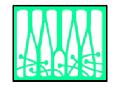
SESSIÓ INAUGURAL SCAP Acadèmia de Ciències Mèdiques Barcelona, 21 d'octubre de 2021

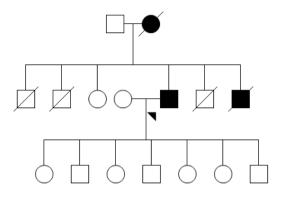
Myoglobinopathy: the globin disease of striated muscle

Montse Olivé Neuromuscular Disorders Unit, Department of Neurology Hospital de la Santa Creu i Sant Pau Barcelona

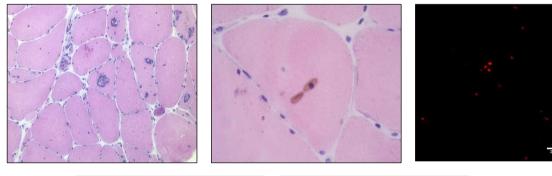


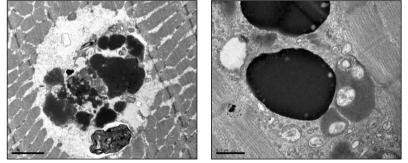


The beginning of a fascinating story



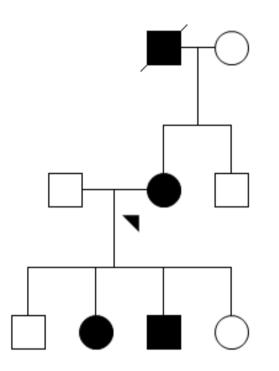
- A 51-year-old man
- Onset at 36 years
- Proximal LL and axial weakness
- Respiratory insufficiency
- Dilated cardiomyopathy

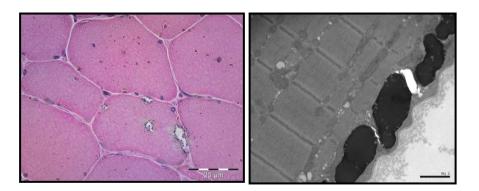




Myopathy with rimmed vacuoles and pigment deposition

9 years later, a second family with exactly the same disease





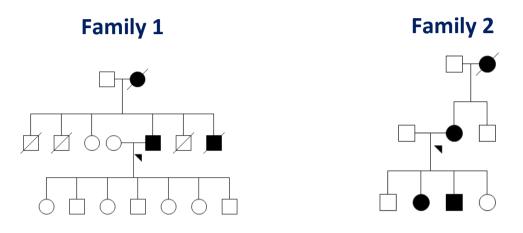
Journal of the Neurological Sciences, 1980, 47: 171–190 © Elsevier/North-Holland Biomedical Press 171

A NEW TYPE OF HEREDITARY DISTAL MYOPATHY WITH CHARACTERISTIC SARCOPLASMIC BODIES AND INTERMEDIATE (SKELETIN) FILAMENTS

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¹Department of Neurology, Karolinska Institutet, S-10401 Stockholm; Institutes of ²Anatomy and ³Forensic Medicine, University of Umeå, S-901 87 Umeå (Sweden)

Uncovering the molecular cause of the disease in two Spanish families



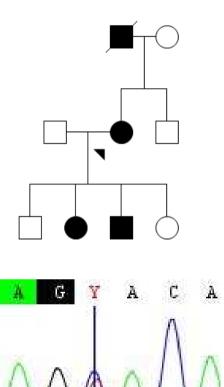
- NGS to sequence a panel of 254 neuromuscular disease genes.
- Two affected individuals from family 1 and one affected and one non-affected from family 2 were exome sequenced, variants with minor allele frequecy >1% filtered out. Heterozygous variants were selected for the analysis according to a dominant pattern of inheritance.
- Genes with a promoter showing more than 1,000-fold enriched expression in skeletal muscle were selected as candidate disease genes. A resulting list of 82 genes was screened for variants.

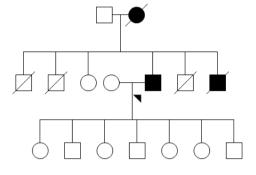
Myoglobinopathy

MB, p.His98Tyr

RESULTS

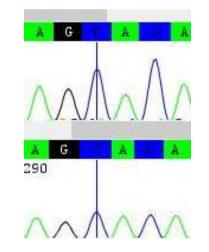


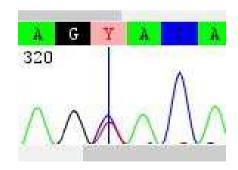




Family 2

Control



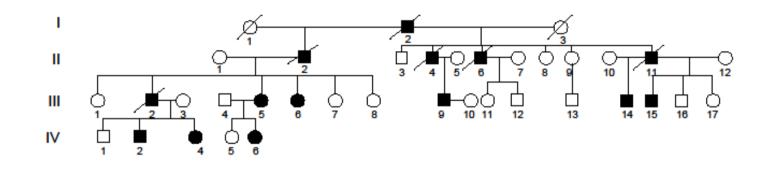


MB p.His98Tyr variant is not present in 1000 genomes, ExAC or GnomAD and involves a well conserved residue among the species, up to zebrafish.

