



Mitochondrial Diseases with Prominent Movement Disorders in Children

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Disclosures

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Learning Objectives

 To identify phenotypes and genotypes of mitochondrial disorders with prominent movement disorders

2. To understand the modes of inheritance

3. To recognize potentially treatable vitamin/cofactor responsive mitochondrial movement disorders

Key messages

- Movement disorders, such as dystonia, chorea, ataxia or myoclonus, alone or in combination with encephalopathy, seizures, stroke-like episodes, limb girdle weakness and neuropathy may be a prominent feature in a number of childhood mitochondrial disorders.
- Dystonia, chorea and ataxia are important manifestations of Leigh syndrome which may arise from genes affecting mitochondrial function, in both mitochondrial (14 genes) and nuclear genomes (> 80 genes), most often involving Complexes I and/or IV of the respiratory chain.
- 3. Potentially treatable etiologies include thiamine-responsive pyruvate dehydrogenase deficiency, biotinidase deficiency which responds to biotin, and the biotin-thiamine responsive basal ganglia disease due to mutations in SLC19A3 which responds to biotin and thiamine.

Key messages

4. There are numerous mitochondrial disorders with ataxia including NARP (neuropathy, ataxia and retinitis pigmentosa) syndrome arising from heteroplasmic pathogenic variants in mtDNA and those due to nuclear-encoded POLG mutations which may present with MEMSA and ataxia neuropathy spectrum (MIRAS, SANDO).

5. Very important to identify are nuclear-encoded CoQ10 biosynthesis defects which may present with progressive cerebellar atrophy and ataxia and low muscle CoQ10 and which respond to high dose CoQ10 therapy.

6. MERFF (myoclonus, epilepsy and ragged red fibres) is a multisystem disorder characterized by myoclonus, often the first symptom, and can occur from childhood due to mtDNA mutations.

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