

Date of search: Aug 2020

**Recently identified or confirmed forms of hereditary spastic paraplegia**

New designation	Less common movement phenotype	Clinical clues / Clinical phenotype and comment	OMIM	MOI
<b>Autosomal dominant forms</b>				
HSP- <i>CPT1C</i> <sup>1, 2</sup>		Pure HSP, variable age at onset (infantile to adulthood), slowly progressive disease course	616282	AD
HSP- <i>UBAP1</i> <sup>3-7</sup>		Typically pure HSP, juvenile-onset, toe-walking, sometimes complicated by cerebellar signs or mild cognitive impairment, eventual association with parkinsonism and learning difficulties (needs to be confirmed)	618418	AD
<b>Autosomal recessive forms</b>				
HSP- <i>ENTPD1</i> <sup>8, 9</sup>		Complex HSP, infancy or childhood onset with white matter change, intellectual impairment, dysarthria, and gait ataxia	615683	AR
HSP- <i>HPDL</i> <sup>10, 11</sup>		1) Pure HSP, mostly juvenile onset, sometimes myalgia or mild dysarthria 2) Severe neurodevelopmental disorder with progressive spasticity and brain white matter abnormalities (NEDSWMA; OMIM: 619026)	619027	AR
HSP- <i>MAG</i> <sup>A, 12</sup>		Complex HSP, infantile-onset Pelizaeus-Merzbacher disease-like phenotype, mental retardation, dysarthria, optic atrophy, peripheral neuropathy, demyelinating leukodystrophy	616680	AR
HSP- <i>PCYT2</i> <sup>13, 14</sup>		Complex HSP, infancy-onset global developmental delay, motor impairment, and progressive spasticity of mainly lower limbs, severe gait impairment or inability to walk (never achieved or lost), additional features including impaired intellectual development with language difficulties, ocular anomalies, and seizures; frequently brain imaging abnormalities (cerebral and cerebellar atrophy and white matter hyperintensities)	618770	AR
HSP- <i>RNF170</i> <sup>B, 15, 16</sup>		Complex HSP, predominantly lower limb spastic paraparesis with mild upper limb involvement, age at onset before 5 years, optic atrophy, variable features include cerebellar involvement, mild cervical dystonia, and axonal sensorimotor polyneuropathy		AR
<b>Autosomal dominant or recessive forms</b>				
HSP- <i>ALDH18A1</i> <sup>C, 17, 18</sup>		Dominant form: Pure or complex HSP, cognitive impairment, congenital cataract, dysarthria, cerebellar signs, neuropathic pain, epilepsy, infantile psychosis, sensorineural hearing loss, vomiting, biochemical features of delta-1-pyrroline-5-carboxylate synthase deficiency Recessive form: Complex HSP, early-onset, delayed psychomotor development, cognitive impairment, variable additional features including dysmorphic facial features, tremor, and urinary incontinence	601162 (AD), 616586 (AR)	AD or AR
<b>X-linked forms</b>				

HSP- <i>SLC16A2</i> <sup>19-22</sup>	Dystonia	Complex HSP; Allan-Herndon-Dudley syndrome (ADHS); abnormal thyroid function (elevated T3 and low T4 levels), severely intellectual impairment, delayed developmental milestones, dysmorphic facies, dysarthria, athetoid movements, muscle hypoplasia, and spastic paraplegia	300523	XL
<b>Combined phenotypes: where HSP coexists with another movement disorder as a prominent consistent feature</b>				
HSP/ATX- <i>CAPN1</i> <sup>23, 24</sup>		Pure or complex HSP, cerebellar ataxia, dysarthria, foot deformities, ocular movement abnormalities, peripheral neuropathy, amyotrophy	616907	AR
HSP/ATX- <i>UCHL1</i> <sup>25-27</sup>		Complex HSP, progressive visual loss and optic atrophy may be an early and prominent manifestation, variable additional features as peripheral neuropathy, cerebellar ataxia, cognitive impairment, axonal sensorimotor polyneuropathy, facial dysmorphism, microcephaly, fasciculations (tongue and limb muscles), and abnormal MRI findings including cerebellar and mild cerebral atrophy	615491	AR
ATX/HSP- <i>KCNA2</i> <sup>D, 28, 29</sup>	myoclonus	Variable phenotypic spectrum including complex HSP, ataxia, intellectual and learning disability, developmental delay, dysarthria, sensory-motor peripheral neuropathy, abnormal EEG without clinical seizures		AD
ATX/HSP- <i>VPS13D</i> <sup>30</sup>	dystonia, myoclonus, chorea	Variable phenotypic spectrum ranging from adult-onset pure form of HSP to childhood-onset complicated form of HSP with additional cerebellar ataxia, dystonia, cataracts, and chorioretinal dystrophy		AR