- H. sapiens Mutant
- P. troglodytes
- M. mulatta
- F. catus
- M. musculus
- G. gallus
- D. rerio

IKPLAQSHATKHKIPVKYLEFIS 98 98 **IKPLAQSHATKYKIPVKYLEFIS** 98 **IKPLAQSHATKHKIPVKYLEFIS** 98 **IKPLAQSHATKHKIPVKYLEFIS** 98 **IKPLAQSHATKHKIPVKYLEFIS** 98 **IKPLAQSHATKHKIPVKYLEFIS** 98 **IKPLAQSHATKHKIPVKYLEFIS** 98 **IKPLAQSHATKH**KIPVKYLEFIS

Identification of disease causative gene in the original Swedish family



Markers UE1 IV:1 IV:2 IV:3 IV:4 IE3 IE4 IE5 IV:5 IV:6 IE6 IE7 IE8 11:3 D22S427 1_{17} D22S539 2 2 2 2 4 2 2 2 2 2 2 2 2 5 2 2 2 5 2 2 5 2 2 2 22 2 2 2 5 5 D22S1174 54 5 5 4 5 4 5 5 5 5 5 5 5 4 5 5 D22S315 5 5 5 3 5 3 3 3 5 5 54 5 0.5 5 0 0 3 5 3 3 3 3 3 3 5 3 3 4 34 5 A 5 D22S1154 3 4 1 2 3 2 2 3 4 з D22S531 2 2 2 2 2 2 30 0 5 2 2.3 2 4 1 2 2 2 2 2 2 22 2 2 2 2 2 2 1222 3 з 2 2 3 з 2 2 2 3 3 23 2 2 5 5 4 5 D22S689 3 5 3 5 5 6 54 63 3 5 5 3 5 5.3 5 5 5 5 5 2 4 5 6 6 5 5 5 5 5 5 7 7 2 7 5 D22S280 2 3 5 5255 2 2 33 5 5 5 7 5 5 5 5 5 7 6 4 4 4 54 4 4 5 7 5 54 1 5 D22S685 3 5 5 6 2 3 3 63 5 5 5 4543 5 3 5 1 2 4 6 6 4 1 5 2 5 3 5 3 2 2 3 2 3 1 4 **E** 4 2 5 2 5 1 2 D22S424 2 2 1 1 1 212221 2 2 2 1 2 1 2 2 222221 2 2 2 1 3 2 3 1 2 1 1 2 1 2 2 2 2 2 2 2 2 2 2 2 1 2 6 1 3 5 6 5 3 3 D22S683 1 3 1 6 4 9 1 5 5 535 3 1 5 4 9 4 5 0 0 8 9 8 10 8 10 4 10 4 7 5 5 9 2 5 5 9 59 1 4 5 D22S1173 131 1 1 2 0 0 1 2 1 1 1 1 1.1 1 1 0 0 3 1 3 1 1 2 32 1 1 1 1 2 00 1 1 3 3 3 1 D22S283 59898 3 2 7 3 5 3 94 58 5 5 5 5 5 9 8 9 8 8 2 6 6 5 5 6 1 5 5 5 5 5 5 8 8 5 5 5 10 10 5 8 68 5 6 8 8 8 6 D22S692 1 1 4 2 1 2 1 4 2 5 1 4 2 2 4 2 4 2 2 4 4 4 1 4 1 1 4 2 2 2 4 4 24 4 2 4 1 4 4 2 4 2 4 2 D22S1177 24 3 5 33 4 4 4 5 3 4 3 4 2 3 4 5 4 4 4 6 3 5 3 5 4 2 4 3 4 6 4 4 5 D22S445 4 5 1 1 1 546551 5 5 5 1 5 5 500 4 5 1 4 5 5 1 5 1 5 1 6 4 5 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 -5 3 3 7 4 3 3 4 3 4 3 17 D22S423 4 6 3 43 4373 53 4 3 З 334 4 6 4 4 3 3 3 3 3 5 4 4 7 7 43 6 D22S276 3 4 6 3

Linkage chrom 22

Identification of disease causative gene in the Swedish SBM family

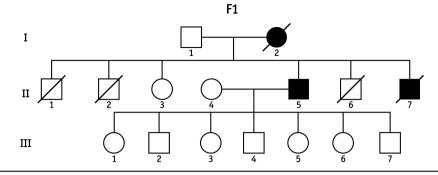
• Six affected and two unaffected family members were selected for target sequencing of the entire linkage region.

