



UNIVERSITAT DE  
BARCELONA

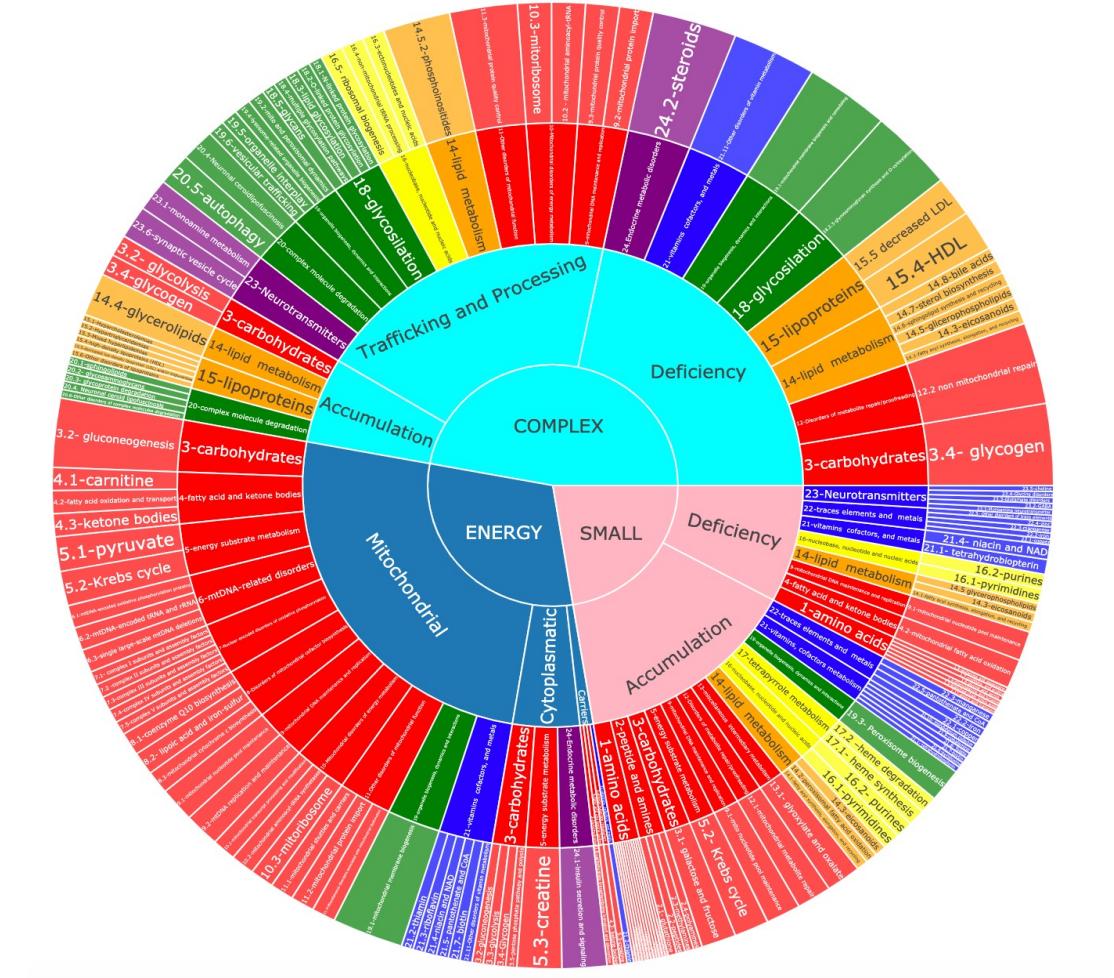
# Maladies métaboliques du trafic cellulaire: présentations neuropédiatriques

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**SJD**  
Sant Joan de Déu  
Barcelona · Hospital

1. Small molecules disorders >300
  - Accumulation (catabolism) >200
  - Deficiency (synthesis or transport) >100
2. Complex molecules disorders >650
  - Accumulation (catabolism: storage) >80
  - Deficiency (synthesis, recycling)>300
  - Trafficking, processing, quality control... >270
3. Energetic disorders >430
  - Transporters defects of fuel molecules 12
  - Cytoplasmic defects >60
  - Mitochondrial defects >350



1. Intermediary metabolism: Nutrients
2. Intermediary metabolism: Energy
3. Lipid metabolism and transport
4. Heterocyclic compounds
5. Complex molecules and organelles
6. Trace elements and vitamins
7. Metabolic cell signalling

# What is cell trafficking?

Process that allows the exchange of signals and metabolites between cellular compartments

346  
diseases

Trends in  
Genetics

Review

Genetic disorders of cellular trafficking

Angeles García-Cazorla,<sup>1,4,\*</sup> Alfonso Oyarzábal,<sup>1,4</sup> Jean-Marie Saudubray,<sup>2</sup> Diego Martinelli,<sup>3</sup>  
and Carlo Dionisi-Vici<sup>3,\*</sup>

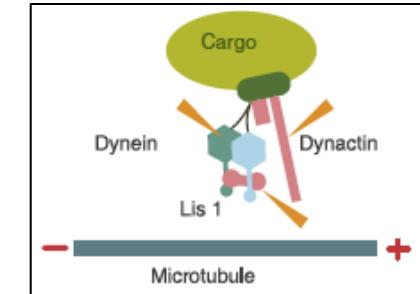
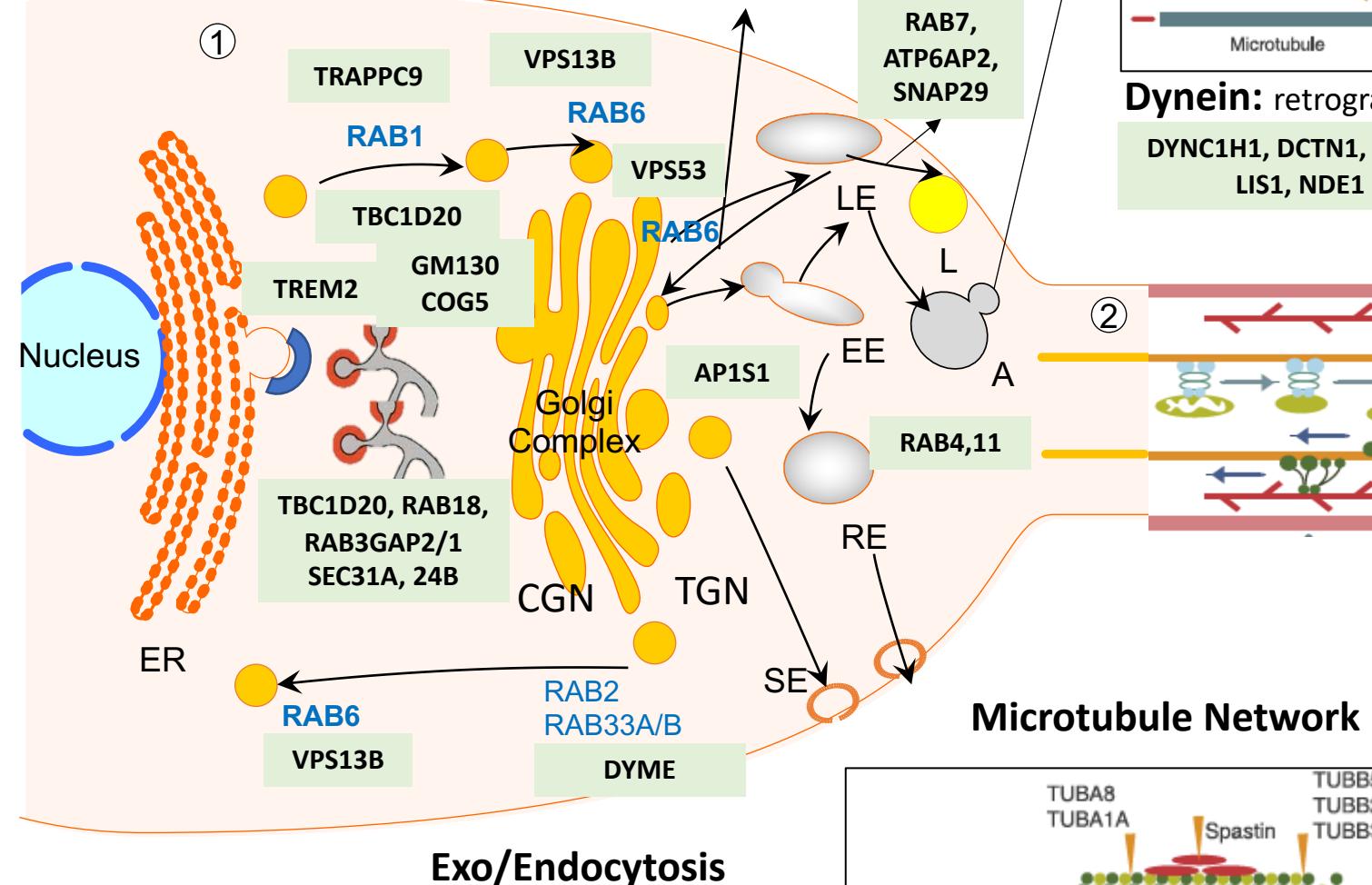
March, 2022

