

Towards identifying a potentially causal gene for hot water epilepsy

A submission for the partial fulfillment of MS of
the Integrated-PhD programme



By

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DECLARATION

I hereby declare that this thesis entitled “Towards identifying a potentially causal gene for hot water epilepsy” is an authentic record of research work carried out by me under the guidance of Prof. Anuranjan Anand in Molecular Biology and Genetics Unit, Jawaharlal Nehru Centre for Advanced Scientific Research, Bangalore. This work has not been submitted elsewhere for the award of any other degree.

In keeping the norm of reporting scientific observations, due acknowledgements have been made wherever the work described here has been based on the findings of other investigators. Any omission, which might have occurred by oversight or misjudgment, is regretted.

Mariyam Abdullah

Place: JNCASR, Bangalore

Date:

CERTIFICATE

This is to certify that the work described in this thesis entitled “Towards identifying a potentially causal gene for hot water epilepsy” is the result of the investigations carried out by Ms. Mariyam Abdullah in the Molecular Biology and Genetics Unit, Jawaharlal Nehru Centre for Advanced Scientific Research, Bangalore, under my guidance.

The results presented in this thesis have not previously formed the basis for the award of any other diploma, degree or fellowship.

Anuranjan Anand

JNCASR, Bangalore

Date:

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Abbreviations

°C	Degree Celsius
ABI	Applied Biosystems
ADLTE	Autosomal Dominant Lateral Temporal lobe Epilepsy
AED	Anti-Epileptic Drugs
BDNF	Brain-Derived Neurotrophic Factor
BFNC	Benign Familial Neonatal Convulsions
CEPH	Centre D'Etudes Du Polymorphisme Humain
cM	Centimorgan
CT	Computed Tomography
DNA	Deoxyribonucleic acid
dNTP	Deoxynucleotide triphosphate
EEG	Electroencephalogram
EIG	Epilepsy, Idiopathic Generalized, Susceptibility to
EtBr	Ethidium bromide
EVS	Exome Variant Server
FCMTE	Familial Cortical Myoclonic Tremor with Epilepsy
GABA	Gamma amino butyric acid
GABRG2	GABA _A receptor gamma 1 subunit gene
GEPD	Generalized Epilepsy with Paroxysmal Dyskinesia
HGP	Human Genome Project
HWE	Hot water epilepsy
ILAE	International league against epilepsy
KCNA1	Potassium voltage-gated channel subfamily A member 1
KCNC2	Potassium voltage-gated channel subfamily C member 2
KCNMA1	Potassium large conductance calcium-activated channel, subfamily M, α member 1
LGL1	Late gestation lung protein 1
LOD	Logarithm of odds

Mb	Megabases
µg	Microgram
µl	Microliter
µM	Micromolar
ml	Milliliter
mM	Millimolar
min	Minutes
MGR1	Mitochondrial inner membrane i-AAA protease supercomplex subunit MGR1
MRI	Magnetic resonance imaging
mTOR	Mammalian targets of Rapamycin
NCBI	National Centre for Biotechnology Information
NEB	New England Biolabs
ng	Nanogram
NIMHANS	National Institute of Mental Health and Neurosciences
PCR	Polymerase Chain Reaction
REST	Repressor Element 1-Silencing Transcription factor
s	Seconds
SCN1A	Sodium channel protein type 1 subunit alpha
<i>Taq</i>	<i>Thermus aquaticus</i>
TRKB	Tropomyosin-Related Kinase B
U	Units
UK	United Kingdom
USA	United States of America
UTR	Untranslated regions
WHO	World Health Organization

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1. Introduction

1.1 Epilepsy

Epilepsy is a chronic and non-communicable disorder of the brain. It is not a single disorder but a group of about 40 different neurological conditions. The most common type of epilepsy in adults is temporal lobe epilepsy and it usually follows a traumatic brain injury, although it can even be genetic (Goldberg and Coulter, 2013).

According to the World Health Organization, epilepsy is the most common serious brain disorder in the world. It usually affects adolescents or older people and is rarely seen in adults. Epilepsy is known to affect 3-40 people per 1000 worldwide. It is estimated that 60 million people in the world are living with epilepsy, 85% of which live in developing countries, and it accounts for about 45,000 deaths each year. However, for 80% of the patients diagnosed with epilepsy, the symptoms can be effectively controlled with the available medication. For the remaining 20%, surgical methods might be helpful.

Epilepsy is characterized by seizures which are a result of excessive and abnormal electrical discharges in the brain. The way in which a seizure manifests itself depends on a number of factors such as age of the individual, cause of the seizure and part of the brain affected. The diagnosis of the type of epilepsy and seizures is made with the help of cues from Electroencephalogram (EEG), Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) scans.

Although epilepsy as a disorder can occur by itself, it is a common symptom of other disorders such as tumors, brain injury or infection. Genetically, epilepsy usually occurs due to mutation in a single gene thus affecting the function of the corresponding protein product. Ion channel genes like SCN1A, KCNA1 and KCNC2 have shown involvement in the manifestation of epilepsy (Goldberg and Coulter, 2013). In seven out of ten cases of epilepsy, the causes are unknown.

Current research in the field of epilepsy focusses on the identification of molecular signaling pathways, the disruption of which could lead to epileptic seizures. Pathways which have shown to have some link are the mTOR (mammalian Target of Rapamycin) pathway, the REST (Repressor Element 1-Silencing Transcription factor) pathway and brain-derived neurotrophic factor (BDNF)-tropomyosin-related Kinase B (TRKB) signaling (Goldberg and Coulter, 2013).

1.2 Seizures

Seizures occur when the normal activity of the brain is briefly disrupted. During a seizure, the neurons fire at about four times their normal rate, temporarily affecting the movements and thought processes of the individual. The sensations felt by the patient during a seizure depend on which part of the brain is affected and to what extent.

According to the ILAE (International League Against Epilepsy), seizures are broadly classified as generalized and partial (Figure 1.1). Generalized seizures can further be absence, myoclonic, tonic, clonic, tonic-clonic and atonic seizures. Partial seizures can be either simple partial or complex partial based on whether the patient retains awareness during the seizure or loses consciousness. Sometimes the partial seizures can proceed to secondary generalization.

Seizures can turn life threatening during Status Epilepticus, when the seizures last for more than 30 minutes. In these cases, the patient needs immediate medical attention.

1.3 Reflex/Sensory epilepsy

Seizures which occur in response to specific sensory stimuli constitute reflex or sensory epilepsies. In the 1989 ILAE classification, reflex epilepsies were described as ‘Epilepsies characterized by seizures with specific modes of precipitation’. According to the new ILAE diagnostic scheme, ‘Reflex’ is the preferred name for such epilepsies (Panayiotopoulos CP, 2005) (Table 1.1).

Seizure Classification

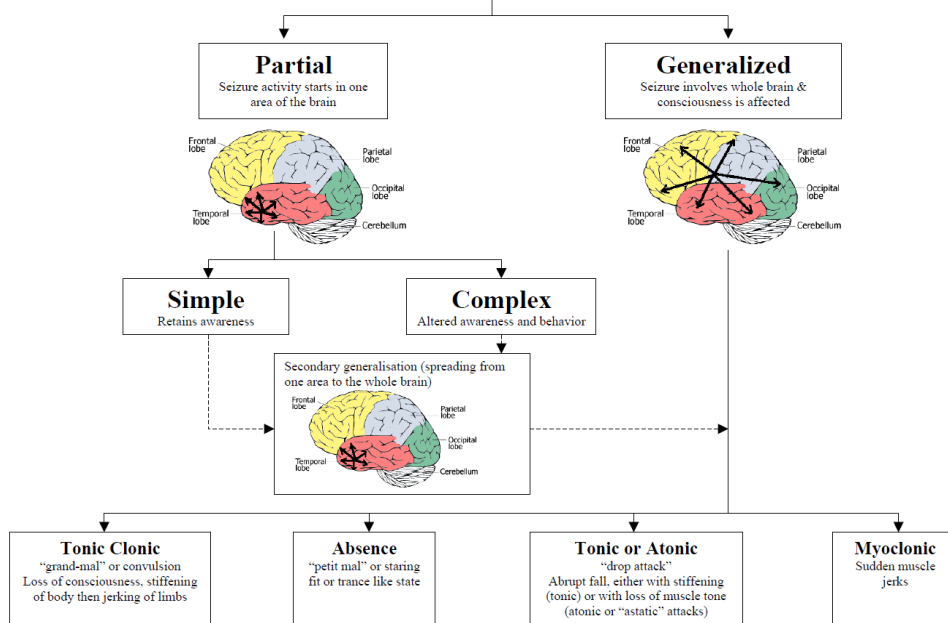


Figure 1.1: This figure shows the classification of seizures based on the part of the brain being affected and its symptoms (<http://neurology.ufl.edu/patient-care/for-professionals/epilepsy/seizure-classification/>).

Reflex seizures and its types have been known from centuries. Even before the invention of EEG, seizures induced by flashing lights were identified. A Greek gynecologist, obstetrician and pediatrician, Soranus, was one of the first to describe the stimulus of photosensitive epilepsy in his book, ‘On Acute and Chronic Diseases’, which was published in the second century A.D. Reflex epilepsy was first observed in animals in the 1920’s and 1930’s. The first medical observation by Gowers in 1881 recorded occipital seizures induced by light (Panayiotopoulos and Engel, 2004).

Stimuli for these epilepsies can be external or less often, internal mental processes (Striano et al, 2012). Triggers might include listening to music, reading, thinking, eating, playing chess, calculating, concentrating or playing piano. A number of studies have been done in case of visual or audiogenic stimuli (Reflex Epilepsy, 1975). This class of epilepsies is very useful in contributing to the understanding of how a normal brain rapidly transforms itself to an epileptic brain.

I. Somatosensory stimuli

1. Exteroceptive somatosensory stimuli

- a. Tapping epilepsy and benign childhood epilepsy with somatosensory evoked spikes
- b. Sensory (tactile) evoked idiopathic myoclonic seizures in infancy
- c. Tooth brushing epilepsy

2. Complex exteroceptive somatosensory stimuli

- a. Hot water epilepsy

3. Proprioceptive somatosensory stimuli

- a. Seizures induced by movements
- b. Seizures induced by eye closure and/or eye movements
- c. Paroxysmal kinesigenic choreoathetosis
- d. Seizures induced by urination

4. Complex proprioceptive stimuli

- a. Eating epilepsy

II. Visual stimuli

1. Simple visual stimuli

- a. Photosensitive epilepsies (including self-induced photosensitive epilepsy)
- b. Pattern-sensitive epilepsies (including self-induced pattern-sensitive epilepsy)
- c. Fixation-off sensitive epilepsies
- d. Scotogenic epilepsy

2. Complex visual stimuli and language processing (language-induced seizures)

- a. Reading epilepsy
- b. Graphogenic epilepsy

III. Auditory, vestibular, olfactory and gustatory stimuli

- a. Seizures induced by pure sounds or words
- b. Audiogenic seizures
- c. Musicogenic epilepsy (and singing epilepsy)
- d. Telephone-induced seizures
- e. Olfacto-rhinoencephalic epilepsy
- f. Eating epilepsy triggered by tastes
- g. Seizures triggered by vestibular and auditory stimuli

IV. High-level process induced seizures (cognitive, emotional, decision-making tasks and other complex stimuli)

- a. Thinking (noogenic) epilepsy
- b. Reflex decision-making epilepsy
- c. Epilepsia arithmetica (mathematica)
- d. Emotional epilepsies
- e. Startle epilepsy

Table 1.1: Reflex seizures, related reflex epilepsies and the precipitating stimuli (Adapted from Panayiotopoulos and Engel, 2004)

Photosensitive epilepsy is the most common type of reflex epilepsy, the trigger being flickering lights. It affects about three in every hundred people diagnosed with epilepsy. Seizures might involve impairment of consciousness, jerks in the arms or the whole body or absence seizures. These can later become generalized (Ferlazzo et al, 2005).

One type of reflex epilepsy is ‘Rub epilepsy’ wherein seizures are precipitated by prolonged rubbing of a delineated area of the body. Usually, the trigger zone is present only on one side of the body (Kanemoto et al, 2001). Another unusual type of reflex seizures occurs upon playing oriental card or board games. Its prevalence is higher among males and the seizures are mostly generalized (Lee et al, 2006). An astonishing report has described a patient developing seizures whenever he lied for business reasons: generalized seizures with loss of consciousness occurred in the patient (Sellal et al, 1993).

Rarely, reflex seizures might also be acquired. The most common causes are stroke, encephalitis and cortical dysplasia. They usually manifest in the form of startle seizures, as sudden contractions of the extremities (Yang et al, 2010).

1.3.1 Pathophysiology

Reflex seizures usually occur as a reproducible and time-dependent response to specific stimuli. Reflex seizures may be generalized such as absence seizures, myoclonic seizures or generalized tonic-clonic seizures, or focal such as visual, motor or sensory. The same patient may have either one or a combination of the above mentioned seizures. Usually, absence or myoclonic seizures might occur before proceeding to generalized tonic-clonic seizures (Panayiotopoulos, 2010).

