



SHAREABLE PDF

# Widening the landscape of heritable pulmonary hypertension mutations in paediatric and adult cases

Mélanie Eyries<sup>1,2</sup>, David Montani <sup>3</sup>, Sophie Nadaud<sup>2</sup>, Barbara Girerd<sup>3</sup>, Marilyne Levy<sup>4</sup>, Arnaud Bourdin<sup>5,6</sup>, Romain Trésorier<sup>7</sup>, Ari Chaouat <sup>8</sup>, Vincent Cottin <sup>9</sup>, Céline Sanfiorenzo<sup>10</sup>, Grégoire Prevot<sup>11</sup>, Martine Reynaud-Gaubert<sup>12</sup>, Claire Dromer<sup>13</sup>, Ali Houejeh<sup>14</sup>, Karine Nguyen<sup>15</sup>, Florence Coulet<sup>1</sup>, Damien Bonnet<sup>4</sup>, Marc Humbert <sup>3</sup> and Florent Soubrier <sup>1,2</sup>

**Affiliations:** <sup>1</sup>Département de Génétique, Hôpital Pitié-Salpêtrière, AP-HP, Paris, France. <sup>2</sup>UMR\_S1166, Sorbonne Université, INSERM, and Institute for Cardiometabolism and Nutrition (ICAN), Paris, France. <sup>3</sup>Université Paris-Sud, Faculté de Médecine, Université Paris-Saclay, Service de Pneumologie, Centre de Référence de l'Hypertension Pulmonaire, INSERM UMR\_S999, Hôpital de Bicêtre, AP-HP, Le Kremlin-Bicêtre, France. <sup>4</sup>M3C-Cardiologie Pédiatrique, Hôpital Necker-Enfants Malades, AP-HP, Paris, France. <sup>5</sup>PhyMedExp, University of Montpellier, INSERM, CNRS, Montpellier, France. <sup>6</sup>Département de Pneumologie et Addictologie, CHU Montpellier, Montpellier, France. <sup>7</sup>Service de Cardiologie Maladies Vasculaires, CHU Gabriel Montpied, Clermont-Ferrand, France. <sup>8</sup>Département de Pneumologie, CHRU Nancy, Université de Lorraine, INSERM U1116, Nancy, France. <sup>9</sup>Service de Pneumologie, Centre National de Référence des Maladies Pulmonaires Rares, Hôpital Louis Pradel, Université Claude Bernard Lyon 1, UMR754, Lyon, France. <sup>10</sup>Service de Pneumologie, Hôpital Pasteur, CHU Nice, Nice, France. <sup>11</sup>Service de Pneumologie, Hôpital Larrey, Toulouse, France. <sup>12</sup>Service de Pneumologie, CHU Nord de Marseille, AP-HM, Marseille, France. <sup>13</sup>Service de Pneumologie, CHU de Bordeaux Hôpital Haut-Levêque, Pessac, France. <sup>14</sup>Service de Cardiologie Infantile et Congénitale, CHRU Lille-Hôpital Cardiologique, Lille, France. <sup>15</sup>Département de Génétique Médicale, CHU la Timone Enfants, AP-HM, Marseille, France.

**Correspondence:** Florent Soubrier, UMR\_S1166, Sorbonne Université, site Pitié-Salpêtrière, 91 Boulevard de l'Hôpital, 75013 Paris, France. E-mail: florent.soubrier@upmc.fr



@ERSpublications

Gene panel sequencing unravels the genetic architecture of pulmonary hypertension in adult and paediatric cases, emphasises the importance of *BMPR2*, *EIF2AK4*, *BMP9* and *TBX4* mutations, and suggests *BMP10* as a new gene for the disease <http://ow.ly/Oxes30mXnrl>

**Cite this article as:** Eyries M, Montani D, Nadaud S, *et al*. Widening the landscape of heritable pulmonary hypertension mutations in paediatric and adult cases. *Eur Respir J* 2019; 53: 1801371 [<https://doi.org/10.1183/13993003.01371-2018>].

This single-page version can be shared freely online.

## ABSTRACT

**Background:** Heritable forms of pulmonary arterial hypertension (PAH) and pulmonary veno-occlusive disease/pulmonary capillary haemangiomatosis (PVOD/PCH) diverge by lung histopathological lesions, clinical and para-clinical presentation, their responsible genes, and mode of transmission. Since the identification of the *BMPR2* gene in families affected by PAH, mutations in several other genes have been discovered for both forms. The mutation landscape in these new genes is not yet well known.

**Methods:** We set up a next-generation sequencing-based targeted sequencing gene panel allowing known genes for PAH and PVOD/PCH to be analysed simultaneously. Genetic analysis was prospectively performed on 263 PAH and PVOD/PCH patients (adult and paediatric cases).

**Results:** Pathogenic mutations were identified in 19.5% of sporadic PAH patients (n=180), 54.5% of familial PAH patients and 13.3% of PVOD/PCH patients. *BMPR2* was the most frequently mutated gene, followed by *TBX4* in both paediatric and adult PAH. *BMP9* mutations were identified in 1.2% of adult

PAH cases. *EIF2AK4* biallelic mutations were restricted to PVOD/PCH. A truncating mutation and a predicted loss-of-function variant were also identified in *BMP10* in two severely affected sporadic PAH female patients.

**Conclusion:** Our results confirm that mutations are found in genes beyond *BMPR2* in heritable PAH, emphasise the role of *TBX4* and *BMP9*, and designate *BMP10* as a new PAH gene.