



ESPR

European Society of
Paediatric Radiology

56th Annual Meeting &
42nd Post Graduate Course

Leukodystrophies: how to find the way in the maze

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Nothing to declare

What is a leukodystrophy?

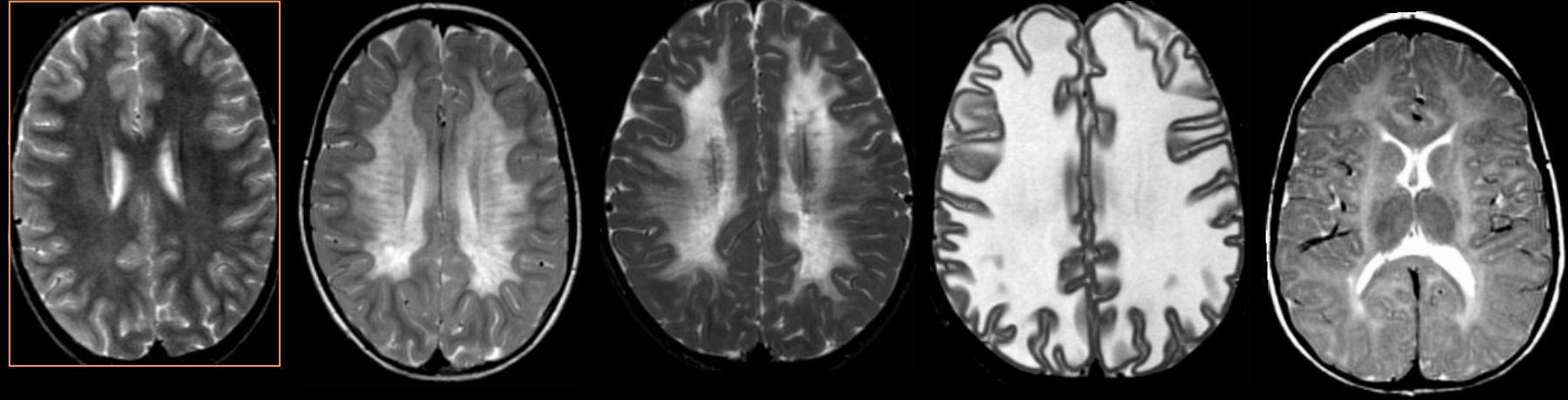
- 1980's
- genetic, progressive disorders primarily affecting myelin (myelin loss or insufficient myelination), either directly or through oligodendrocytes

Morell & Wiesmann, Neuropediatrics 1984; 15 (suppl): 62
Seitelberger, Neuropediatrics 1984; 15 (suppl): 53

- No known gene defects
- MRI had not entered clinical practice
- Data available from pathology, biochemical analyses of brain tissue and knowledge of several metabolic and enzymatic defects
- Curative treatment focused on stopping myelin loss and on remyelination

1980's: introduction of MRI

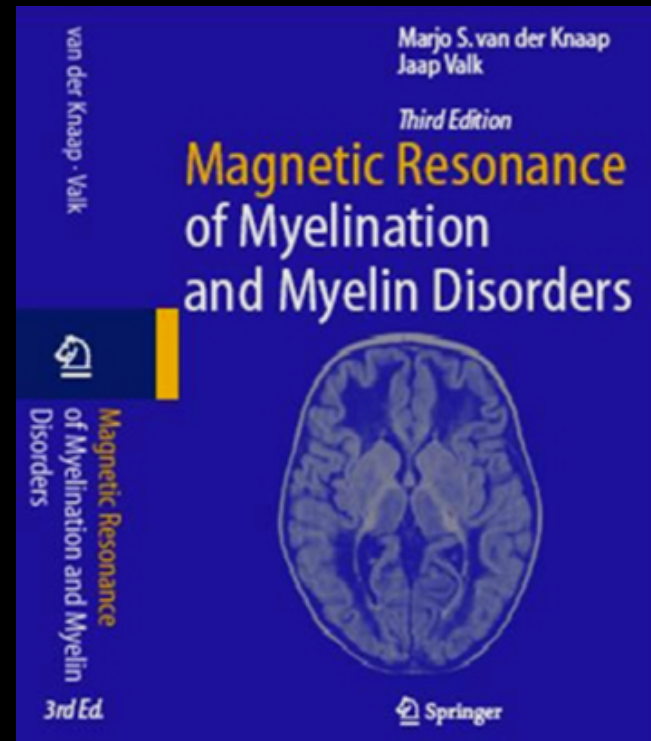
- Very high sensitivity for white matter abnormalities
- Replaced neuropathology



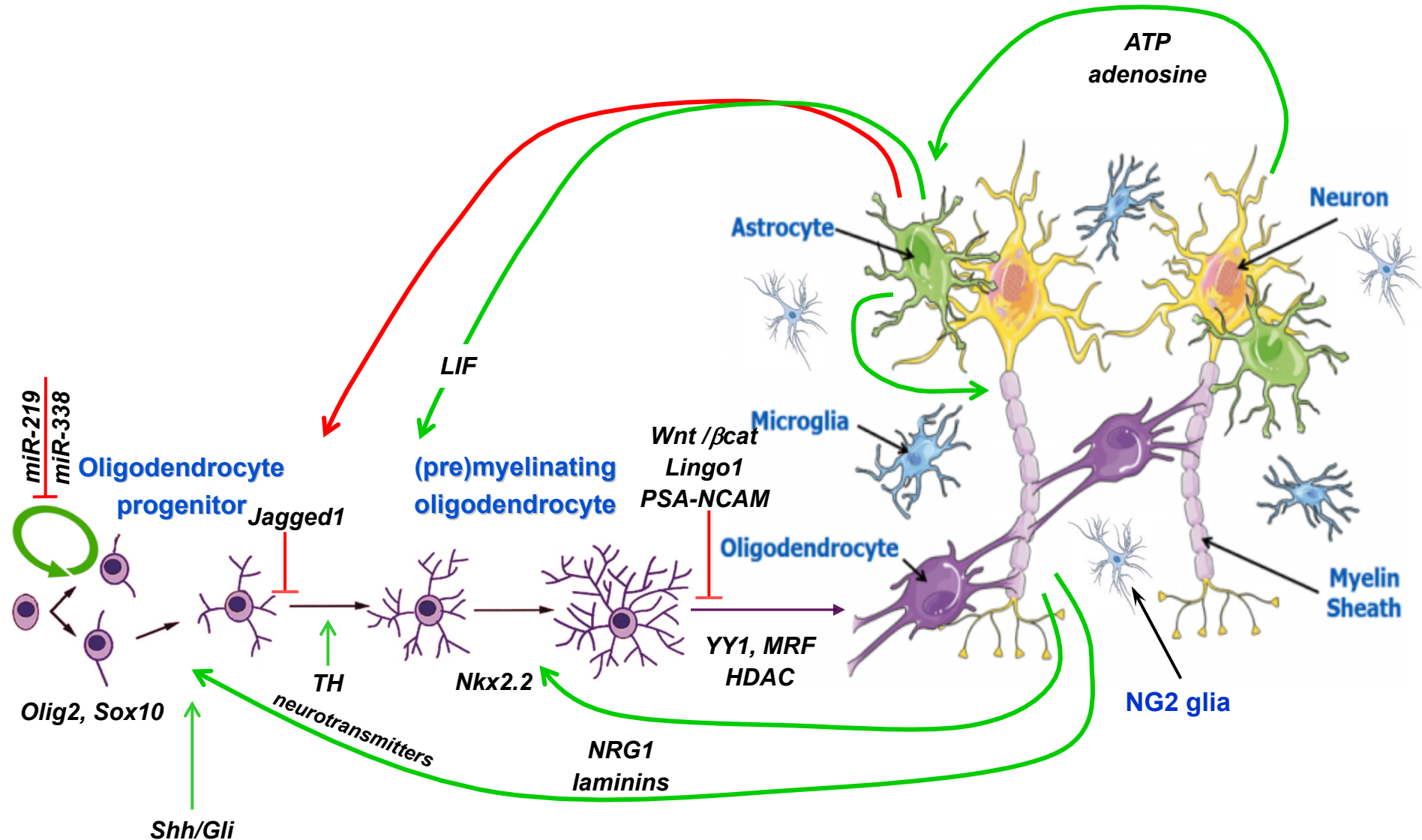
MRI pattern recognition

Next generation sequencing

Most leukodystrophies are due to defects in gene encoding proteins specific for cell types other than the oligodendrocytes

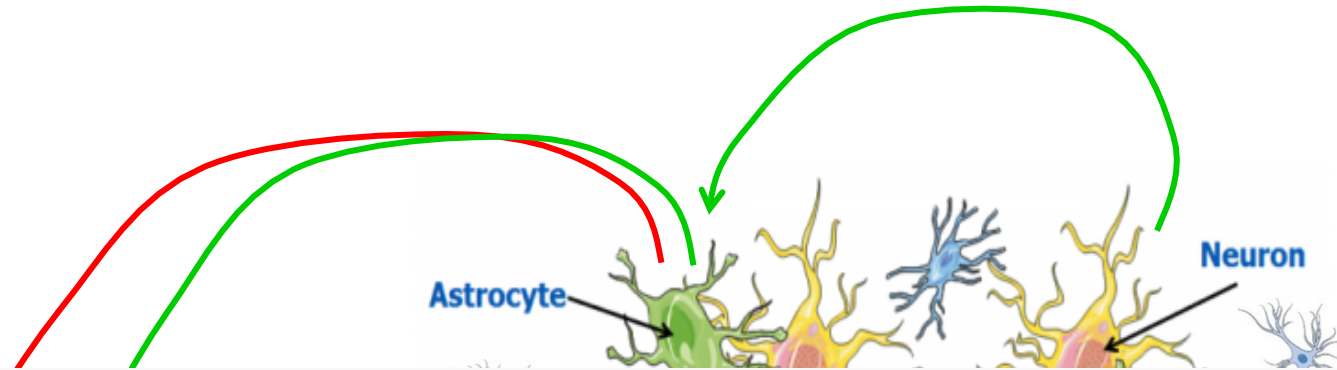


Oligodendrocyte development, myelination, myelin maintenance and regeneration: teamwork required



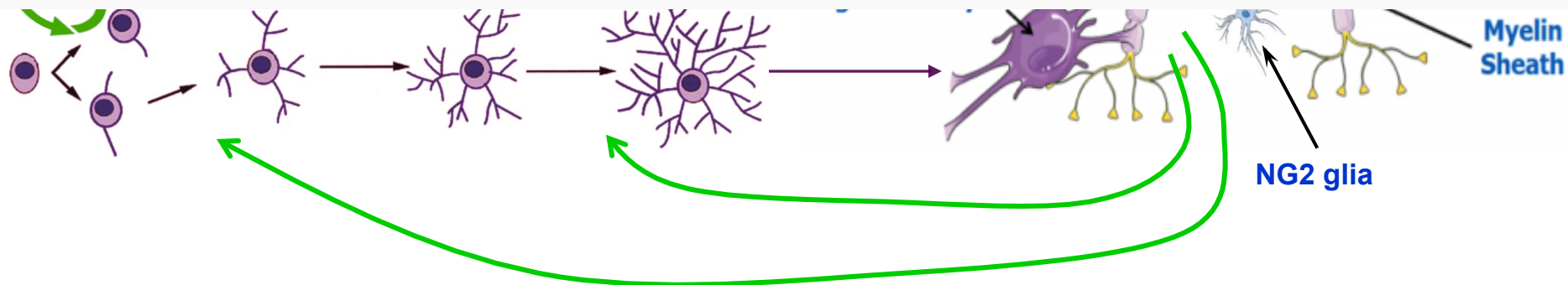
Are all genetic white matter disorders leukodystrophies?

Oligodendrocyte development, myelination, myelin maintenance and regeneration: teamwork required



New definition of leukodystrophy:

genetic white matter disorder due to a defect in any of the white matter structural components



A new classification of leukodystrophies

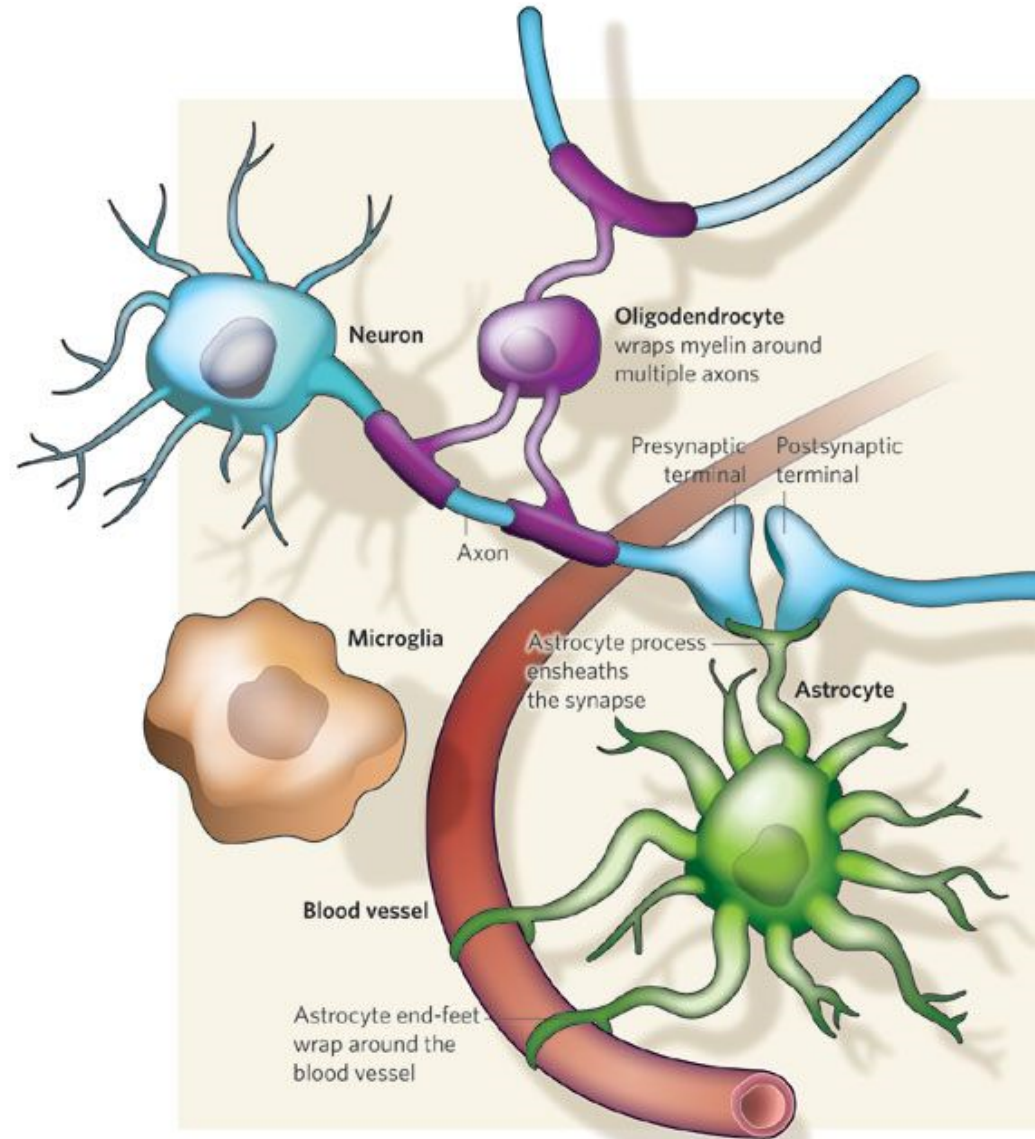
Myelin disorders

Astrocytopathies

Leuko-axonopathies

Leuko-microgliopathies

Leukovasculopathies



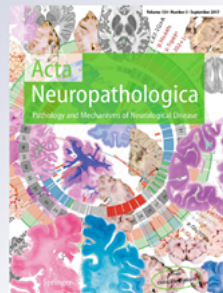
Leukodystrophies: a proposed classification system based on pathological changes and pathogenetic mechanisms