In individuals where seizures are triggered by reading, the symptoms usually are jerking of the jaw or eyelids, generalized seizures or focal seizures which might progress to generalized tonic-clonic seizures (Bickford et al, 1956).

1.3.2 Genetics of reflex epilepsies

Although acquired lesions are known to play a role in reflex epilepsies, genetic predisposition is a more important and likely cause of reflex seizures.

Genetics of photosensitive epilepsy has been very well established. Family studies reveal a sibling risk of 20-50%. It shows an autosomal dominant pattern of inheritance; however, in some rare cases, it can also be autosomal recessive (Panayiotopoulos CP, 2005). Loci found till date in photosensitive epilepsy are 7q32 (Pinto et al, 2005), 16p13 (Pinto et al, 2007), 6p21 and 13q31 (Tauer et al, 2005). Also, chromosomal abnormalities in children are linked to photosensitive epilepsy (Grosso et al, 2006). There may also be complex inheritance with interaction of genetic and environmental factors (Ferlazzo et al, 2005).

A single gene identified in case of audiogenic epilepsy so far is *MGR1*, which maps to chromosome 5q14. This gene is also linked to febrile seizures. Although it is well established that malfunctioning of ion channel proteins might be involved in epilepsies, the identification of *MGR1* shows that this is not true in all cases (Ptacek and Fu, 2003). Animal models of audiogenic epilepsy also point to a genetic predisposition to develop seizures upon audiogenic stimuli (Midzyanovskaya et al, 2006, Faingold et al, 2010).

Mutations in the *LGII* gene in 10q22-q24 might have consequences in cases of seizures provoked by speech or auditory stimuli (Brodtkorb et al, 2005).

1.4 Hot water epilepsy

Hot water epilepsy is a very interesting type of reflex epilepsy wherein seizures are triggered by pouring hot water over the head, face or trunk (Syed, 2010, Midi et al, 2005). Less often, seizures might occur during tub bathing or in a shower, or in very rare cases, upon pouring cold water (Panayiotopoulos and Engel, 2004). This type of epilepsy is also known as bathing epilepsy or water immersion epilepsy (Satishchandra, 2003). It is a benign type of reflex epilepsy. The mean age of onset is 13 ± 11 years.

Hot water epilepsy was first reported in New Zealand in 1945, followed by reports of sporadic cases from Australia, USA, Canada, UK and Japan. However, the genetic basis of the phenotype has been established by studying families affected with hot water epilepsy from the southern parts of India. There have been reports of Indian families where hot water epilepsy shows an autosomal dominant inheritance. It is estimated that hot water epilepsy accounts for about 7% of all epilepsies in south India with a prevalence rate of 60-250 per 100,000 (Satishchandra, 2003).

A common practice among south Indians is to wash the head once every 3-15 days. The temperature of the water is usually 40–50 °C. Hot water epilepsy might occur in people bathing with a mug, shower or tub. Children are more frequently affected although adults are also affected. This is more prevalent among males than females in a ratio of 2:1. Upto about 10% of the patients develop seizures even upon pouring hot water over their body. The seizures may be generalized tonic-clonic (in 33% cases) or complex partial (in 67% cases) with or without secondary generalization. About 10% of these patients have self-induced seizures i.e. they enjoy the sensation of the seizure so much that they keep pouring hot water to keep experiencing the sensation. The duration of the seizure may be 0.5-3 minutes. Some of the patients may also go on to develop spontaneous seizures i.e. seizures occurring without any trigger (Satishchandra, 2003).

The probable reasons for this type of epilepsy are genetic and environmental factors, consanguineous marriages and the typical method of taking bath by pouring hot water over the head in these regions (Meghana et al, 2012). Family history of hot water epilepsy is seen in about 18% of HWE cases in south India. Apart from genetic reasons, epileptic seizures might also occur in cases of developmental brain abnormalities, brain injuries, birth traumas, brain tumors, strokes or brain infections. These factors might or might not be combined with a genetic pre-disposition.

1.4.1 Electroencephalography (EEG)

An EEG is a recording of the electrical activity of the brain. Seizures are induced in the patient and the EEG taken during the seizure reveals the brain wave pattern and helps in the identification of the type of brain disorder.

In most cases, the interictal scalp EEG (EEG taken between seizures) turns out normal, but a few cases might show some abnormalities. A few cases also show lateralized or localized spikes in the anterior temporal regions in EEG. As EEG also demonstrates focal spikes in frontal or temporal lobe, it further indicates that complex partial seizures are common in these cases (Satishchandra, 2003).

1.4.2 Animal models of hot water epilepsy

Experimental seizures have been induced in adult rats by exposing their heads to hot water. This is also called hyperthermic kindling. This is similar to seizures induced by exposure to sub-threshold electrical current. This might explain the mechanism of induction of seizures in humans (Satishchandra, 2003).

It has been seen that the hippocampus is very vulnerable to hyperthermic stimulation. So, hippocampal EEG of rats was taken to probe into the mechanisms of seizure induction. The rats were found to develop generalized clonic seizures with no tonic phase. A study of anti-epileptic medication in these rats revealed that Nifedipine, which is a calcium channel blocker, was able to curb seizures induced hyperthermically (Ullal et al, 1996).

1.4.3 Case reports of hot water epilepsy

Case report 1: A 32-year old, three months pregnant woman had started having seizures during bathing since her first month of pregnancy. Her features included auras, epigastric sensations and oral automatisms accompanied by a loss of consciousness. Seizures occurred upon pouring

hot water over the head and occurred about twice a month. There was no family history or past history of seizures (Milanlioglu et al, 2010).

Case report 2: A 5-year old Indian male child presented with seizures upon a warm water head bath. The child would lose consciousness and then sleep for one hour. In this case there was perhaps a genetic link: a female first cousin who had a history of *petit mal* epilepsy (Menon et al, 1989).

Case report 3: A six year old male child from North India had started having seizures since the age of three upon bathing with hot water. The symptoms were activity arrest, blank stare, uprolling of eyeballs, frothing from mouth, cyanosis and tonic-clonic movements. There was no history of febrile seizures or other neurologic abnormalities. Upon examination, the child was found to have seizures upon bathing with water at 38°C, but not with water at temperatures below 37°C (Sharma et al, 2002).

Case report 4: A 10 month old Belgian boy presented with activity arrest, unresponsiveness, hypotonia and cyanosis, 1 minute after contact with hot water (37 °C) and the symptoms lasted for 1 minute. There was no clonic phase and there was drowsiness after the attack. Bathing in lukewarm water (32°C) or showering did not help in prevention. There was no family history of epilepsy or febrile seizures (Keyzer et al, 2005).

Case report 5: A hot water epilepsy family from Turkey, in which seven individuals were affected across six generations has been reported. There was a consanguineous marriage in the family. Three of the affected patients had other types of seizures and two patients had a history of febrile seizures. The age of onset ranged from 6 to 14 years. In addition to seizures, three of the patients also had cerebral lesions, a possible effect of hot water seizures (Kaplan et al, 2009).

1.4.4 Management of hot water epilepsy

Management of hot water epilepsy constitutes more of prevention than cure. Seizures can be avoided by lowering the temperature of water used during bathing, showering, sponging rather

than pouring hot water over the head and reducing the duration of the bath (Panayiotopoulos and Engel, 2004). Conventional anti-epileptic drugs (AEDs) such as phenytoin or carbamazepine also help (Satishchandra, 2003). A single dose of clobazam can also be taken immediately before bathing to prevent seizures (Meghana et al, 2012).

2. Genetics of Family HWE 307

2.1 Background of the current study

Hot water epilepsy is a benign type of reflex epilepsy which is triggered by pouring hot water over the head, face or trunk during bathing. Thus, seizures are triggered in this type of reflex epilepsy by a specific thermal cutaneous stimulus. Very rarely, entry of water into the mouth might also trigger seizures (Panayiotopoulos, 2010). Hot water has been known to precipitate severe myoclonic seizures in infants, though hot water epilepsy is unique in that the seizures are generalized or partial tonic or clonic seizures. The exact mechanism of precipitation of seizures in hot water epilepsy is unknown, and sometimes seizures can also occur when hot water is not poured over the head (Syed, 2010).

Hot water epilepsy is apparently more common in India than in several other countries. This difference in prevalence may be due to environmental factors, bathing habits and genetic susceptibilities in the population (Syed, 2010). Hot water epilepsy is usually diagnosed in adolescence and the types of seizures are, more often, complex partial seizures with or without secondary generalization. Onset includes a dazed look, a sense of fear, incoherent speech and visual and auditory hallucinations (Satishchandra, 2003). A small group of patients have a history of febrile seizures in early childhood. Some patients might even go on to develop spontaneous seizures at a later stage. Hot water epilepsy is a geographically specific epilepsy syndrome where genetic factors might be combined with environmental factors to produce the symptoms (Syed, 2010). Family history of hot water epilepsy has been reported in 18% of patients from India and in 10% of patients from Turkey. Autosomal recessive inheritance in these regions is likely as the rate of consanguineous marriages is quite high (Panayiotopoulos, 2010).

In sporadic cases, the reasons might be abnormalities of the brain such as cortical malformations, which might lead to the presentation of hot water seizures in childhood. However, in cases where hot water epilepsy affects two or more members in a family, a genetic basis can usually be

uncovered (Hizem et al, 2012). Almost all people affected with hot water epilepsy are otherwise healthy with normal brain and neurologic examination (Panayiotopoulos and Engel, 2004).

There are no genes reported so far for hot water epilepsy. However, two loci are known to map at 4q24-q28 (Ratnapriya et al, 2009) and 10q21-q22 (Ratnapriya et al, 2009).

As the temperature of water is high (45 °C) in these cases, warmth receptors are known to be stimulated. Thus, a sudden exposure of a part of body to an increase in temperature in the form of hot water may stimulate an aberrant thermoregulatory centre in the hypothalamus and lead to seizures (Syed, 2010). It is also seen that in these patients, the time taken for the body temperature to return to normal after hot water bathing is higher compared to controls (Pavlidou et al, 2013). Seizures could also be precipitated due to a decreased ability of the body to inhibit afferent responses to somatosensory stimuli. Altered autonomic regulations or some form of channelopathies could also be the cause. Mutations in ion channel genes like SCN1A, chloride channels and calcium channel blockers have been implicated. Malfunctioning of blood brain barrier might also play a role in epileptic seizures. Another mechanism, called a 'domino effect', is also assumed to be a possible pathogenic cause of hot water epilepsy. Here, the rapid increase in body temperature might lead to hyperactivity of neurons which might in turn, activate the sympathetic nervous system. This might lead to an increase in vascular resistance and arterial blood pressure which can further lead to a seizure (Pavlidou et al, 2013). In these cases, usually, the cerebral cortex becomes hyperexcitable, and this could be due to the presence of an underlying lesion, mostly cortical dysplasia (Sharma et al, 2002).

Understanding the mechanisms of epileptogenesis of hot water epilepsy is important for therapeutic applications which might help to either reduce the seizure intensity or make the patient seizure free.

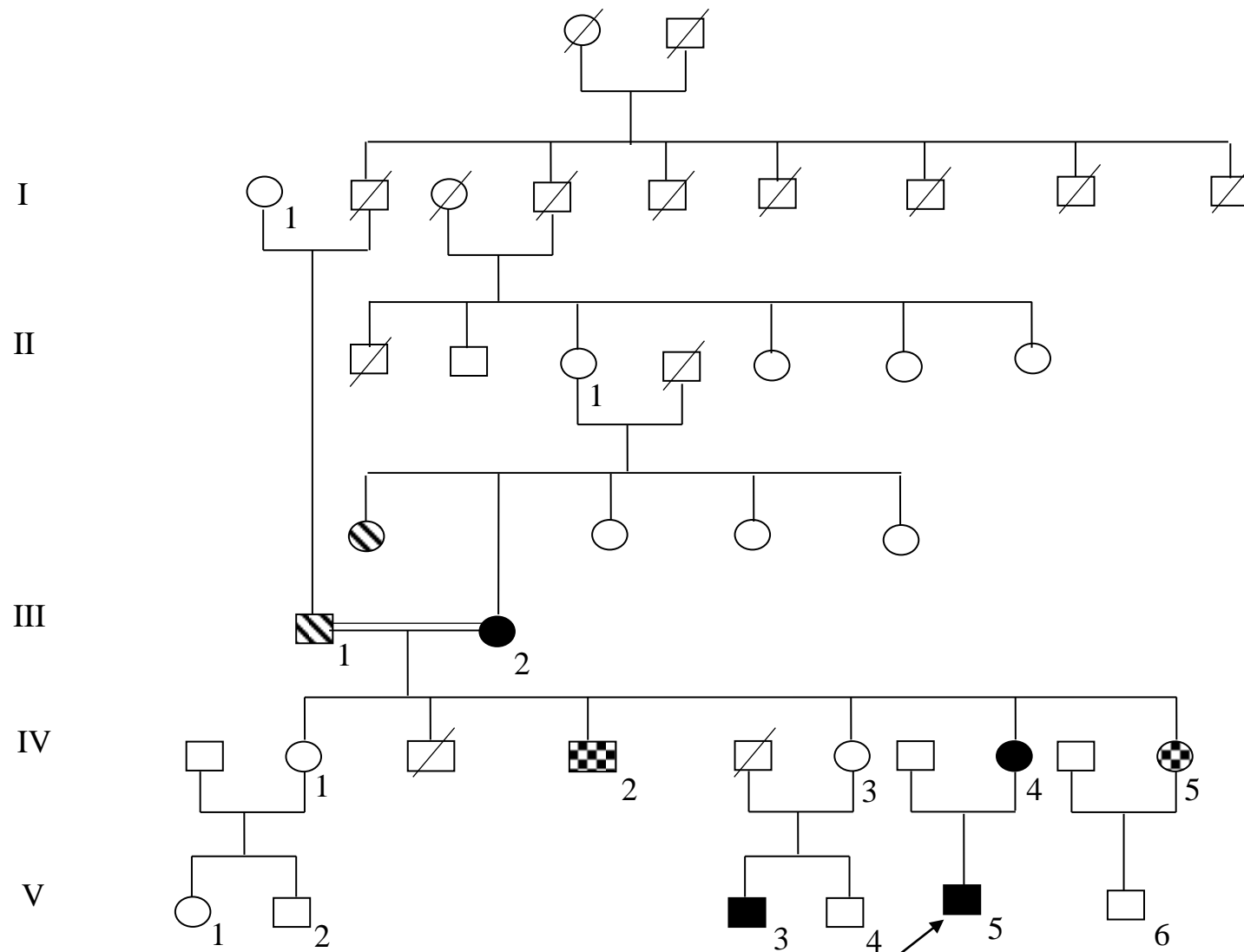


Figure 2.1: Pedigree chart of Family 307. The filled symbols indicate affected individuals and empty symbols, unaffected individuals. The solid symbols indicate individuals having the classic symptoms of HWE, i.e. GTCS. The symbols filled with lines indicate individuals with complex partial seizures and the symbols filled with checks indicate individuals having complex partial seizures with secondary generalization. The Roman numerals to the left of the pedigree denote generations and Arabic numerals beside the symbols denote individuals. The proband V:5 is indicated with an arrow.