CellPress  
OPEN ACCESS

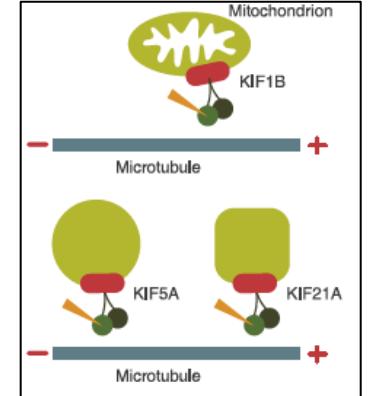


EPG5, WDR45, SNX14,  
SPG11, ZFYVE26, AP5Z1,  
RAB7, ATG5, SQSTM1

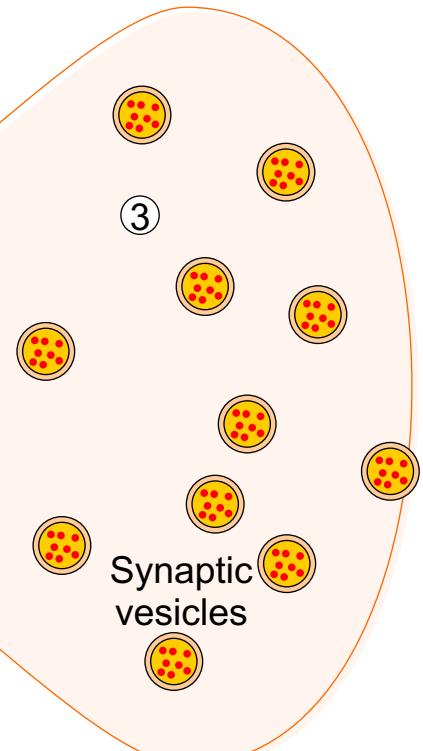
## Autophagy related



**Dynein: retrograde**  
DYNC1H1, DCTN1, BICD2, LIS1, NDE1

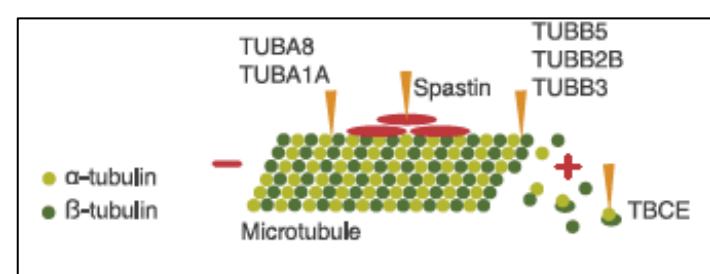


**Kinesin: anterograde**  
KIF5A, KIF5C, KIF1A, KIF1C, KIF14, KIF16A, KIF4A, KIF7, KIF12A, KIF11, KIF10, KIF6, KIF15, KIF2A, KBP



## Tubulinopathies

TUBA1A, TUBA8, TUBB, TUBB2, TUBB2B, TUBB3, TUBB4A, TUBB4B, TUBB6, TUBG1



## Synaptic Vesicle Cycle Disorders:



## EARLY ONSET ENCEPHALOPATHIES

Complex global encephalopathies, **microcephaly ++, brain malformation (+/-), epileptic encephalopathies**

With **MULTISYSTEM involvement**

## SYNAPTOPATHIES

Continuum ID +/-epilepsy +/- mov. disorders +/-npsy (autism++)



## PREDOMINANT MOTOR DISORDERS

May appear at any age (most childhood-adulthood onset).  
**Neurodegenerative diseases**

**ATAXIA**

**SPASTIC PARAPARESIS**

**PARKINSONISM and other MD**

**PERIPHERAL NEUROPATHY**

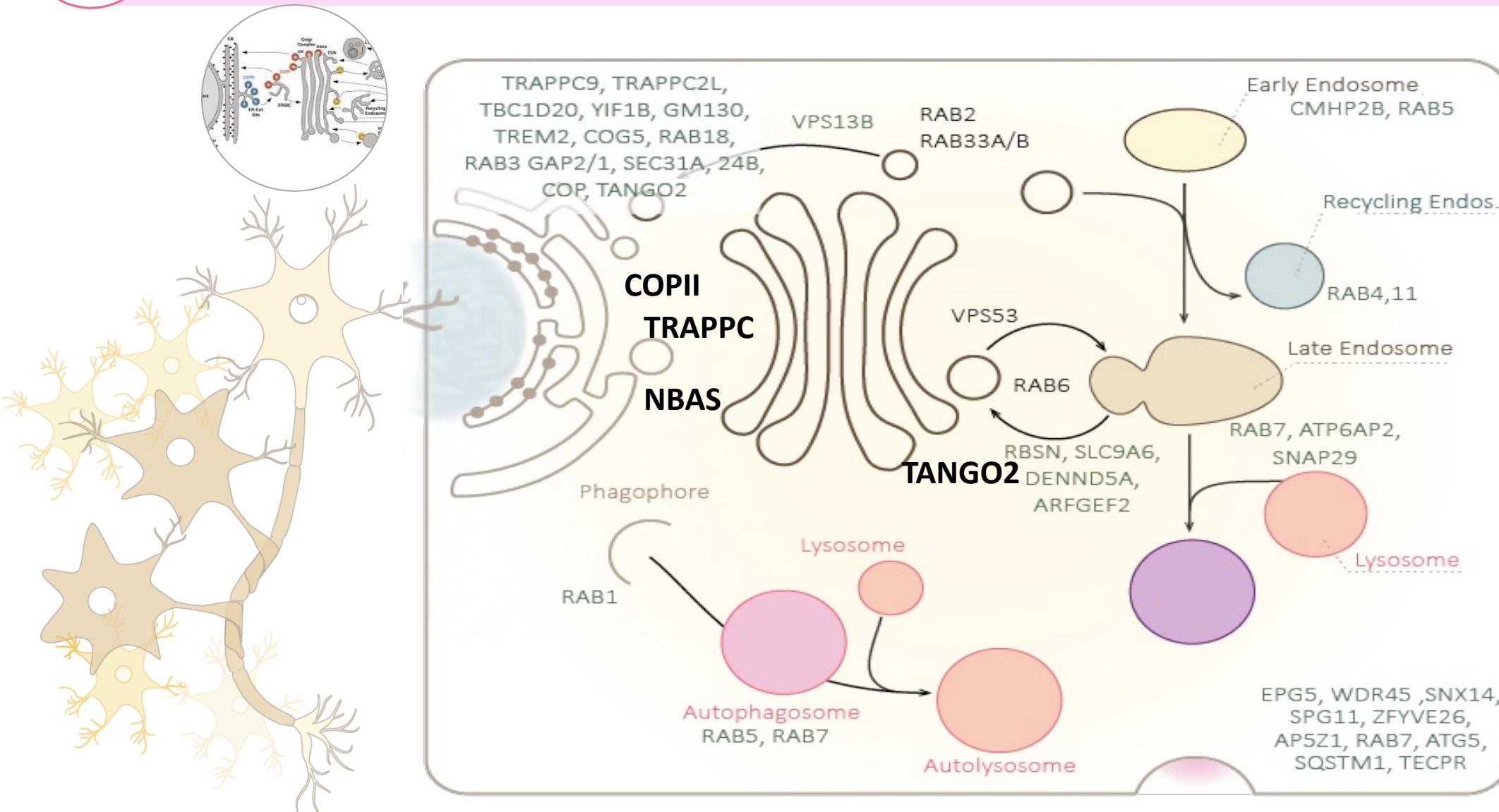
**AMIOTROPHIC LATERAL SCLEROSIS**

**SPINAL MUSCLE ATROPHY**

**DEMENTIA**

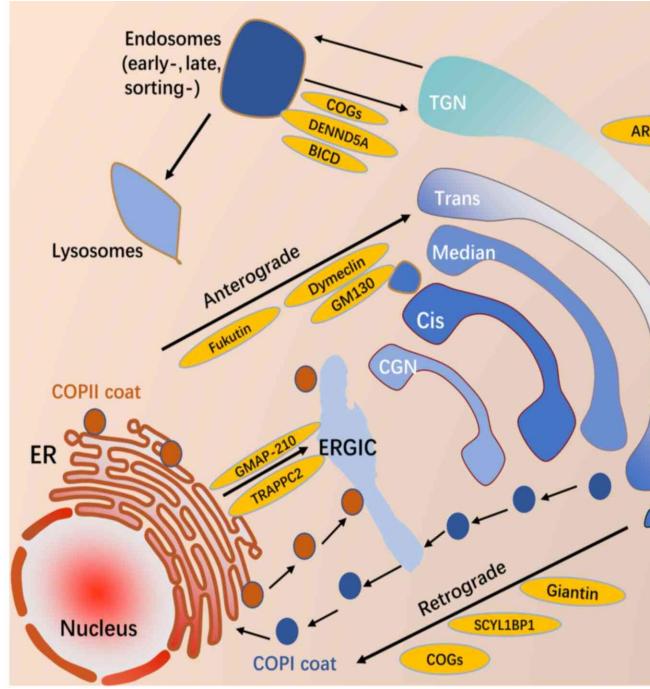


## EXOCYTIC COMPARTMENT (vesicular trafficking) : cargo movement out of the cell



## CLINICAL CASES

Liu et al, 2021



# TRAfficking Protein Particle Complex subunit 11

**TRAPPC11:** Vesicle transport from RE to Golgi.

20 patients reported. Limb-girdle muscle dystrophy

# Expanding the phenotypic spectrum of *TRAPPC11*-related muscular dystrophy: 25 Roma individuals carrying a founder variant

Justel et al, 2023. *Journal of Medical Genetics*

Founder mutation: c.1287+5G>A

-Typical pheatures of Golgopathies: microcephaly

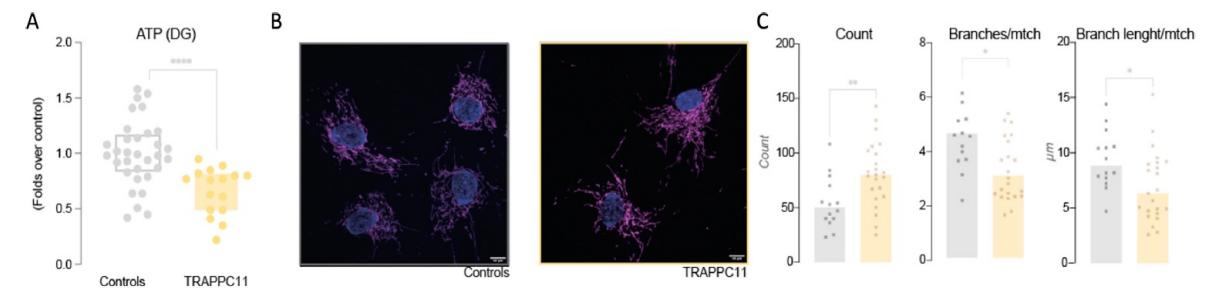
**-Decompensations triggered by fever:**

Rhabdomyolysis (CPK: from 300 to 3000 UI/L), some times neurological regression.

