

Neurodevelopmental disorder linked to the MYT1L gene

What is it?

Created by :

Association Les Extra-Vaillants MYT1L

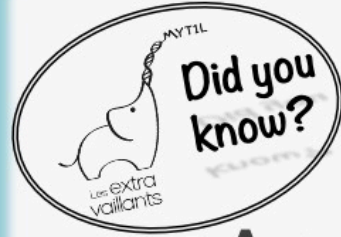
in collaboration with the geneticists

Dr Coursimault, Dr Guerrot, Dr Lecoquierre,

from the reference center for developmental

abnormalities of the Rouen University

Hospital (2022)



Neurodevelopmental disorder linked to the MYT1L gene

- **A rare genetic disorder**
- **Located in the chromosomal region 2p25.3**
- **Involving the MYT1L gene**
- **Non-degenerative**

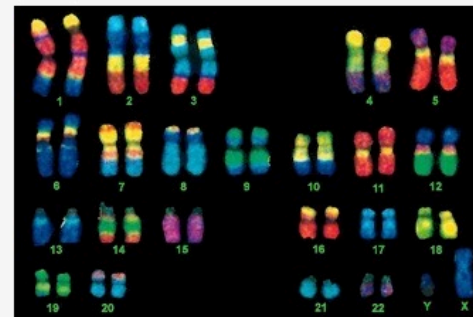
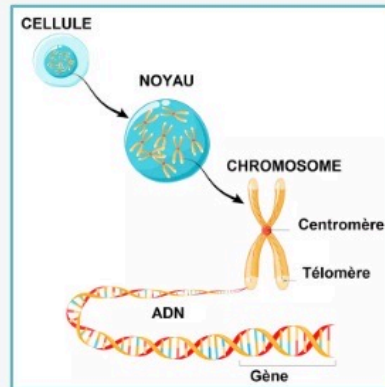


Image : medicinus.net

Most of us have 23 pairs of chromosomes

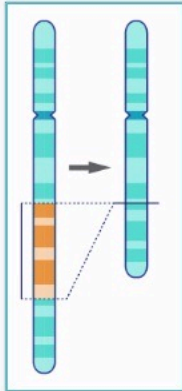


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Manifesting in two ways

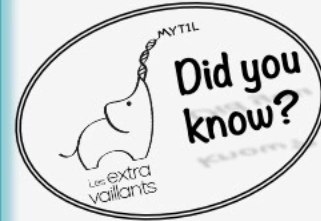
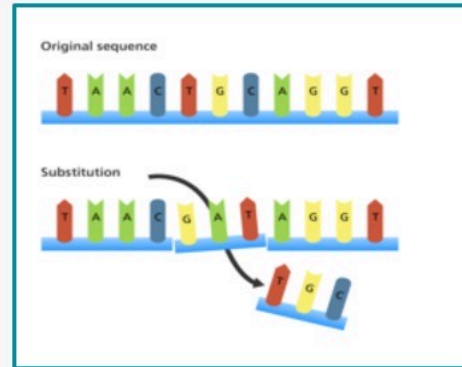
DELETION

The loss of a part or the totality of a gene



MUTATION

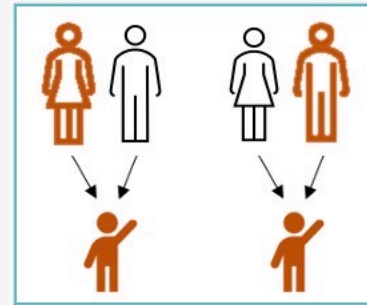
Anomaly in the gene sequence



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Hereditary

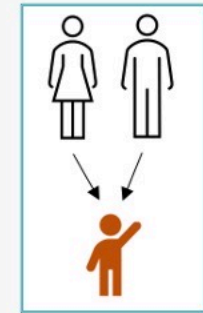
from a symptomatic parent



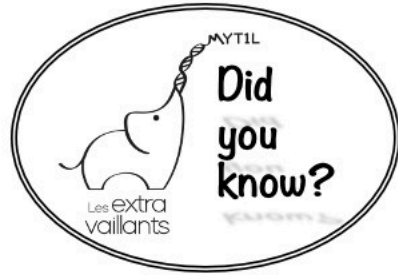
A person with this genetic disorder has a 50% chance of transmitting it to their offspring

« DE NOVO »

or

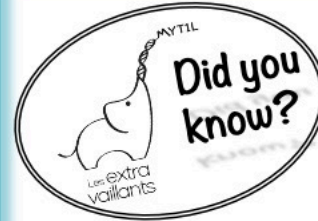


De novo gene birth is when a new gene evolves from ancestrally non-genic DNA sequences



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Practically speaking?