AD = autosomal dominant, AR = autosomal recessive, MOI = mode of inheritance, OMIM = Online Mendelian Inheritance in Man (<https://www.omim.org/about>), SPG = spastic paraplegia, XL = x-linked

<sup>A</sup> Allelic with Pelizaeus-Merzbacher disease.

<sup>B</sup> Mutations in this gene can also cause autosomal-dominant sensory ataxia (OMIM 608984).

<sup>C</sup> Mutations in this gene can also cause autosomal dominant cutis laxa type 3 (OMIM 616603) and autosomal recessive cutis laxa type IIIA (OMIM 219150).

<sup>D</sup> Mutations in this gene can also cause developmental and epileptic encephalopathy 32 (DEE32, OMIM 616366).

## References

1. Rinaldi C, Schmidt T, Situ AJ, et al. Mutation in CPT1C Associated With Pure Autosomal Dominant Spastic Paraplegia. *JAMA Neurol* 2015;72(5):561-570.
2. Hong D, Cong L, Zhong S, Liu L, Xu Y, Zhang J. A novel CPT1C variant causes pure hereditary spastic paraplegia with benign clinical course. *Ann Clin Transl Neurol* 2019;6(3):610-614.
3. Farazi Fard MA, Rebelo AP, Buglo E, et al. Truncating Mutations in UBAP1 Cause Hereditary Spastic Paraplegia. *Am J Hum Genet* 2019;104(4):767-773.
4. Lin X, Su HZ, Dong EL, et al. Stop-gain mutations in UBAP1 cause pure autosomal-dominant spastic paraplegia. *Brain* 2019;142(8):2238-2252.
5. Nan H, Ichinose Y, Tanaka M, et al. UBAP1 mutations cause juvenile-onset hereditary spastic paraplegias (SPG80) and impair UBAP1 targeting to endosomes. *J Hum Genet* 2019;64(11):1055-1065.
6. Gu S, Chen CA, Rosenfeld JA, et al. Truncating variants in UBAP1 associated with childhood-onset nonsyndromic hereditary spastic paraplegia. *Hum Mutat* 2020;41(3):632-640.
7. Bourinaris T, Smedley D, Cipriani V, et al. Identification of UBAP1 mutations in juvenile hereditary spastic paraplegia in the 100,000 Genomes Project. *Eur J Hum Genet* 2020;28(12):1763-1768.
8. Novarino G, Fenstermaker AG, Zaki MS, et al. Exome sequencing links corticospinal motor neuron disease to common neurodegenerative disorders. *Science* 2014;343(6170):506-511.
9. Mamelona J, Crapoulet N, Marrero A. A new case of spastic paraplegia type 64 due to a missense mutation in the ENTPD1 gene. *Hum Genome Var* 2019;6:5.
10. Husain RA, Grimmel M, Wagner M, et al. Bi-allelic HPDL Variants Cause a Neurodegenerative Disease Ranging from Neonatal Encephalopathy to Adolescent-Onset Spastic Paraplegia. *Am J Hum Genet* 2020;107(2):364-373.