-Others: epilepsy, cortico-subcortical atrophy (mostly occipital), cataract, achalasia, alacryma, liver dysfunction

**-MITOCHONDRIAL DYSFUNCTION**

**-ABNORMAL AUTOPHAGY**



Increased in mitochondrial counts, networks are less branched and with shorter mitochondria

## CLINICAL CASES

Educational videos from a webinar freely available on YouTube  
<https://www.youtube.com/watch?v=YHKJMO-WBgs>

### INTERMITTENT and ACUTE-ONSET episodes

Extreme fatigue, weakness  
Loss of muscle control  
Drooling, Swallowing difficulties  
Dystonia  
Slurred speech  
Episodes mimicking seizures  
**Metabolic crises**

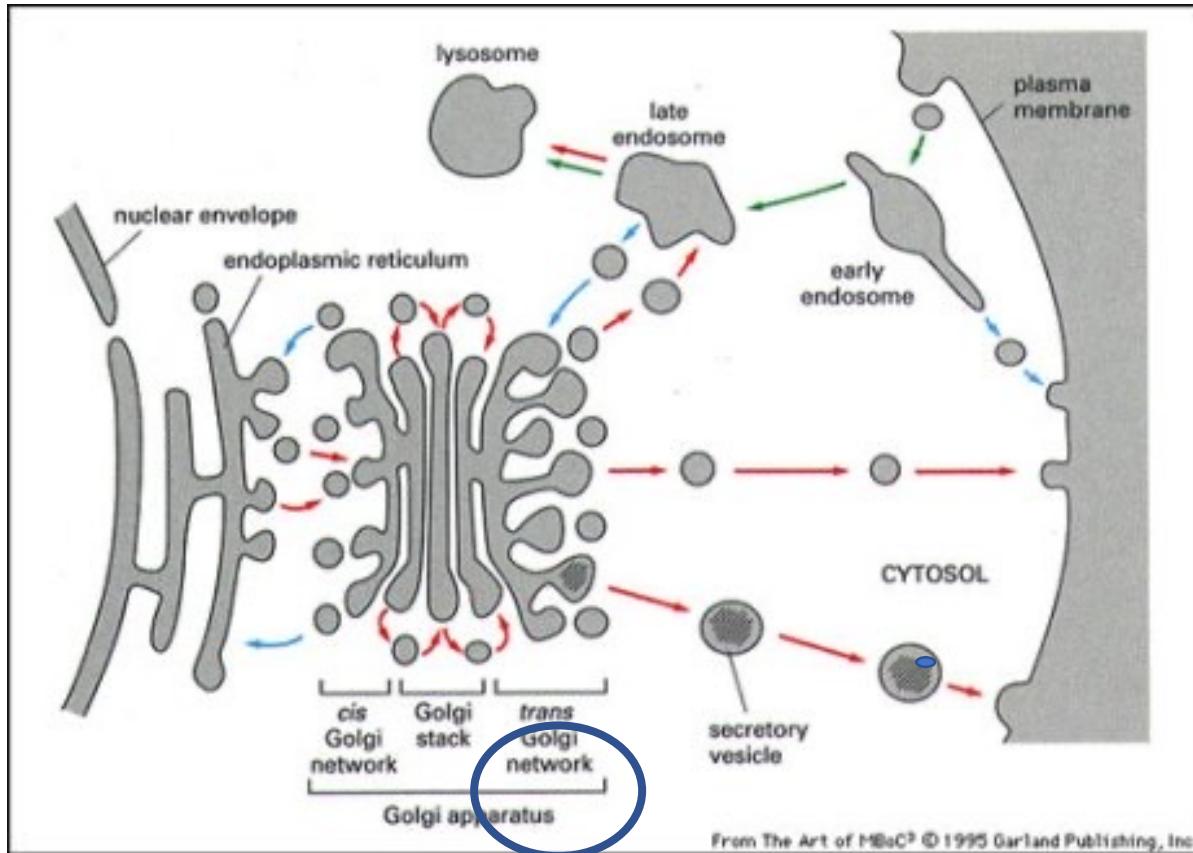
### CHRONIC sings

Developmental delay/ID, Motor problems: abnormal gait, poor coordination, Hypotonia, hypertonia, dystonia, Spasticity, Slurred speech, Epilepsy (different types, may be refractory)

# TANGO 2 mutations (Trans Golgi Network)

Fever, Fasting, Anesthetic Drugs, L-Carnitine?

Bérat, 2020



**TREATMENT:** Limitation of fasting, glucose infusion upon febrile illnesses, starchy foods for dinner. Hyperhydration without potassium, strict ionic and cardiac monitoring. **B VITAMINS**

## METABOLIC CRISES

### Rhabdomyolysis

+/-

High lactate, ammonia  
Low glucose

Cardiac Arrhythmias  
(long Q-T)

Hypothyroidism

## Intellectual Disability

+/-

Complex encephalopathy  
Spastic paraparesis  
Other motor dysfunction  
Epilepsy, "Myopathic"  
**NRL regression**

## CLINICAL CASE



2 years

- Neurodevelopmental epileptic encephalopathy
- Acquired microcephaly
- **Episodes of transaminitis triggered by fever with normal lactate, ammonia, aa, organic acids....**

**OSTEOPOROSIS**



**ARTICLE** Marom et al, 2021

COPB2 loss of function causes a coatopathy with osteoporosis and developmental delay



## FEVER as a trigger in cellular trafficking defects

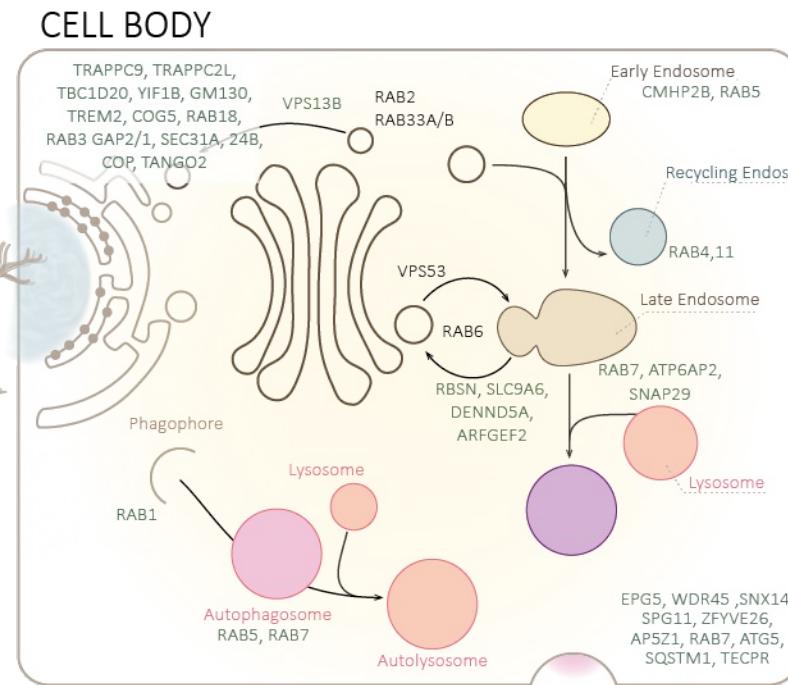
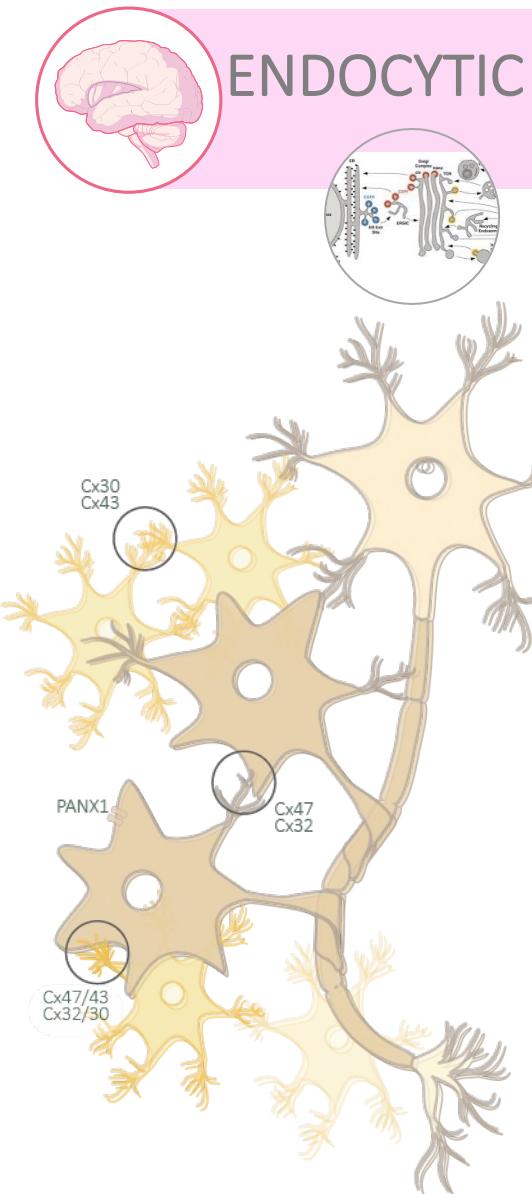
RHABDOMYOLYSIS

LPIN1, TANGO2,  
RYANODIN R  
TRAPPC11

RALF

NBAS, SCYL1,  
RINT-1, PERK  
  
COPB2  
(1 observation)

# ENDOCYTIC compartment (vesicular trafficking): movement of the cargo inside the cell



## Golgi - endosomes defects

Complex early-onset encephalopathies that may associate with multisystemic involvement

