



Hypomorphic mutation in SFTPB leads to adult pulmonary fibrosis

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Hypomorphic mutation in *SFTPB* leads to adult pulmonary fibrosis

Introduction

- Surfactant protein (SP)-B deficiency due to bi-allelic pathogenic variation has been associated with fatal forms of interstitial lung diseases (ILD) in newborns and exceptional survival in young children.
- We herein report for the first time two related adults with pulmonary fibrosis due to a homozygous *SFTPB* variation.
- The aim of the study was to investigate the pathogenicity effect of the variation c.582G>A p.(Gln194=)

Methods

- *In vitro* transcription analysis of the variation c.582G>A : overexpression of *SFTPB* genomic constructs spanning exon 4 to 6 (NM_000542.5), WT or mutated in A549 cells. Analysis by electrophoresis and Sanger sequencing of the cDNA obtained by RT-PCR.
- *Ex vivo* studies : Haematoxylin & eosin (HE) stainings and immunostaining targeting SP-B and SP-C assessed on biopsy of native lung explant of the proband.

Results

Case presentation

- The proband, homozygous for the variation (Fig.1A), presented a fibrosing ILD at 34 years. His thoracic CT-scan showed ground glass opacities and fibrosis. He received a bi-pulmonary transplantation at 51 years (Fig.1B).
- Proband's son, also homozygous for the variation (Fig.1A) presented alveolo-interstitial opacities and mild alveolar hemorrhage at 10 months. His thoracic CT-scan at 16 years showed mild ground glass opacities and mild ILD at 22 years (Fig.1B).

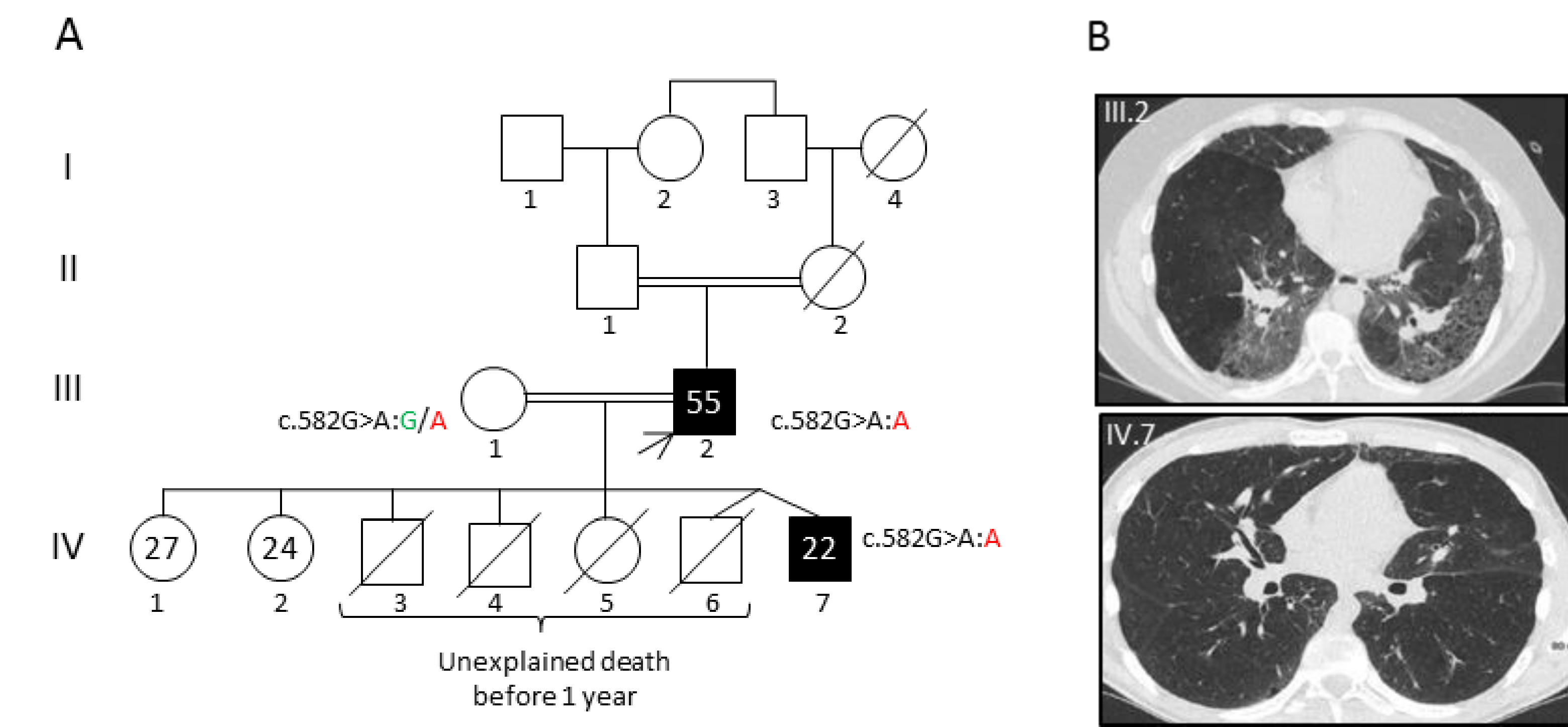


Figure 1: (A) Genealogical tree of the described family. The genotypes are provided with the reference nucleotide in green and the pathogenic variant in red. (B) The CT-scan of the proband at 51 years (left) and his son at 16 years (right)