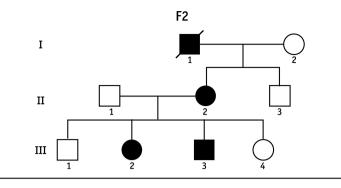
• The *MB* p.His98Tyr variant was present in all 6 affected and none of the two unaffected patients.

• Subsequent analysis of the whole family showed that *MB* p.His98Tyr variant was present in all available affected patients and in none of the healthy subjects.

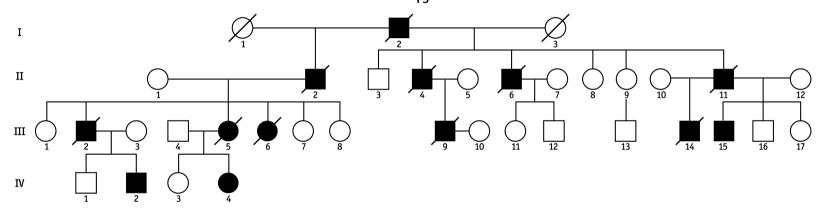


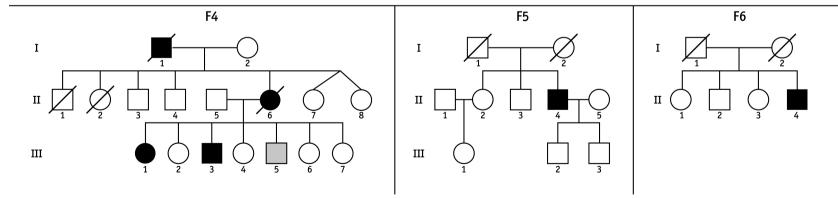
RESULTS







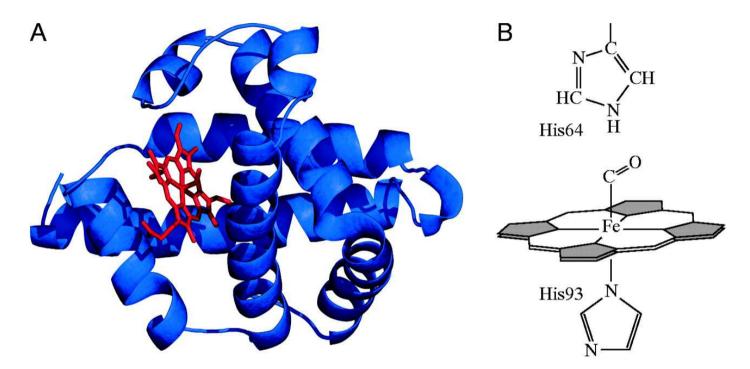




6 unrelated families carrying the same MB p.His98Tyr variant

Myoglobin

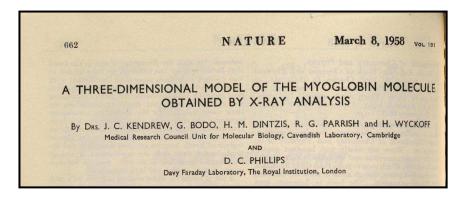
- Small, cytoplasmic globular hemoprotein highly expressed in cardiac and oxidative myofibers.
- The pigment that gives muscle its red color.
- Myoglobin binds O₂, facilitates O₂ release from red cells to mitochondria during periods of increase metabolic activity.
- Serves as a reservoir of O₂ during hypoxic and anoxic conditions.
- Implicated in the control of redox pathways in skeletal and cardiac muscle.
- Myoglobin is encoded by *MB*, chrom 22q12.3, three exons, 10.4 kb DNA, 154 aa.
- No primary myoglobin disease has been identified to date.



Eight α -helices assigned the letters A to H that wrap around a central pocket containing a heme group, a porphyrin ring that contains a central bounded iron atom that is normally in the ferrous oxidation state. The heme-binding domain is responsible for the reversible binding to various ligands including oxygen, carbon monoxide and nitric oxide.