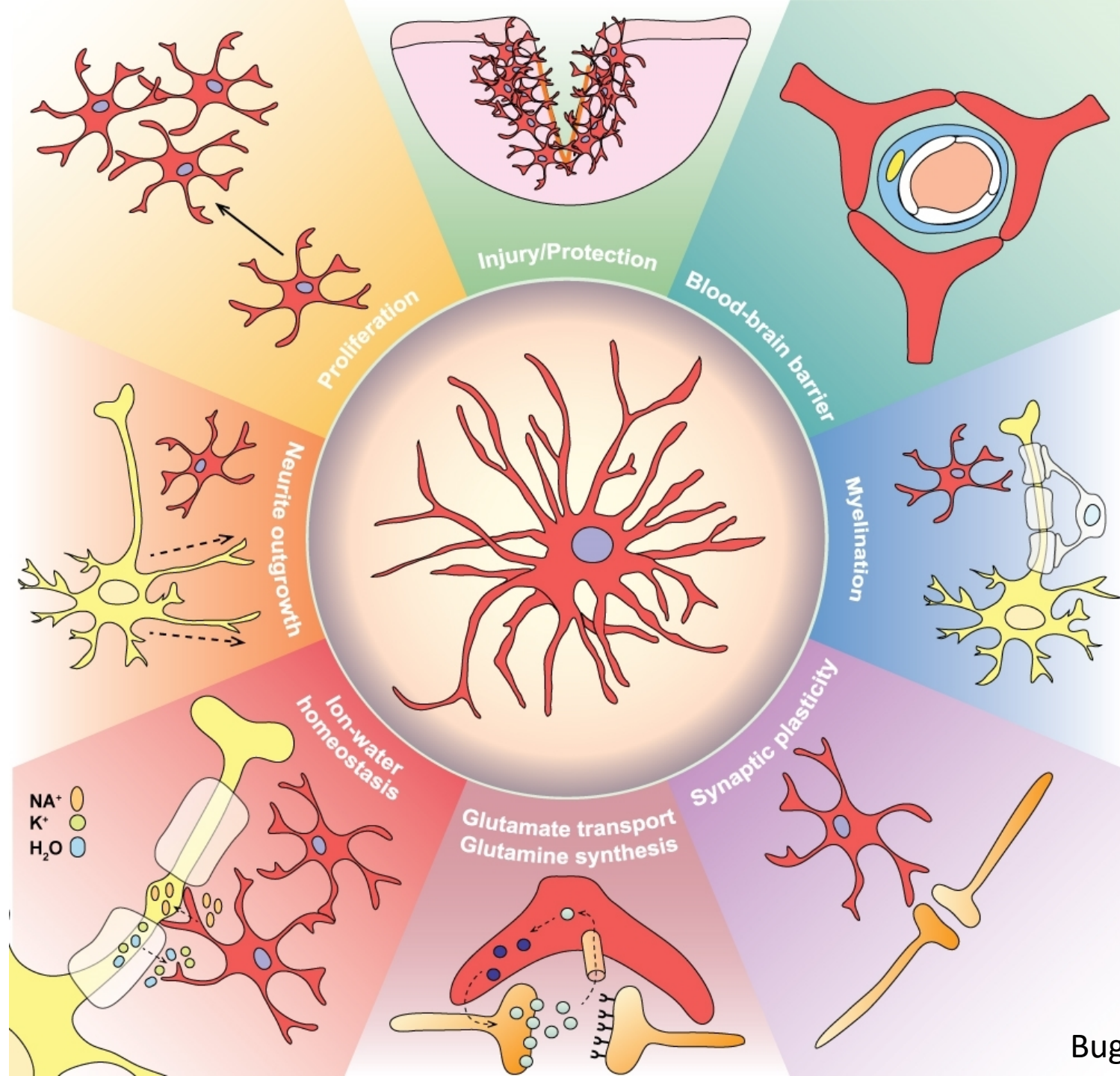
Marjo S. van der Knaap & Marianna Bugiani

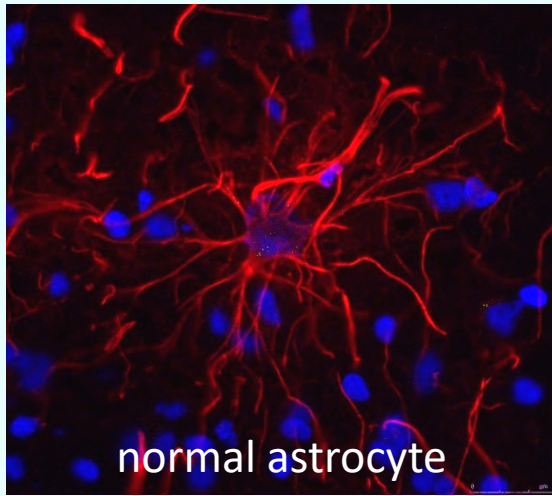
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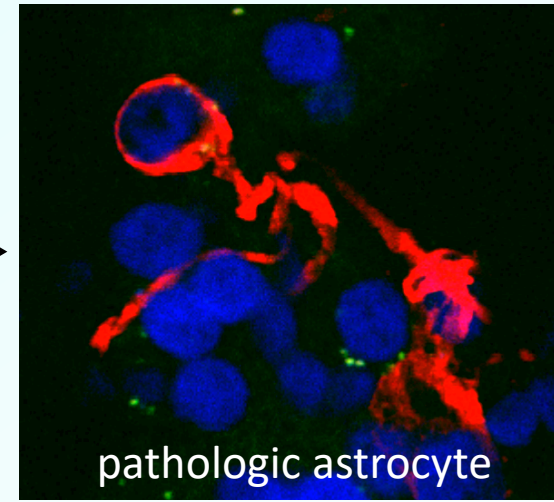






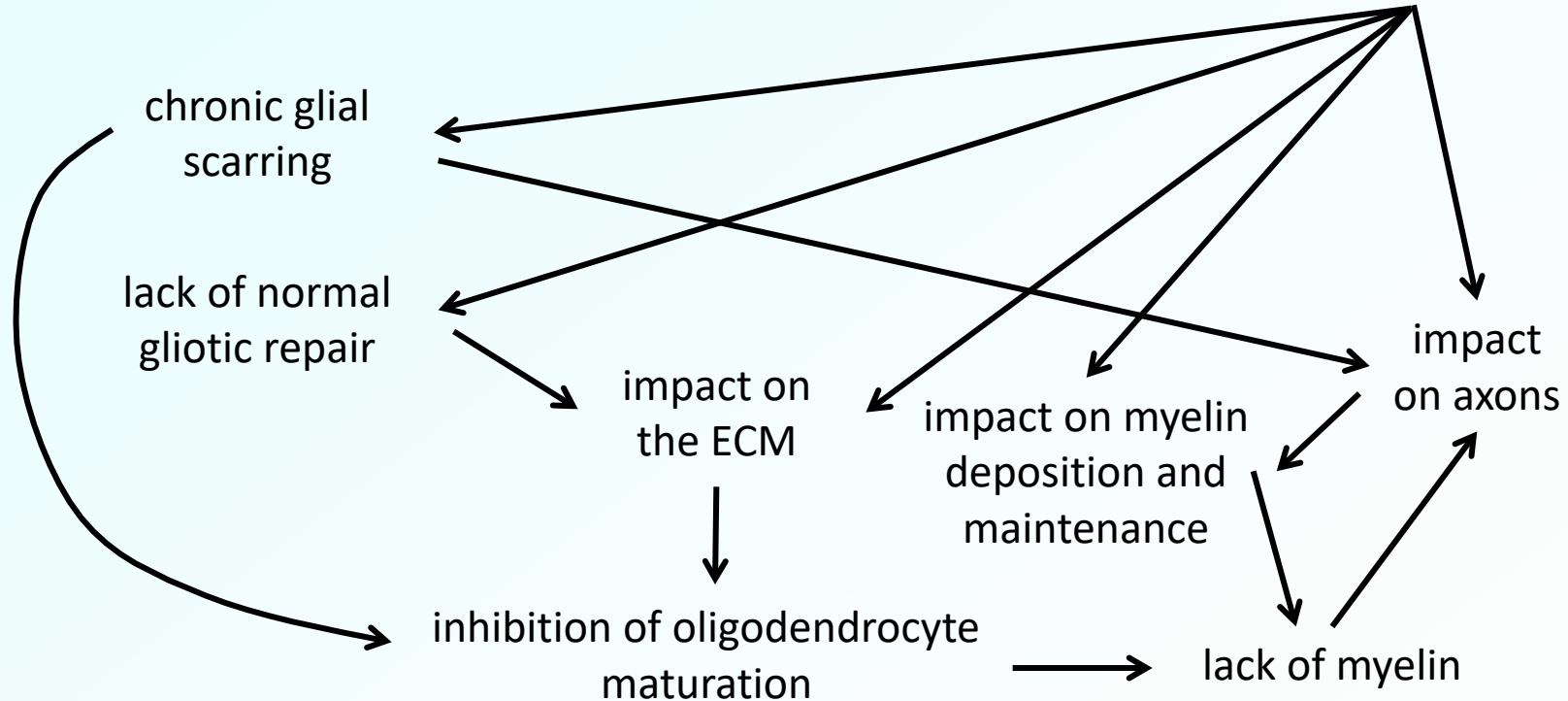
DISEASE

↑ and ↓ of specific proteins



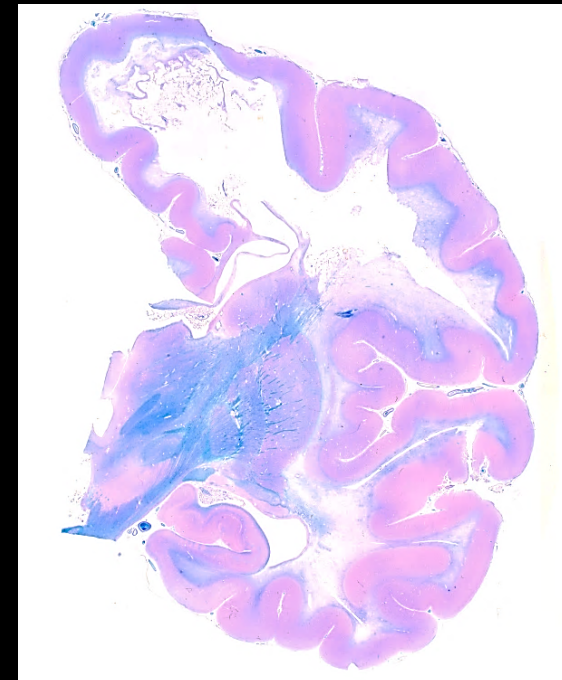
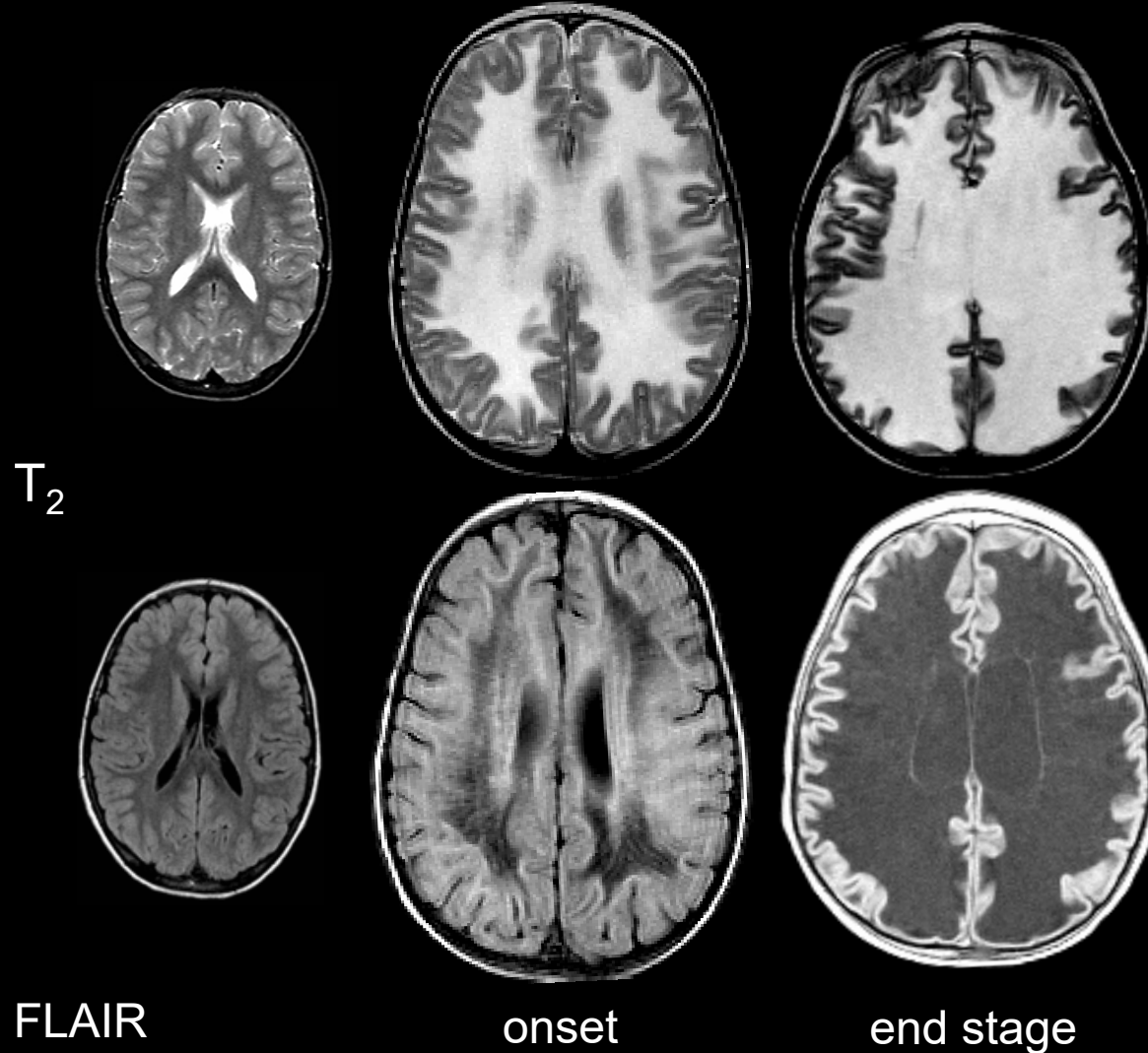
LOSS OF PHYSIOLOGIC FUNCTIONS

