

Juvenile ALS with long-term survival associated with *spastin* gene mutation

Thomas Meyer, MD (1), Annemarie Schwan, MD (2), Jörn S. Dullinger, MD (1), Jan Brocke, MD (1), Karl-Titus Hoffmann (3), Christian H. Nolte, MD (1), Alexander Hopt, MD (1), Ute Kopp, PhD (1), Peter Andersen, MD (4), Jörg T. Epplen, MD (2), Peter Linke, MD (1)

1) Department of Neurology, Charité University Hospital, Augustenburger Platz 1, 13353 Berlin; 2) Department of Human Genetics, Ruhr-University of Bochum, 44780 Bochum; 3) Department of Radiology, Charité University Hospital, Augustenburger Platz 1, 13353 Berlin; 4) Department of Neurology and Clinical Neuroscience, Umea University Hospital S-901 85 Umea, Sweden

Corresponding author:

Dr. Thomas Meyer, Charité Universitätsmedizin Berlin, Campus Virchow-Klinikum Neurologische Klinik, Ambulanz für ALS und andere Motoneuronenerkrankungen Augustenburger Platz 1, 13353 Berlin, Germany, Fax: + 49 30 450560938; Phone: + 49.177.3224513; E-mail: thomas.meyer@charite.de

Background: Juvenile ALS (JALS) is a form of chronic motor neuron disease presenting with upper and lower motor neuron symptoms prior to the age of 25 years. Rare cases of JALS with a survival of more than three decades have been described. Genetic risk factors of sporadic JALS are largely unknown.

Objective: to describe a male patient with apparently sporadic JALS at the age of 72 years with a natural history of ALS for 48 years.

Design: a case report, magnetic resonance imaging of the brain and mutation analysis of the *spastin* gene (SPG4).

Result: at the age of 24 years the patient developed a progressive lower motor neuron syndrome of the left hand followed by paresis and atrophy of the distal left lower limb. In the course of 2 years he showed a pyramidal syndrome of all extremities and a progressive bulbar and pseudobulbar syndrome. Since then he has fulfilled the diagnostic criteria for definite ALS. Recent magnetic resonance imaging of the brain has demonstrated severe occipital, parietal and insular atrophy in decreasing order. Mutation analysis of the locus SPG4 for hereditary spastic paraplegia (HSP) identified a heterozygous protein-changing mutation (c.304_309dupGCCTCG) within exon 1 of the *spastin* gene.

Conclusion: We report the first case of ALS demonstrating a mutation in the HSP-related *spastin* gene. We propose that sequence variants of *spastin* might serve as a previously unknown genetic risk factor for JALS. The finding implicates the potential involvement of the *spastin* gene in a greater spectrum of motor neuron disorders including clinical variants of ALS.