MYOGLOBIN STRUCTURE





John C. Kendrew Nobel Lecture

Nobel Lecture, December 11, 1962

Myoglobin and the Structure of Proteins

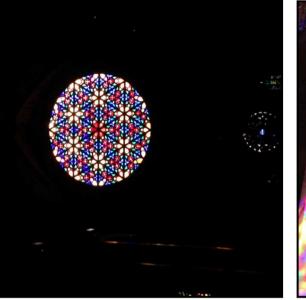
Read the Nobel Lecture Pdf 730 kB TO DESCRIBE THE CLINICAL PHENOTYPE OF MYOGLOBINOPATHY.....





Taking advantage from the trip to Mallorca



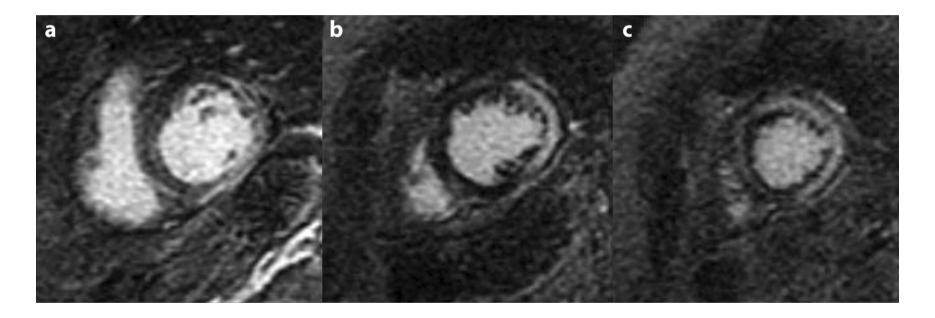






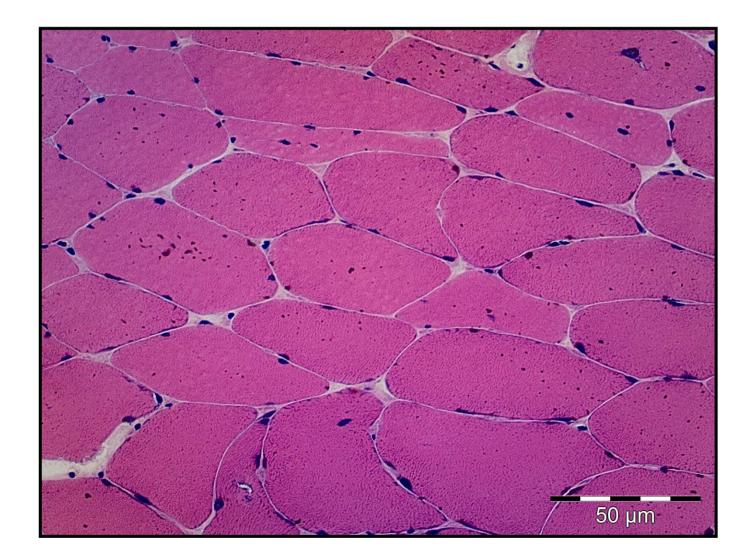
MYOGLOBINOPATHY: CLINICAL PHENOTYPE

	Family 1	Family 2	Family 3	Family 4	Family 5	Family 6
Inheritance pattern	AD	AD	AD	AD	UK	UK
Myoglobin mutation	H98Y	H98Y	H98Y	H98Y	H98Y	H98Y
Country of origin	Spain	Spain	Sweden	France	France	Netherlands
Number of studied patients	2	1	6	3	1	1
Mean age of onset (range)	37.5 (36-39)	38	44.5 (39-49)	46 (44-48)	40	33
Initial symptoms	Proximal LL and axial weakness	Proximal LL and axial weakness	Proximal LL and axial weakness (4) Distal hand weakness (2)	Proximal LL and axial weakness	Proximal LL weakness	Proximal LL and axial weakness
Symptoms at advanced disease						
Distribution of weakness	Proximal and axial>distal 4 EE	Proximal and axial>distal 4 EE	Proximal and axial>distal 4 EE	Proximal and distal 4 EE >axial	Proximal and axial > distal 4 EE	Proximal and axial > distal 4 EE
Involvement of hand muscles	Yes	Yes	Yes	Yes	Yes	No
Facial weakness	No	No	No	No	No	No
Muscle atrophy	Yes	Yes	Yes	Yes	No	Ýes
Dysphagia	2/2	0/1	2/4	0/1	0/2	0/1
Respiratory insufficiency	2/2	1/1	2/6	0/1	2/2	1/1
Cardiac involvement*	2/2	1/1	1/6	ECG normal	1/1	0/1
Clinical outcome						
Mean age at wheelchair dependency (15-20 ado)	54	65	56 (4/6 patients in wheelchair, 2 ambulant)	Not known	56	47
Age at death (mean, range) (25-30 ado)	60.5 (54-67)	-	64 (58-71)	72	-	-