Impact of the variation c.582G>A p.(Gln194=)

- *In vitro* transcription analysis of the variation revealed an abnormal splicing with a persistence of correct spliced amplicons as observed for the WT (Fig.2).
- HE staining of lung proband showed fibroblastic foci with an usual interstitial pneumonia pattern. Lung neonate presented thickened septa and normal healthy controls presented normal parenchyma (Fig.3).
- Both SP-B and SP-C expression were altered for the proband. SP-B staining showed an almost complete loss of SP-B expression for the proband, an absence of expression for the SP-B-deficient neonate and normal expression for controls. SP-C/proSP-C was highly detected for the proband and neonate as compared to the controls (Fig.3).

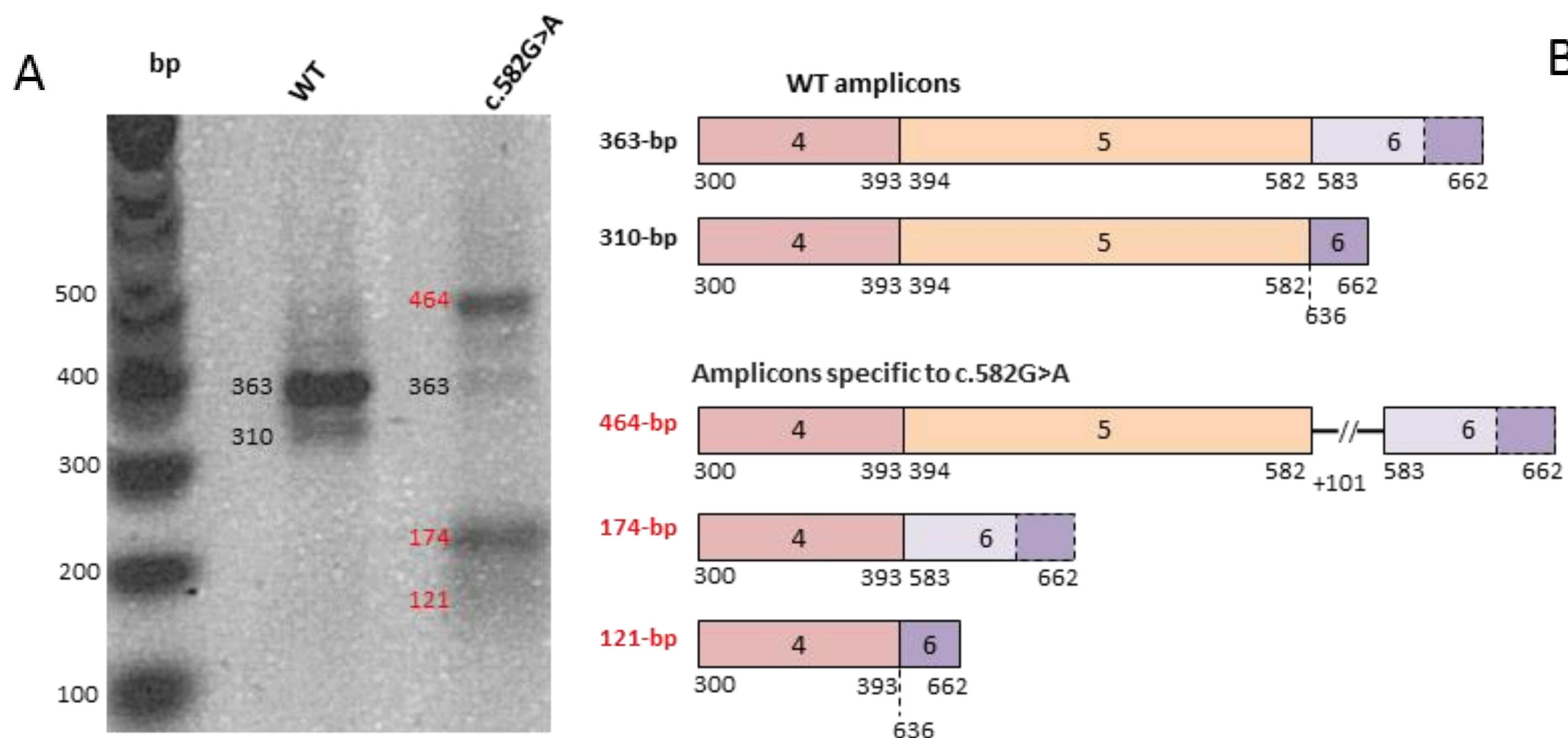


Figure 2: (A) Agarose-BET gel of amplicons obtained by RT-PCR on RNAs from normal and mutant constructs expression. (B) Schematic representation of amplicons characterized by Sanger sequencing and corresponding to the fragments observed on agarose gel.