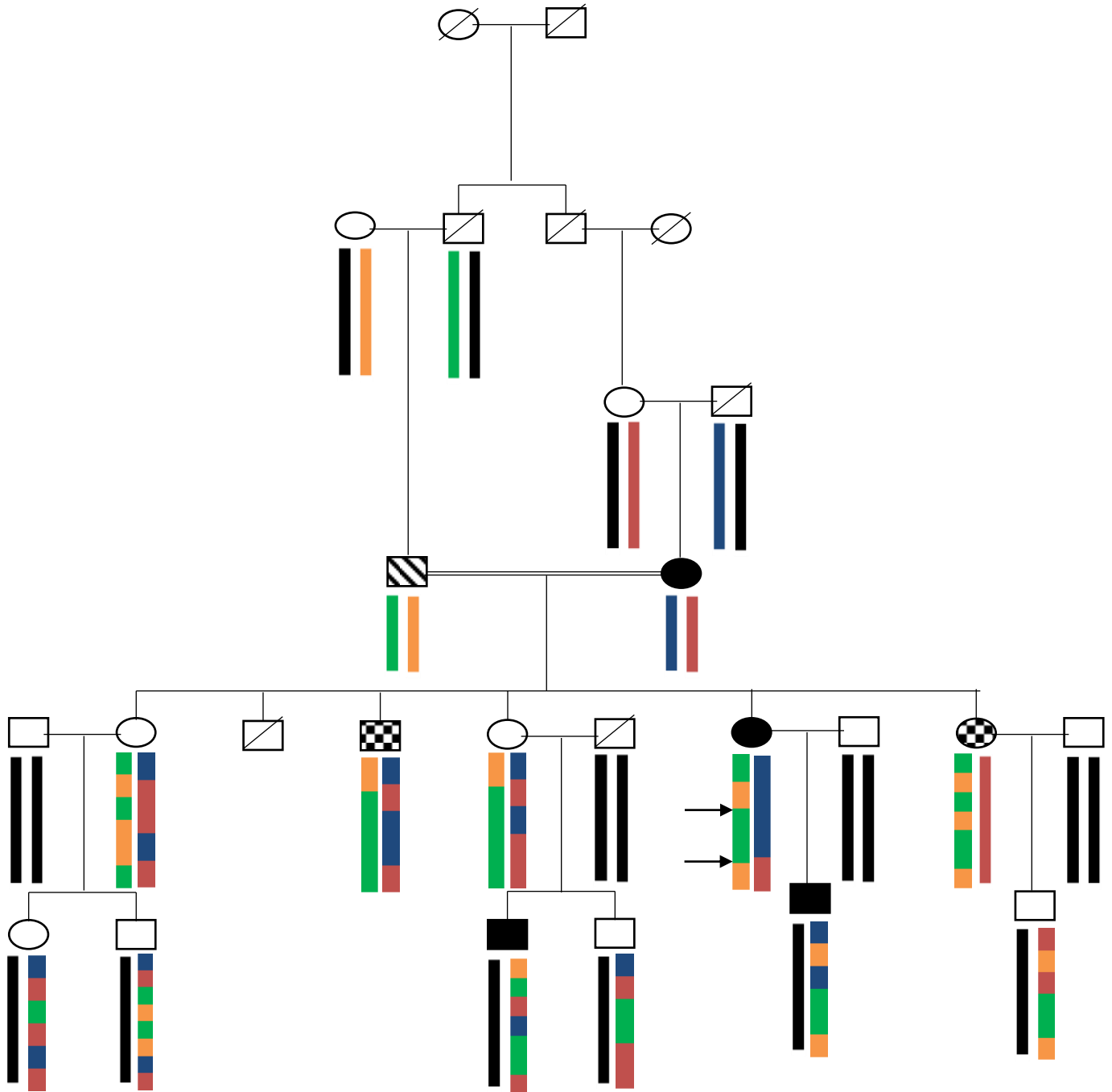


Figure 2.5: Haplotype of chromosome 5. The region of the green chromosome was found to segregate in the family with the disease phenotype. The arrows on the haplotype of individual IV:4 indicate the centromere-proximal and centromere-distal boundaries respectively.

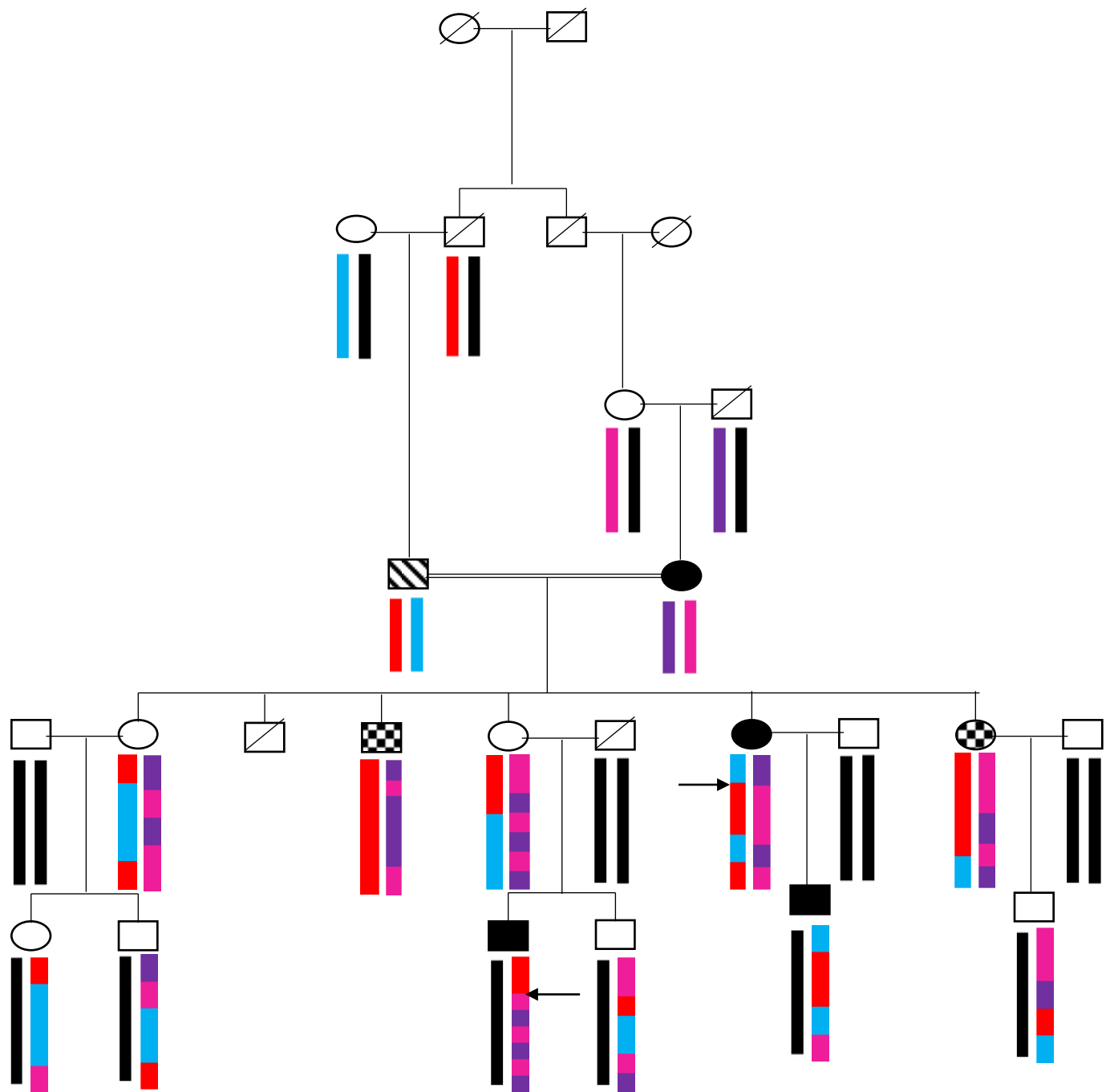


Figure 2.3: Haplotype of chromosome 10. The region of the red chromosome is found to segregate in the family with the disease phenotype. The arrows on the haplotypes of individuals IV:4 and V:3 indicate the centromere-distal and centromere-proximal boundaries respectively.

2.2 Aims and objectives

This study was taken up to examine the genetics of family HWE 307, in which hot water epilepsy shows an autosomal dominant pattern of inheritance with incomplete penetrance. The aim was to identify the locus which carries the causative mutation leading to the symptoms of hot water epilepsy in this family and eventually isolate the gene which carries the deleterious mutation.

2.3 Family pedigree

The HWE307 (Figure 2.1) has been ascertained at the Department of Neurology, National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore. Each affected patient has been shown to experience seizures precipitated by a hot water bath. Information regarding the type of seizures, age of onset, temperature of water used for bathing and family history of epilepsy was obtained from the family members.

A 10 ml blood sample was collected from all available family members and DNA was isolated from peripheral white blood cells using a standard protocol (Sambrook and Russell, 2001).

The HWE307 has three generations of members affected with hot water epilepsy showing an autosomal dominant inheritance with incomplete penetrance. There are eight affected members in this family with a consanguineous marriage between III:1 and III:2. This family was ascertained by the proband, V:5 who began to exhibit symptoms of hot water epilepsy at the age of 8 years.

2.4 Clinical features of Family HWE307

Four members out of fifteen in the family show the classic symptoms of hot water epilepsy which is generalized tonic-clonic seizures. Two members show complex partial seizures and two members show complex partial seizures with secondary generalization. The average age of onset in this family is 21 years.

2.5 Genome wide linkage analysis

Whole genome wide linkage analysis was carried out using ABI Prism MD-10 linkage mapping set v2.5 (Applied Biosystems). This analysis consisted of 382 fluorescently labelled microsatellite markers spaced at a distance of 10 cM throughout the genome. Information about the markers was obtained from Genethon linkage maps (1996 Genethon Microsatellite Maps at Genlink Database; Dib et al, 1996). Following the protocol in the ABI user's manual, the individual DNA samples were used to amplify all the markers using the thermal cycler, GeneAmp® PCR System 9700 (Applied Biosystems). In addition to the DNA samples of members of family 307, DNA of a reference individual (CEPH 1347-02) with known genotype was amplified for each marker. The amplified products were pooled and mixed with Hi-Di formamide (Applied Biosystems) and LIZ-500 internal size standard (Applied Biosystems) and denatured at 95 °C for 5 min. The products were loaded onto an ABI3100 Genetic Analyzer (Applied Biosystems) and electrophoresed. Allele were called using Genemapper v3.7 (Applied Biosystems) and the inheritance pattern of the alleles was checked for Mendelian inconsistencies in the family.

Seventeen additional microsatellite markers - D5S2098, D5S1984, D5S500, D5S2017, D5S2090, D5S2014, D5S2112, D5S2066, D5S415, D5S671, D5S625, D5S429, D5S2069, D5S498, D5S2034, D5S2030 and D5S2006 - were analyzed for the region on chromosome 5q31.3-q35.3 to confirm linkage and to refine the recombination boundaries. These additional markers spanned about 62 cM between 135 – 197 cM genetic positions, with an average spacing of 3.6 cM.

