
- Clumsy child, attention deficit
- Chromosome analysis and fragile X normal

→ Leukoencephalopathy with calcifications and cysts (LCC)

→ Pathogenic variants in the 3' region of the non-coding *SNORD118* gene

→ Usually missed by WES

12



Key points

- Leukodystrophies are heterogeneous genetic disorders primarily affecting brain white matter.
- Brain MRI analysis very often helps to make a diagnosis („pattern recognition“).
- Diagnosis with pattern recognition is fast.
- Diagnosis with pattern recognition is still important.



13



Background reading

Schiffmann R, van der Knaap MS. Invited article: an MRI-based approach to the diagnosis of white matter disorders. *Neurology*. 2009;72(8):750–759. doi:10.1212/01.wnl.0000343049.00540.c8.

van der Knaap MS, Schiffmann R, Mochel F, Wolf NI. Diagnosis, prognosis, and treatment of leukodystrophies. *Lancet Neurol*. 2019;18(10):962–972. doi:10.1016/S1474-4422(19)30143-7.

Roosendaal SD, van de Brug T, Alves CAPF, Blaser S, Vanderver A, Wolf NI, van der Knaap MS. Imaging Patterns Characterizing Mitochondrial Leukodystrophies. *Am J Neuroradiol* April 2021, DOI: <https://doi.org/10.3174/ajnr.A7097>.

van der Knaap MS, Bugiani M. Leukodystrophies: a proposed classification system based on pathological changes and pathogenetic mechanisms. *Acta Neuropathol*. 2017;134(3):351–382. doi:10.1007/s00401-017-1739-1.

Wolf NI, ffrench-Constant C, van der Knaap MS. Hypomyelinating leukodystrophies - unravelling myelin biology. *Nat Rev Neurol*. 2021;17(2):88–103. doi: 10.1038/s41582-020-00432-1.



14