**SLC9A6**

## Late endosome - lysosome defects

Neonatal seizures

**ATP6A2, IER3IP1**

Complex multisystemic

**SNAP29**

Peripheral neuropathy

**RAB7**

Lysosome biogenesis defects

**Lowe syndrome**

**HOPSANDs (HOPS Associated Neurological Disorders)**

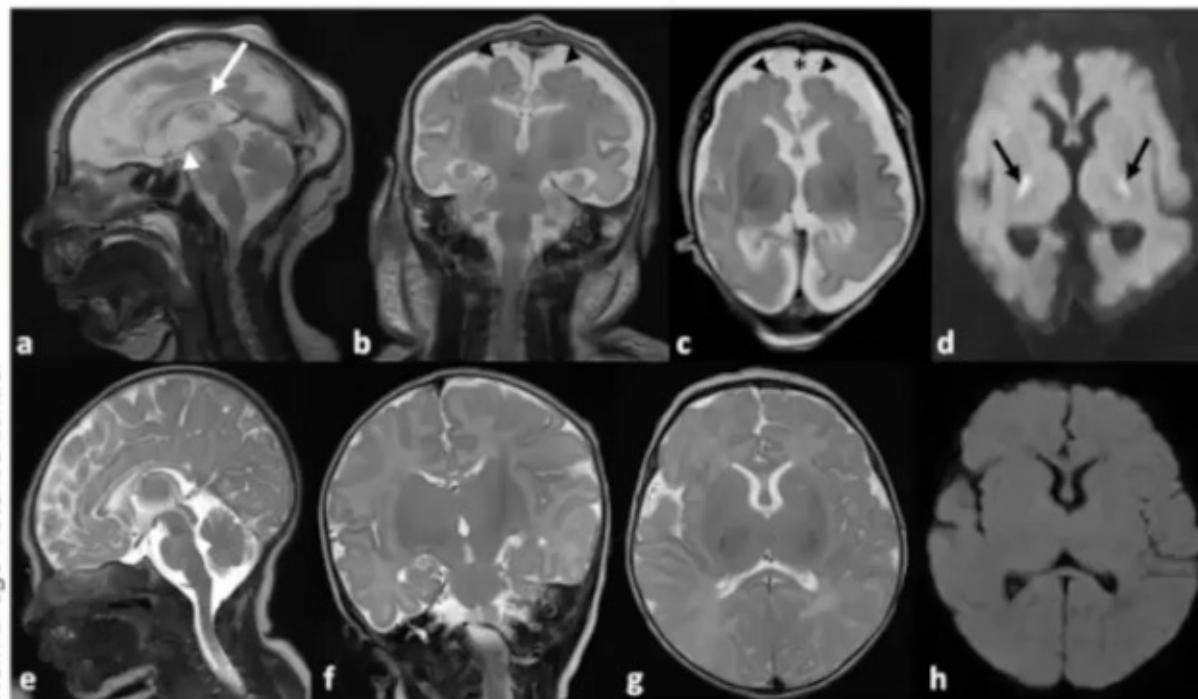
Early-onset dystonia + lysosomal abnormalities

# IER3IP1

(Immediate early response-3 interacting protein-1 )

IER3IP1

Normal-age-matched control



MRI images from a 5-weeks

Early onset encephalopathies:

Microcephaly, epilepsy,  
and diabetes (MED)

Congenital microcephaly with progressive head growth deceleration.

MRI: Simplified gyral pattern, agenesis/hypoplasia of corpus callosum and hypoplastic cerebellar vermis.

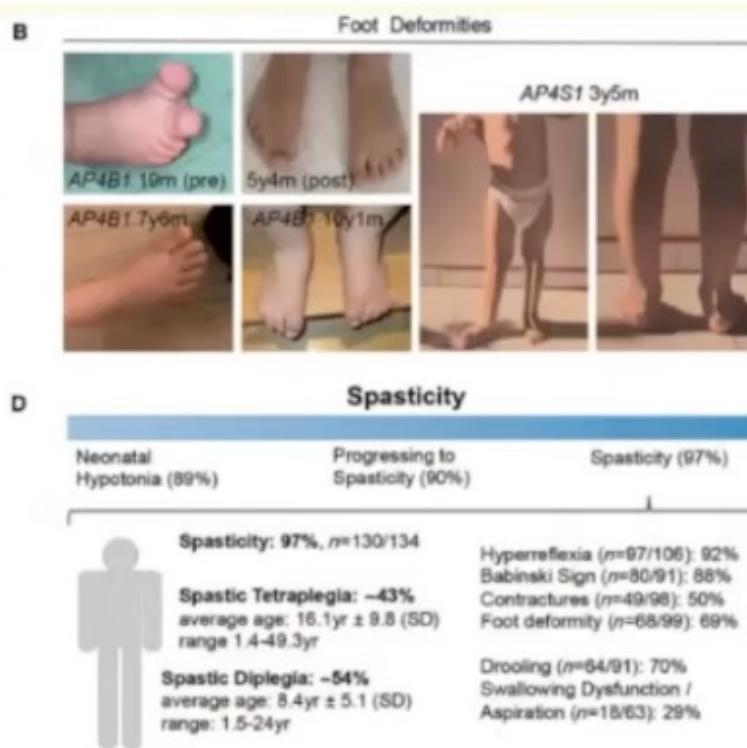
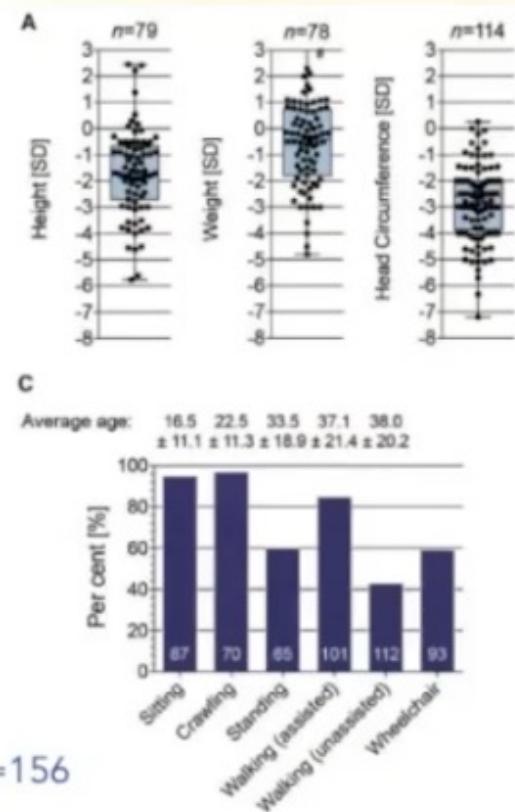
Early onset epilepsy: 0-2 months  
Refractory epilepsy.

EEG: Burst-suppression or hypersynchrony

Early onset diabetes: 0-2 months  
Severe psychomotor retardation  
Death: 7 w- 8 yo

# AP4

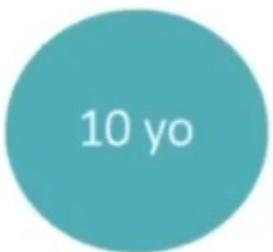
(Adaptor protein complex 4)



Defects in this gene are associated with  
Complex Hereditary  
Spastic Paraparesis  
(HSP)

Developmental delay  
Infantile hypotonia  
Lower limb spasticity  
Postnatal microcephaly  
Facial dysmorphisms  
Foot deformity  
Epilepsy  
Extrapyramidal MDs  
Cerebellar signs

## CLINICAL CASE



Disease onset  
Tremor - ULs



Tremor – Trunk and limbs  
Gait instability



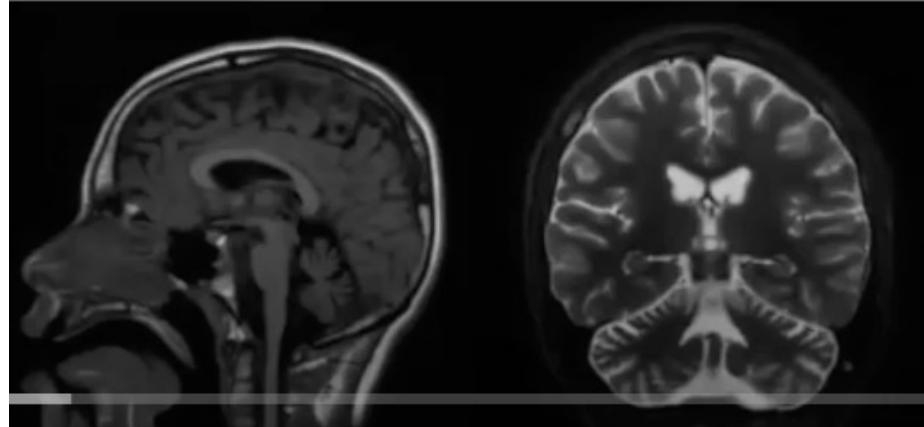
Cognitive impairment  
Ataxia  
OMA  
Ophthalmoplegia