The amplification of each primer was carried out in a 10 µl reaction containing 50 ng of genomic DNA, 0.5 µl of each marker-specific primer (5 µM) and 4.5 µl of ABI Prism® True Allele® PCR premix containing an optimized mixture of AmpliTaq Gold® DNA Polymerase, buffer, magnesium chloride and dNTPs. The reaction mix was made up to 7.5 µl with the help of autoclaved MilliQ. The amplification cycle was as follows: initial denaturation at 94 °C for 12 min, followed by 10 cycles of denaturation at 94 °C for 15 s, annealing at 55 °C for 15 s,

extension at 72 °C for 30 s, followed by 20 cycles of denaturation at 89 °C for 15 s, annealing at 55 °C for 15 s, extension at 72 °C for 30 s and a final extension at 72 °C for 10 min.

2.6 Haplotyping and LOD score analysis

Linkage analysis was performed using MLINK of LINKAGE v5.2, considering autosomal dominant inheritance with 50-90% penetrance, 1-5% phenocopy, a disease allele frequency of 0.0001 and equal male and female recombination rates. Haplotypes were constructed manually for all chromosomes following the marker order of the Genethon linkage map.

2.7 Candidate gene screening – Chromosome 10

The total number of protein coding genes found in the desired region are 100. All the genes in this region were searched in databases like National Centre for Biotechnology Information (NCBI), Uniprot and Pubmed, and a list of 20 genes was drawn up based on their involvement in neurological phenotypes, their expression and function in the brain (Table 2.1). These genes were analyzed by direct sequencing of the DNA sample of the proband V:5.

GAD2	Epilepsy - auto antibodies found
NMT2	Epilepsy in fowl, human brain tumors
PLXDC2	Sotos syndrome
OPTN	Amyotrophic Lateral Sclerosis, Huntington's disease
RSU1	Glioblastoma, glioma, oligodendroglioma, Alzheimer's disease
YME1L1	Glioma - seizures in 50 - 80% cases
ZEB1	Glioblastoma - seizures in 30 - 40% cases
MLLT10	Meningioma - seizures in 30 - 40% cases
CUBN	Alzheimer's disease, Neural tube defects, Spina Bifida
MPP7	Alzheimer's disease
FRMD4A	Alzheimer's disease
ARL5B	Alzheimer's disease
CELF2	Late onset Alzheimer's disease
SVIL	Multiple sclerosis
ZNF438	Multiple sclerosis risk
RAB18	Warburg microsyndrome Type 3

MTPAP	Ataxia - seizures might occur
ITGA8	Schizophrenia, Parkinson's disease
PIP4K2A	Schizophrenia
SLC39A12	Schizophrenia

Table 2.1: List of genes screened in chromosome 10

Primers were designed for all candidate genes using PRIMER3, covering all coding regions, adjacent exon-intron boundaries and parts of 5'- and 3'-UTR regions. The primers were designed based on the reference sequence obtained from NCBI. The PCR conditions were standardized for each primer set and PCR was done using the thermal cycler, GeneAmp® PCR System 9700 (Applied Biosystems). The PCR reaction mix contained 1X *Taq* Polymerase Buffer, 0.8 mM dNTPs, 1.5 mM MgCl₂, 0.25 µM of each primer, 0.05 U/µl *Taq* Polymerase (NEB) and 5 ng/µl DNA in a 20 µl reaction. The PCR products were electrophoresed on 1.5% agarose gel containing 2 µl EtBr (2 µg/ml), and purified using a Millipore vacuum manifold plate. The sequencing reactions were performed using 0.8 µl of BigDye® Terminator v3.1 Cycle Sequencing reaction mix, 1X sequencing buffer, 0.25 µM primer and 2 µl of purified PCR product in a 20 µl reaction mix. The following cycling conditions were used: initial denaturation at 95 °C for 1 minute, followed by 25 cycles of denaturation at 96 °C for 10 seconds, annealing at 50 °C for 5 seconds and extension at 60 °C for 4 minutes, and a final hold at 4 °C. Sequencing was done using an automated DNA sequencer.

Novel variations obtained in the sequences were confirmed by sequencing using both forward and reverse primers. Variants obtained in the sequence were detected by comparing the sequences of the candidate genes in the proband sample with the reference sequence from NCBI using SeqMan v5.01.

All variations obtained were checked in databases like NCBI, 1000 Genomes and Exome Variant Server for allele frequencies. Variations that were novel or were present at very low frequency in the population were analyzed by sequencing all members of the family to check for segregation. Variants which were found to be segregating in the family were analyzed for allele frequencies by sequencing control samples.

2.8 Candidate gene screening – Chromosome 5

The same experimental and analysis approach was followed for the region on chromosome 5. The total number of protein coding genes found here were 239. All the genes in the list were searched in databases like NCBI, Uniprot and Pubmed and a list of 28 genes was drawn up based on their involvement in neurological phenotypes and their expression and function in the brain (Table 2.2). These genes were analyzed by direct sequencing of the DNA sample of the proband V:5.

GM2A	GM2-gangliosidosis AB
TCERG1	Autism, Huntington's disease
PPARGC1B	Huntington's disease
FBXW11	Holoprosencephaly
NSD1	Sotos syndrome, Weaver syndrome, Beckwith-Wiedemann syndrome
PDGFRB	Fahr's syndrome
PTTG1	Systemic Lupus Erythematosus - seizures develop in 9 to 58% cases, Brain tumors, Glioma
TNIP1	Systemic Lupus Erythematosus - seizures develop in 9 to 58% cases
HMP19	Glioma
SH3RF2	Autism - seizures in 20-40% cases
SAP30L	Alzheimer's disease - seizures in 17% cases
DBN1	Alzheimer's disease - seizures in 17% cases
CPLX2	Behcet's disease - Epileptic seizures seen in about 5% of cases, Schizophrenia
CAMK2A	Wilson's disease - low prevalence of seizures
KCNIP1	Multiple sclerosis - seizures occur in a minority of cases, Schizophrenia related features
IL12B	Multiple sclerosis - seizures occur in a minority of cases
LOC285626	Multiple sclerosis - seizures occur in a minority of cases
RGS14	Multiple Sclerosis
SGCD	Multiple sclerosis
BNIP1	Down syndrome - mental retardation, high chance of developing seizures and epilepsy
GABRP	Schizophrenia
GPRIN1	Schizophrenia
NMUR2	Schizophrenia - risk factor for epilepsy
GRIA1	Schizophrenia - risk factor for epilepsy, Bipolar disorder
ADAM19	Schizophrenia

CLINT1	Schizophrenia
B4GALT7	Ehler's Danlos syndrome - may be accompanied by epilepsy
CSF1R	Gliososis - might/might not develop seizures

Table 2.2: List of genes selected in chromosome 5. The genes highlighted in red indicate ones that have been sequenced in the proband.

Primers were designed for all candidate genes using PRIMER3, covering all coding regions, adjacent exon-intron boundaries and parts of 5'- and 3'-UTR regions as mentioned above. The primers were designed based on the reference sequence obtained from NCBI. The PCR conditions were standardized for each primer set and PCR was done according to the above mentioned reaction conditions. The PCR products were purified using a Millipore vacuum manifold plate and the sequencing reactions were performed as mentioned above.

Novel variations obtained in the sequences were confirmed by sequencing using both forward and reverse primers. Variants obtained in the sequence were detected by comparing the sequences of the candidate genes in the proband sample with the reference sequence from NCBI using SeqMan v5.01.

All variations obtained were checked in databases like NCBI, 1000 Genomes and Exome Variant Server for allele frequencies.

2.9 Results

Whole genome wide linkage analysis of Family307 revealed three regions, which could possibly be linked to the disease phenotype. They were on chromosomes 3, 5 and 10 based on a suggestive LOD score obtained for markers in these regions (Tables 2.3, 2.4 and 2.5). Maximum LOD scores were obtained at 90% penetrance value, 1% phenocopy and recombination fraction (Θ) = 0 for markers D3S1601 at 1.14, D5S400 at 1.22 and D10S1653 at 1.39. These regions were analyzed further for a segregating haplotype i.e. a region of chromosome that would be present in all affected members and absent in all unaffected members implying the presence of a possible causative mutation in this region. No such haplotype was seen in case of chromosome

3, despite having a positive LOD score and hence it was excluded from further analysis. Segregating haplotypes were seen in chromosome 10 and 5 and hence, were carried forward for further analysis.

MARKERS	Recombination Faction (Θ)				
	0	0.1	0.2	0.3	0.4
D3S1297	-0.57	-0.32	-0.14	-0.05	-0.01
D3S1304	-0.33	-0.18	-0.08	-0.02	0.00
D3S1263	-0.57	-0.32	-0.14	-0.05	-0.01
D3S2338	-0.31	-0.18	-0.09	-0.03	-0.01
D3S1277	-0.35	-0.16	-0.05	0.00	0.00
D3S1289	0.40	0.30	0.18	0.08	0.02
D3S1300	-0.37	-0.20	-0.10	-0.04	-0.01
D3S1285	-0.05	-0.01	0.03	0.03	0.01
D3S1566	-0.61	-0.18	-0.06	-0.01	0.00
D3S3681	0.05	0.07	0.07	0.03	0.03
D3S1271	0.19	0.16	0.11	0.11	0.11
D3S1278	-0.25	-0.10	-0.03	0.00	0.00
D3S1267	-0.25	-0.11	-0.03	0.00	0.00
D3S1292	-1.10	-0.44	-0.17	-0.05	-0.01
D3S1569	-0.70	-0.07	0.01	0.02	0.01
D3S1279	0.24	0.26	0.19	0.11	0.03
D3S1614	0.64	0.55	0.39	0.20	0.05
D3S1565	-0.86	-0.12	0.00	0.02	0.01
D3S1262	-1.10	-0.41	-0.20	-0.08	-0.02
D3S1580	-0.54	0.10	0.06	0.01	0.00
D3S1601	1.14	0.72	0.34	0.10	0.01
D3S1311	-0.51	-0.27	-0.13	-0.05	-0.01

Table 2.3: LOD scores on chromosome 3. The highlighted row indicates the highest LOD score obtained for marker D3S1601.

MARKERS	Recombination faction (Θ)				
	0	0.1	0.2	0.3	0.4
D5S1981	0.00	-0.02	-0.01	0.00	0.01
D5S406	-0.31	-0.21	-0.12	-0.05	-0.01

D5S630	-1.48	-0.36	-0.10	-0.01	0.01
D5S416	-0.18	-0.06	-0.02	0.00	0.00
D5S419	0.28	0.16	0.08	0.03	0.01
D5S426	-0.27	-0.03	0.04	0.05	0.02
D5S418	-0.56	-0.21	-0.07	-0.02	0.00
D5S407	-0.89	-0.36	-0.14	-0.03	0.00
D5S647	0.39	0.32	0.16	0.04	0.00
D5S424	-0.17	-0.09	-0.05	-0.02	-0.01
D5S641	-0.75	-0.21	-0.03	0.02	0.01
D5S428	-0.32	0.18	0.15	0.06	0.01
D5S644	0.04	0.29	0.24	0.14	0.04
D5S433	0.59	0.37	0.19	0.07	0.02
D5S2027	-0.66	-0.28	-0.12	-0.04	-0.01
D5S471	-1.25	-0.34	-0.11	-0.02	0.00
D5S2115	0.00	0.00	0.00	0.00	0.00
D5S436	-0.31	-0.08	0.01	0.03	0.01
D5S410	-0.12	0.06	0.08	0.05	0.02
D5S422	0.16	0.22	0.18	0.10	0.03
D5S400	1.22	0.89	0.55	0.25	0.06
D5S408	-0.47	-0.23	-0.12	-0.05	-0.02

Table 2.4: LOD scores on chromosome 5. The highlighted row indicates the highest LOD score obtained for marker D5S400.

MARKERS	Recombination Fraction (Θ)				
	0	0.1	0.2	0.3	0.4
D10S249	-0.86	-0.39	-0.14	-0.04	0.00
D10S591	-0.24	-0.19	-0.13	-0.07	-0.02
D10S189	-1.34	-0.36	-0.15	-0.06	-0.01
D10S547	-1.07	-0.18	-0.04	0.00	0.01
D10S1653	1.39	1.01	0.63	0.29	0.06
D10S548	-0.21	-0.07	-0.02	0.00	0.00
D10S197	0.23	0.19	0.12	0.05	0.00
D10S208	-1.47	-0.27	-0.06	0.01	0.01
D10S196	-0.77	0.05	0.09	0.06	0.02
D10S1652	0.27	0.32	0.20	0.09	0.02
D10S537	0.22	0.21	0.15	0.07	0.02
D10S1686	-1.52	-0.30	-0.10	-0.03	-0.01
D10S185	-1.22	-0.18	-0.05	-0.02	-0.01

D10S192	-0.23	-0.05	0.01	0.02	0.01
D10S597	-0.21	-0.12	-0.06	-0.03	-0.01
D10S1693	-1.65	-0.16	0.00	0.02	0.00
D10S587	0.43	0.46	0.34	0.17	0.04
D10S217	0.43	0.46	0.34	0.17	0.04
D10S1651	-0.68	-0.36	-0.15	-0.04	0.00
D10S212	-1.74	-0.69	-0.33	-0.14	-0.03

Table 2.5: LOD scores on chromosome 10. The highlighted row indicates the highest LOD score obtained for marker D10S1653.

