

Prenatal exome sequencing (WES). A retrospective cohort study in fetuses with congenital defects detected by antenatal ultrasound.



Preconception, Preimplantation and Prenatal Genetic Diagnosis (CoGEN)

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INTRODUCTION

Whole exome sequencing (WES) is a diagnostic tool in postnatal settings for individuals with a suspected genetic condition. In prenatal settings, WES diagnostic yield ranges from 15% to 35%. The aim is to evaluate the usefulness of WES in identifying the genetic etiology of

METHOD

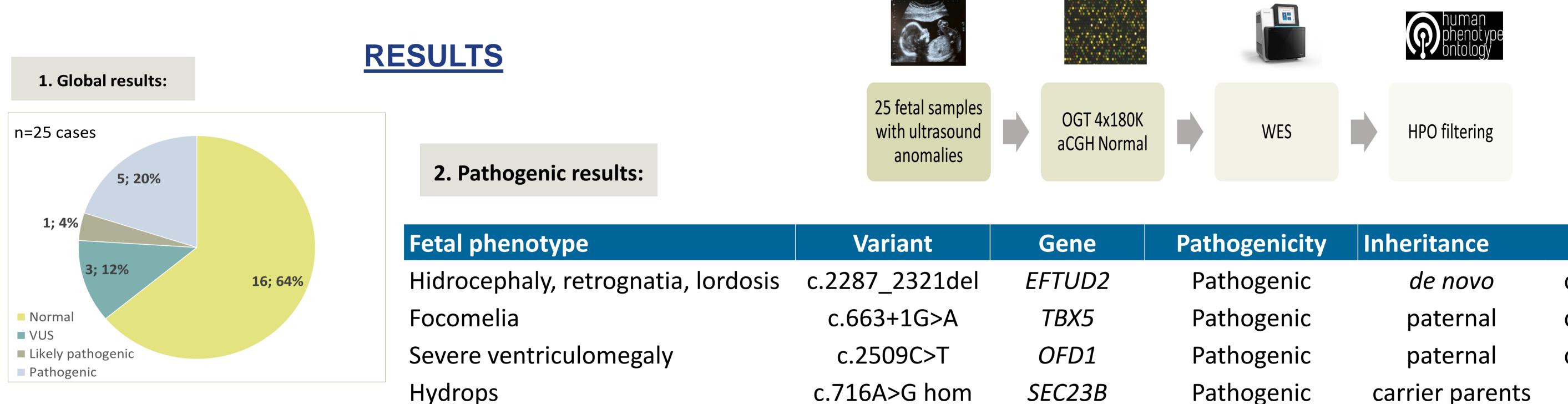
WES was performed in 25 fetal samples with ultrasound anomalies and previous prenatal CGH-array with a normal result. Kit Nextera Flex for enrichment, oligos Illumina Exome using NextSeq (Illumina). Variant and studies were confirmed segregation by Sanger



sequencing.