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The MYT1L gene is involved in the **process of neurogenesis** (neuron maturation specifically)

Les centres de commande des voies d'information

Cerveau = organe "cablé"

Moelle épinière

Nerfs

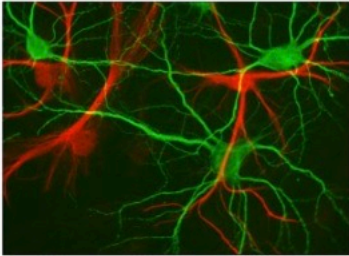
LE SYSTÈME NERVEUX CENTRAL

LE SYSTÈME NERVEUX PÉRIPHÉRIQUE

LE SYSTÈME NERVEUX SOMATIQUE

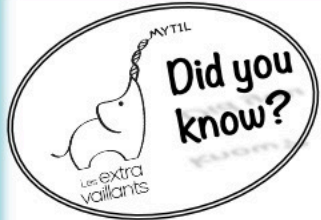
LE SYSTÈME NERVEUX VÉGÉTATIF

Neurons are specialized cells of the nervous system that transmit nerve impulses



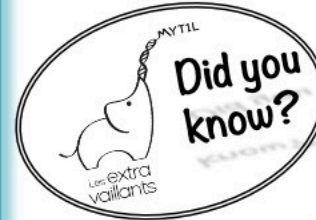
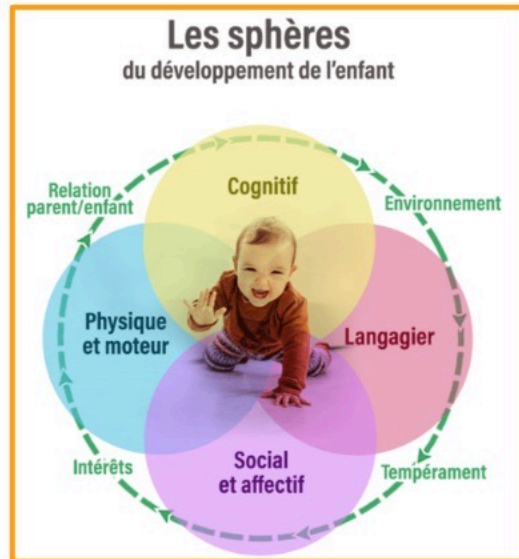
They form inter-connected networks that communicate messages via electrical signals

Source : Plateforme ACCES



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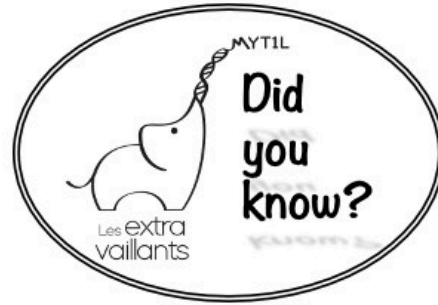
This syndrome manifests itself through a **global developmental delay (GDD)**



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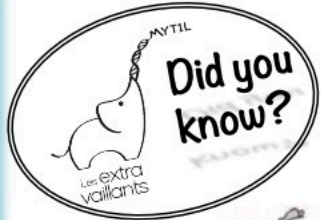
- The **typology is heterogeneous**: from multiple disabilities to assisted autonomy
- **Not all patients are impacted in the same way** from this syndrome, and its **severity varies** from one patient to the next





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THE EFFECTS?