Global hypokinesia  
Hypomimia  
Rigidity

---

Loss of cognitive and motor abilities



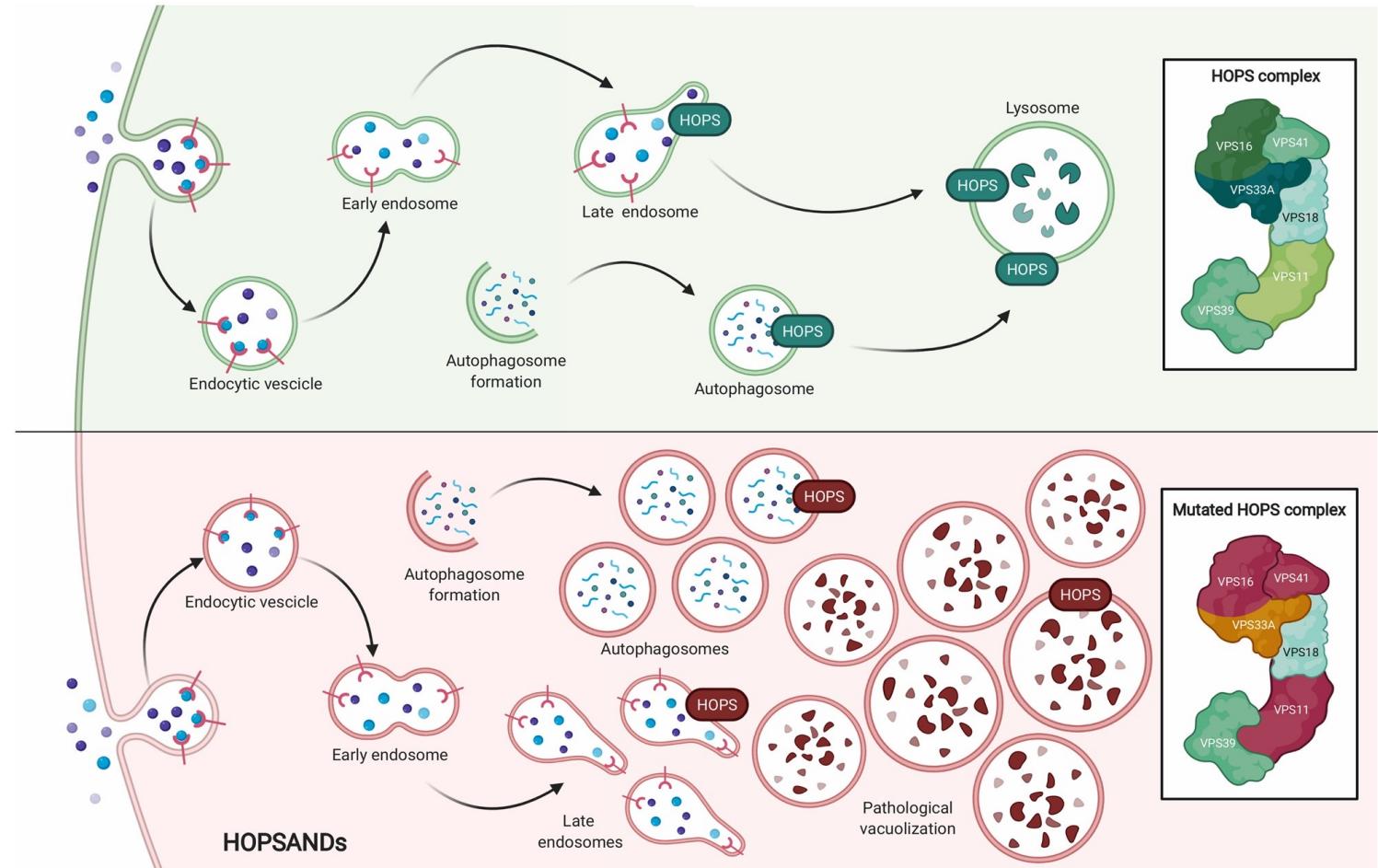
- **ATXN2 gene (Ataxin 2)** associated with expansion diseases (CAG repeat expansions)---AD: SCA ataxia and Parkinson's disease. Intermediate expansion increase the susceptibility to ALS
- Localizes to the ER and plasma membrane and is involved in ENDOCYTOSIS
- ATXN2 also modulates mTOR, modifies ribosomal transmaltion and mitochondrial function

# HOPS-associated neurological disorders (HOPSANDs): linking endolysosomal dysfunction to the pathogenesis of dystonia

**The protein sorting (HOPS) complex** is the structural bridge necessary for the **fusion of late endosomes and autophagosomes with lysosomes**

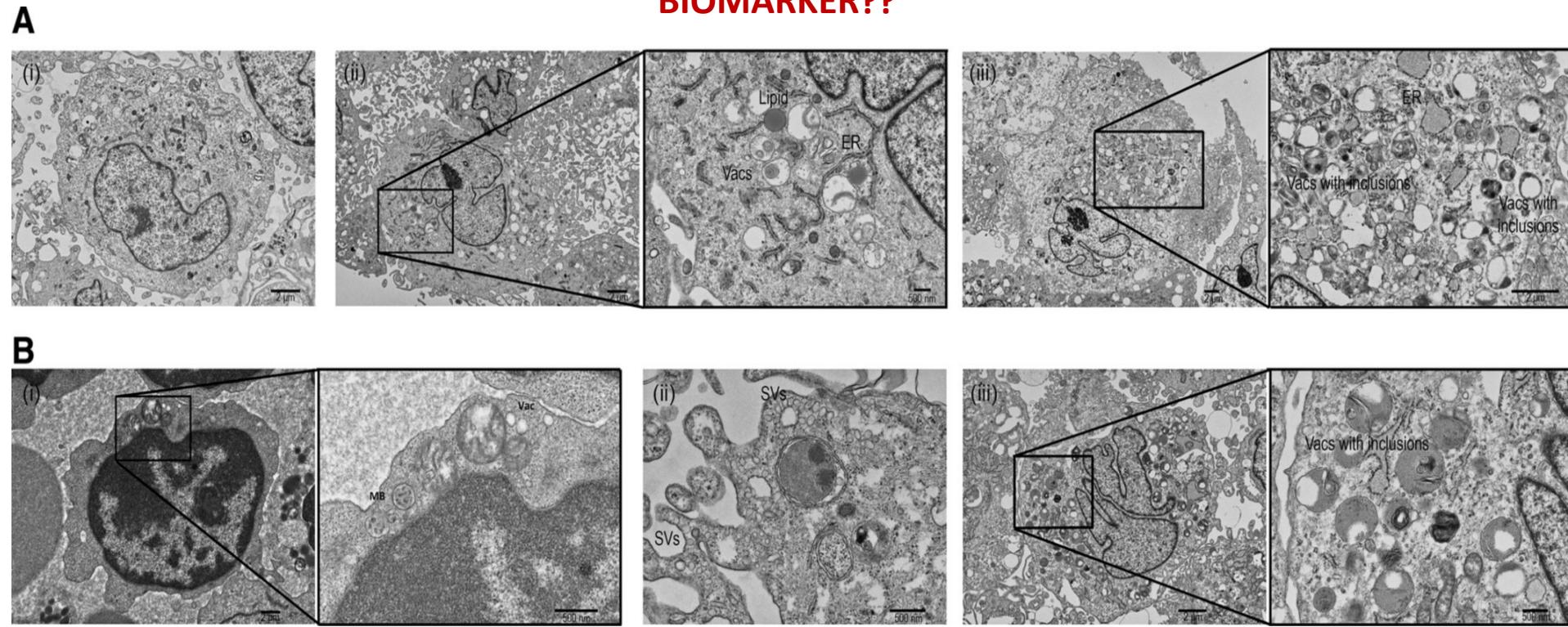
**Mutations in genes encoding HOPS complex proteins cause inherited dystonias**  
(i.e. **VPS16, VPS41, and VPS11**).

## ENDOLYSOSOMAL COMPARTMENT



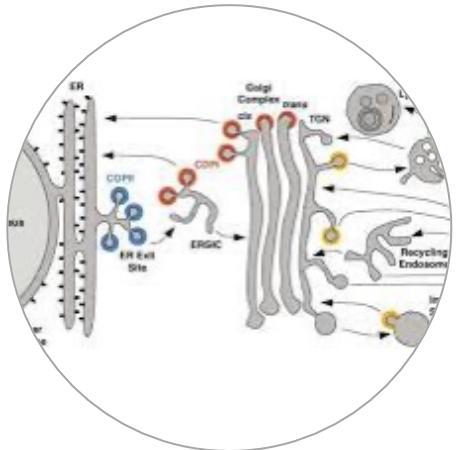
Functional and microstructural studies on patient-derived fibroblasts carrying mutations of HOPS complex subunits displayed clear abnormalities of the lysosomal and autophagic compartments

## SMALL VACUOLES, MULTIVESICULAR BODIES, ABNORMAL INCLUSIONS

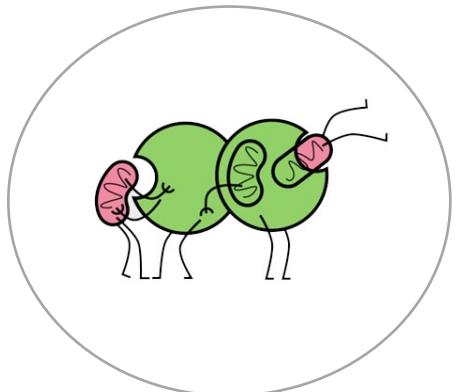


# Pathophysiological categories of cell trafficking

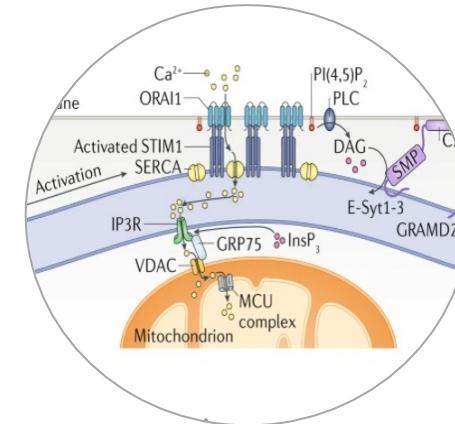
## Membrane trafficking : Vesicular Trafficking



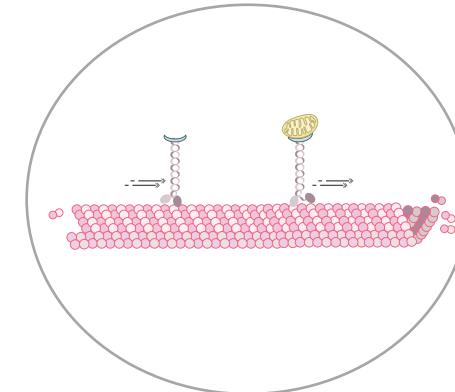
Autophagy (self eating vesicular process)