c.2303T>C

c.3788_3790del



Hydrops IUGR, VSD, ectopic kidneys

NT>p99, hydrops

PTPN11

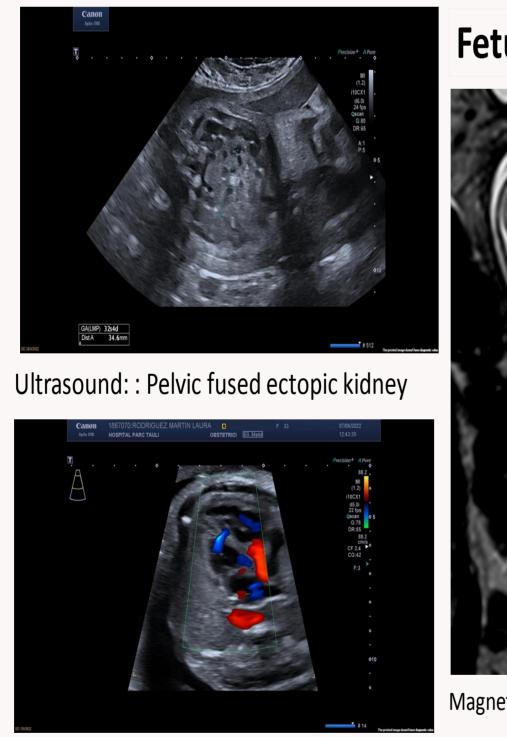
FANCA

dominant dominant dominant carrier parents recessive carrier parents recessive

c.226G>C Likely Pathogenic

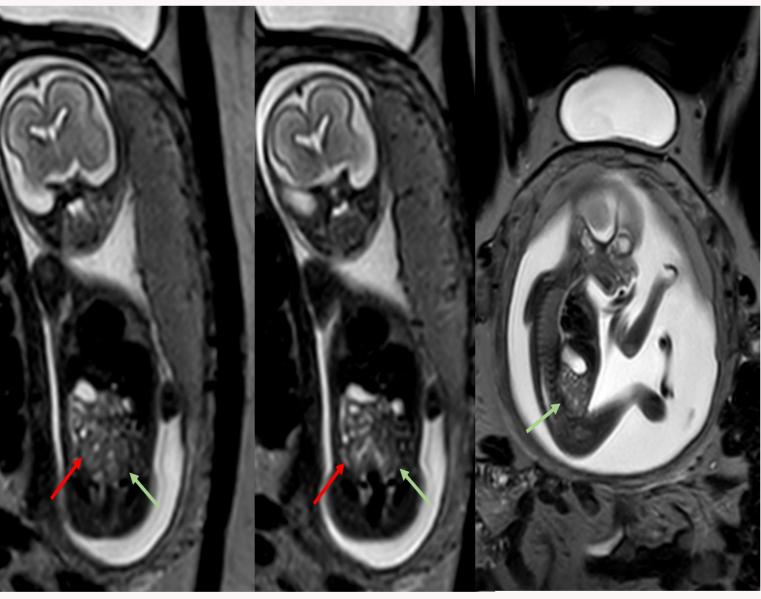
dominant de novo

IUGR: Intrauterine growth retardation, VSD: ventricular septal defect, NT: Nuchal translucency



Ultrasound: muscular VSD

Fetus with Fanconi anemia (c.2303T>C FANCA)



Magnetic resonance: Pelvic fused ectopic kidney (red arrow right kidney, green arrow left kidney

Fetus with Holt Oram syndrome (c.663+1G>A TBX5) Focomelia, oligodactyly and congenital heart defect (ASD type OS and VSD).

Father hands

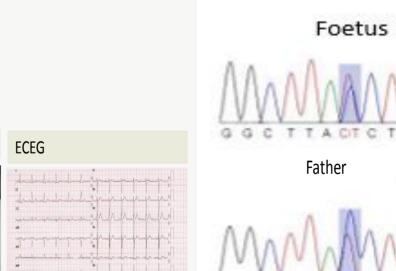
Pathogenic

Holt Oram syndrome

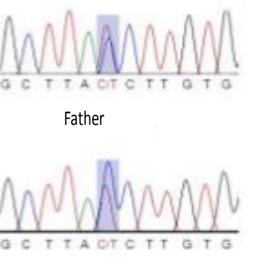
- Limb defects (100%)
- Congenital defects (75%)
- Cardiac conduction abnormalities (sporadic)
- Complete penetrance
- Intrafamilial variability

Father Bilateral hypoplasia of thumbs Normal EEG

ASD: atrial septal defect, OS: ostium secundum



Non-Jamie Ann Ideal (March 1965)



3. VUS results:	Fetal phenotype	Variant	Gene	Inheritance	
	Aortic stenosis vs aorta coartation	c.13817A>G	KMT2D	maternal	dominant
	Multicystic kidney	c.214A>T	GLI3	paternal	dominant



TBX5:NM_181486:c.663+1G>A

Mother

Lobar holoprosencephaly

CNOT1 c.5050T>C

No maternal

dominant

CONCLUSION

- Despite the small sample size, the results show the clinical utility 1. of prenatal WESfor detecting pathogenic/likely pathogenic variants in fetuses with congenital defects.
- As in postnatal WES, detailed phenotyping is necessary to filter and prioritize variants to obtain a molecular diagnosis.

REFERENCES

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