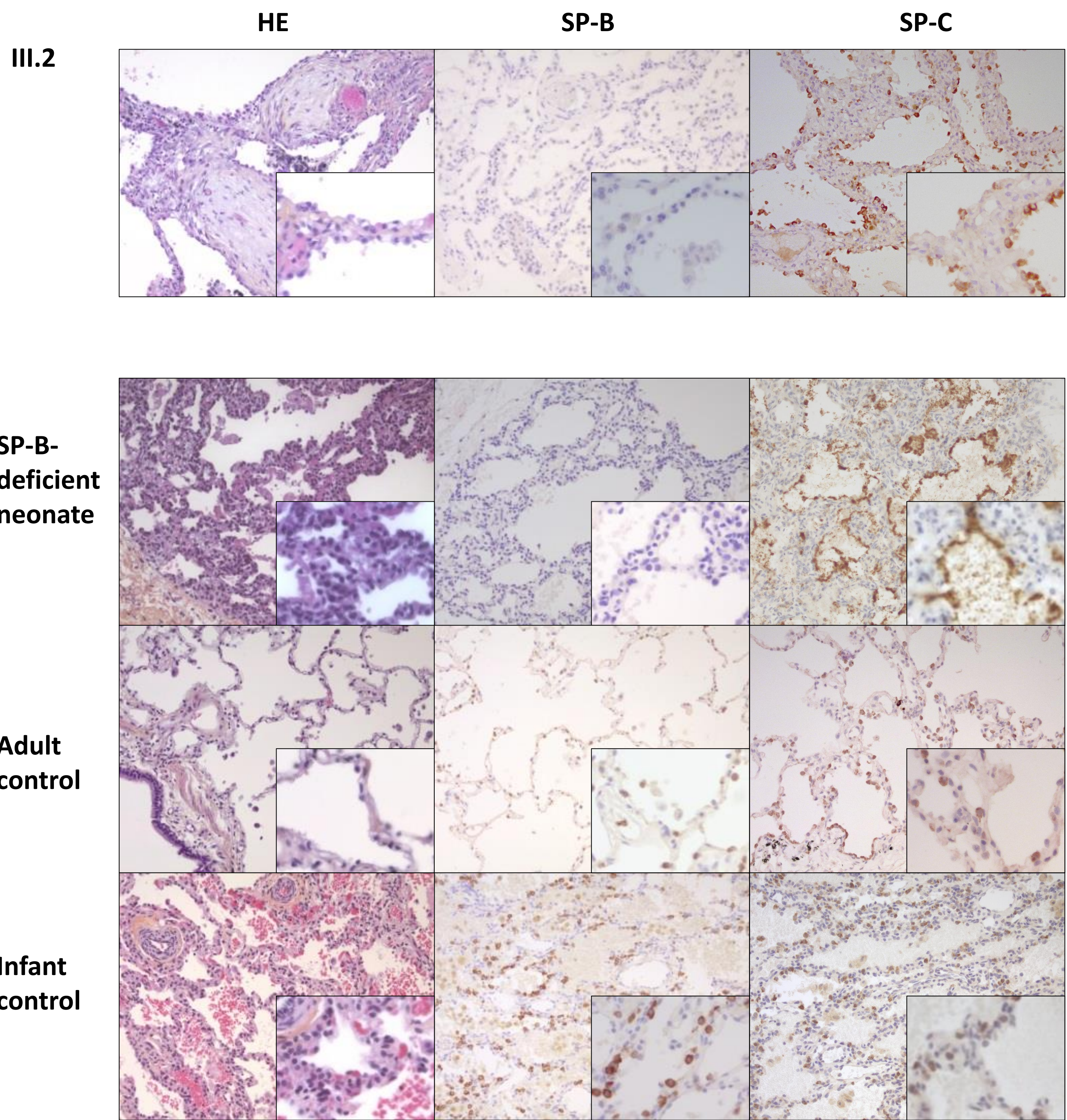


Figure 3: The native lung explant examination of the proband (III.2) using Haematoxylin and eosin (HE) staining, SP-B and SP-C staining (magnification x20 and x40).

Conclusion and perspectives

- The pathogenic variation c.582G>A p.(Gln194=) affected drastically splicing as well as SP-B and SP-C expression. However an hypomorphic effect, illustrated by the persistence of correct splicing and leading to a residual SP-B expression, could explain the long-term survival with fibrosing ILD in the two related adults.
- These findings lead to considered *SFTPB* variants in atypical presentations of ILD particularly in a familial context.