The region on chromosome 10 which segregated with the disease phenotype in the family was a 3-marker region between markers D10S1653 and D10S197 (Figure 2.2). The centromere-distal boundary was determined by recombination between markers D10S547 and D10S1653 in individual IV-4. The centromere-proximal boundary was determined by recombination between markers D10S197 and D10S208 in individual V-3 (Figure 2.3). The region of interest spans 21 Mb on chromosome 10p12.1-p15.1 and corresponds to a 32 cM genetic interval. The total number of protein coding genes in this region is 100.

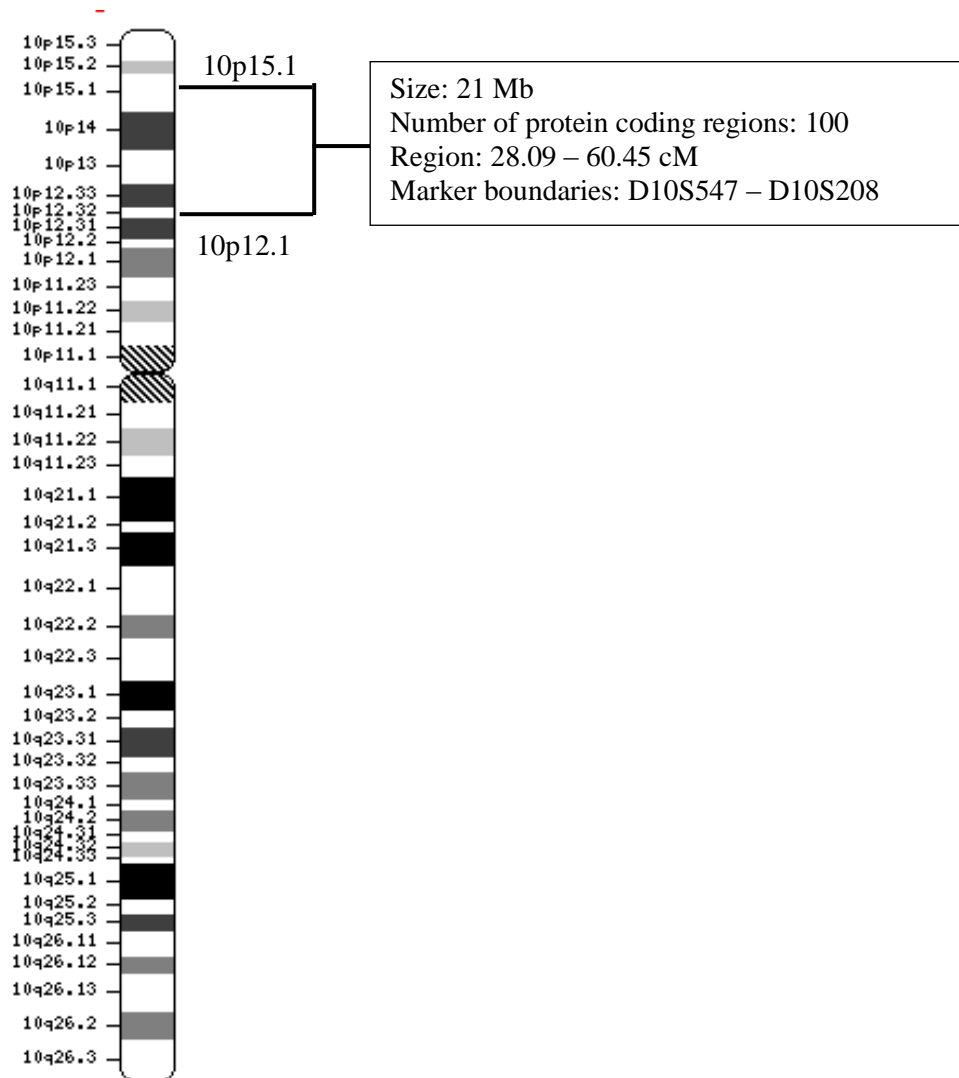


Figure 2.2: Ideogram and features of the critical region on chromosome 10. Adapted from NCBI Mapviewer.

The region on chromosome 5 which segregated with the disease phenotype was a 4-marker region between markers D5S436 and D5S400 (Figure 2.4). Additional markers analyzed in this region – D5S2098, D5S1984, D5S500, D5S2017, D5S2090, D5S2014, D5S2112, D5S2066, D5S415, D5S671, D5S625, D5S429, D5S2069, D5S498, D5S2034, D5S2030 and D5S2006 – further helped in refining the recombination boundaries. The centromere-proximal boundary was determined by recombination between markers D5S2017 and D5S436 in individual III-5. The centromere-distal boundary was determined by recombination between markers D5S2034 and D5S2030 in individual III-4 (Figure 2.5). This region spans 36 Mb on chromosome 5q31.3-

q35.3 and corresponds to a 51 cM genetic interval. The total number of protein coding genes in this region is 239.

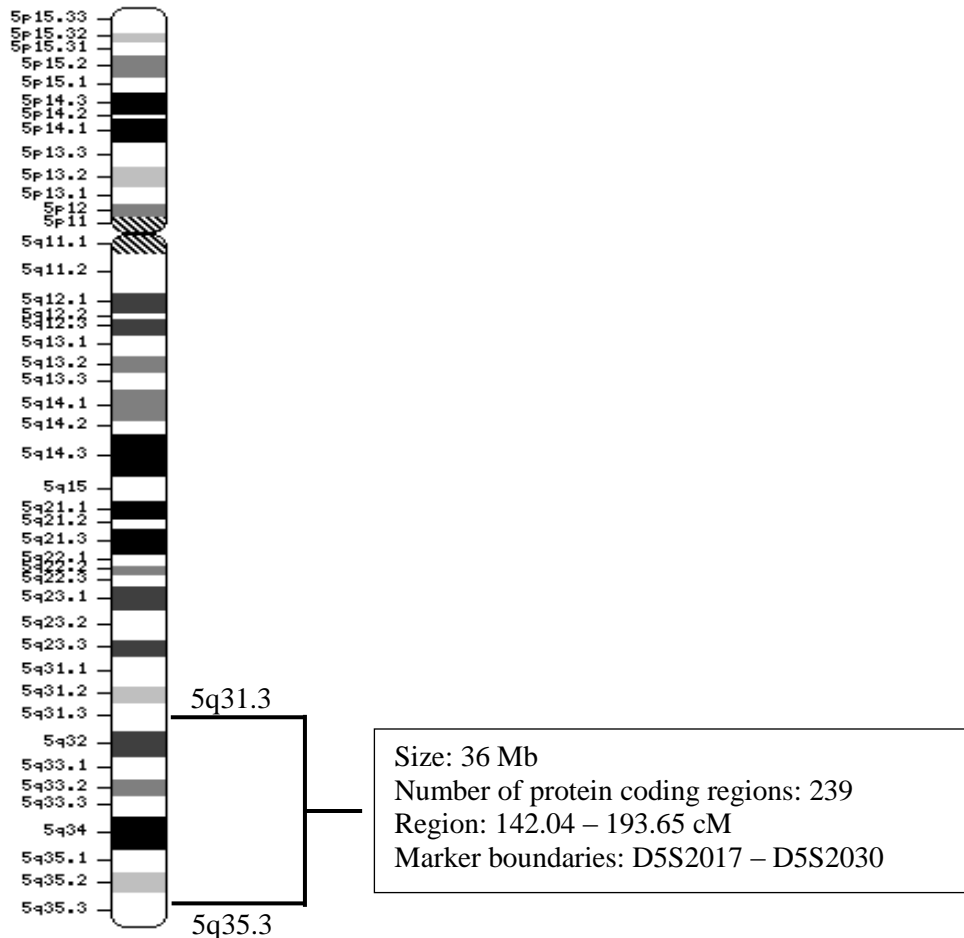


Figure 2.4: Ideogram and features of the critical region on chromosome 5. Adapted from NCBI Mapviewer.

The next step was to take a look at the genes in these regions to identify a possible player in a neurological pathway, the disruption of which could lead to seizures upon contact with hot water. Due to the extensive sequencing done during the Human Genome Project, substantial information is available about the human genome and both the regions of interest on chromosomes 10 and 5 are known to harbor genes with important functions in the human brain. The list of genes was downloaded from NCBI Mapviewer and an extensive literature search was done. Based on information obtained from databases like NCBI, Uniprot and Pubmed regarding

involvement of these genes in neurological phenotypes and/or pathways, a small number of genes were selected from both regions. These genes were sequenced in the proband's DNA sample to look for any possible sequence variants that could prove causative.

The list of all variations that were found to be reported in NCBI, 1000genomes or Exome Variant Server are listed in Table 2.6. These variations were found to be quite common in the control population according to the above mentioned databases and hence were not analyzed further.

Gene	Gene sequence variant	Predicted effect on protein	SNP id	Frequency of minor allele in control population
GAD2	NM_000818.2:c.-525G>C		rs2236417	0.25
GAD2	NM_000818.2:c.-243A>G		rs2236418	0.40
GAD2	NM_000818.2:c.287-125C>G		rs7071922	0.46
GAD2	NM_000818.2:c.1158-183A>G		rs8190748	0.45
GAD2	NM_000818.2:c.1387-73G>C		rs3824694	0.36
GAD2	NM_000818.2:c.*597A>G		rs4749110	0.25
NMT2	NM_004808.2:c.510+39T>C		rs41284465	0.01
NMT2	NM_004808.2:c.719+97C>T		rs142602430	0.01
NMT2	NM_004808.2:c.1170+68T>G		rs10906832	0.25
NMT2	NM_004808.2:c.1171-12T>C		rs7072269	0.04
PLXDC2	NM_032812.7:c.-73T>C		rs989767	0.31
PLXDC2	NM_032812.7:c.541+15A>G		rs7072650	0.23
PLXDC2	NM_032812.7:c.541+99A>G		rs75861169	0.03
PLXDC2	NM_032812.7:c.665-16T>C		rs41277354	0.02
PLXDC2	NM_032812.7:c.1122+85T>G		rs10827997	0.31
PLXDC2	NM_032812.7:c.1123-29T>C		rs12783379	0.39
PLXDC2	NM_032812.7:c.1186G>A	p.Val396Ile	rs3817405	0.44
PLXDC2	NM_032812.7:c.1372A>G	p.Ile458Val	rs2778979	0.21
PLXDC2	NM_032812.7:c.1474-108T>C		rs2681949	0.21
OPTN	NM_001008212.1:c.-36G>A		rs41291309	0.03
OPTN	NM_001008211.1:c.102G>A	p.Thr34=	rs2234968	0.18
OPTN	NM_001008211.1:c.553-5C>T		rs2244380	0.21
OPTN	NM_001008211.1:c.780-53T>C		rs765884	0.19
OPTN	NM_001008211.1:c.882+109A>G		rs489040	0.48
OPTN	NM_001008211.1:c.964G>C	p.Glu322Gln	rs523747	0.01

OPTN	NM_001008211.1:c.1532+72G>A		rs77873111	0.02
OPTN	NM_001008211.1:c.1612+101A>C		rs7086894	0.33
OPTN	NM_001008211.1:c.1613-48C>A		rs10906310	0.27
RSU1	NM_012425.3:c.-25G>C		rs1130684	0.24
YME1L1	NM_001253866.1:c.34-25G>A		rs10764675	0.34
YME1L1	NM_001253866.1:c.168+1540T>G		rs3780926	0.43
YME1L1	NM_139312.2:c.339+132T>G		rs3780926	0.43
YME1L1	NM_001253866.1:c.169-155G>A		rs2274635	0.34
YME1L1	NM_001253866.1:c.205C>T	p.Leu69=	rs2274634	0.34
YME1L1	NM_001253866.1:c.592+16A>G		rs2275752	0.28
YME1L1	NM_001253866.1:c.851-41T>A		rs2274743	0.34
YME1L1	NM_001253866.1:c.1621-57G>A		rs7901976	0.42
YME1L1	NM_001253866.1:c.1822-144C>G		rs10829187	0.09
YME1L1	NM_001253866.1:c.1909-7G>A		rs11015538	0.34
ZEB1	NM_001128128.2:c.637-15G>A		rs220060	0.06
CUBN	NM_001081.3:c.387+145A>G		rs2295812	0.18
CUBN	NM_001081.3:c.489+35A>C		rs2273737	0.06
CUBN	NM_001081.3:c.489+42C>T		rs41289315	0.06
CUBN	NM_001081.3:c.594-34G>A		rs2295813	0.10
CUBN	NM_001081.3:c.618C>T	p.Tyr206=	rs41289313	0.05
CUBN	NM_001081.3:c.720+68C>T		rs45498199	0.06
CUBN	NM_001081.3:c.758T>C	p.Phe253Ser	rs1801222	0.23
CUBN	NM_001081.3:c.1165C>A	p.Pro389Ala	rs1801224	0.44
CUBN	NM_001081.3:c.1765+52G>T		rs1033765	0.29
CUBN	NM_001081.3:c.1911C>T	p.Leu637=	rs41289311	0.03
CUBN	NM_001081.3:c.2791+9C>T		rs10795440	0.11
CUBN	NM_001081.3:c.2791+130G>A		rs4747297	0.11
CUBN	NM_001081.3:c.3417A>G	p.Leu1139=	rs1801228	0.03
CUBN	NM_001081.3:c.4168+151T>C		rs3740164	0.32
CUBN	NM_001081.3:c.4350+52G>A		rs2291521	0.17
CUBN	NM_001081.3:c.4563T>A	p.Ile1521=	rs1801229	0.37
CUBN	NM_001081.3:c.4675C>T	p.Pro1559Ser	rs1801231	0.37
CUBN	NM_001081.3:c.4695+79G>A		rs3012484	0.37
CUBN	NM_001081.3:c.4695+108T>A		rs2932895	0.37
CUBN	NM_001081.3:c.6463-22A>C		rs1276713	0.14
CUBN	NM_001081.3:c.7705+60T>G		rs780804	0.32
CUBN	NM_001081.3:c.7705+106C>T		rs780805	0.43
CUBN	NM_001081.3:c.7912+25T>C		rs780807	0.25
CUBN	NM_001081.3:c.8062+59delC		rs5783520	0.42
CUBN	NM_001081.3:c.8905+137T>A		rs780847	0.24
CUBN	NM_001081.3:c.8906-127T>C		rs780843	0.45

