

# THINK OF **MPS I** (Mucopolysaccharidosis type I) IN YOUR **DIFFERENTIAL DIAGNOSIS** It is a treatable disease

## Common signs and symptoms<sup>1</sup>

### NERVOUS SYSTEM

- Cognitive impairment **46%** **31%**

### EAR-NOSE-THROAT

- Sleep disturbances/  
snoring **52%** **33%** **27%**
- Enlarged tongue **41%** **38%**
- Enlarged tonsils **29%** **33%**

### MUSCULOSKELETAL

- Joint contractures **38%** **57%** **69%**
- Dysostosis multiplex **44%** **38%** **35%**
- Kyphosis/Gibbus  
Deformity **70%** **34%**
- Hip dysplasia **26%** **25%**

### EYES

- Corneal clouding **71%** **68%** **70%**

### FACE

- Coarse facial  
features **86%** **73%** **48%**

### HEART

- Cardiac valve  
abnormalities **49%** **59%** **68%**

### VISCERAL

- Hepatomegaly **70%** **67%** **48%**
- Hernia **59%** **60%** **54%**
- Splenomegaly **51%** **47%** **28%**

### NERVOUS SYSTEM

- Carpal tunnel  
syndrome **28%** **51%**

### OTHER

- Respiratory tract infections<sup>2</sup>
- Premature cessation of  
skeletal growth<sup>3</sup>

#### MPS I SPECTRUM OF PHENOTYPES:

**H : Hurler** (the most severe,  
rapidly progressive)

**H/S : Hurler-Scheie**  
(slowly progressive)


**S : Scheie** (attenuated)


1. Beck M, et al. Gen. Med. 2014;16:579-765.


2. Berger KL, et al. J Inherit Metab Dis. 2013;36:201-210.

3. Muenzer et al. Pediatrics 2009;123:19-29

# SUSPECT **MPS I** IN CASE OF...<sup>1</sup>

- Airway obstruction
  - Regular Ear-Nose-Throat infections
- 

- Carpal tunnel syndrome
  - Cognitive impairment
- 

- Hernia/Bulging abdomen
  - Hepato-splenomegaly
- 

**AND/OR**

- Joint contractures
  - Gait abnormalities
  - Claw hands
  - Trigger fingers
  - Skeletal deformities
- 

- Corneal clouding/vision impairment
- Cardiac valve abnormalities
- Facial coarse features
- Short stature
- Familial history

## TEST THE PATIENTS & THEIR **SIBLINGS, TREAT EARLY**<sup>4,5</sup>



Brother(s) and/or sister(s) of a diagnosed patient may have MPS I as well, even if they don't show the same signs and symptoms. Early diagnosis and early treatment are crucial to reduce disease progression before irreversible damage occurs.<sup>4,5</sup>

MPS I can be definitively diagnosed or ruled out with a simple blood-based enzymatic assay. It has to be confirmed by genotyping. Measurement of urinary glycosaminoglycan (GAG) levels is optional but nonspecific.<sup>3</sup>

Failure to complete ALL fields on the card, will result in delays in receiving test results

Patient Surname<sup>1</sup> \_\_\_\_\_ Patient Forename<sup>2</sup> \_\_\_\_\_

Date of Birth<sup>3</sup> \_\_\_\_\_ Sex<sup>4</sup>  M  F Date of Collection<sup>5</sup> \_\_\_\_\_

Requesting Physician<sup>6</sup> \_\_\_\_\_

Hospital Name<sup>7</sup> \_\_\_\_\_

Address \_\_\_\_\_

Country<sup>8</sup> \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

Test Requested:<sup>9</sup>

Fabry Disease  Gaucher Disease  Pompe Disease  MPS I

Lyso-GL-3  Lyso-GL-1 Bottom Copy: Diagnostic Laboratory<sup>10</sup>

A DBS testing kit is distributed through Sanofi Genzyme as an initial screening test.

**V** Please contact your Sanofi Genzyme Product Specialist **V**

Contact person in your lab:.....

Tel.:.....

4. Gabrielli et al. BMC Medical Genetics. 2016;17:19. 5. Bruni et al. MGM Reports. 2016; 8: 67-73