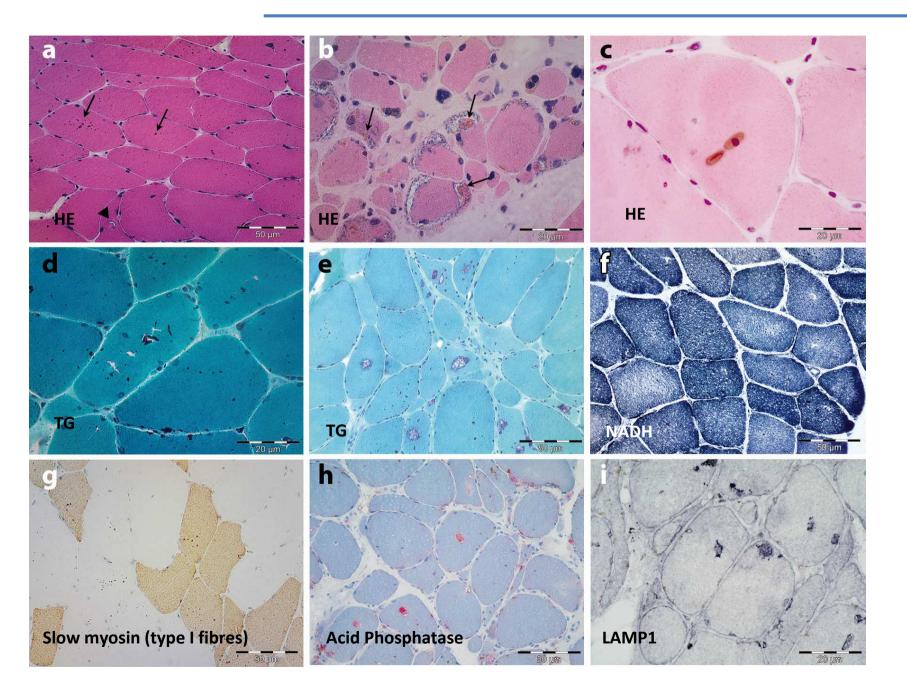


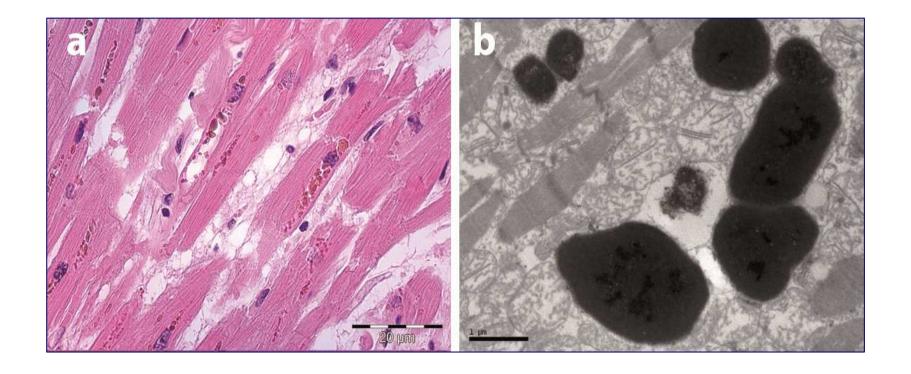
Cardiac MRI from patient F2, II: 2. Short axis images after gadolinium administration showing late transmural enhancement in basal and mid inferolateral segments (a, b) and in all of them at the apical level (c), indicative of fibrosis.

