TRISOMY 22 MOSAICISM LIMITED TO SKIN FIBRO-
BLASTS IN A MENTALLY RETARDED, DYSMORPHIC GIRI Hans T. Lund, Dept. Pediat., Randers Central Hospital, and
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Full trisomy of chromosome 22 is extremely rarely reported in live-born infants. Mosaic trisomy has been reported in very few patients.
Chromosome analysis of cultured skin fibroblasts from a 12-year-old, mentally retarded, dysmorphic girl showed an additional chromosome 22 in $48 \%$ of the investigated cells. Analysis of cultured peripheral lymphocytes, done twice, remained normal. The chromosome constitution was: mos $47, \mathrm{XX},+22 / 46$, XX.
Phenotypically the patient had features characteristic of both Turner's and Down's syndromes. The endocrinologic investigation gave evidence of gonadal hypofunction, even if ovaries were demonstrable by ultrasound. This patient demonstrates the importance of cytogenetic analysis of cultured fibroblasts when lymphocyte karyotype is normal, and the clinical features are highly suspicious of a chromosomal disorder.

## 116 MEASUREMENT OF CEREBRAL PHENYIALANINE LEVELS IN VIVO

 M Avison, N Herschkowitz, E Novotny, O PetroffJ Colombo, C Bachman, R Shulman \& J Prichard, Yale University and University of Berne
Cerebral phenylalanine (Phe) concentration was measured in vivo by ${ }^{1} H$ NMR spectroscopy in rabbits made hyperphenylalaninemic by a diet containing $5 \%$ phe and $0.4 \%$ alpha-methyl phe. A surface coil and a 4.7 T spectrometer were used with a phase-cycled water-suppressing spin echo sequence optimized at 7.35 ppm . At a total echo delay of 4 msec several resonances were observed at 6.5-8.5 ppm. When brain (Phe) was elevated, subtraction of scaled spectra of control animals from those of test animals left a single broad peak centered at 7.35 ppm, the position of the multiplets arising from aromatic protons of Phe. For determination of brain (Phe), the intensity of this resonance, corrected for $\mathrm{T}_{1}$ and $\mathrm{T}_{2}$ differences, was compared to the creatine+ phosphocreatine resonance at 3.03 ppm , which was assumed to represent 10 mM . Brain (Phe)s determined by NMR and independently by biochemical analysis in 7 rabbits were in excellent agreement (correlation coefficient 0.96 ), while blood (Phe) correlated less well ( 0.80 ) . Brain (Phe) above $0.5-1.0 \mathrm{mM}$ was readily detectable. Similar NMR techniques used with large-bore spectrometers should permit non-invasive direct measurement of elevated brain (Phe) in human patients of any age.

DECREASED COLLAGEN SYNTHESIS BY SKIN FIBROBLASTS FROM 31 PATIENTS SUFFERING FROM OSTEOGENESIS IMPERFECTA R.E. Brenner*, U. Vetter*, W.M. Teller, O. Wörsdorfer*1 P.K. Müller*2
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We studied collagen synthesis, secretion and degradation by skin fibroblasts from 31 patients with osteogenesis imperfecta (OI) (5 cases of OI I, 3 of OI II, 14 of OI III, 9 of OI IV) and 12 agematched controls (C). Control fibroblasts showed an increase in collagen synthesis between 2 and 9 years of donors' ages. Cells from or patients did not reveal this increase, indicating a lack of collagen synthesis in early childhood. Secretion of collagen was not altered, whereas the relative amounts of collagen were decreased in OI I and II (C: $17,1 \pm 5,4 \%$, OI I: $14,4 \pm 5,1 \%$, OI II: $12,1 \pm 5,9 \%$ ). In OI III and IV it was normal (OI III: $17,0 \pm 6,4 \%$, OI IV: $17,9 \pm 5,7 \%$ ). Intracellular degradation of collagen was increased in all OI types and highest in the lethal OI II (C: $37 \pm$ 12\%, OI I: $54 \pm 12 \%$, OI II: $65 \pm 21 \%$, OI III: $49 \pm 19 \%$, OI IV: $\overline{5} 0$ $\pm 10 \%$ ). Suggestion: In OI the läck of adequate syñthesis of extracellular matrix proteins during early childhood may be secondary to other defects, but the decrease of fracture rates after that period suggests that above biochemical disturbance may be one step in the pathophysiologic pathway.