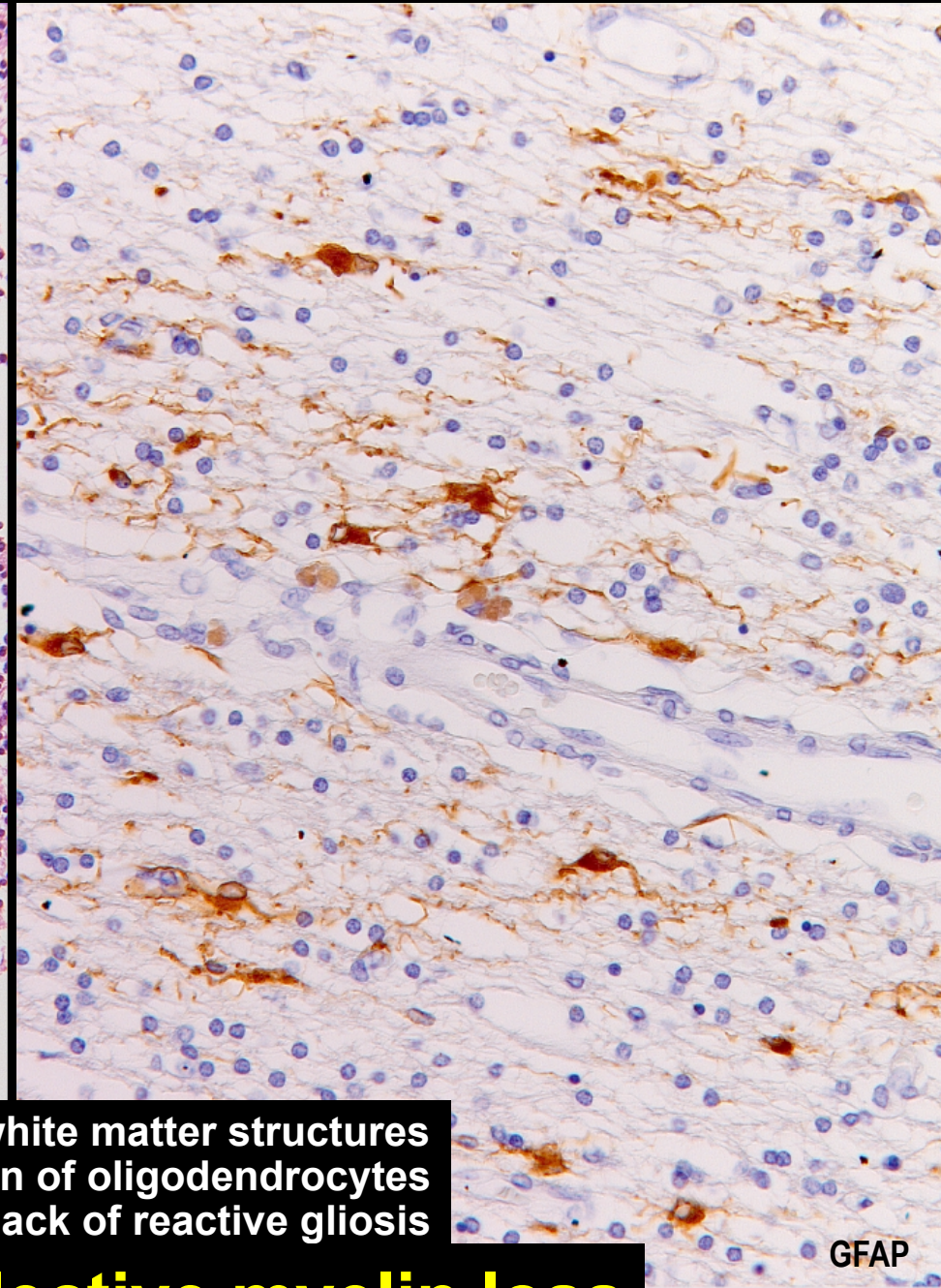
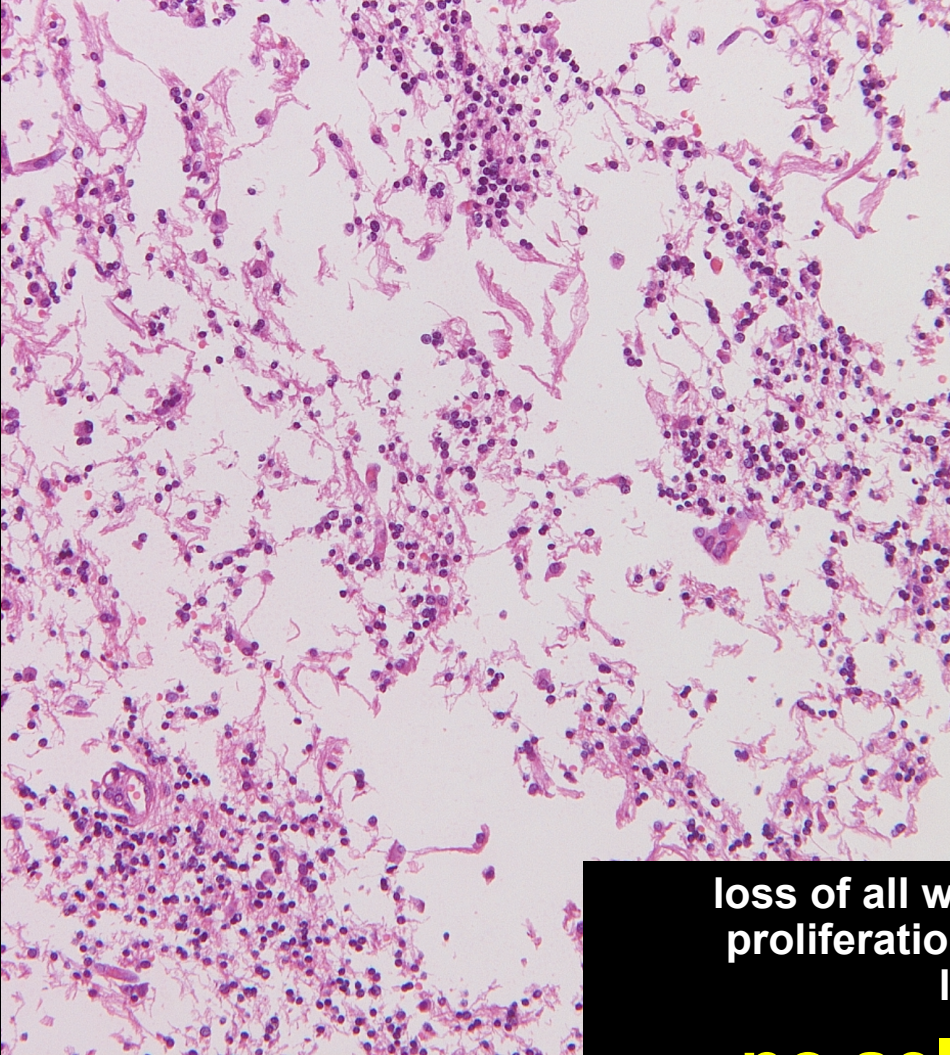
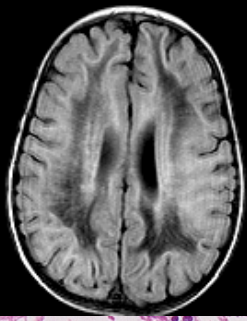
GAIN OF PATHOLOGIC FUNCTIONS



Vanishing White Matter

- Mutations in *EIF2B1-5*, encoding the 5 eIF2B subunits
- eIF2B: initiation of translation of all mRNAs
regulation of general mRNA translation rate
- Disease mechanisms? Altered expression of specific proteins?

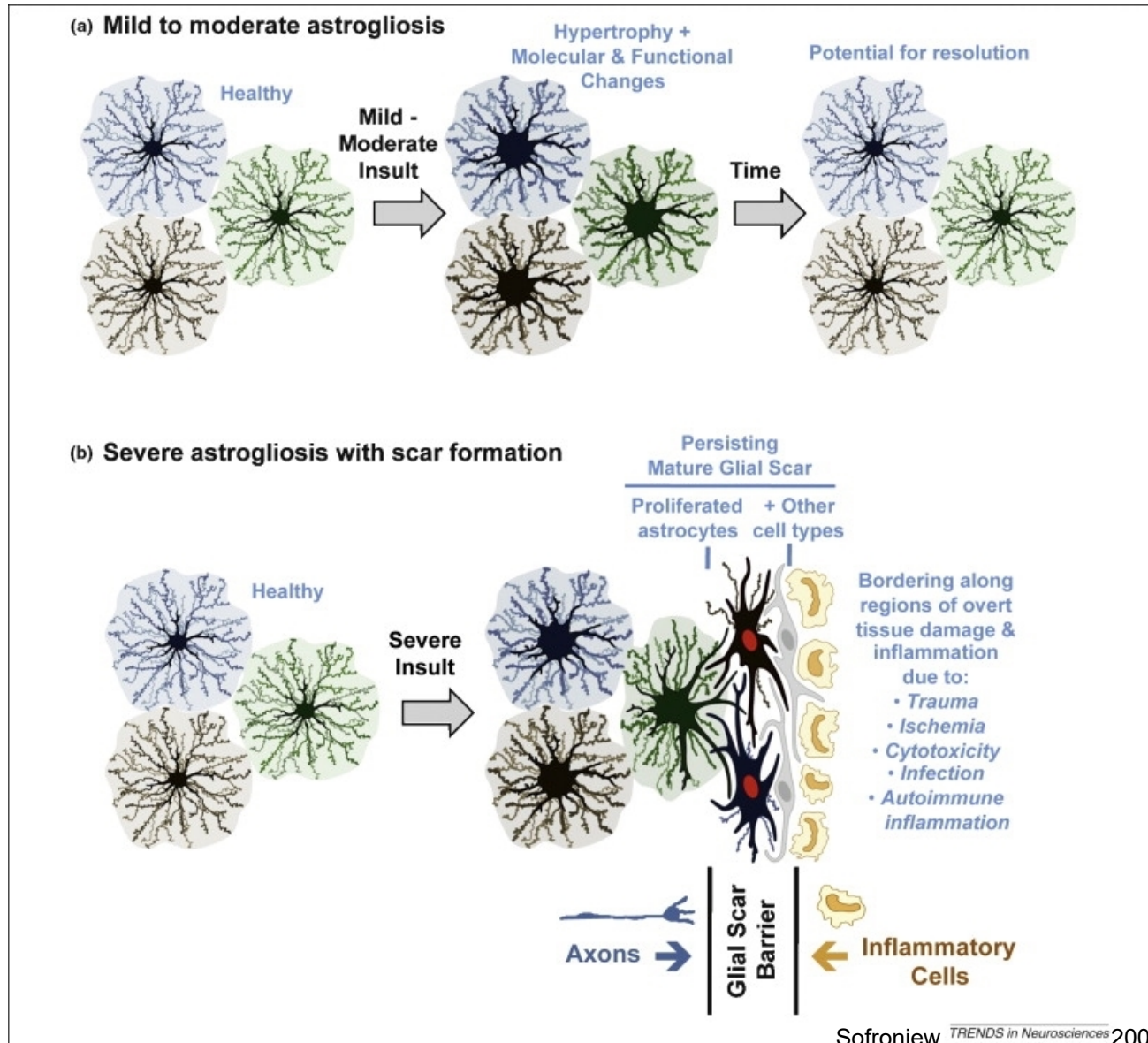




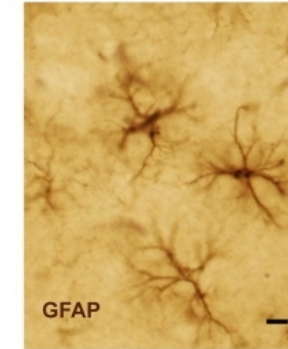
loss of all white matter structures
proliferation of oligodendrocytes
lack of reactive gliosis