SARCOPLASMIC BODIES : PATHOLOGICAL HALLMARK OF MYOGLOBINOPATHY



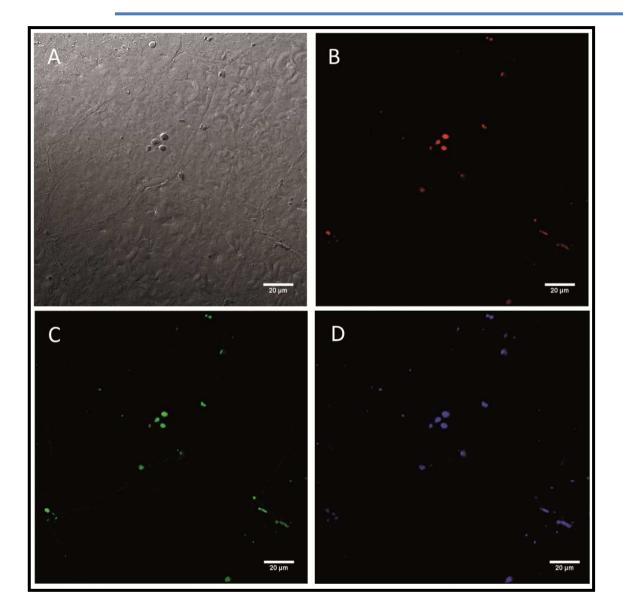
MUSCLE PATHOLOGY



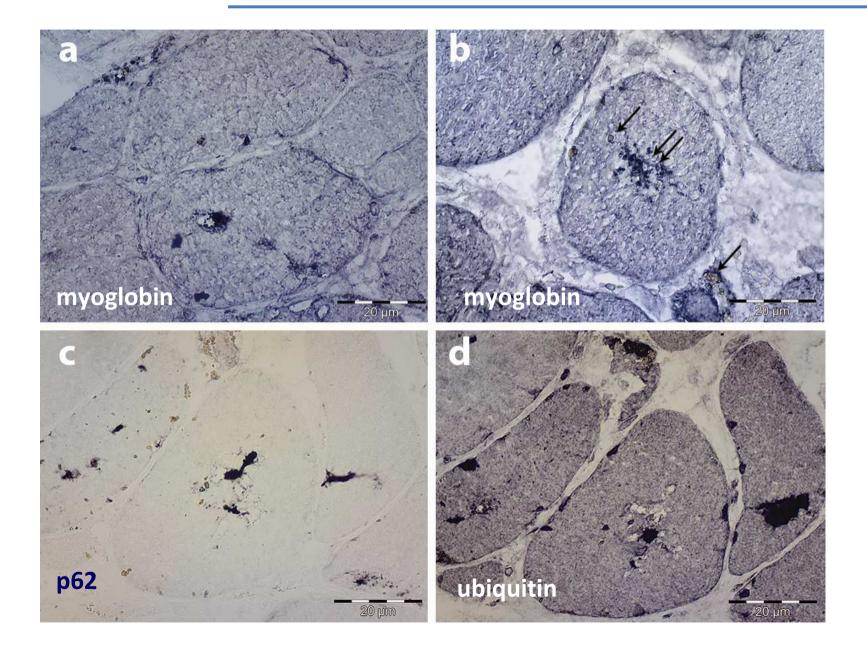


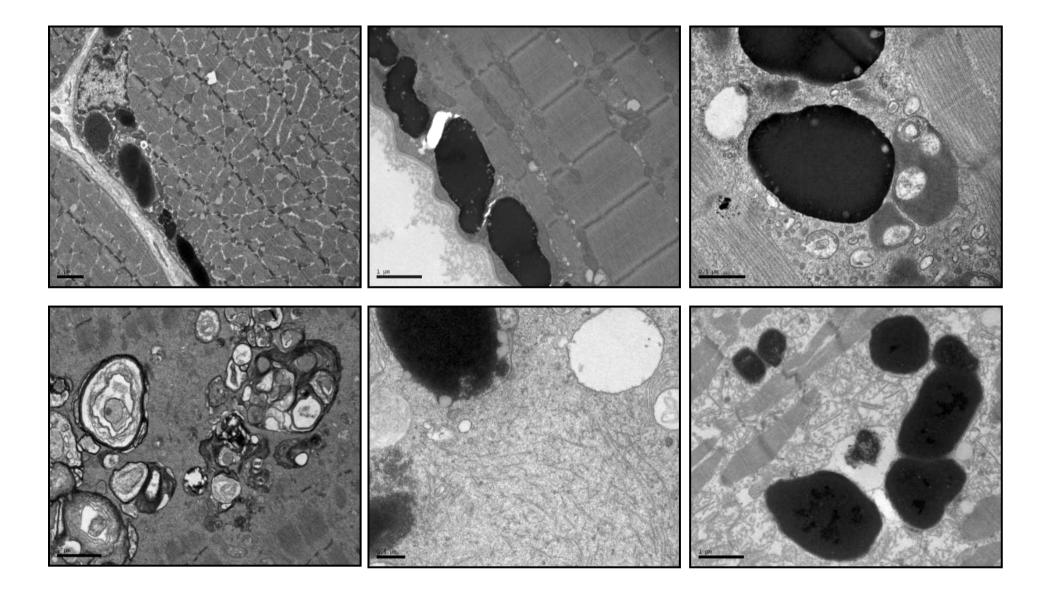
Same inclusions in cardiac muscle

UNSTAINED SECTIONS CONFOCAL MICROSCOPY



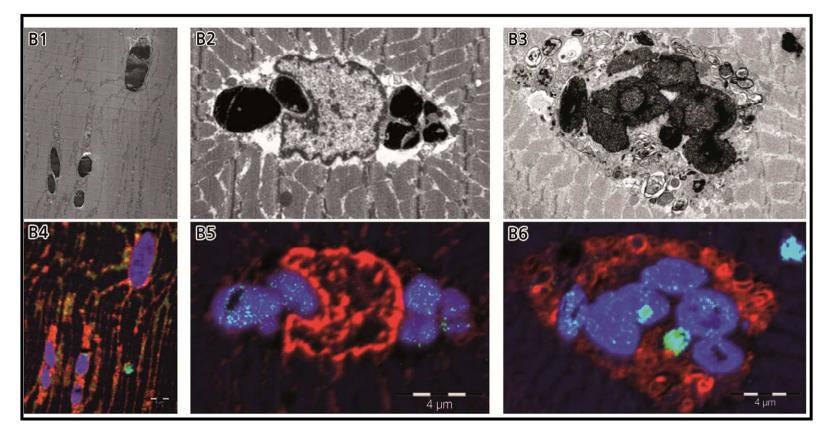
Sarcoplasmic bodies exhibit autofluorescence with a wide range of visible laser excitation lines