CUBN	NM_001081.3:c.9843A>G	p.Thr3281=	rs703064	0.32
CUBN	NM_001081.3:c.10363-131C>T		rs3740169	0.31
MPP7	NM_173496.3:c.37+70_37+71insT		rs56069980	0.15
MPP7	NM_173496.3:c.235-79T>C		rs41306320	0.03
MPP7	NM_173496.3:c.315+157A>G		rs17684826	0.03
MPP7	NM_003174.3:c.827+13T>C		rs10159964	0.31
MPP7	NM_173496.3:c.887+69G>A		rs10763644	0.41
MPP7	NM_173496.3:c.952+37C>T		rs78800124	0.04
MPP7	NM_173496.3:c.952+619C>T		rs57575764	0.06
MPP7	NM_173496.3:c.952+1050G>A		rs10826402	0.41
MPP7	NM_173496.3:c.965A>G	p.Lys322Arg	rs2997211	0.08
MPP7	NM_173496.3:c.1205-173G>A		rs79866904	0.05
MPP7	NM_173496.3:c.1205-143G>A		rs1361922	0.26
MPP7	NM_003174.3:c.1663C>A	p.Arg555=	rs7070678	0.36
MPP7	NM_173496.3:c.1299-83C>T		rs12570424	0.40
MPP7	NM_173496.3:c.1407+908T>G		rs7921181	0.40
MPP7	NM_173496.3:c.1542A>G	p.Lys514=	rs75802203	0.05
MPP7	NM_003174.3:c.2238+4259T>C		rs16930338	0.04
MPP7	NM_173496.3:c.*254C>A		rs12249305	0.12
FRMD4A	NM_018027.3:c.46-31962G>A		rs2027551	0.04
FRMD4A	NM_018027.3:c.46-31715A>G		rs1544021	0.02
FRMD4A	NM_018027.3:c.46-31617G>T		rs2257199	0.01
FRMD4A	NM_018027.3:c.46-113042G>T		rs4750440	0.34
FRMD4A	NM_018027.3:c.207-71A>G		rs7079138	0.05
FRMD4A	NM_018027.3:c.837-39C>T		rs1541004	0.21
FRMD4A	NM_018027.3:c.1117+295C>G		rs943090	0.20
FRMD4A	NM_018027.3:c.1117+311C>T		rs737376	0.36
FRMD4A	NM_018027.3:c.1117+493C>T		rs11258531	0.23
FRMD4A	NM_018027.3:c.1117+496T>C		rs943089	0.27
FRMD4A	NM_018027.3:c.1118-32G>C		rs3814663	0.29
FRMD4A	NM_018027.3:c.1660+144_1660+145delAG		rs55876188	0.20
FRMD4A	NM_018027.3:c.1661-115A>G		rs10796105	0.20
FRMD4A	NM_018027.3:c.2954-58T>C		rs10906442	0.48
ARL5B	NM_178815.3:c.-268delG		rs10711928	0.17
CELF2	NM_001025077.2:c.-144C>G		rs2773499	0.24
CELF2	NM_001025077.2:c.509A>T	p.Val139=	rs2277212	0.25
CELF2	NM_001025077.2:c.748+163insT		rs3215825	0.45
CELF2	NM_001025077.2:c.748+174T>C		rs2134361	0.14
CELF2	NM_006561.3:c.976+10G>A		rs2277214	0.50
CELF2	NM_006561.3:c.976+33G>A		rs2277215	0.41
CELF2	NM_006561.3:c.976+61C>T		rs2277216	0.39

SVIL	NM_003174.3:c.-400+96G>A		rs1891668	0.18
SVIL	NM_003174.3:c.-200-6837A>G		rs973286	0.49
SVIL	NM_003174.3:c.-200-6500T>C		rs7903861	0.30
SVIL	NM_003174.3:c.-50-30A>G		rs1547170	0.31
SVIL	NM_003174.3:c.39G>A	p.Gly13=	rs1547169	0.27
SVIL	NM_003174.3:c.189T>C	p.Ser63=	rs3740002	0.27
SVIL	NM_003174.3:c.315T>C	p.Ile105=	rs3740003	0.31
SVIL	NM_003174.3:c.489T>G	p.Ala163=	rs1270874	0.26
SVIL	NM_003174.3:c.566T>C	p.Val189Ala	rs10160013	0.31
SVIL	NM_003174.3:c.827+13T>C		rs10159964	0.30
SVIL	NM_021738.2:c.1264G>A	p.Val422Ile	rs1247696	0.01
SVIL	NM_003174.3:c.925-54G>A		rs3780843	0.27
SVIL	NM_003174.3:c.1064+30T>G		rs913035	0.27
SVIL	NM_003174.3:c.1663C>A	p.Arg555=	rs7070678	0.36
SVIL	NM_003174.3:c.2112-58C>T		rs12775779	0.23
SVIL	NM_003174.3:c.2238+4259T>C		rs16930338	0.04
SVIL	NM_003174.3:c.2238+4844C>T		rs61849293	0.25
SVIL	NM_003174.3:c.2741+77T>C		rs4749439	0.48
SVIL	NM_003174.3:c.2741+115C>A		rs4749438	0.20
SVIL	NM_003174.3:c.3071-98delTinsTT		rs34472178	0.09
SVIL	NM_003174.3:c.3784T>C	p.Ser1262Pro	rs11007612	0.07
SVIL	NM_003174.3:c.3976G>A	p.Val1326Ile	rs61737920	0.06
SVIL	NM_003174.3:c.4252-37G>A		rs2274494	0.43
SVIL	NM_003174.3:c.4566-232G>A		rs4749434	0.35
SVIL	NM_003174.3:c.4704T>C	p.Pro1568=	rs56248456	0.05
SVIL	NM_003174.3:c.4735A>G	p.Ile1579Val	rs7921306	0.20
SVIL	NM_003174.3:c.4770A>G	p.Thr1590=	rs1057952	0.43
SVIL	NM_021738.2:c.*1091A>C		rs7916641	0.41
ZNF438	NM_001143766.1:c.-584C>T		rs1690622	0.44
ZNF438	NM_001143766.1:c.-379+81C>G		rs1771646	0.33
ZNF438	NM_001143766.1:c.-115+186T>C		rs2934644	0.16
ZNF438	NM_001143766.1:c.-114-1279T>C		rs1494118	0.30
ZNF438	NM_001143766.1:c.-31-212T>C		rs10763849	0.44
ZNF438	NM_001143766.1:c.-31-94C>T		rs10763848	0.37
ZNF438	NM_001143770.1:c.-28A>G		rs4237394	0.38
ZNF438	NM_001143766.1:c.517C>T	p.Pro173Ser	rs10160116	0.38
ZNF438	NM_001143766.1:c.*189T>C		rs117045459	0.02
RAB18	NM_001256410.1:c.-297C>T		rs2505302	0.01
RAB18	NM_001256410.1:c.69-130T>A		rs11015829	0.35
RAB18	NM_001256410.1:c.347-44_347-43delTC		rs72264716	0.35
MTPAP	NM_018109.3:c.555+73G>A		rs2689215	0.05

MTPAP	NM_018109.3:c.781-74T>C		rs1029172	0.05
MTPAP	NM_018109.3:c.992+163G>A		rs2484286	0.07
ITGA8	NM_003638.1:c.1001+157T>C		rs2275617	0.50
ITGA8	NM_003638.1:c.1399+46T>A		rs4748191	0.10
ITGA8	NM_003638.1:c.1902+41G>A		rs2282383	0.30
ITGA8	NM_003638.1:c.2880+82C>A		rs9333229	0.10
ITGA8	NM_003638.1:c.*339T>C		rs2296511	0.22
ITGA8	NM_003638.1:c.*1425A>G		rs7916029	0.50
PIP4K2A	NM_005028.4:c.1036+14C>G		rs943192	0.07
SLC39A12	NM_001145195.1:c.544-95A>G		rs483822	0.26
SLC39A12	NM_001145195.1:c.544-58T>C		rs966720	0.31
SLC39A12	NM_001145195.1:c.751+36C>T		rs11011754	0.11
SLC39A12	NM_001145195.1:c.738C>A	p.Thr246=	rs691513	0.37
SLC39A12	NM_001145195.1:c.910G>A	p.Val304Ile	rs2478568	0.34
SLC39A12	NM_001145195.1:c.925-33G>A		rs11011850	0.04
SLC39A12	NM_001145195.1:c.1096+10G>A		rs1926739	0.49
SLC39A12	NM_001145195.1:c.1760-65G>A		rs11012030	0.03
SLC39A12	NM_152725.3:c.*350A>G		rs1935502	0.24
PTTG1	NM_004219.2:c.277-33G>C		rs2910203	0.14
PTTG1	NM_004219.2:c.371-58A>G		rs73316398	0.11
KCNIP1	NM_001034837.1:c.*284G>T		rs1363713	0.38
KCNIP1	NM_001034837.1:c.*561T>C		rs1055381	0.22
SGCD	NM_000337.5:c.-94C>G		rs13170573	0.48
SGCD	NM_000337.5:c.84T>C	p.Tyr28=	rs1801193	0.49
ADAM19	NM_033274.4:c.407+31G>T		rs3734032	0.11
ADAM19	NM_033274.4:c.407+74G>A		rs3822696	0.49
ADAM19	NM_033274.4:c.600+44G>T		rs11465284	0.08
ADAM19	NM_033274.4:c.850A>G	p.Ser284Gly	rs1422795	0.38
ADAM19	NM_033274.4:c.991-43A>T		rs11466770	0.05
ADAM19	NM_033274.4:c.1398+47G>A		rs11466776	0.06

Table 2.6: List of known variations in proband sample.

There were a few variations which were not reported in any of the databases and they are listed in Table 2.7. The next step was to check for segregation of these novel variants by sequencing all family members to see if the variation was also present in all members who carried the haplotype. Out of all novel variants, there was only one variation that was found to be segregating in the family. A variation can be considered as a possible cause if it is rare in the control population. Hence, the segregating variation was checked by sequencing 48 controls out

of which it was found to be present in 4 samples: present at about 8% in the population. Due to its high frequency in the control population, this variation was not analyzed further.

S.No.	Gene	Gene sequence variant	Position	Segregation	Allele frequency among controls
1	MLLT10	NM_001195627.1:c.241-15delT	Intron	Non-segregating	
2	MLLT10	NM_001195626.1:c.241-5delT	Intron	Non-segregating	
3	CUBN	NM_001081.3:c.387+146C>T	Intron	Segregating	8.3% (4/48)
4	CUBN	NM_001081.3:c.388-24T>A	Intron	Non-segregating	
5	CUBN	NM_001081.3:c.2791+26delT	Intron	Non-segregating	
6	CUBN	NM_001081.3:c.5345-1G>C	Intron	Non-segregating	
7	CUBN	NM_001081.3:c.9663+102A>G	Intron	Non-segregating	
8	CUBN	NM_001081.3:c.*446delA	3'UTR	Non-segregating	
9	ARL5B	NM_178815.3:c.*181delT	3'UTR	Non-segregating	
10	CELF2	NM_001025077.2:c.261+127C>A	Intron	Non-segregating	
11	SVIL	NM_021738.2:c.-200-201insA	Intron	Non-segregating	
12	RAB18	NM_001256410.1:c.124+278A>G	Intron	Non-segregating	
13	MTPAP	NM_08109.3:c.993-233T>C	Intron	Non-segregating	
14	ADAM19	NM_033274.4:c.600+71T>G	Intron	?	

Table 2.7: List of novel variations. The highlighted variant was the only one found to be segregating with the disease phenotype and hence it was checked in 48 controls. However, due to its high frequency in controls, the variation was not analyzed further.

Apart from these novel variations, there were some variations that were reported to be present at a very low frequency in the control population (Table 2.8). There were also some variations for which the frequency was not mentioned in databases (Table 2.9). Segregation and control frequency check for these variations is in progress.