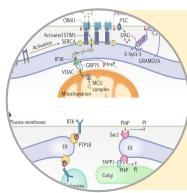


## Membrane contact sites (MCS)



Cytoskeleton related trafficking

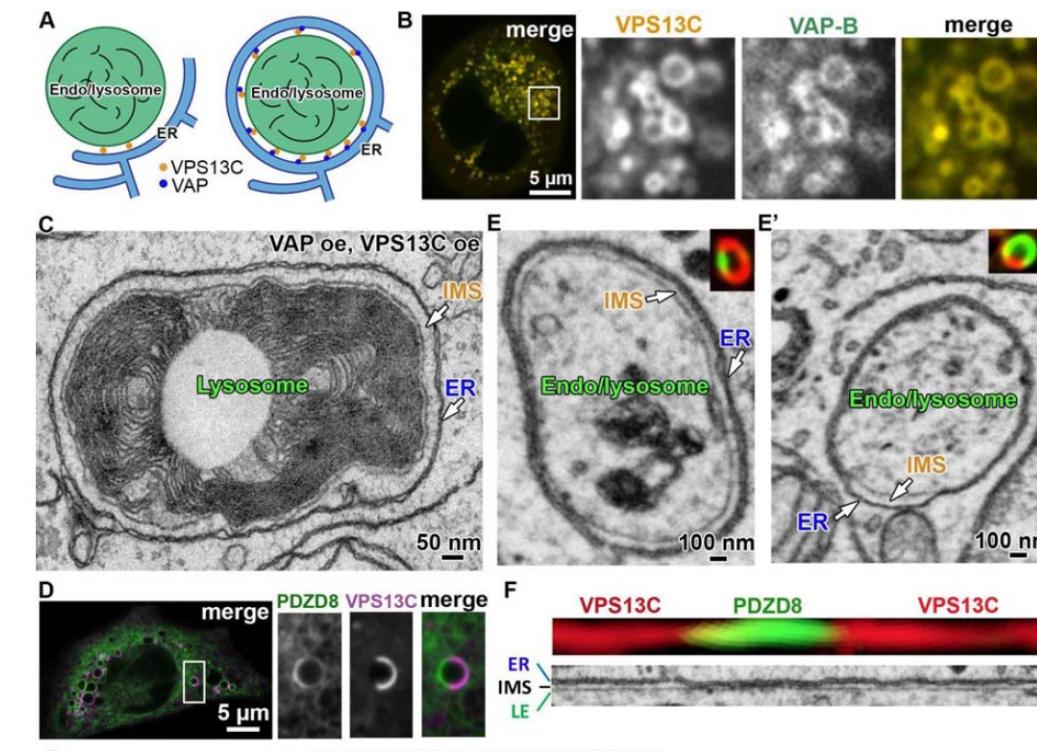
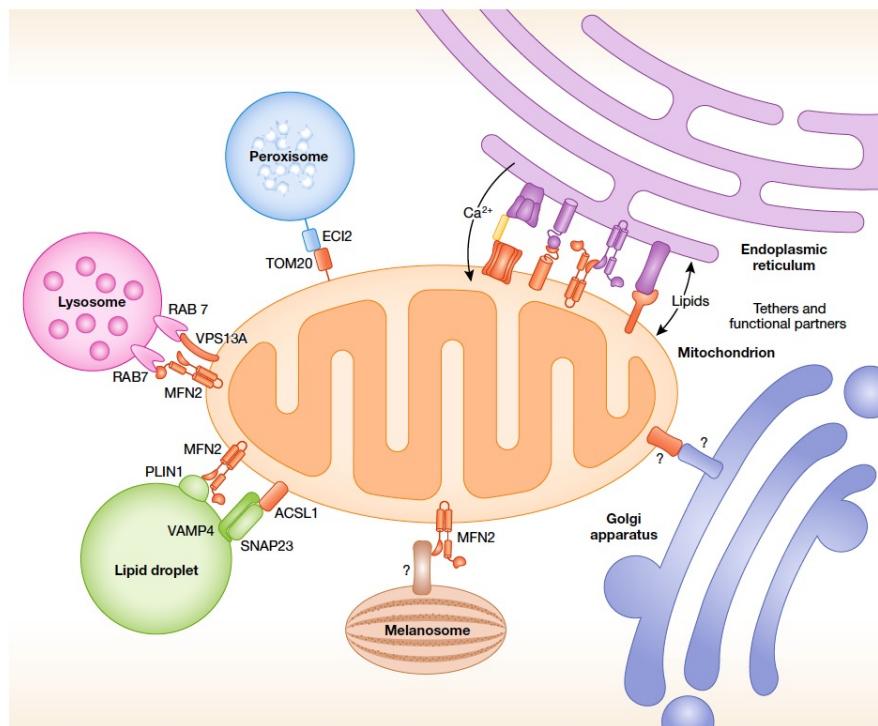




# MEMBRANE CONTACT SITES (homotypic, heterotypic)

- Tethering forces
- Lack of fusion
- Specific function
- Defined proteome/lipidome

The most common distance: from 10 to 80 nm  
although some MCS are much larger (over 300 nm)