- Nanoscale Secondary Ion Mass Spectrometry-NanoSIMS
- Fourier transform infrared (µFTIR) microscopy
- Molecular modelling (*in sillico*)
- Electrochemical measurements

Nanoscale Secondary Ion Mass Spectrometry-NanoSIMS



Sulfur (³²S) Phosphorus (³¹P) Iron (⁵⁶ Fe)

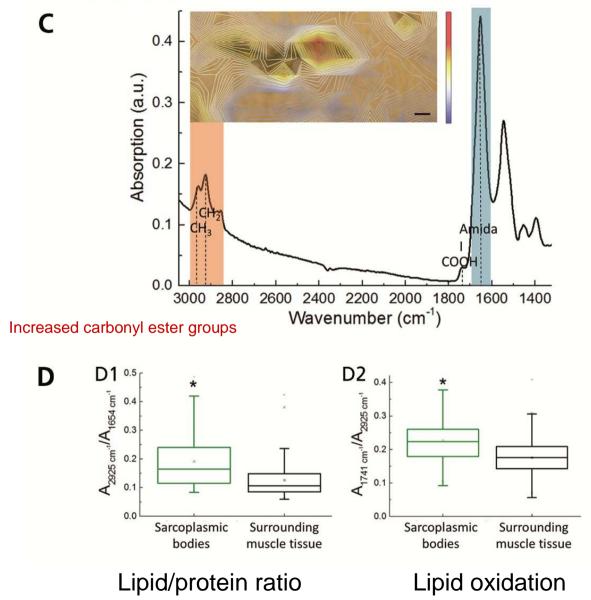
Fourier transform infrared (µFTIR) microscopy