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Almost 100% have singular or associated behavioral disorders



1 in 2 patients

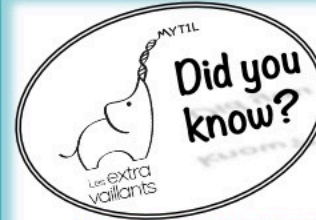


- Has stereotypies (repetitive or ritualistic behaviors)
- Have an impulse control disorder, or frustration intolerance

4 out of 10 patients



- Have aggressive tendencies towards themselves or towards others
- Present with autism spectrum disorder
- Present with an attention deficit disorder



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Weight and/or Eating Disorders

1 in 2 patients



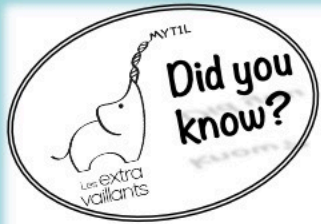
has an eating disorders (hyperphagia, impulsivity, orality disorder)

6 out of 10 patients have a weight problem (overweight or obese)



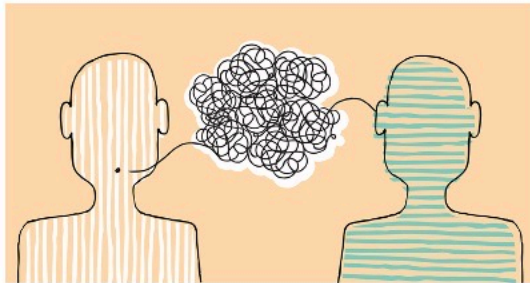
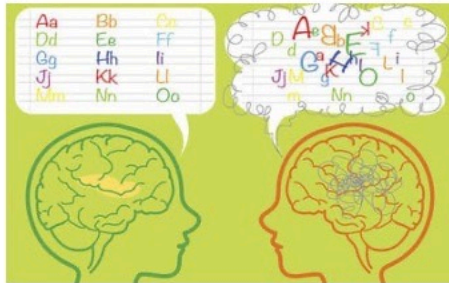
4 out of 10 patients are of a normal weight





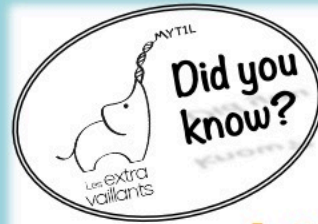
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Predominant Language Delay



Speech Disorders

The median age for forming their first sentences is around 5 years old



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Intellectual Disabilities or Learning Disabilities



7 out of 10 patients
have an intellectual disability
of varying degree



3 out of 10 patients
do not have intellectual disabilities
but have a combination of multiple
learning disabilities



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DYSPRAXIE : troubles de la planification des gestes

DYS : fonctionne mal + **PRAXIE** : coordination des gestes appris

5 à 7
100

des enfants en école primaire sont dyspraxiques

Troubles logico-mathématiques
difficultés à poser des opérations

Troubles visuo-spatiaux
difficultés à s'orienter dans l'espace

Troubles du langage
difficultés d'élocution



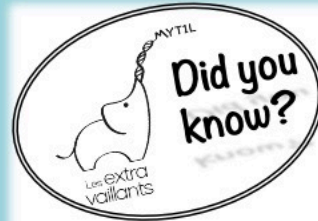
Troubles moteurs
maladresses et difficultés de coordination (difficultés à distinguer la gauche de la droite)

Pour se mettre dans la peau d'une personne dyspraxique, enfiler des gants de boxe et essayez de manger, écrire, lacer vos chaussures, etc.

Source : Hoptoys

Psychomotor Development

- Median age of walking is at 22 months, some require mobility aids.
- Coordination issues, unstable motor skills, impact on fine motor skills
- Hypotonia



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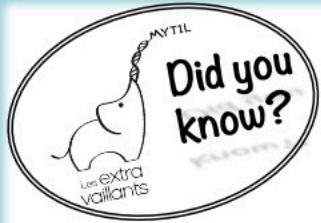


Epilepsy


2 out of 10 patients have **epilepsy**

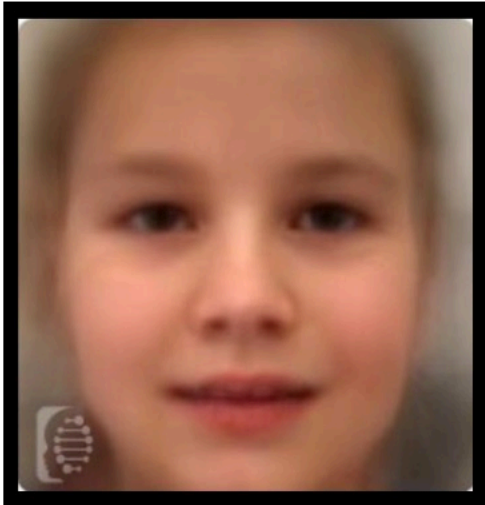
Brain MRI Abnormalities


3 out of 10 patients have **brain imaging abnormalities**



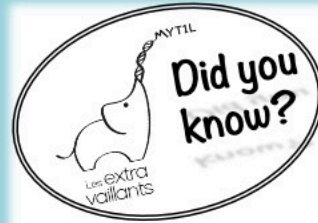
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Non-specific dysmorphic features