Gene	Gene sequence variant	Predicted effect on protein	Frequency of minor allele in control population	rsID	Segregation
CUBN	NM_001081.3:c.8150C>G	p.Ser2717Trp	0.000	rs2796835	Non-segregating
FRMD4A	NM_018027.3:c.1117+9104T>C		0.000	rs1544303	?

SVIL	NM_003174.3:c.3786G>A	p.Ser1262=	0.000	rs2505302	?
MTPAP	NM_018109.3:c.993-68G>A		0.002	rs2484284	Non-segregating

Table 2.8: List of variations reported to be present at low frequencies in the control population.

S.No.	Gene	Gene sequence variant	rsID	Segregation
1	GAD2	NM_000818.2:c.*35-48delCinsCTCTCT	rs8190817	
2	NMT2	NM_004808.2:c.391+82_391+83delAA	rs112834963	
3	PLXDC2	NM_032812.7:c.1273+44_1273+48delTTTT	rs150262505	
4	PLXDC2	NM_032812.7:c.*331delA	rs199670298	
5	OPTN	NM_001008211.1:c.369+38T>G	rs75617318	
6	OPTN	NM_001008211.1:c.369+29delT	rs34617995	Non-segregating
7	RSU1	NM_012425.3:c.-4+75_-4+76insCCTGCCCTACCCC	rs111960598	Non-segregating
8	RSU1	NM_012425.3:c.599-14_599-16AAA>GGGG	rs377555512	
9	ZEB1	NM_001128128.2:c.2734+90delT	rs59206948	
10	MLLT10	NM_001195627.1:c.241-47delA	rs146959127	Non-segregating
11	MLLT10	NM_001195627.1:c.241-48T>A	rs76428544	
12	MLLT10	NM_001195626.1:c.406-21	rs369797804	Non-segregating
13	MLLT10	NM_001195626.1:c.1052-31delT	rs35452885	Non-segregating
14	MLLT10	NM_001195626.1:c.1700-5200delT	rs368073882	Non-segregating
15	CUBN	NM_001081.3:c.9454+78delC	rs59702069	Non-segregating
16	CUBN	NM_001081.3:c.10764+82delT	rs370322118	Non-segregating
17	FRMD4A	NM_018027.3:c.46-149251_46-149250insCACACACACACA	rs36042908	Non-segregating
18	CELF2	NM_001025076.2:c.525+165_525+166delTC	rs72509391	
19	SVIL	NM_003174.3:c.160+39G>C	rs371927595	
20	SVIL	NM_003174.3:c.3678-129C>T	rs10763721	
21	SVIL	NM_003174.3:c.3771G>A	rs61733423	
22	RAB18	NM_001256410.1:c.347-180delA	rs5784015	
23	MTPAP	NM_018109.3:c.1220-31delA	rs371479504	
24	ITGA8	NM_003638.1:c.3192+1537delT	rs35079226	
25	ITGA8	NM_003638.1:c.3192+1547delT	rs11297384	

Table 2.9: List of variations for which the allele frequencies are not available in databases examined.

3. Discussion

Hot water epilepsy is an unusual form of reflex epilepsy wherein seizures are precipitated by contact with hot water. A literature review of case reports of hot water epilepsy reveals that the trigger might vary between individuals based on the part of the body exposed to hot water, the temperature of the water or the time taken for the seizures to occur. This observation is interesting as it points to the fact that hot water epilepsy is phenotypically heterogeneous. The types of seizures also varies, the most common being complex partial seizures with or without secondary generalization followed by generalized tonic-clonic seizures. The age of onset varies from two months to 58 years. This condition is also geographically specific as the majority of cases are reported from India and Turkey and is less common in Europe, Japan and USA.

Hot water epilepsy has been clinically diagnosed and reported for the past 65 years, starting from the first report from New Zealand in 1945, of a 10 year old boy who presented with seizures upon contact with hot water during bathing (Allen, 1945). In spite of numerous case reports from various countries like Japan, USA, Saudi Arabia, Turkey and India, no genetic analysis was reported till recently, for this phenotype. Whole genome wide linkage analysis of a few families from southern parts of India revealed two loci at chromosome 10q21.3-q22.3 (Ratnapriya et al, 2009) and chromosome 4q24-q28 (Ratnapriya et al, 2009) to be linked to hot water epilepsy. Candidate gene screening in these two regions have not yet revealed any possibly deleterious mutation that could be linked to the phenotype.

The mechanisms leading to seizures occurring upon temperature dependent stimuli remain an unexplored field. Also, the mechanisms for the differences in the types of seizures, triggers, age of onset and prevalence are not well understood.

This study was undertaken to identify the genetic locus responsible for the symptoms of hot water epilepsy in family 307. Whole genome wide linkage analysis and LOD score analysis brought two regions into focus, on chromosomes 10 and 5. As it was not possible to eliminate either of the regions on the basis of LOD scores or haplotype segregation, both regions were examined for a possible causative mutation.

There are a number of candidate genes in both regions, the disruption of which might lead to hot water seizures in these patients. Additionally, there are many regions on chromosome 10 which have been reported in different types of epilepsy. A locus for idiopathic generalized epilepsy, EIG5, has been reported at 10p11.22 (Kinirons et al, 2008). Another locus for generalized epilepsy with paroxysmal dyskinesia (GEPD) has been reported at 10q22.3 with the causative mutation in *KCNMA1*, which is a calcium-dependent potassium channel (Du et al, 2005). There are four loci reported for frontal lobe epilepsies: 10q22-q24 reported for a partial epilepsy (Ottman et al, 1995), 10q22-q24, for an autosomal dominant lateral temporal lobe epilepsy (ADLTE) (Poza et al, 1999), 10q23-q25, for a partial epilepsy (Mautner et al, 2000), and 10q22-q24, for familial temporal lobe epilepsy with aphasic seizures (Brodtkorb et al, 2002). Also, a susceptibility locus for generalized tonic-clonic seizures, EIG4, has been reported at 10q25-q26 (Puranam et al, 2005).

A genome wide linkage analysis study has implicated a region on chromosome 5q14-q15 for onset of childhood febrile seizures (Nakayama et al, 2000). In one family, a pericentric inversion of chromosome 5 has been found to segregate with an autosomal dominant form of epilepsy called benign familial neonatal convulsions (BFNC) (Concolino et al, 2002). A region on chromosome 5p15.31-p15 has been linked to familial cortical myoclonic tremor with epilepsy (FCMTE) (Depienne et al, 2010). Patients with duplication of small regions on chromosome 5p have also found to develop epilepsy (Stulpnagel et al, 2012). A very important group of genes present in our region of interest is the GABR cluster. The GABR family of receptors are very important candidate genes for causing epilepsy and mutations in the GABA_A receptor gamma-1 subunit gene (*GABRG2*) on chromosome 5 have been linked to febrile seizures and childhood absence epilepsy (Feucht et al, 1999). GABA receptors are ligand gated channels which are expressed largely in the dendritic regions (Poolos and Johnston, 2012). Hence, our first step was sequencing these genes to identify potentially causative mutations. However, no significant variations were identified in any of these genes clearly indicating that the cause for hot water epilepsy in this family lies elsewhere.

Maximum LOD scores for both the regions were obtained at 90% penetrance value and 1% phenocopy indicating an autosomal dominant inheritance with incomplete penetrance which is

very common in these cases. With the help of literature available on known genes responsible for various types of epilepsy, candidate genes on both these regions were examined by sequencing the proband sample. Some of the genes included GAD2 (glutamate decarboxylase 2), GM2A (GM2 ganglioside activator), GRIA1 (glutamate receptor, ionotropic, AMPA 1), PTTG1 (pituitary tumor-transforming 1) and KCNIP1 (Kv channel interacting protein 1).

All variants obtained were systematically eliminated on the basis of segregation with the disease phenotype and allele frequencies in the control population. Although a few variations were promising, they were eliminated upon further examination. So far, no significant variation has been found which could be a potential cause for hot water epilepsy in family 307. The search for such a mutation continues.

4. Appendix

4.1 Buffers used

Tris-acetate EDTA (TAE) buffer (50X):

Tris base – 242 g

Glacial acetic acid – 57.1 ml

EDTA – 18.61 g

Distilled water – to 1000 ml

Sterilized by autoclaving

Tris-EDTA (TE) buffer:

Tris-HCl (1M, pH – 8.0) - 1 ml (final concentration = 10 mM)

EDTA (0.5 M) – 200 μ l (final concentration = 1 mM)

Distilled water – to 100 ml

Sterilized by autoclaving

6X DNA loading buffer:

Bromophenol blue – 0.2%

Xylene cyanol – 0.2%

Glycerol – 60%

4.2 Primer sequences

Primer name	Primer sequence	Length of the primer	Primer name	Primer sequence	Length of the primer
GAD2-EX1A-F	acctgcttgaggaaaacg	19	GAD2-EX12-R	ttaggcaccagacctcacc	20
GAD2-EX1A-R	gttagggacgtggcaacc	19	GAD2-EX13-F	catttgacctgagccattg	20
GAD2-EX1B-F	ctttccctcaaatgctctgg	20	GAD2-EX13-R	gaaagcaaatcttgggtaagg	21
GAD2-EX1B-R	ccgaagaagtttctgttgc	20	GAD2-EX14-F	aaagggaaacaaaagcacctg	20
GAD2-EX2-F	cctcgggaaacagataaagg	20	GAD2-EX14-R	ggaccactttgagagtttctgc	22
GAD2-EX2-R	gtagagcagggtgggtaag	20	GAD2-EX15-F	ctctcaaagtggtccataaacg	23
GAD2-EX3-F	aacaaactgtgcggtgagtg	20	GAD2-EX15-R	caacctggaagacacagtgag	21
GAD2-EX3-R	tctgaagattctggcaggtc	20	GAD2-EX16-F	gcttgctgttgggttctttg	20
GAD2-EX4-F	tctcattcattccctcacc	20	GAD2-EX16-R	ggcaatttggcactattcag	20
GAD2-EX4-R	gcagtggaaggtgctttg	18	GAD2-3'UTR1-F	cctcagattgggggttgtgc	19
GAD2-EX5-F	tcttcgtggttagaggaaacg	21	GAD2-3'UTR1-R	gttggggggaatgttgatgtc	20
GAD2-EX5-R	tctgggtcccatttctttg	20	GAD2-3'UTR2-F	aggaacctcaaactgggtatc	21
GAD2-EX6-F	tcgtgcattatgtcagtagttgg	23	GAD2-3'UTR2-R	tttcctacaaaagacccaaag	22
GAD2-EX6-R	ttggaggcatgtcaatgg	19	NMT2-EX1-F	ggggtagagagctggattg	20
GAD2-EX7-F	gtagcgcctttgagtctgag	20	NMT2-EX1-R	gcaagtgacagttagcgtctcc	21
GAD2-EX7-R	ctatattgcccaggctgctc	20	NMT2-EX2-F	ttcctcacctacatcctaacacag	24
GAD2-EX8-F	caggctttggaggaacagac	20	NMT2-EX2-R	tggcattcaacacacagtcac	21
GAD2-EX8-R	catggcatcaaggaaccac	19	NMT2-EX3-F	ttggaggaggattgttagttag	25
GAD2-EX9-F	ctggaagcagtcaggagttg	21	NMT2-EX3-R	ggttatcaaaagccaatgtcac	22
GAD2-EX9-R	acctgggagattgagcttg	20	NMT2-EX4+5-F	accactgcctagctttcctg	20
GAD2-EX10-F	gctgctgcttctcaaatc	20	NMT2-EX4+5-R	acaggcaccagttattgtcc	20
GAD2-EX10-R	tataatcagccttgggatgc	20	NMT2-EX6-F	attcaccgagttcctgttg	20
GAD2-EX11-F	gcccttcggtgtaaactctg	20	NMT2-EX6-R	ttacaggtgcctaccaccac	20
GAD2-EX11-R	cataaggcaaggaacacaagc	21	NMT2-EX7-F	cccagcctgcattcttattc	20
GAD2-EX12-F	ggccagacttcaccactagc	20	NMT2-EX7-R	taataccaagtggcaaatg	20