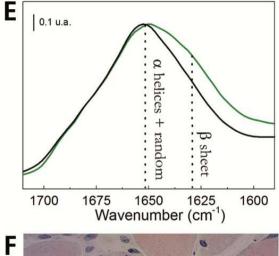


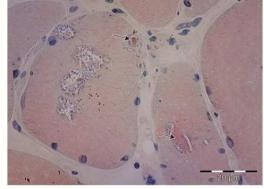


Fourier transform infrared (µFTIR) microscopy



Spectrum of the amida region

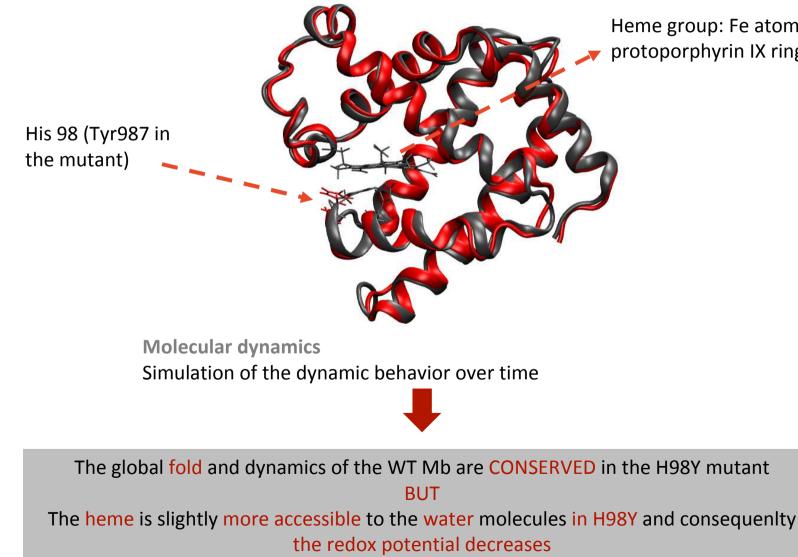






Effects of mutation on protein structure - Molecular modelling

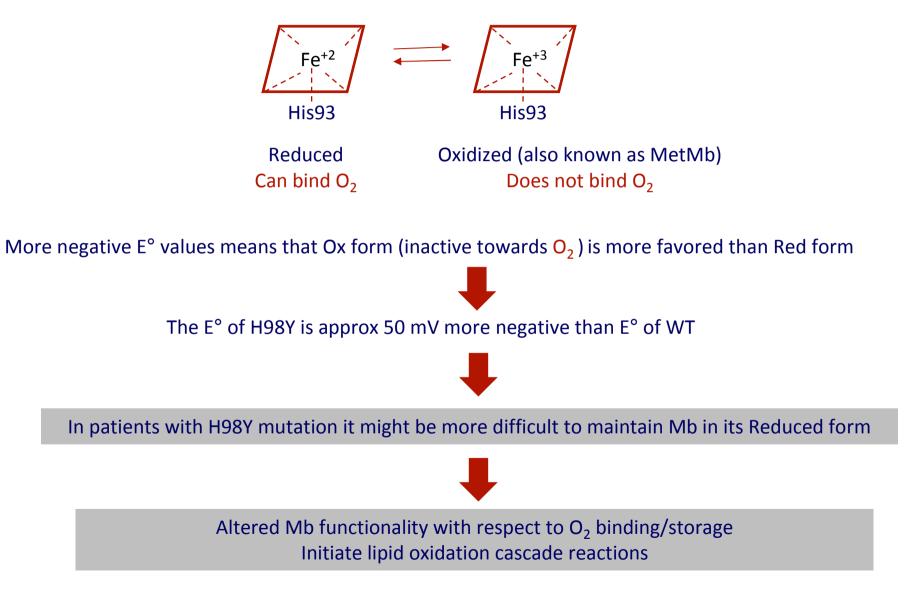
Homology modelling The crystal structure of WT myoglobin is known (red) The 3D structure of the p.H98Y mutant was calculated *in silico* (grey)



Heme group: Fe atom in a protoporphyrin IX ring

Possible downfalls of E° shift upon mutation

Redox potential E° impacts on the equilibrium between Red and Ox Mb in solution



• We have identified a *MB*, p.His98Tyr heterozygous mutation in 6 unrelated European families suffering from an adult-onset myopathy, with highly characteristic inclusions in skeletal and cardiac muscles.

• This represents the first myoglobinopathy reported so far.

• Myoglobinopathy is characterized by AD, adult onset myopathy, initially involving proximal LL and axial muscles. Involvement of cardiac and respiratory muscles occurs at advanced stages of the disease.

• Sarcoplasmic bodies, the morphological hallmark of this disease, correspond to oxidized lipids and missfolded proteins.

•The *MB* p.His98Tyr mutation alters the Mb redox potential towards more negative values, indicating that the His98Tyr substitution stabilizes the oxidized form which is unable to bind and store O2. As a consequence, this presumably initiates protein and lipid oxidation cascade reactions.



ARTICLE

https://doi.org/10.1038/s41467-019-09111-2

OPEN

Myoglobinopathy is an adult-onset autosomal dominant myopathy with characteristic sarcoplasmic inclusions

Montse Olivé, Martin Engvall, **Gianina Ravenscroft**, Macarena Cabrera-Serrano, **Carlo Augusto Bortolotti**⁶, Marcello Pignataro⁷, Matteo Lambrughi⁶, Haibo Jiang⁸, Alistair Forrest⁴, **Nuria Benseny-Cases**⁹, Gianantonio Battistuzzi⁷, Marzia Bellei⁶, Marco Borsari⁷, Giulia Di Rocco⁶, Hong Jiao^{10,11}, Kristina Lagerstedt¹², Fengquing Xiang¹³, Anna Wredenberg ^{2,14}, **Francesc Miralles¹⁵**, **Juan José Baiges¹⁶**, Edoardo Malfatti¹⁷, Norma B Romero¹⁷, Nathalie Streichenberger¹⁸, Christophe Via¹⁹, Chris Freyer^{2,14}, Paula Clemente¹⁴, Thomas Sejersen¹³, Kristina Lagerstedt²⁰, Bjarne Udd²¹, Noemí Vidal¹, Isidre Ferrer¹, Lars Edström²², Anna Wedell^{2,3} **Nigel G Laing⁴**















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DICOR















































Anna Perent de P



for rare or low prevalence complex diseases

Diseases (ERN EURO-NMD)

Hospital de la Santa Creu i Sant Pau — España

This work is dedicated to the memory of my brother Josep Maria Olivé ("Tato"), Neurologist 1953-2015