no selective myelin loss

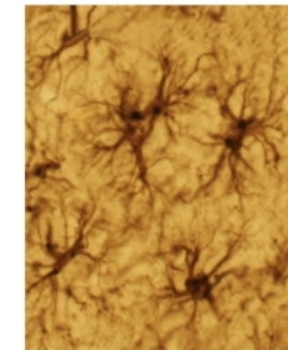
Reactive gliosis



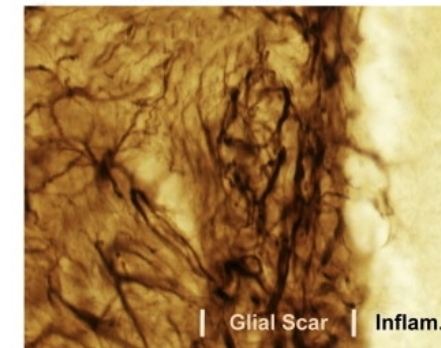
(a) Healthy tissue



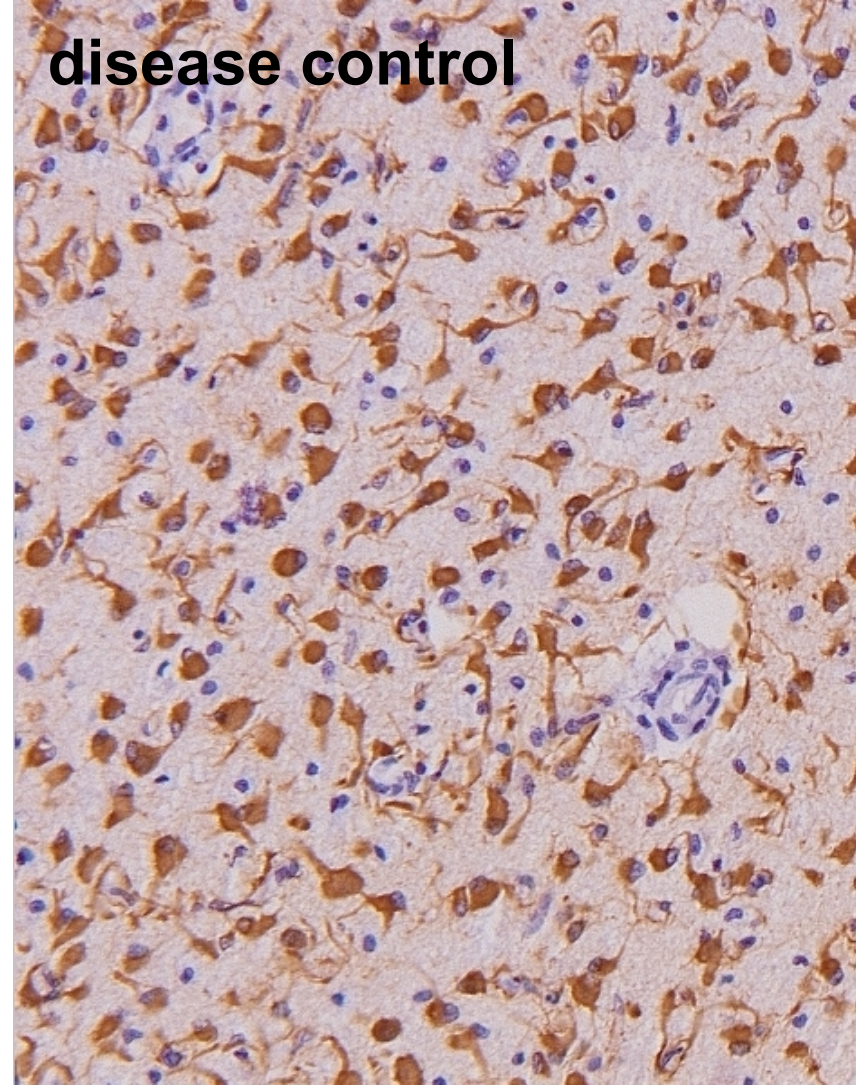
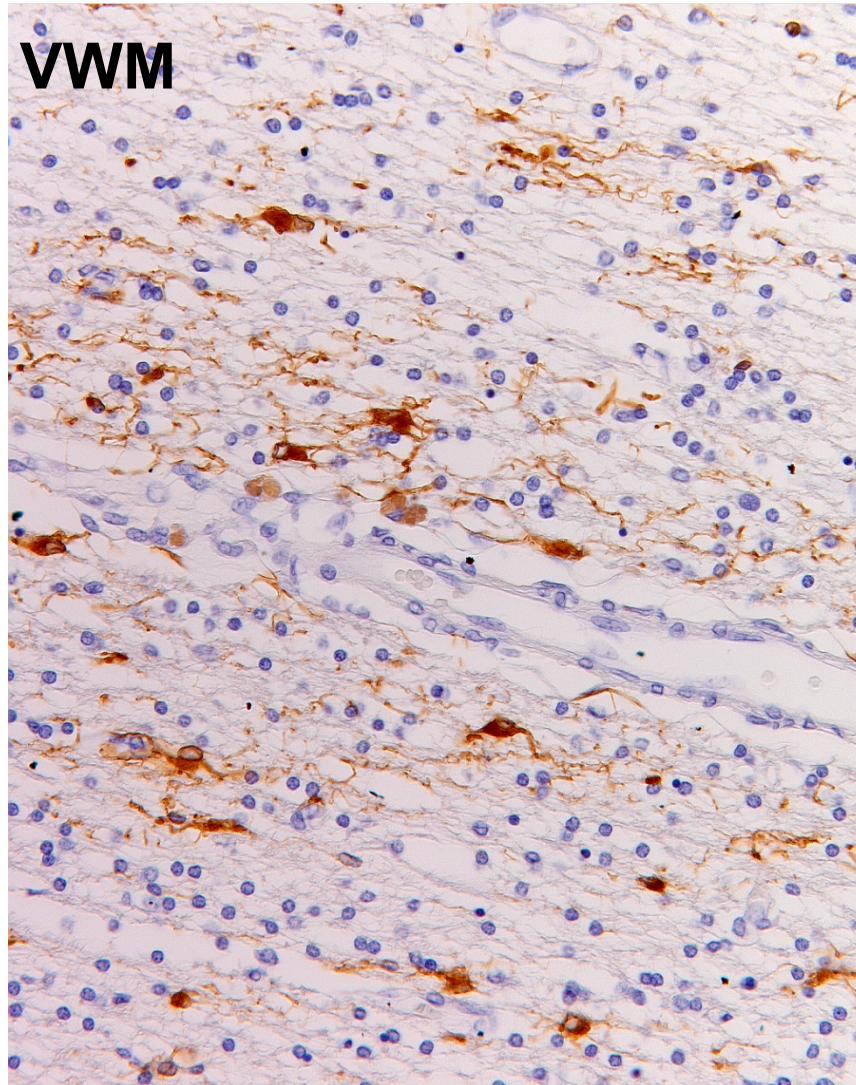
(b) Moderate astrogliosis



(c) Severe astrogliosis



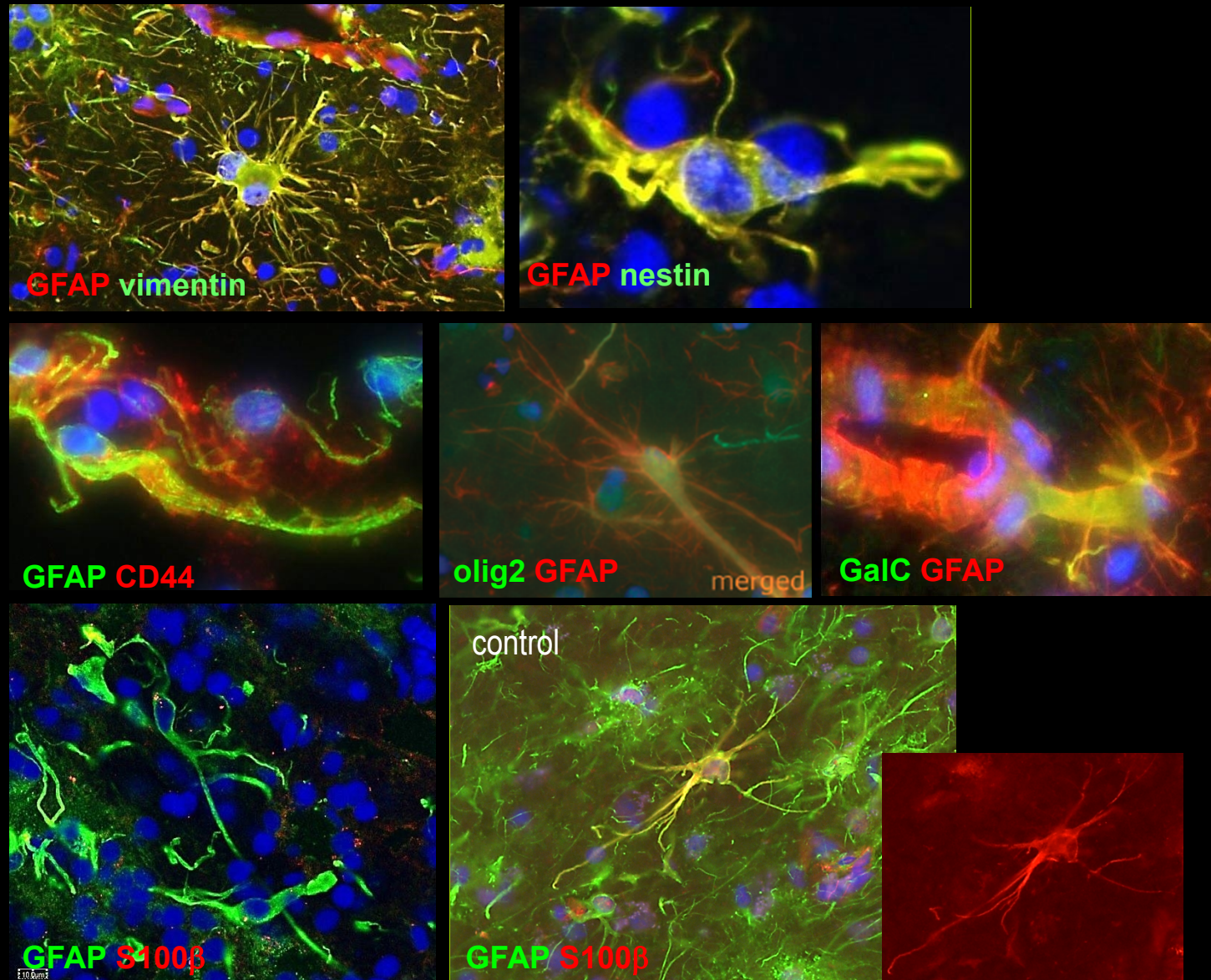
VWM white matter astrocytes proliferate, remain immature and lack mature function (e.g. astroglotic scar tissue formation)



Bugiani *et al.*, J Neuropathol Exp Neurol 2010; 69: 987-996

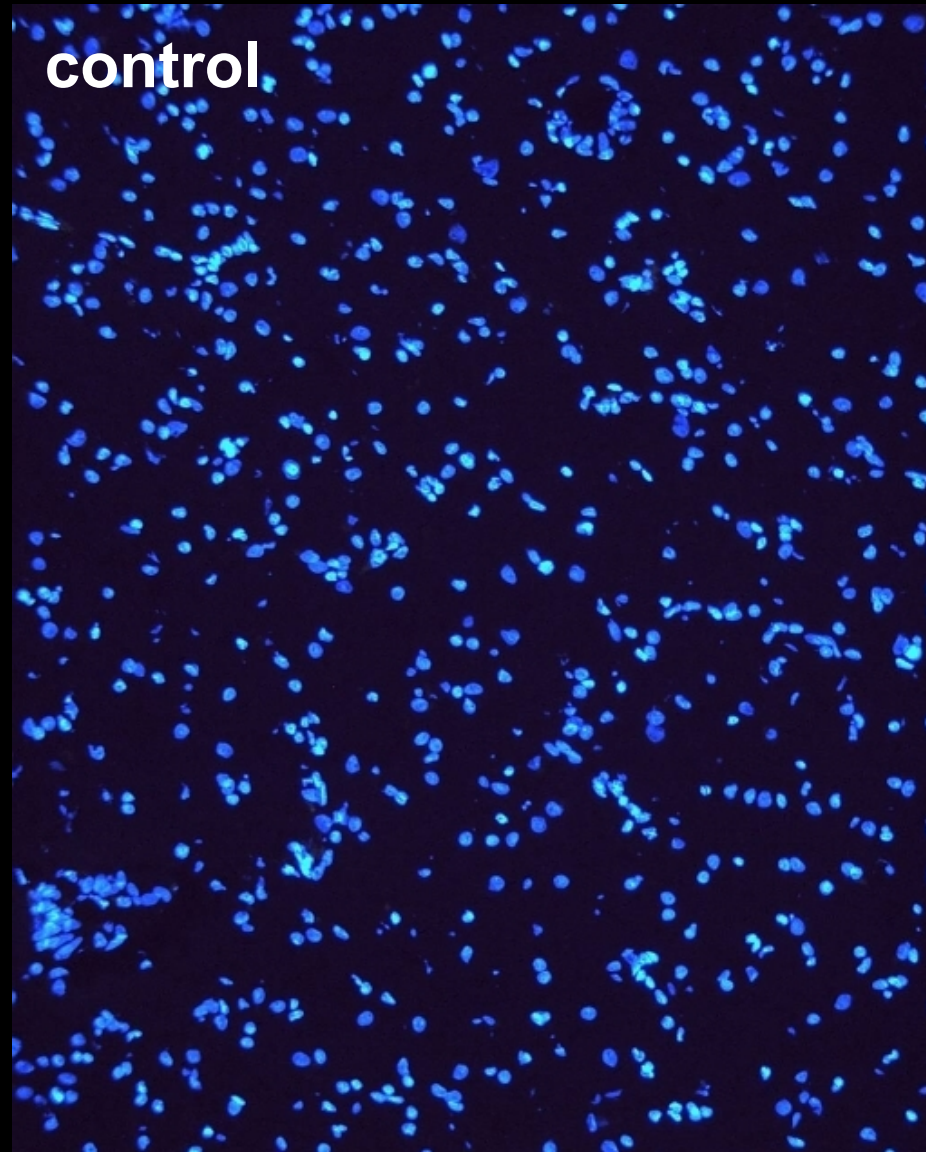
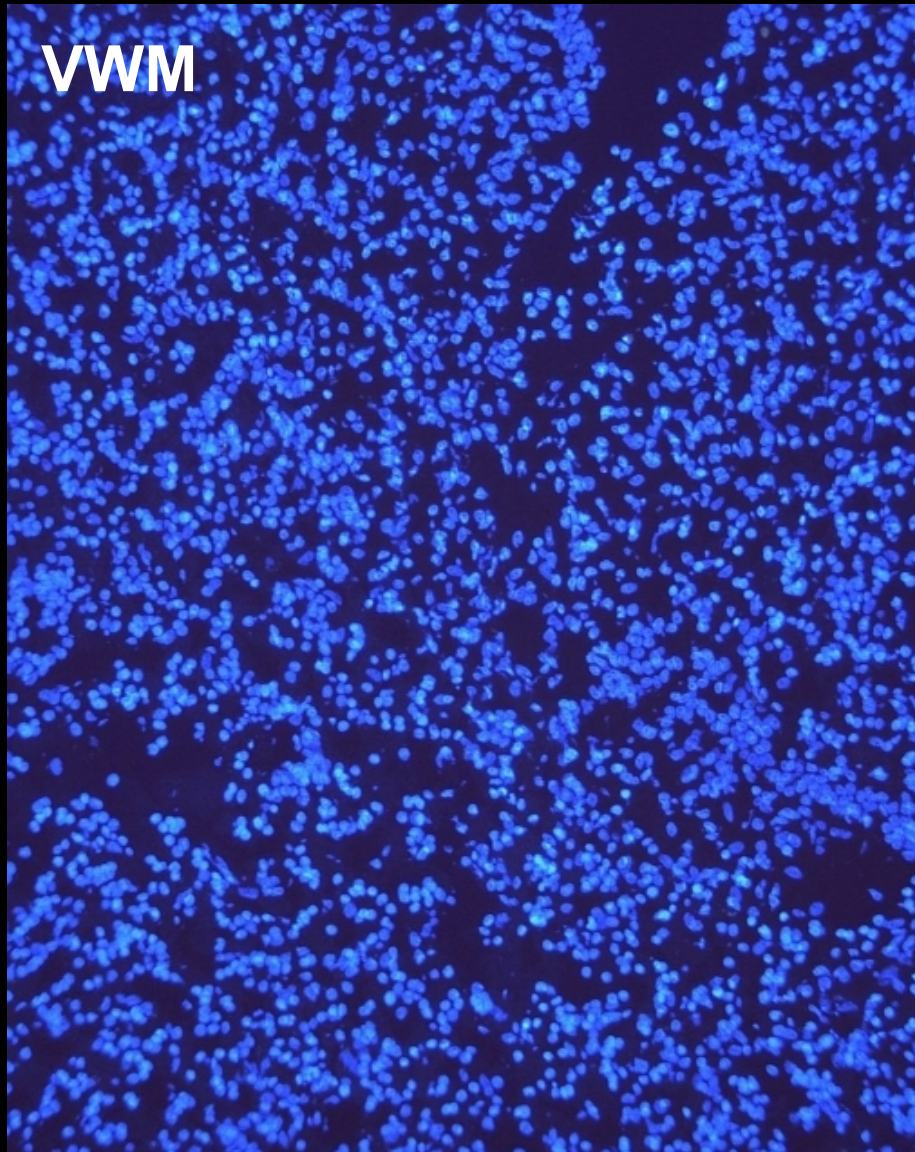
Bugiani *et al.*, J Neuropathol Exp Neurol 2011; 70: 69-82