MULTIPLE PEROXISOMAL ENZYME DEFICIENCIES IN RHIZOMELIC CHONDRODYSPLASIA PUNCTATA Ruud B.H.Schutgens ${ }^{1}$, Ronald J.A.Wanders ${ }^{1}$, Hugo S.A. lleymans ${ }^{2}$ (Spon.by H.Przyrembel ${ }^{3}$ ) Dept. Pediatrics, Universities of Amsterdam ${ }^{1}$, Groningen ${ }^{2}$, Rotterdam ${ }^{3}$, Netherlands.

Rhizomelic Chondrodysplasia Punctata (RCDP) is a severe, autosomal recessive disorder with specific clinical abnormalities. As ocular features in RCDP resemble those in Zellweger syndrome (ZS), we compared peroxisomal functions in 14 RCDP patients, $Z S$ patients and controls. Some of the results are presented in the Table:

| Table | RCDP | ZS | Controls |
| :--- | :---: | :---: | :---: |
| PLASMA | range | $\overline{\mathbf{x}}+\mathrm{s.d}$. | $\overline{\mathrm{x}}+\mathrm{s} . \mathrm{d}$ | phytanic acid (mg/1) $15-380(10) 137 \pm 60$ (12) $9.2 \pm 2.2(27)$ FIBROBLASTS

DIIAP-AT ${ }^{\text {F }}$ activity
(nmoles $/ 2 \mathrm{~h} / \mathrm{mg}$ protein) $0.26-2.43(11) 0.66 \pm 0.50(19) 7.2 \pm 2.1(58)$
$\left(\mathrm{C}_{26} / \mathrm{C}_{22}\right)$ fatty acids $0.02-0.13(14) 0.57+0.23(17) 0.07+0.03(39)$
Particle-bound catalase (\%) $>65$ (11) $<5$ (32) $\quad>65$ (58)
*DIIAP-AT=acyl-CoA:dihydroxy-acetone phosphate acyltransferase.
So, RCDP results from multiple peroxisomal deficiencies. However, in contrast to $Z S$, peroxisomal $\beta$-oxidation and intracellular catalase localisation are normal. Pre- and postnatal diagnosis of RCDP can be based on these findings. No peroxisomal dysfunction was found in Conradi-Hündermann syndrome and in X-linked dominant CDP.

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An 8 month old Arab boy was investigated for recurrent attacks of hypoglycemia occurring during intercurrent infectlons, which were assoclated with metabolic acidosis and on one occasion with translent abormal liver iunction tests parents are first cousins. A sibling suffered from similar manifestations and succumbed at 2 years. The patient tolerated an 18 hour fast without evidence of hypoglycemia nor did he become ketonemic.His serum carnitine was total 15 and free 12 nmol/l.Treatment included oral carnitine, a high CHO low fat and protein diet. After stopping carnitine, the patient went into coma with metabolic acidosis from which he recovered slowly with iv glucose and electrolytes.Gaschromatographic/mass spectrometric analysis of his urinary organic acids revealed abnormal peaks identified as glutaric acid, methylglutaric acid. 3-methylglutaconic acid and 3-OH-3-methylglutaric acid. fibroblast 3-0H-3-methyl glutaryl CoA lyase activity was 0.1 (norrnal $22.1+6.7$ ) $\mathrm{nmol} / \mathrm{min} / \mathrm{mg}$ prot. This Is the f irst patient with Hilig CoA lyase deficiency described in Israel. The Authors are indebted to Dr.D. Abellovitz for tissue cultures and or A.J. Wanders for determining fibroblast enzyme activity. OF NORADRENALINE (NA) IN HUMAN MYOCARDIUM. Tor Skomedal, Halfdan Aass, Jan-Bjørn Osnes, Asbjørn Langslet and Gudmund Semb . University of Oslo, Department of Pharmacology and Ulleval Hospital, Departments of *Pediatrics and ** Surgery, oslo, Norway.
In order to investigate whether NA could elicite IE through activation of $\alpha-A R$ also in human heart, specimens of both atrial (AM) and ventricular muscle (VM) were obtained during open heart surgery and studied ex vivo at extensive $\beta-A R$ blockade. In adult patients, NA elicited an $\alpha$-adrenergic inotropic effect ( $\alpha-A I E$ ) both in AM and VM with maximal response (MR) of about $50 \%$ compared to control contraction before additon of $N A$. In VM from two children with subvalvular pulmonary stenosis (SVPS), NA was less potent compared to adult VM, although MR was rather similar. In AM from one child with Down's syndrom (trisomy 21) and heart malformation, NA showed about the same potency as in VM from SVPShearts. MR was about 600 o compared to control contraction. The basal function of this AM during control period was rather poor possibly explaining the large relative response. Thus NA can elicite an $\alpha-A I E$ in $A M$ and VM from both children and adults. The potency and efficacy may differ depending upon age or pathophysiology or both.