11. Wiessner M, Maroofian R, Ni MY, et al. Biallelic variants in HPDL cause pure and complicated hereditary spastic paraplegia. *Brain* 2021.
12. Lossos A, Elazar N, Lerer I, et al. Myelin-associated glycoprotein gene mutation causes Pelizaeus-Merzbacher disease-like disorder. *Brain* 2015;138(Pt 9):2521-2536.
13. Vaz FM, McDermott JH, Alders M, et al. Mutations in PCYT2 disrupt etherlipid biosynthesis and cause a complex hereditary spastic paraplegia. *Brain* 2019;142(11):3382-3397.
14. Velez-Santamaria V, Verdura E, Macmurdo C, et al. Expanding the clinical and genetic spectrum of PCYT2-related disorders. *Brain* 2020;143(9):e76.
15. Wagner M, Osborn DPS, Gehweiler I, et al. Bi-allelic variants in RNF170 are associated with hereditary spastic paraplegia. *Nat Commun* 2019;10(1):4790.
16. de Sainte Agathe JM, Mercier S, Mahe JY, et al. RNF170-Related Hereditary Spastic Paraplegia: Confirmation by a Novel Mutation. *Mov Disord* 2021;36(3):771-774.
17. Coutelier M, Goizet C, Durr A, et al. Alteration of ornithine metabolism leads to dominant and recessive hereditary spastic paraplegia. *Brain* 2015;138(Pt 8):2191-2205.
18. Panza E, Escamilla-Honrubia JM, Marco-Marin C, et al. ALDH18A1 gene mutations cause dominant spastic paraplegia SPG9: loss of function effect and plausibility of a dominant negative mechanism. *Brain* 2016;139(Pt 1):e3.
19. Schwartz CE, May MM, Carpenter NJ, et al. Allan-Herndon-Dudley syndrome and the monocarboxylate transporter 8 (MCT8) gene. *Am J Hum Genet* 2005;77(1):41-53.
20. Namba N, Etani Y, Kitaoka T, et al. Clinical phenotype and endocrinological investigations in a patient with a mutation in the MCT8 thyroid hormone transporter. *Eur J Pediatr* 2008;167(7):785-791.
21. Hedera P. Hereditary Spastic Paraplegia Overview. In: Adam MP, Ardinger HH, Pagon RA, et al., eds. *GeneReviews*((R)). Seattle (WA)1993.

22. Kim JH, Kim YM, Yum MS, et al. Clinical and endocrine features of two Allan-Herndon-Dudley syndrome patients with monocarboxylate transporter 8 mutations. *Horm Res Paediatr* 2015;83(4):288-292.
23. Gan-Or Z, Bouslam N, Birouk N, et al. Mutations in CAPN1 Cause Autosomal-Recessive Hereditary Spastic Paraplegia. *Am J Hum Genet* 2016;98(5):1038-1046.
24. Wang Y, Hershenson J, Lopez D, et al. Defects in the CAPN1 Gene Result in Alterations in Cerebellar Development and Cerebellar Ataxia in Mice and Humans. *Cell Rep* 2016;16(1):79-91.
25. Bilguvar K, Tyagi NK, Ozkara C, et al. Recessive loss of function of the neuronal ubiquitin hydrolase UCHL1 leads to early-onset progressive neurodegeneration. *Proc Natl Acad Sci U S A* 2013;110(9):3489-3494.
26. Rydning SL, Backe PH, Sousa MML, et al. Novel UCHL1 mutations reveal new insights into ubiquitin processing. *Hum Mol Genet* 2017;26(6):1031-1040.
27. Das Bhowmik A, Patil SJ, Deshpande DV, Bhat V, Dalal A. Novel splice-site variant of UCHL1 in an Indian family with autosomal recessive spastic paraplegia-79. *J Hum Genet* 2018;63(8):927-933.
28. Helbig KL, Hedrich UB, Shinde DN, et al. A recurrent mutation in KCNA2 as a novel cause of hereditary spastic paraplegia and ataxia. *Ann Neurol* 2016;80(4).
29. Manole A, Mannikko R, Hanna MG, group Ss, Kullmann DM, Houlden H. De novo KCNA2 mutations cause hereditary spastic paraplegia. *Ann Neurol* 2017;81(2):326-328.
30. Koh K, Ishiura H, Shimazaki H, et al. VPS13D-related disorders presenting as a pure and complicated form of hereditary spastic paraplegia. *Mol Genet Genomic Med* 2020;8(3):e1108.