VWM white matter astrocytes remain immature

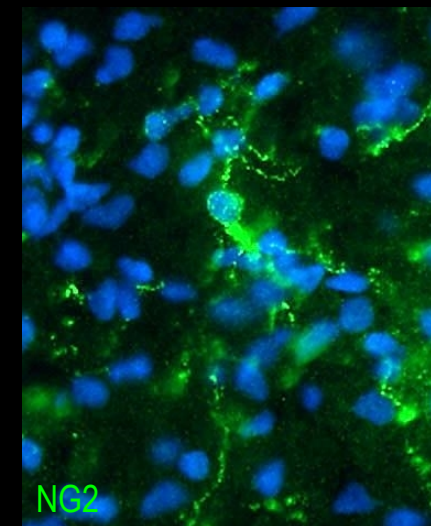
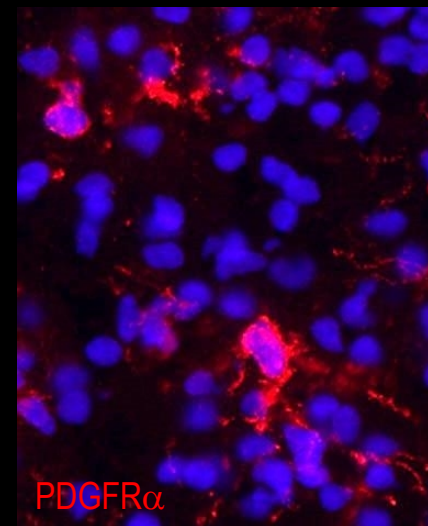
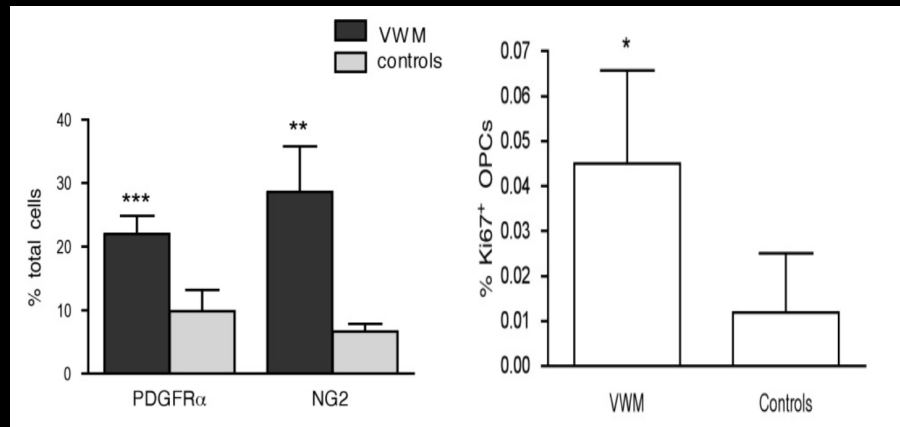
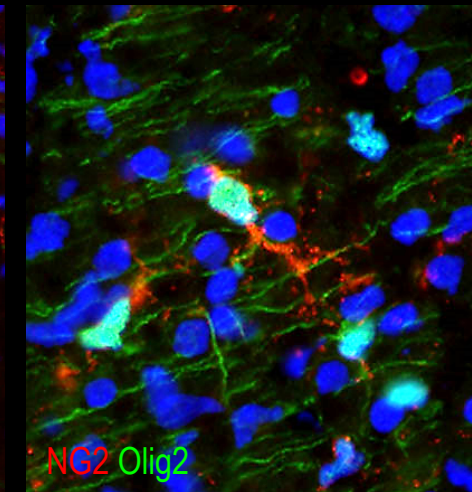
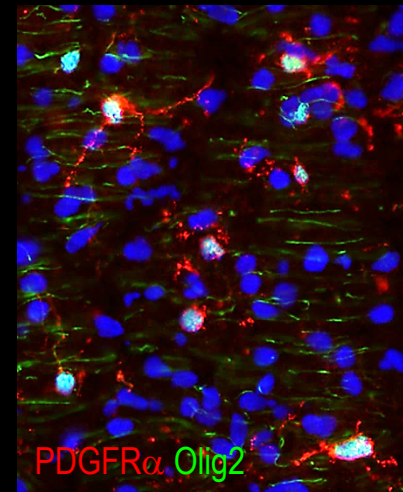
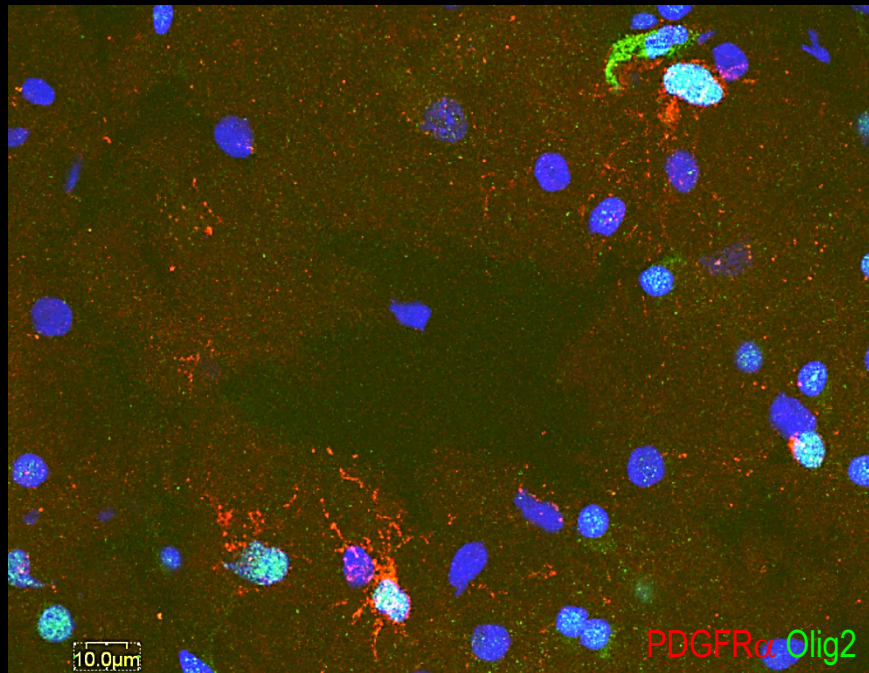


Bugiani *et al.*, J Neuropathol Exp Neurol 2010; 69: 987-996
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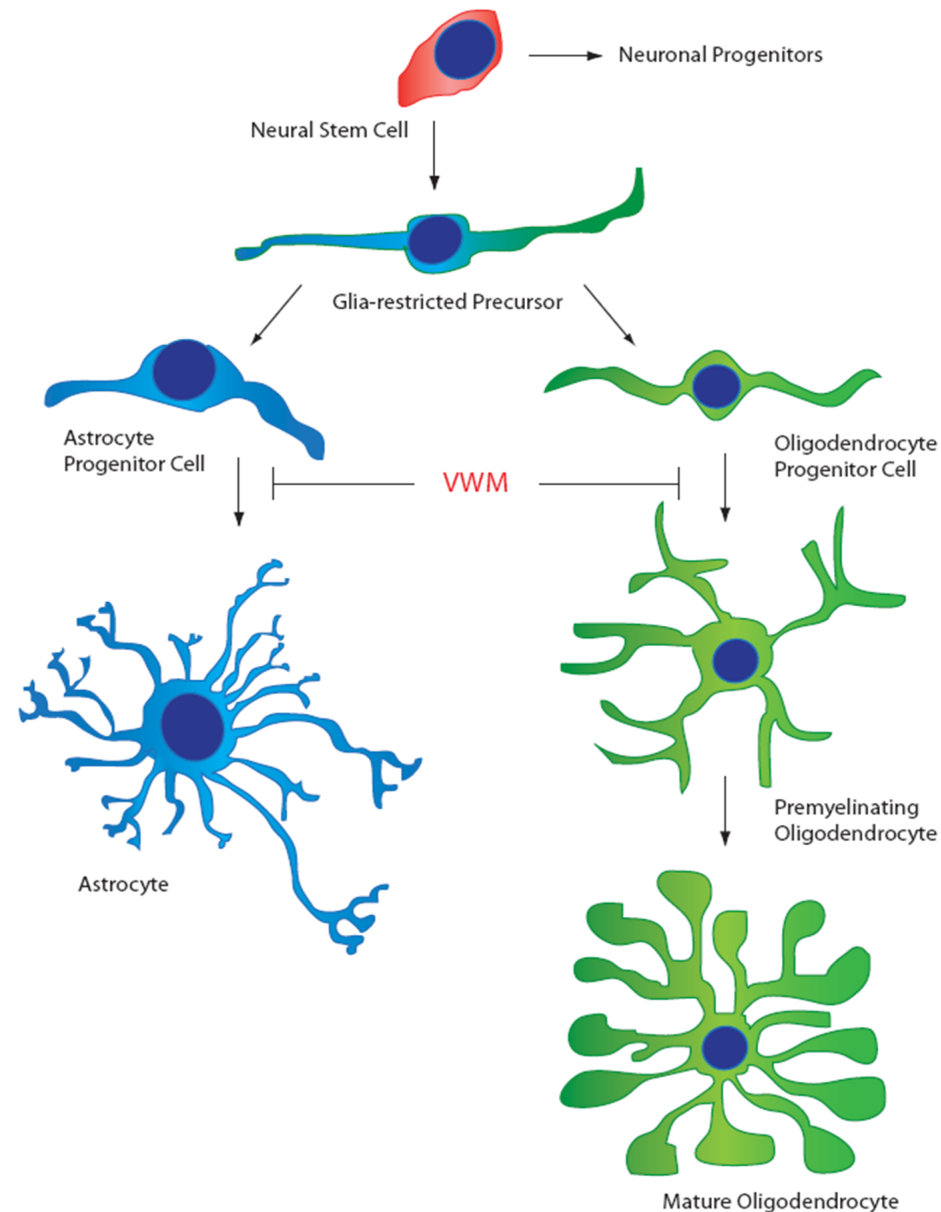
VWM white matter:
lack of myelin but too many oligodendrocytes



Oligodendrocytes proliferate and are increased in number, but they remain immature and lack of mature myelination function

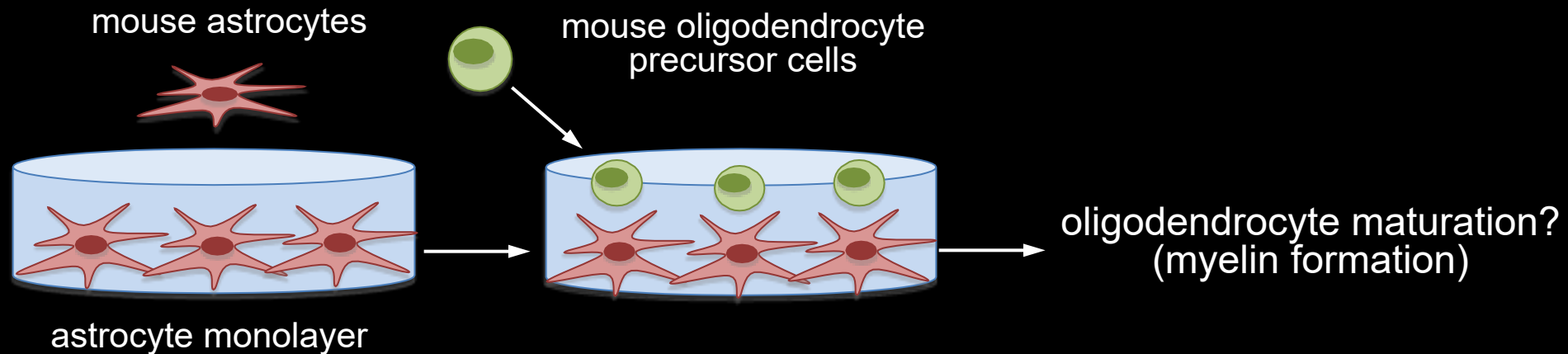


Deficient maturation of macroglial cells in VWM white matter driven by astrocytic dysfunction



Does the VWM defect impact oligodendrocytes and astrocytes at the same time or is one causing the dysfunction of the other?