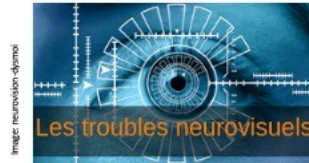
Patients do not necessarily have distinctive morphological features associated with this syndrome.

The portrait was generated using the research software Face2gene.



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Other observed disorders



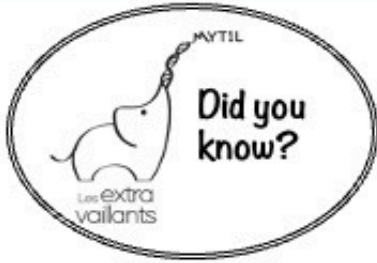
- **Neuro-Visual disorders**



- **Sleeping disorders**

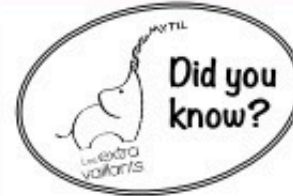


- **Fatigability**



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A TREATMENT?



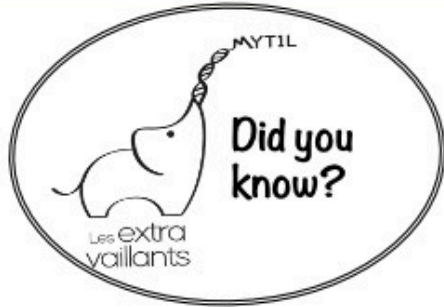
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**NO SPECIFIC
TREATMENT** for this
syndrome to date



- **Treatment may be suggested** for some of the impacts of the syndrome
- **Strict frameworks can be imposed** for diet, sports



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WHAT TO DO THEN?



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RECOMMENDATION

**Multidisciplinary support
as EARLY as possible**



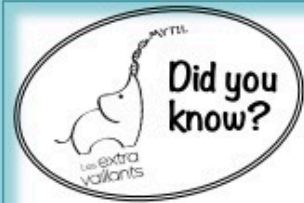


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RECOMMENDATION

**Multidisciplinary support
as EARLY as possible**





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Care and rehabilitation to be considered

- Neuro-paediatrician / paediatrician / neurologist
- Endocrinologist
- Geneticist
- ENT
- Psychiatrist/child psychiatrist
- Doctor specialising in sleep disorders
- Doctor specialising in eating disorders
- Ophthalmologist and orthoptist



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Care and rehabilitation to be considered

- Physiotherapist
- Speech therapist
- Neuropsychologist
- Psychomotrician
- Occupational Therapist
- Psychologist
- Specialised educator
- Nutritionist
- Osteopath...



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WHAT COURSE?



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THE PATHS ARE HETEROGENEOUS



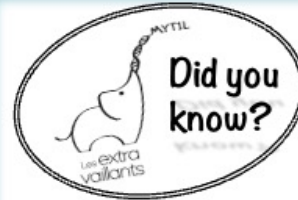
NO UNIQUE SOLUTION



THERE ARE MANY DEVICES

it depends on :

- The patient's profile and needs
- Family resources (time, finances, mobility...)
- Access to care and social assistance
- Medical prescriptions
- Institutional decisions



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AREAS OF FOCUS - examples

- Encouraging a 1:1 approach to learning
 - Reinforcing self-confidence
 - Reinforcing commitment to the task
 - Reinforcing attention
 - Helping to manage emotions positively
 - Report on progress
 - ! Individual help is not an obstacle to independence
- Use planning tools and benchmarks.
- Support with visual aids and manipulatives
- Compensate for the gesture with a tablet or computer or mobile letters if necessary.
- Be prepared to give more time, and accept that the person may be tired.
- Have ambition and a project built in the zone of proximal development.