NMT2-EX8-F	ctggacggataaaatgatgac	21	PLXDC2-EX10-F	gcttctccagttgcgagttc	20
NMT2-EX8-R	ggcatttccaaacaaactcc	20	PLXDC2-EX10-R	tgcattctattaggggtgtgac	22
NMT2-EX9-F	tctgttgagttgcagattcg	21	PLXDC2-EX11-F	aatgcctgttccatccatc	20
NMT2-EX9-R	ctctctacccttagtacacatcttg	27	PLXDC2-EX11-R	caagaagccagaatcaatgg	20
NMT2-EX10-F	gggcaaggagagagaacagag	20	PLXDC2-EX12-F	ctagtcattgtccgaccaagg	21
NMT2-EX10-R	gtctcgataaattccacctg	21	PLXDC2-EX12-R	agaagcccgtattgccttc	20
NMT2-EX11-F	ataggcatgagccacagc	18	PLXDC2-EX13-F	gcagaaaagttgtccaggaag	21
NMT2-EX11-R	caggcatggtggtggatg	18	PLXDC2-EX13-R	catccatgtgtgaaatcag	21
NMT2-EX12-F	ggattacaggtgtgagctgag	21	PLXDC2-EX14A-F	ggcttgagggtgataaagg	20
NMT2-EX12-R	gattccataaatgtcccagtg	22	PLXDC2-EX14A-R	cagataagtccacgggagatg	21
PLXDC2-EX1A-F	ccttcctcctcaaagtgtg	20	PLXDC2-EX14B-F	gctgctgtagcctgaagaagac	22
PLXDC2-EX1A-R	gcaaactgtcggttccactc	20	PLXDC2-EX14B-R	ttgttctcactcttgcattg	21
PLXDC2-EX1B-F	gcgctggctgtggaattag	19	OPTN-5'UTR1-F	gtgacgccttagagcagtcc	20
PLXDC2-EX1B-R	acgagagtccagagaggtc	20	OPTN-5'UTR1-R	cccacctgtgttactacc	20
PLXDC2-EX2-F	tccaatcagagatgttctgacc	22	OPTN-5'UTR2-F	gggtgtgtaacacagaagc	21
PLXDC2-EX2-R	accaagcctgtgttctgtg	20	OPTN-5'UTR2-R	gaggagacgagggtatgac	20
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ITGA8-EXON13-R	tgaaagtcgctctggaatcg	20	ITGA8-EXON27-F	ttcatcctcgccattaaactg	21
ITGA8-EXON14-F	gaagctccaacatcctttcc	20	ITGA8-EXON27-R	tggcctcaagtaatccatctg	21
ITGA8-EXON14-R	ctggaagtttggtcatgcag	20	ITGA8-EXON28-F	acgcttagatggatggatgc	20
ITGA8-EXON15-F	ttggcacaaatgctgagaac	20	ITGA8-EXON28-R	gaaattggtgagctgaagagg	21
ITGA8-EXON15-R	ctcaactcggccacagac	20	ITGA8-EXON29-F	ttcatgttcgagtgtacctc	21
ITGA8-EXON16-F	cctcctgtactattttccagattacc	27	ITGA8-EXON29-R	tgccaaagcaacaagacac	20

ITGA8-EXON16-R	ccaagcatgataaatgagctg	21	ITGA8-EXON30A-F	tggggaatagagagcgagac	20
ITGA8-EXON17-F	cagctcattatcatgcttgg	21	ITGA8-EXON30A-R	agggaggtgtcaaatgttcc	20
ITGA8-EXON17-R	tgaagtcagggtcaagaggag	21	ITGA8-EXON30B-F	aaggtgaactaaggtgaaatgactg	25
ITGA8-EXON18-F	ccacataaatcagcctccatc	21	ITGA8-EXON30B-R	ccatgacttttaaacactccaag	24
ITGA8-EXON18-R	tgcacaagaggaaaggcttc	20	ITGA8-EXON30C-F	tgctaaggaaggaagattgg	21
ITGA8-EXON19-F	cctgtattgggaggtcactg	20	ITGA8-EXON30C-R	ttcaagatgatgggaaaatagc	22
ITGA8-EXON19-R	gacccaaaccacaggctaac	20	ITGA8-EXON30D-F	tacaggcatgagccaaactg	20
ITGA8-EXON20-F	tgccctctctaccatctcttc	22	ITGA8-EXON30D-R	tcaggacacaaagtttccaac	22
ITGA8-EXON20-R	ttgtggctcattgctgttatg	21	PIP4K2A-EX1-F	cgcagcctaacggctccag	18
ITGA8-EXON21-F	tttctctctgagftaagggtcatc	25	PIP4K2A-EX1-R	gaggaggaggggaacgag	18
ITGA8-EXON21-R	gttgttgctgctaggtgctg	20	PIP4K2A-EX2-F	agattatgatggcagagggaag	22
ITGA8-EXON22-F	gcagaacaaaggaagagttacag	24	PIP4K2A-EX2-R	gacagatggttatgtttatcacagg	25
ITGA8-EXON22-R	ggtgagcttttaaggccaag	20	PIP4K2A-EX3-F	ctttctgcgggtgtacctg	20
ITGA8-EXON23-F	ttagtaacgtgtgttctctctg	23	PIP4K2A-EX3-R	gaggccccaatcaagagaac	21
PIP4K2A-EX4-F	ttatctgggaatcggaagc	20	SLC39A12-EX5-F	gtcgtaccggcttcatgtg	19
PIP4K2A-EX4-R	gccttggtgagaaatcgctac	21	SLC39A12-EX5-R	ttgaatggcaactccatcac	20
PIP4K2A-EX5-F	tggtgaagcagtacaatgtggtc	23	SLC39A12-EX6-F	tccatatccctactggctgttac	23
PIP4K2A-EX5-R	ttgcctcacaggaaggaatac	21	SLC39A12-EX6-R	atgtggcgagcctaattgtg	20
PIP4K2A-EX6-F	aatgccctgagaaacattg	20	SLC39A12-EX7-F	cataccaaaagcaactgg	20
PIP4K2A-EX6-R	ggctggagaagaatcacagg	20	SLC39A12-EX7-R	gaaggagctgtgtattcttgaatc	25
PIP4K2A-EX7-F	gagggatgagaagcccattc	20	SLC39A12-EX8-F	tgtggcaactaccattttgg	20
PIP4K2A-EX7-R	caggaagaaccacaatagcag	21	SLC39A12-EX8-R	aacagcttcaggtgcttgg	20
PIP4K2A-EX8-F	ccggtgtattcaagccttc	20	SLC39A12-EX9-F	cattgtgtgtctatgaaacctg	24
PIP4K2A-EX8-R	tgagagggtgctaaactgg	20	SLC39A12-EX9-R	atttgagagctggataggaattag	24
PIP4K2A-EX9-F	ccaggagtgaagagcatcg	20	SLC39A12-EX10-F	ttcggaacaaagtgatg	19
PIP4K2A-EX9-R	ggagtttgaggatgagtg	20	SLC39A12-EX10-R	ggattttattccaaggtacaggag	24

PIP4K2A-EX10-F	tctctggactcctccatcc	20	SLC39A12-EX11-F	cagccaaaggaatggaactc	20
PIP4K2A-EX10-R	agcagctcagtgagcagaaag	20	SLC39A12-EX11-F	gcaactgctatcacacactg	21
PIP4K2A-EX11-F	gatgttttcagagcagagactg	23	SLC39A12-EX12A-F	aaagacatggtagagttaggtattcag c	27
PIP4K2A-EX11-R	cactcattcattcggccatag	21	SLC39A12-EX12A-R	aaagcaagagcttcatcatgg	21
SLC39A12-5'UTR-F	ctattctgcgaggtgaaatcc	21	SLC39A12-EX12B-F	tcttaggcaaagtgtgtctcttc	24
SLC39A12-5'UTR-R	tgactgtgggctagtaacaaagg	23	SLC39A12-EX12B-R	aggctcccaaatggcttg	20
SLC39A12-EX1-F	tctgccattggggtag	19	PTTG-EX-1F	cctggctgcttagtctctt	20
SLC39A12-EX1-R	agattgcctgtgattttgc	20	PTTG-EX-1R	gctcggagccatctaagc	18
SLC39A12-EX2-F	ctgcctgcttttcttctg	20	PTTG-EX-2F	cgtgactgttccgctgttta	20
SLC39A12-EX2-R	acttctggcgaactgctc	20	PTTG-EX-2R	gactccaattgcccaaaaag	20
SLC39A12-EX3-F	ggaccagtgagatgagggttag	22	PTTG-EX-3F	gggggtgagaggtcaagttt	20
SLC39A12-EX3-R	ttgaaaggccacataagctg	20	PTTG-EX-3R	ctcagaggaagaaagctacg	21
SLC39A12-EX4-F	atgtccattctgtcatctctagg	23	PTTG-EX-4F	tgctgacaggtgctggfact	20
SLC39A12-EX4-R	tcactcaatctgaaccaagg	21	PTTG-EX-4R	gtccaaagcaaccagattc	20
PTTG-EX-5F	caaccagtggaaaaggtg	20	ADAM19-EX-12R	ttttcatggggattggaca	21
PTTG-EX-5R	acctccgcacaactcttc	19	ADAM19-EX-13F	ttgctagagagctgggggttc	20
PTTG-EX-6F	aaatgtgtcaggaggggatg	20	ADAM19-EX-13R	cctttccgctctgtgttcc	20
PTTG-EX-6R	gactctttgttaaacacctcagc	23	ADAM19-EX-14F	tggtttgggctaagttaggtc	20
ADAM19-EX-1F	agctccccctcctccatc	18	ADAM19-EX-14R	cctgagtcaaggggatgaaa	20
ADAM19-EX-1R	gcagaacgtgggaacaaag	19	ADAM19-EX-15F	tggaggggaacaggaagaaga	20
ADAM19-EX-2F	gcagctcacagaaagtgcac	20	ADAM19-EX-15R	gggccgagaatagatgactg	20
ADAM19-EX-2R	agagtgggccagaaacagaa	20	ADAM19-EX-16F	gggttccaaagcacatgact	20
ADAM19-EX-3F	agcgtgtgctgatcctgt	20	ADAM19-EX-16R	ccaccaaggctcagaggtt	19
ADAM19-EX-3R	ctgcttcttccagaacagc	20	ADAM19-EX-17-18F	gcatgggtcctcatatgtt	20
ADAM19-EX-4F	ggatagctcctgctgttca	20	ADAM19-EX-17-18R	caatgtggatgctctgcaac	20
ADAM19-EX-4R	tccctcagaggagagacca	20	ADAM19-EX-19F	tgcaaatcaaatgcctgaag	20

ADAM19-EX-5F	ggaaagctcttgcaggttg	20	ADAM19-EX-19R	cagtcatagcaggggagagg	20
ADAM19-EX-5R	tcaatggactcctccaag	20	ADAM19-EX-20F	ccagagcagacttgggaaag	20
ADAM19-EX-6F	gaaccaatgatcaaaacct	22	ADAM19-EX-20R	gggcaagactccatctcaaa	20
ADAM19-EX-6R	cctggattcaaagtaagcaacc	22	ADAM19-EX-21F	tgggctctggttatctcaaa	21
ADAM19-EX-7F	agtgccgaatgacaaaatca	20	ADAM19-EX-21R	agttcacctcccacctt	20
ADAM19-EX-7R	gagaaagatgaatgggcaaca	21	ADAM19-EX-22F	ccagcttgctctctgactt	20
ADAM19-EX-8F	ggtcctacctccaagctc	20	ADAM19-EX-22R	gggcaccaagaaacatgaat	20
ADAM19-EX-8R	tgctcattcccttcagaaga	21	ADAM19-EX-23F	gttctcagtgggtgtccat	20
ADAM19-EX-9F	tcaagctccaccagaatgaa	20	ADAM19-EX-23R	agagcagaagcaatgggaag	20
ADAM19-EX-9R	ctctggaccagggagtcaga	20	KCNIP1-EX-1aF	ccgggtctgtctcttaggg	19
ADAM19-EX-10F	cgtgatggccacttactcc	19	KCNIP1-EX-1aR	gaggcttctggttccttct	20
ADAM19-EX-10R	attgccctcctgatgtaa	20	KCNIP1-EX-1bF	cttcagggcaccgtctc	18
ADAM19-EX-11F	gtggaattggtggagacctg	20	KCNIP1-EX-1bR	ctccctcctctgggtgttc	19
ADAM19-EX-11R	ttggcccatcagaagtta	20	KCNIP1-EX-2F	cactctttgacagcccaga	20
ADAM19-EX-12F	aggagtgacagcacgagtg	20	KCNIP1-EX-2R	ttatgagctcccttggcatt	20
KCNIP1-EX-3F	cttgggagaagtggaaatgc	20	KCNIP1-EX-8aR	gggcacgtaagcagcatatt	20
KCNIP1-EX-3R	agcaaatggcaaggaagaga	20	KCNIP1-EX-8bF	atggaaggtccctctgctta	20
KCNIP1-EX-4F	tcctctttctgtcgaagc	21	KCNIP1-EX-8bR	tccctttcacagcttacctc	21
KCNIP1-EX-4R	cccaatgccttgagattta	20			
KCNIP1-EX-5F	cccaaagacacagcttaca	20			
KCNIP1-EX-5R	tgccctcattcagacagtgt	20			
KCNIP1-EX-6F	tccccttctgcttcteta	20			
KCNIP1-EX-6R	acagggttgacacaaatca	20			
KCNIP1-EX-7F	gagctccagcaagaagcag	20			
KCNIP1-EX-7R	tgtgcaggtttctcatcacc	20			
KCNIP1-EX-8aF	ggaacccatgcttgacatt	20			

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Ensembl – <http://www.asia.ensembl.org/index.html>

Entrez gene, SNP and Genbank database: <http://www.ncbi.nlm.nih.gov/>

Exome Variant Server – <http://www.evs.gs.washington.edu/EVS/>

NCBI Mapviewer – <http://www.ncbi.nlm.nih.gov/mapview/>

OligoCalc: <http://www.basic.northwestern.edu/biotools/OligoCalc.html>

Primer3: <http://frodo.wi.mit.edu/>

Uniprot: <http://www.uniprot.org>

Softwares used for data analysis

Genemapper v3.7

MLINK – LINKAGE5.1

SeqMan™ II – DNA Star