Studies in cocultures, using VWM mouse cells



VWM astrocytes have a negative impact on both WT and VWM oligodendrocytes, but VWM oligodendrocytes display normal myelin production with WT astrocytes

WT OPCs

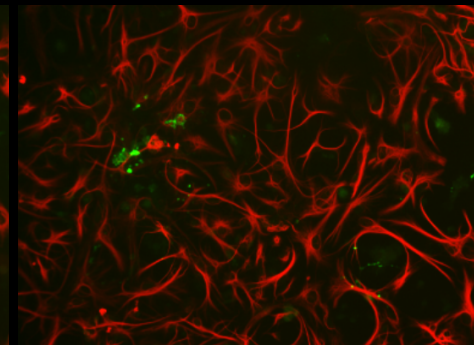
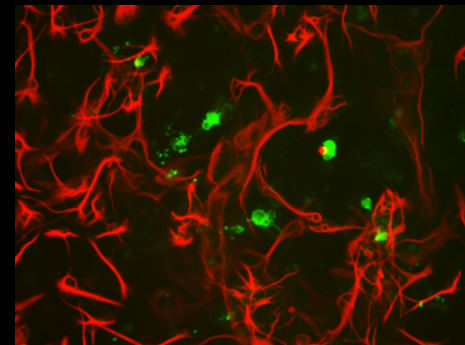
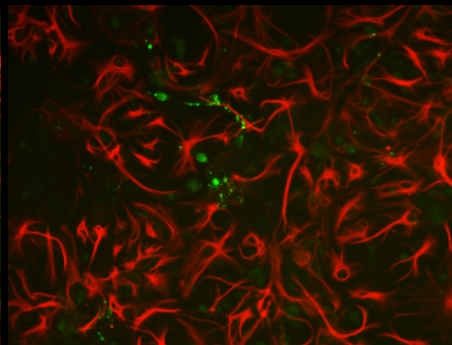
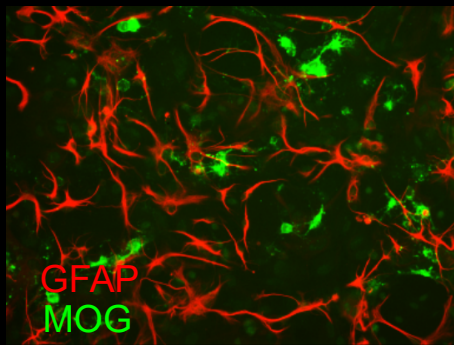
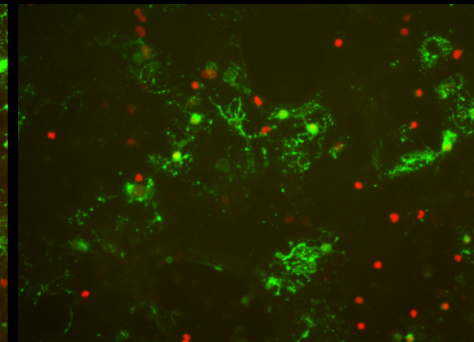
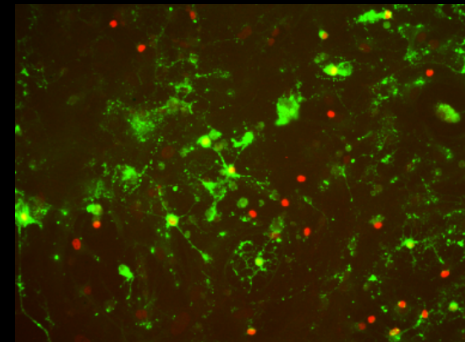
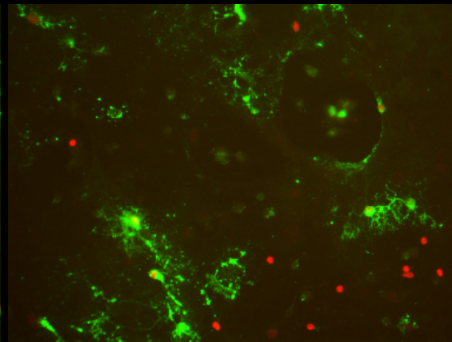
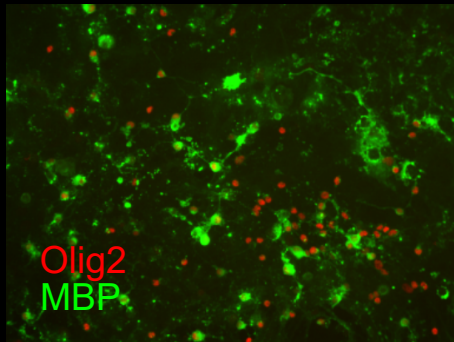
VWM OPCs

WT astrocytes

VWM astrocytes

WT astrocytes

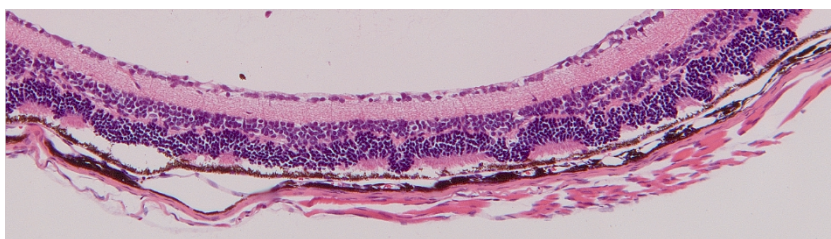
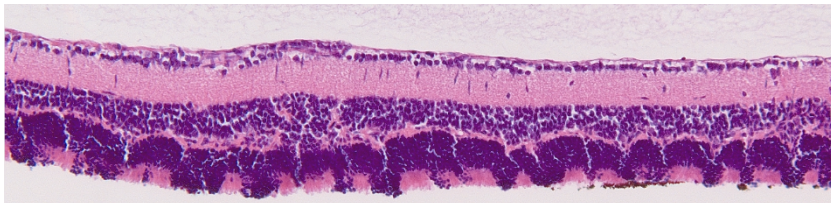
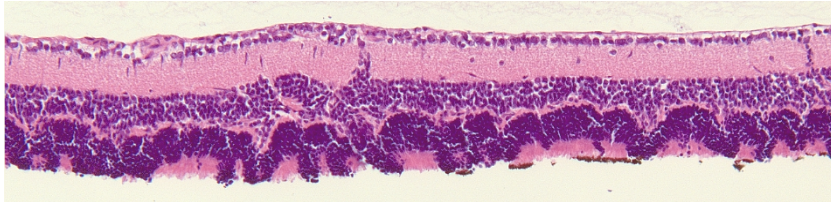
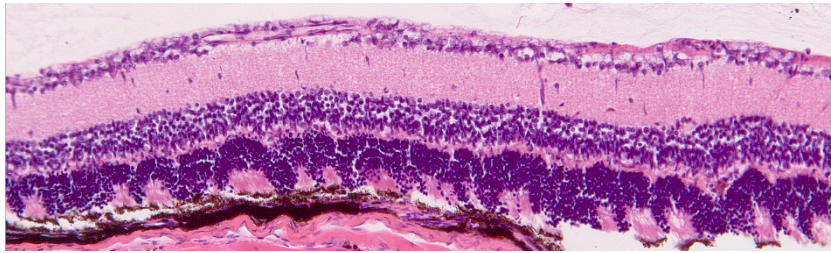
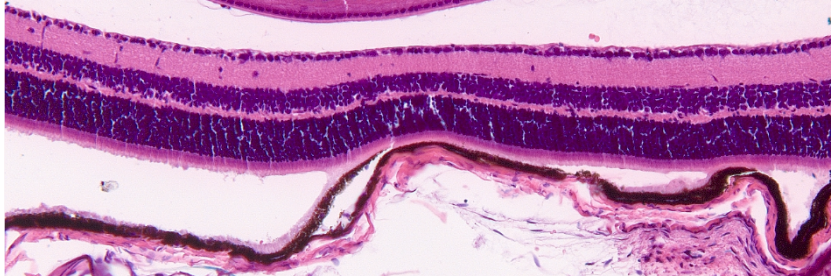
VWM astrocytes



- So, VWM OPCs do not have an intrinsic problem

VWM mice: the eye pathology

Wild-type



2b4/2b5

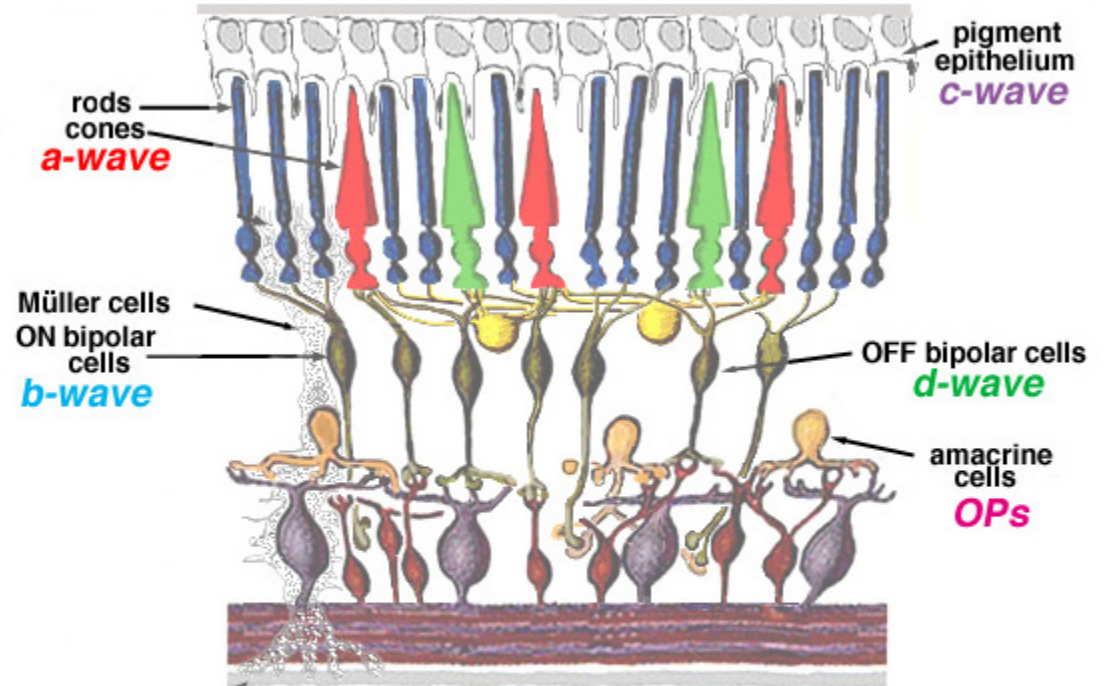


Fig.3 Cartoon of the retina to show where the major components of the ERG originate.

A new classification of leukodystrophies

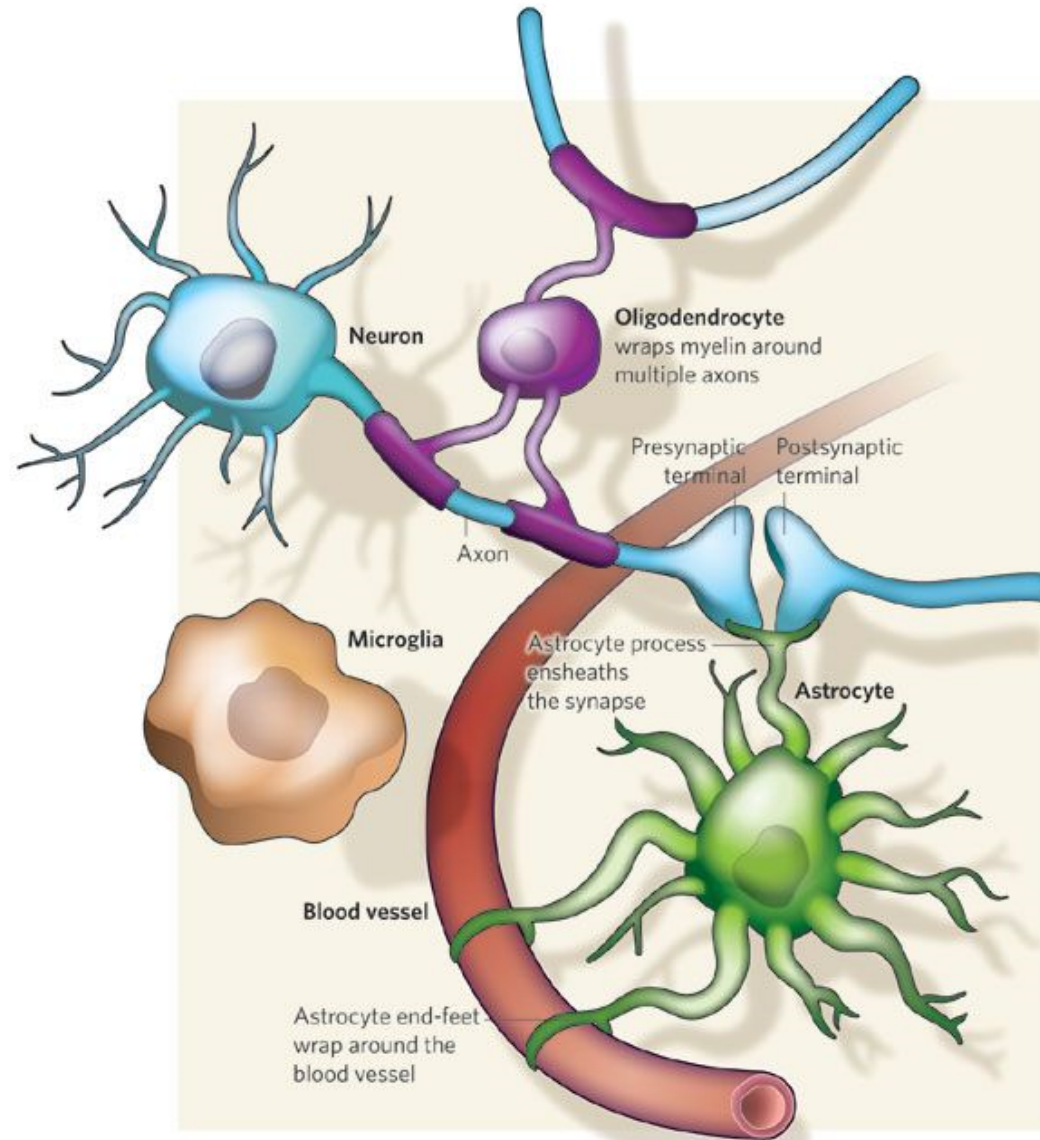
Myelin disorders

Astrocytopathies

Leuko-axonopathies

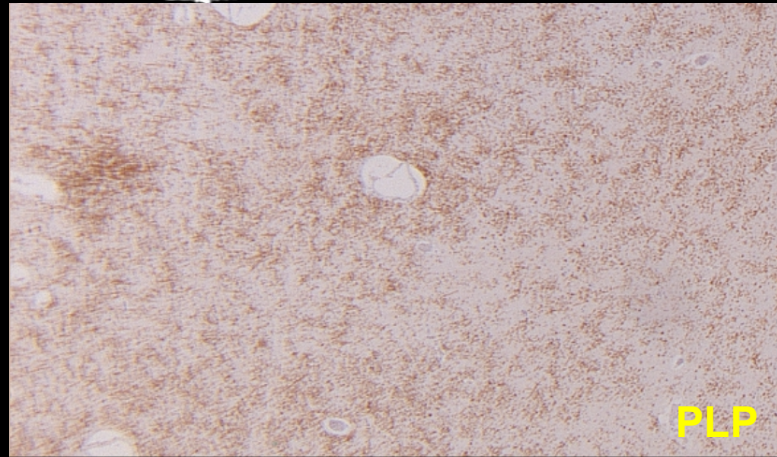
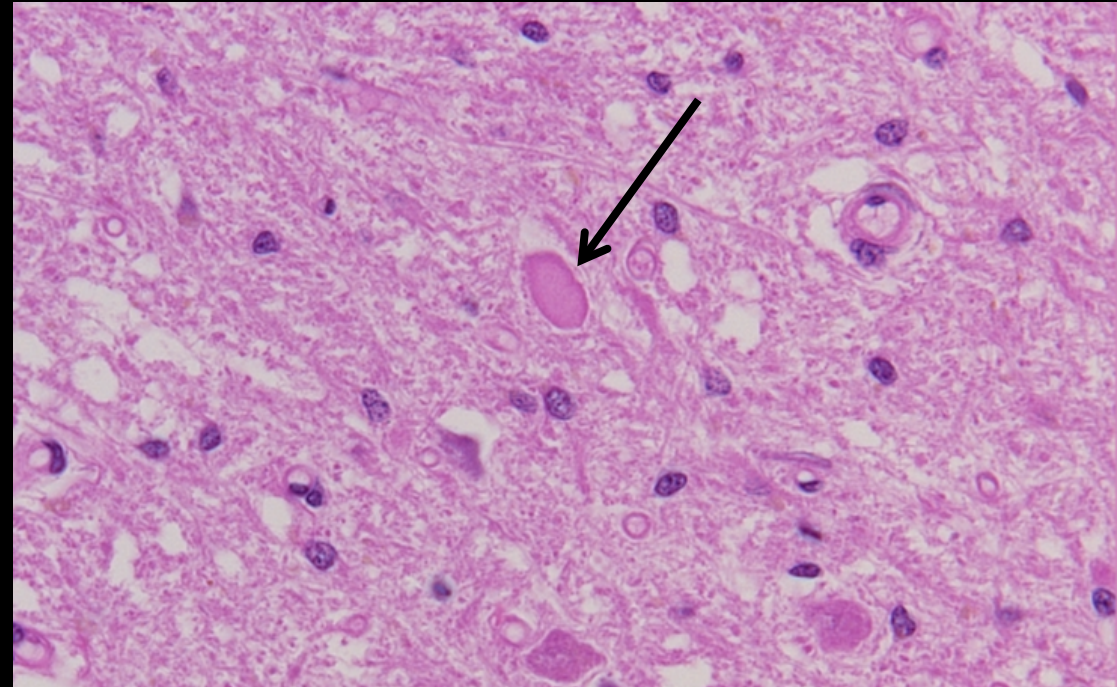
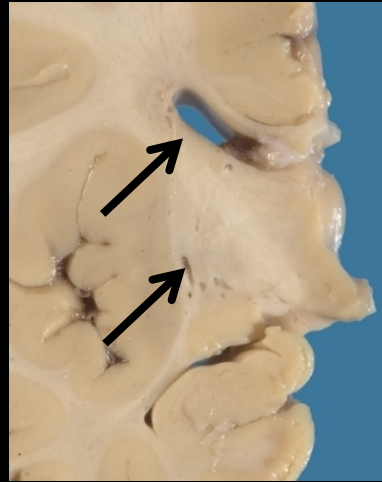
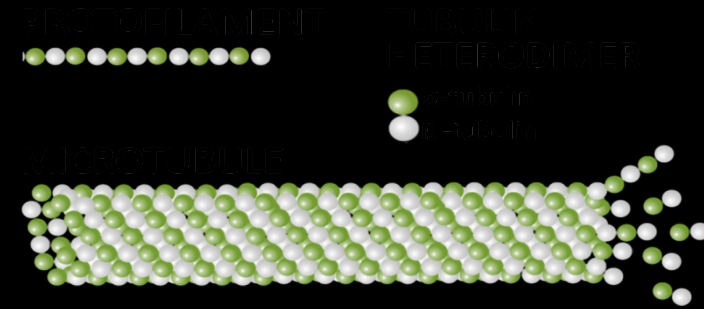
Leuko-microgliopathies

Leukovasculopathies







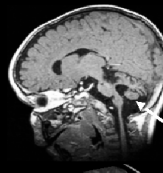
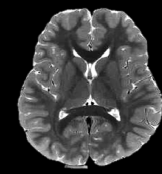
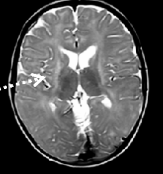

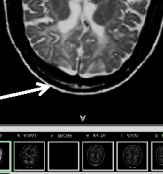
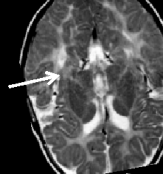
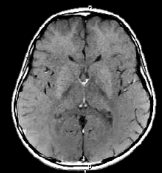
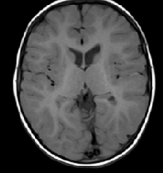


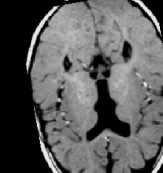
Hypomyelination with Atrophy of Basal ganglia and Cerebellum

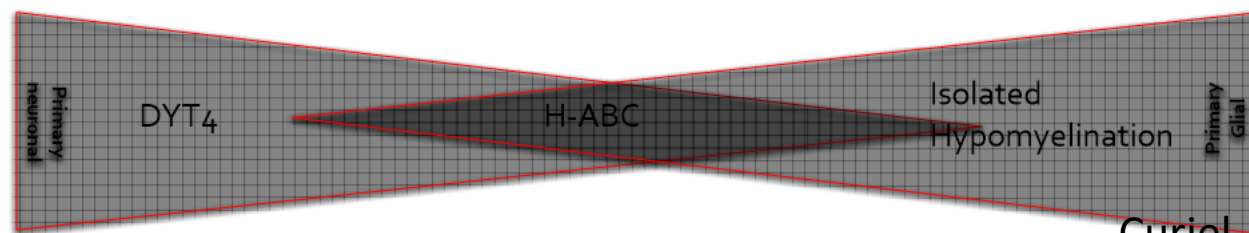
- Mutations in *TUBB4A*
- Defect in β -tubulin, affecting microtubules
- Probably affecting axonal transport



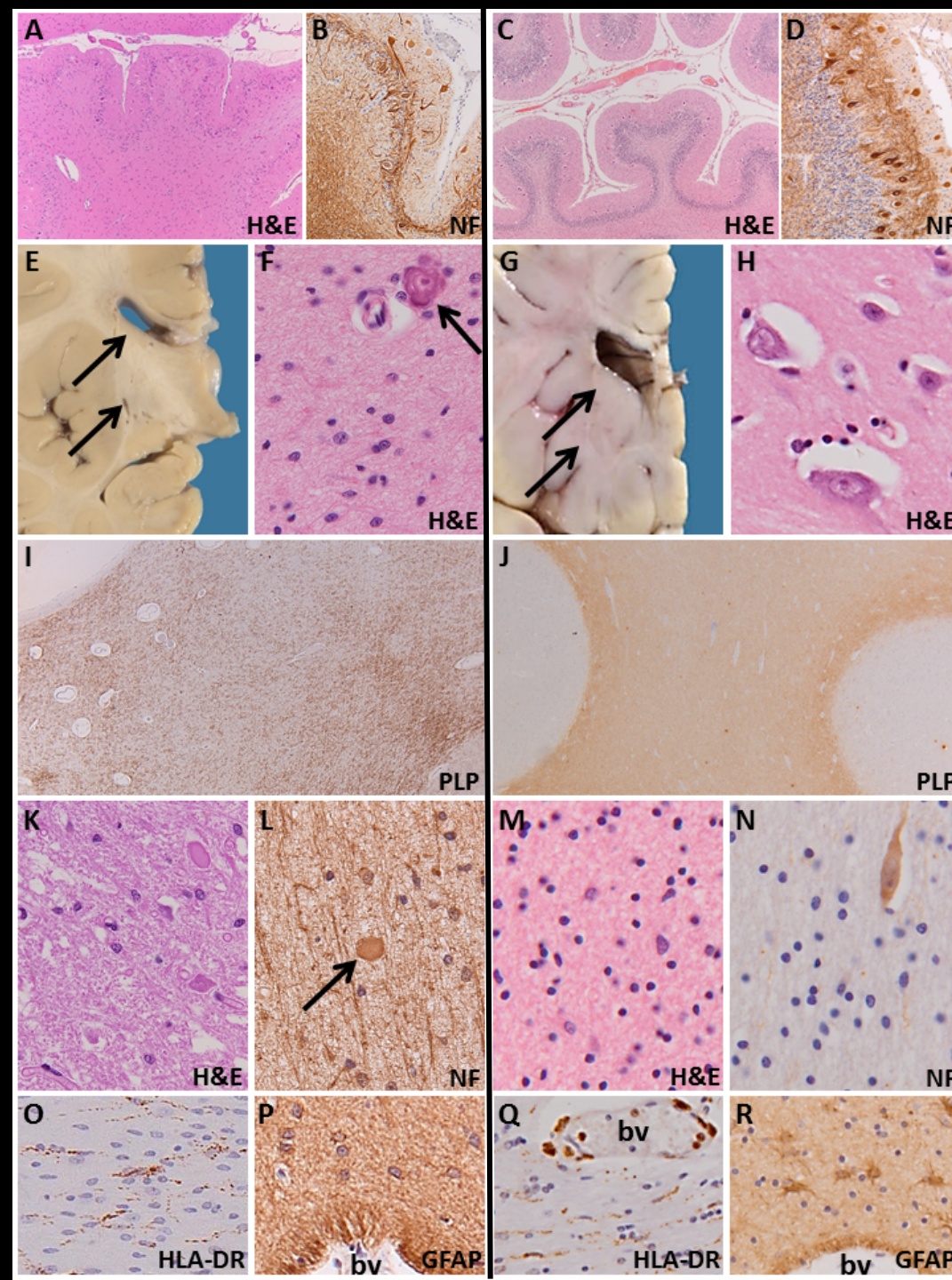
axonal spheroids
lack of myelin
lack of oligodendrocytes
mild gliosis

axonal dysfunction
secondary lack of
myelin deposition

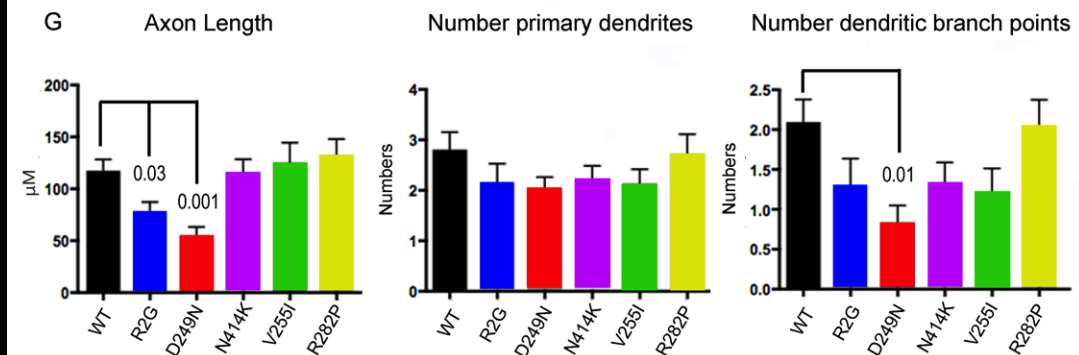
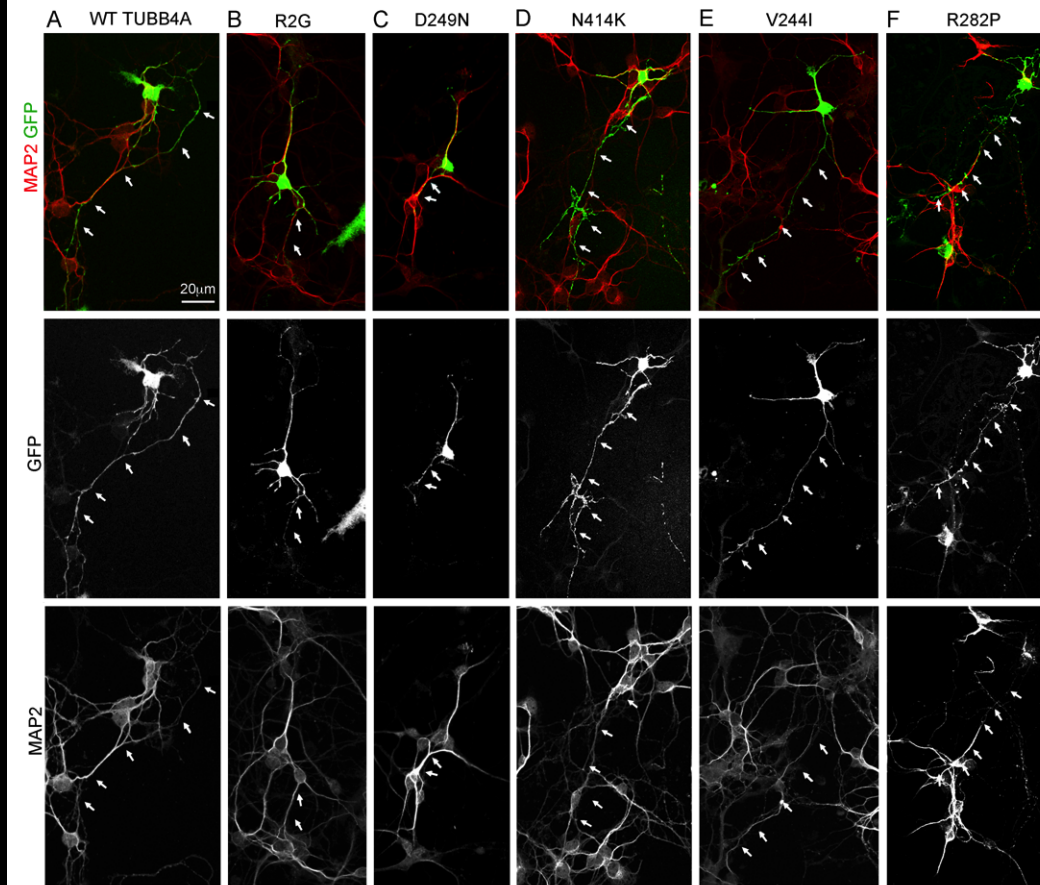
Disease description	Whispering Dysphonia (DYT4)	H-ABC	Isolated Hypomyelination	Isolated Hypomyelination	Early infantile encephalopathy
Amino acid change	p.Arg2Gly	p.Asp249Asn	p.Val255Ile	p.Arg282Pro	p.Asn414Lys
Nucleic acid change	c.4C>G	c.745G>A	c.763G>A	c.845G>C	c.1242C>G
Sagittal T ₁					
Axial T ₂					
Axial T ₁					
	5 yo healthy male	4 yo female	5 yo female	45 yo female	3 yo male
Imaging features	No structural Abnormalities	Hypomyelination and atrophy of the basal ganglia, cerebellum, and corpus callosum	Hypomyelination and atrophy of cerebellum	Hypomyelination and atrophy of the cerebellum	Severe hypomyelination, normal basal ganglia, severe atrophy of cerebellum
Clinical features	Dysphonia, gait affected, and dystonia	Ataxia, dystonia and intellectual disability	Spastic quadriplegia, ataxia	Spastic paraparesis, intellectual disability	Severe intellectual disability, motor deterioration, epilepsy, early death



H-ABC: two distinct neuropathological phenotypes



H-ABC: the neuronal phenotype



H-ABC: the oligodendrocytic phenotype

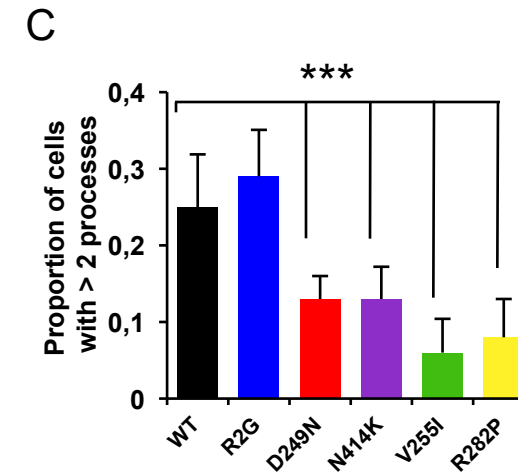
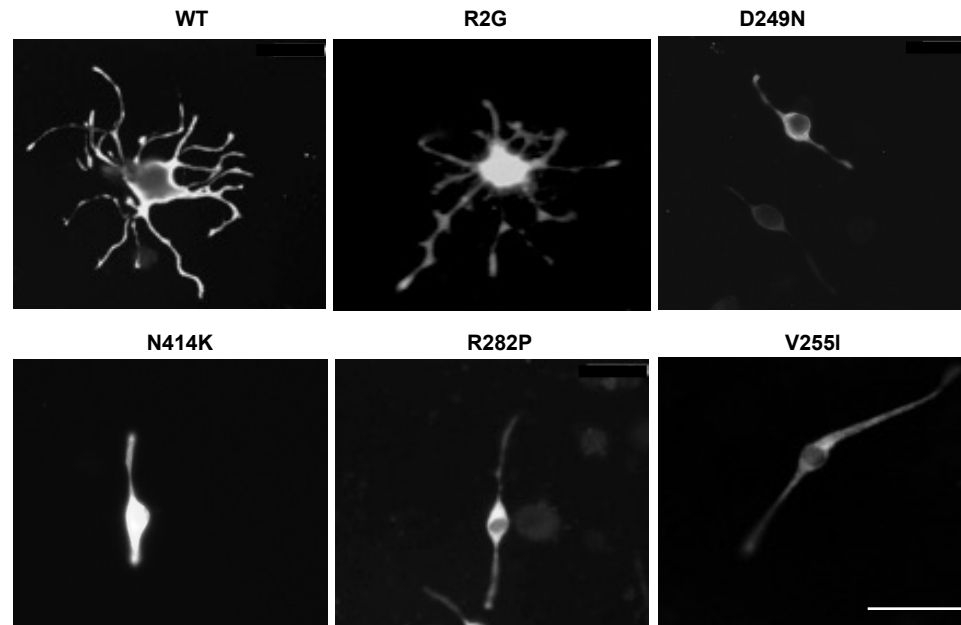
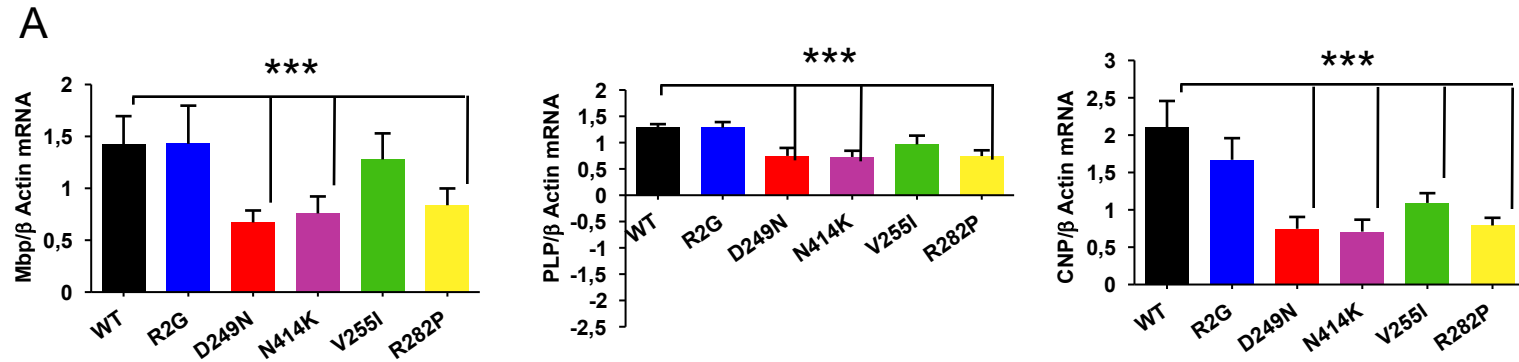
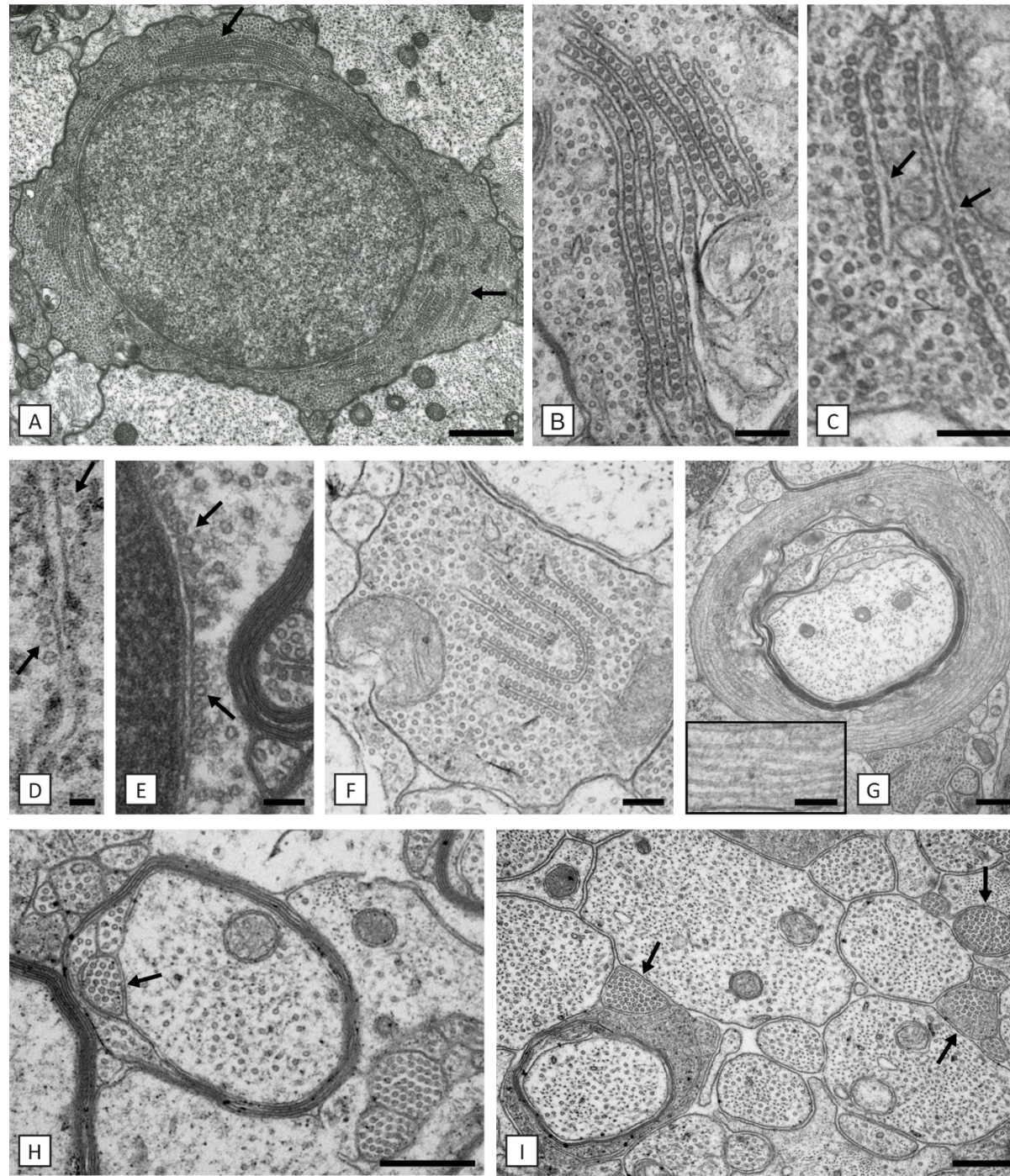


Figure 3



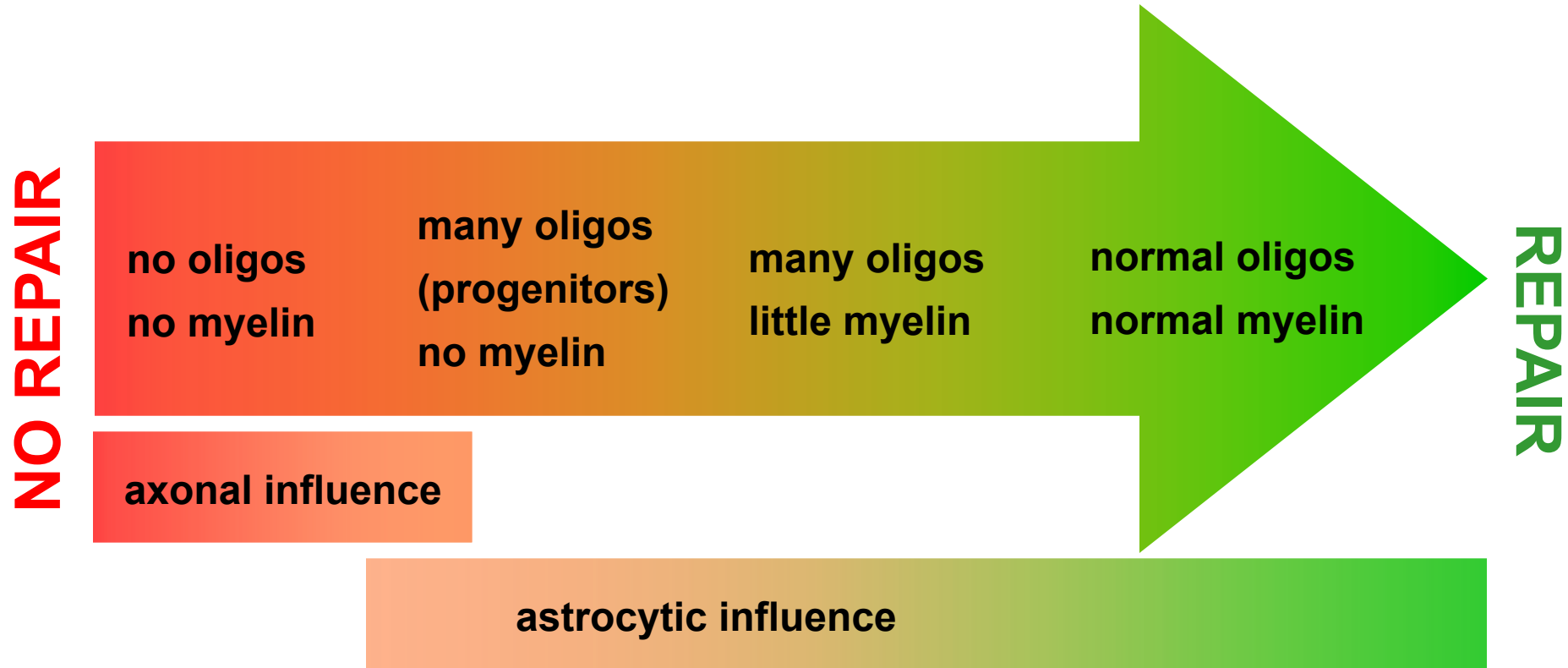
Conclusions

- The definition of leukodystrophies had to be revised
- Genetic disorders in which *any* white matter structural component is primarily affected

Importance of a new definition

- Better understanding of the complexity of the brain white matter
- When treating patients with leukodystrophies, we need to repair more than myelin alone

The intrinsic repair potential of leukodystrophies



The Amsterdam leukodystrophy center: the PIs



Marjo van
der Knaap



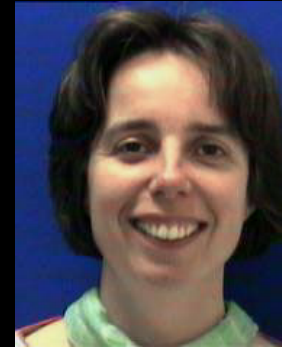
Marianna
Bugiani



Nicole Wolf



Niek van Til



Truus Abbink



Rogier Min

Thanks to

- patients and families
- all our PhD students and technicians
- numerous collaborators with different backgrounds
- funding agencies
- supporting departments and institutes