# MAM. Metabolic implications of organelle–mitochondria communication

Phospholipid traffic

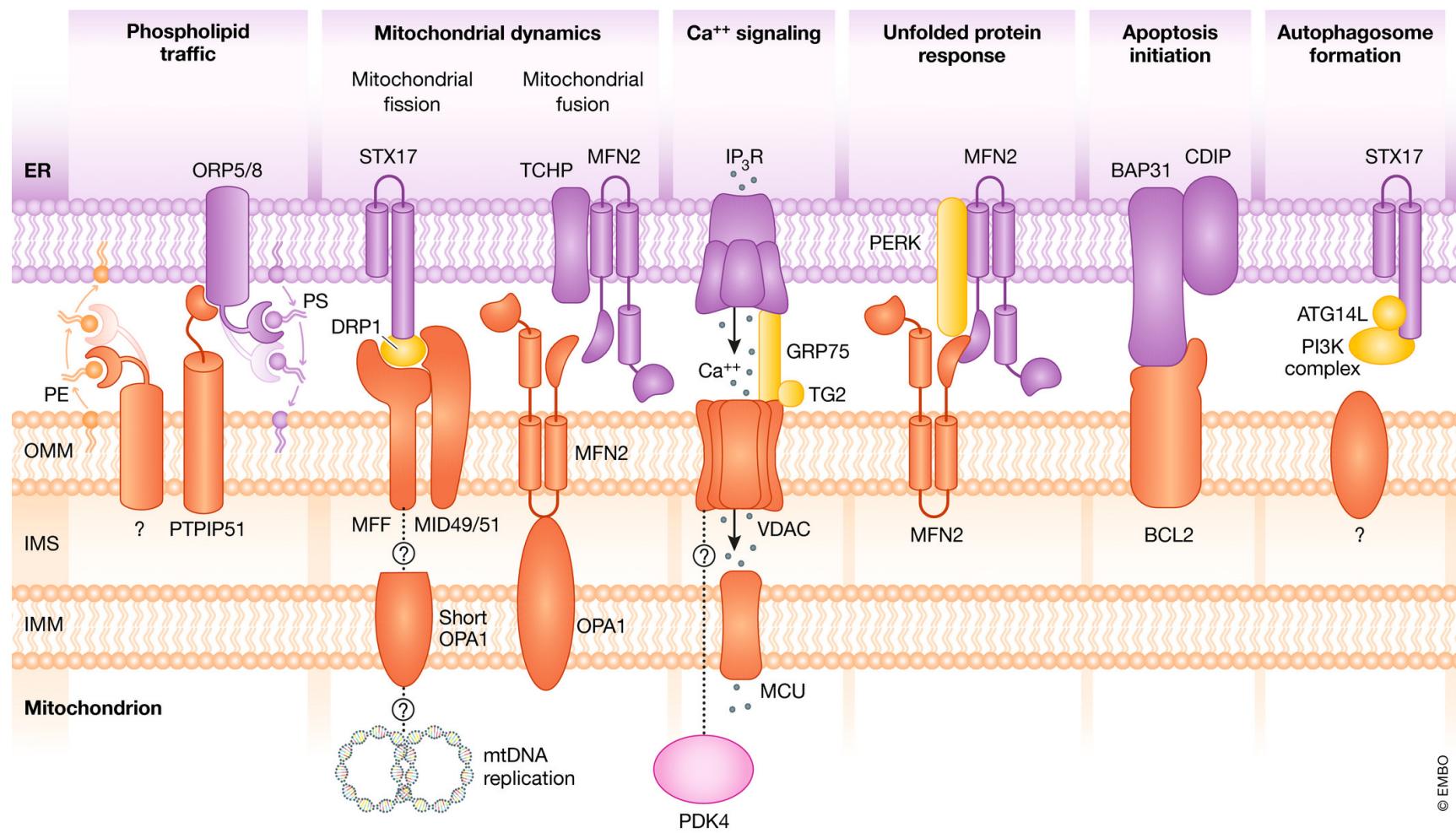
Mitochondrial dynamics

Ca<sup>++</sup> signaling

Unfolded protein response

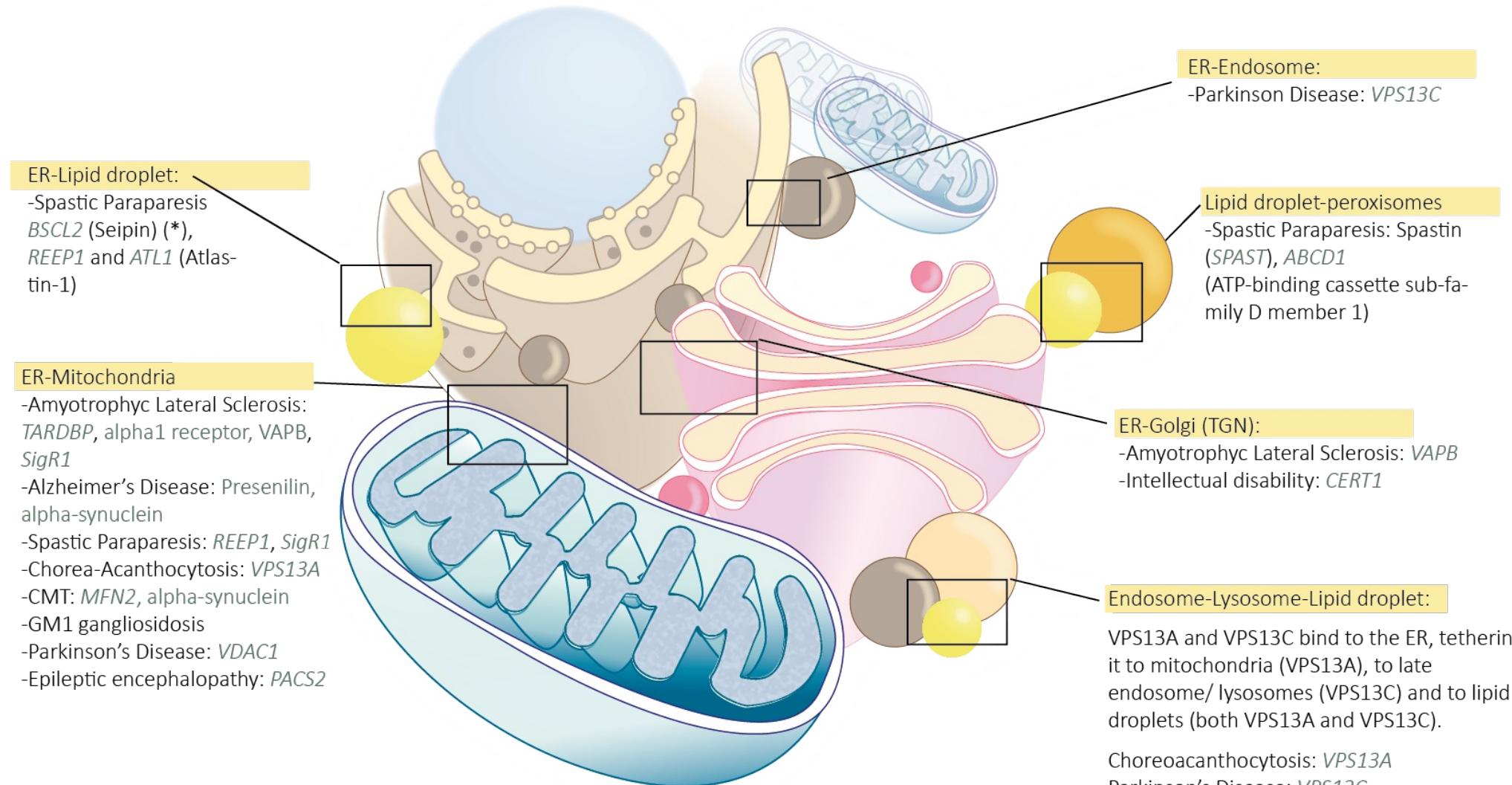
Apoptosis initiation

Autophagosome formation



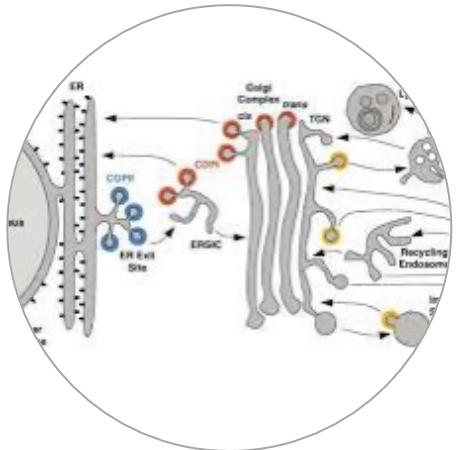
© EMBO

# Most Membrane Contact Sites (MCS) defects are NEURODEGENERATIVE disorders

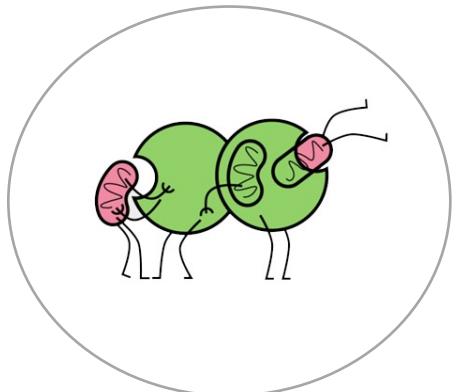


# Pathophysiological categories of cell trafficking

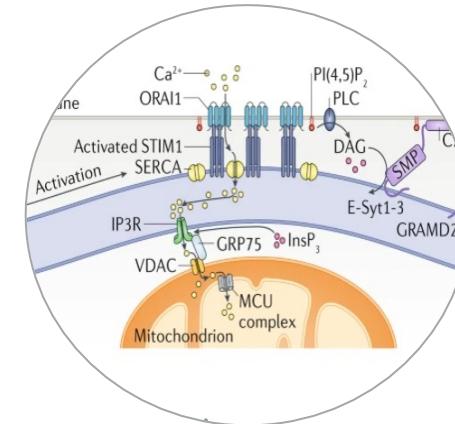
## Membrane trafficking : Vesicular Trafficking



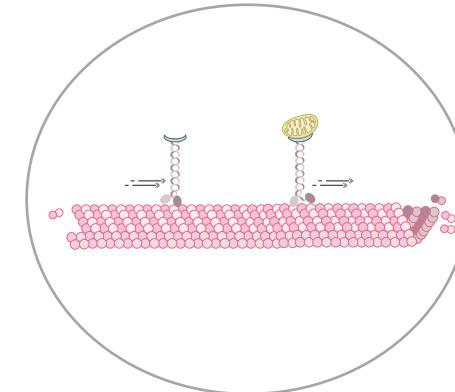
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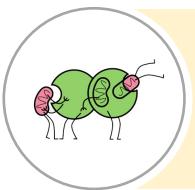


## Membrane contact sites (MCS)

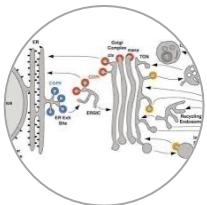


Cytoskeleton related trafficking



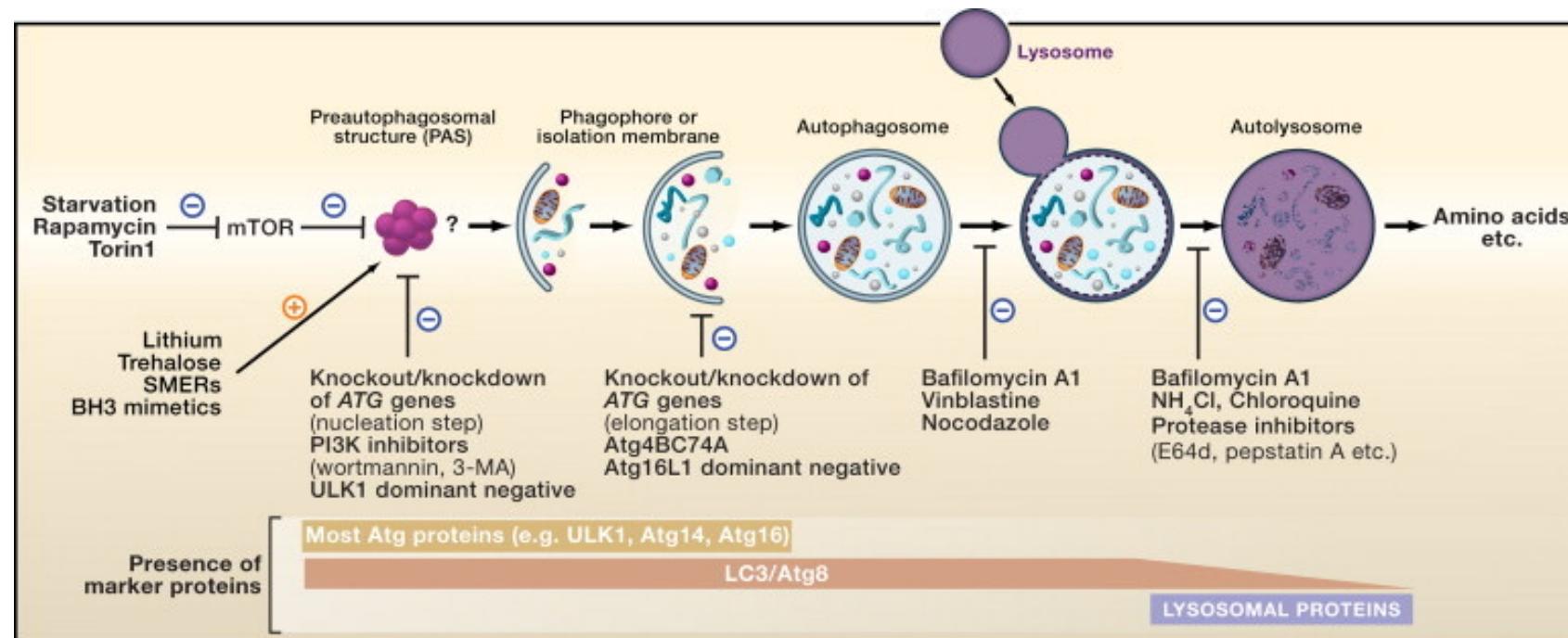


# AUTOPHAGY



Complex process that starts with a double-membrane precursor (the phagophore) in the cytoplasm to continue with the formation of the autophagosome and autolysosome:

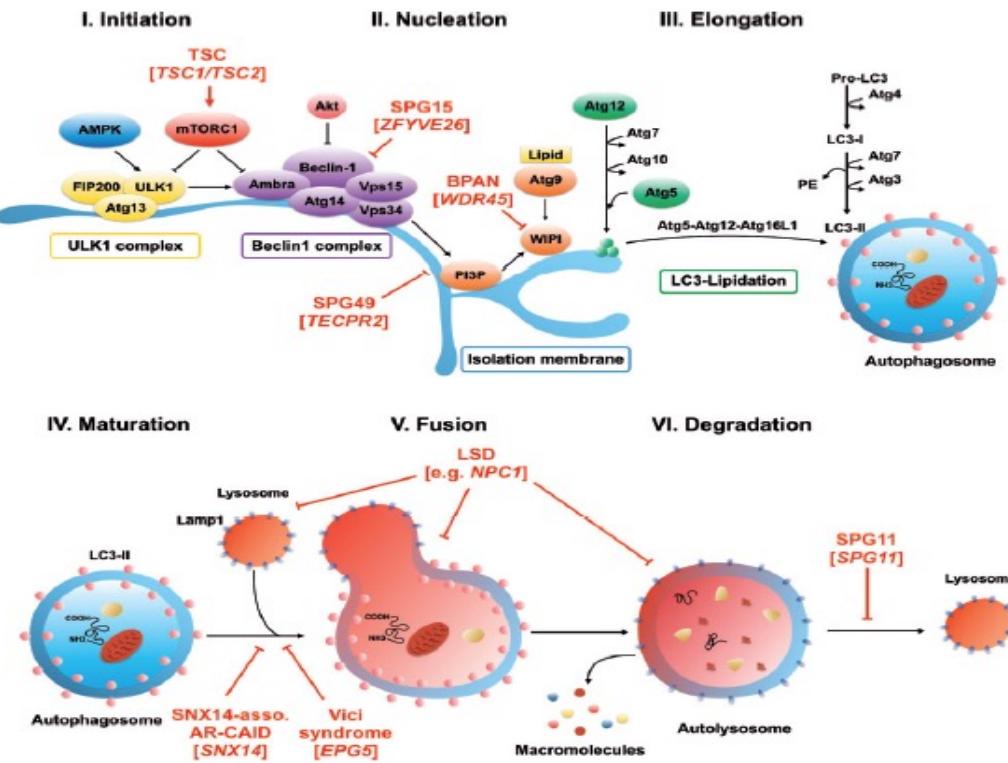
allows recycling amino acids, lipids, and carbohydrates during periods of nutrient starvation



# Recessive mutations in *EPG5* cause Vici syndrome, a multisystem disorder with defective autophagy

Thomas Cullup<sup>1,28</sup>, Ay Lin Kho<sup>2,3,28</sup>, Carlo Dionisi-Vici<sup>4,5</sup>, Birgit Brandmeier<sup>2,3</sup>, Frances Smith<sup>1</sup>, Zoe Urry<sup>6</sup>, Michael A Simpson<sup>6</sup>, Shu Yau<sup>1</sup>, Enrico Bertini<sup>5</sup>, Verity McClelland<sup>7</sup>, Mohammed Al-Owain<sup>8,9</sup>, Stefan Koelker<sup>10</sup>, Christian Koerner<sup>10</sup>, Georg F Hoffmann<sup>10</sup>, Frits A Wijburg<sup>11</sup>, Amber E ten Hoedt<sup>11</sup>, R Curtis Rogers<sup>12</sup>, David Manchester<sup>13</sup>, Rie Miyata<sup>14</sup>, Masaharu Hayashi<sup>15</sup>, Elizabeth Said<sup>16,17</sup>, Doriette Soler<sup>18</sup>, Peter M Kroisel<sup>19</sup>, Christian Windpassinger<sup>19</sup>, Francis M Filloux<sup>20</sup>, Salwa Al-Kabi<sup>21</sup>, Jozef Hertecant<sup>21</sup>, Miguel Del Campo<sup>22</sup>, Stefan Buki<sup>23</sup>, Istvan Bodai<sup>23</sup>, Hans-Hilmar Goebel<sup>24</sup>, Caroline A Sewry<sup>25</sup>, Stephen Abbs<sup>1</sup>, Shehla Mohammed<sup>26</sup>, Dragana Josifova<sup>26</sup>, Mathias Gautel<sup>2,3,29</sup> & Heinz Jungbluth<sup>7,27,29</sup>

Nat Genet 2013



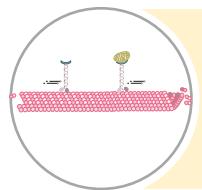
# Disorders of autophagy

-Multisystemic disorders

-Neurodevelopmental----Neurodegenerative disorders

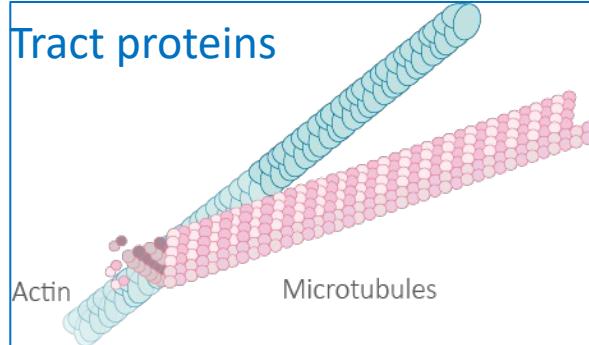
-Late onset neurodegenerative

- **EPG5-associated Vici syndrome,**
- **WDR45-associated β-propeller protein associated neurodegeneration,(BPAN)**
- **WIPI2:** neurodevelopmental disorder
- **SNX14-associated autosomal-recessive spinocerebellar ataxia 20,**
- **ATG5-associated autosomal-recessive ataxia syndrome,**
- **SQSTM1/p62-associated childhood-onset neurodegeneration,**
- **Several forms of the hereditary spastic paraplegias.**

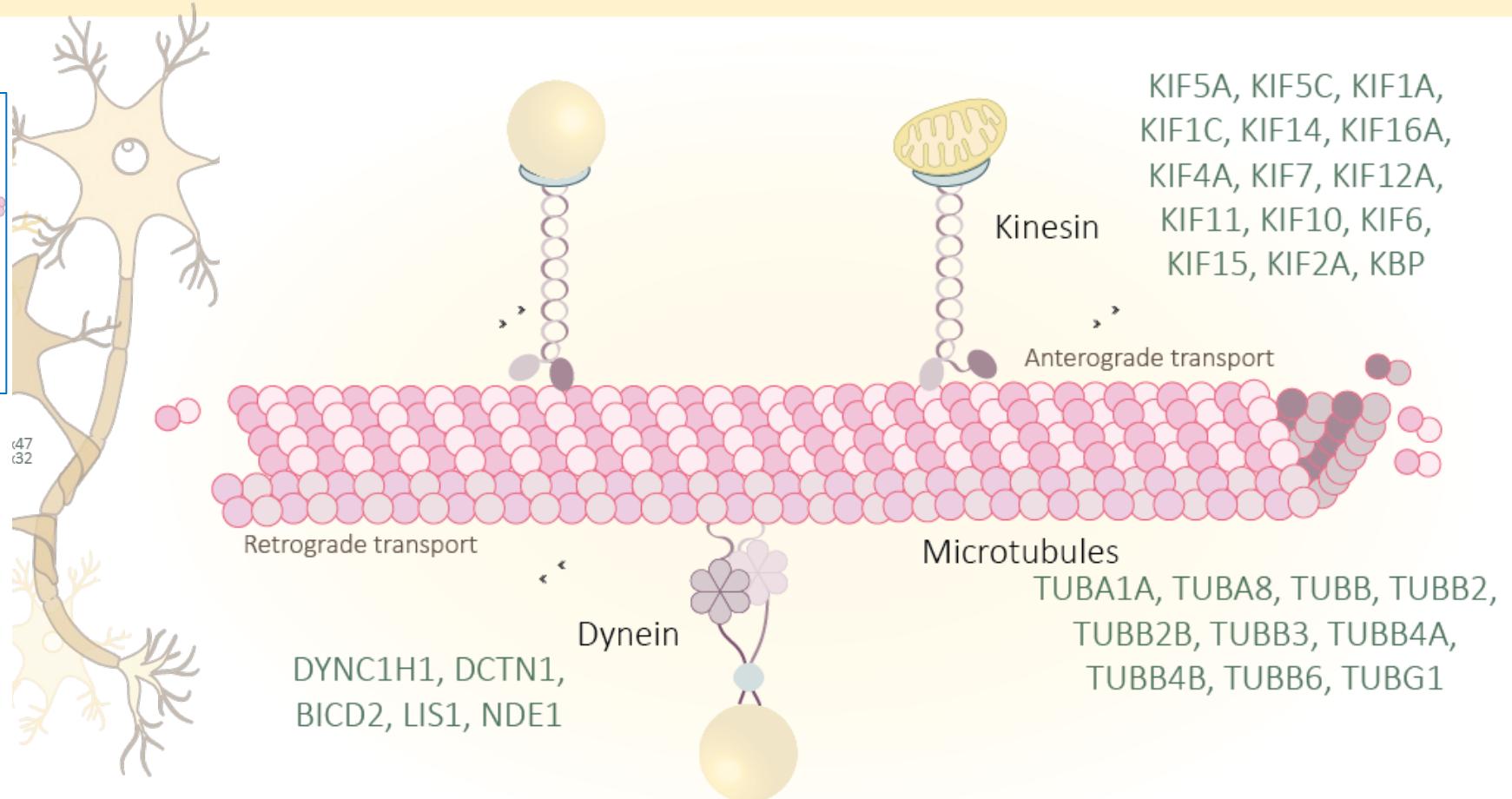


## TRAFFICK ALONG CYTOSKELETON

## “Cellular Highways”



**Motor proteins**  
**KINESIN:**  
Anterograde  
**DYNEIN:**  
Retrograde



## CLINICAL CASE, 15 year-old girl

### 10 years

Previous developmental delay. Acute presentation/ tone loss and falls episodes, bradykinesia, hypokinesia, upper limb rigidity and shoulder dystonia

### 12 years

Slow progression of symptoms ---Hypokinetic-Rigid pattern and later Dystonia-Parkinsonism

### 14 years

Motor regression, mild psychiatric symptoms (anxiety, insomnia), mild ID, obesity, axonal neuropathy

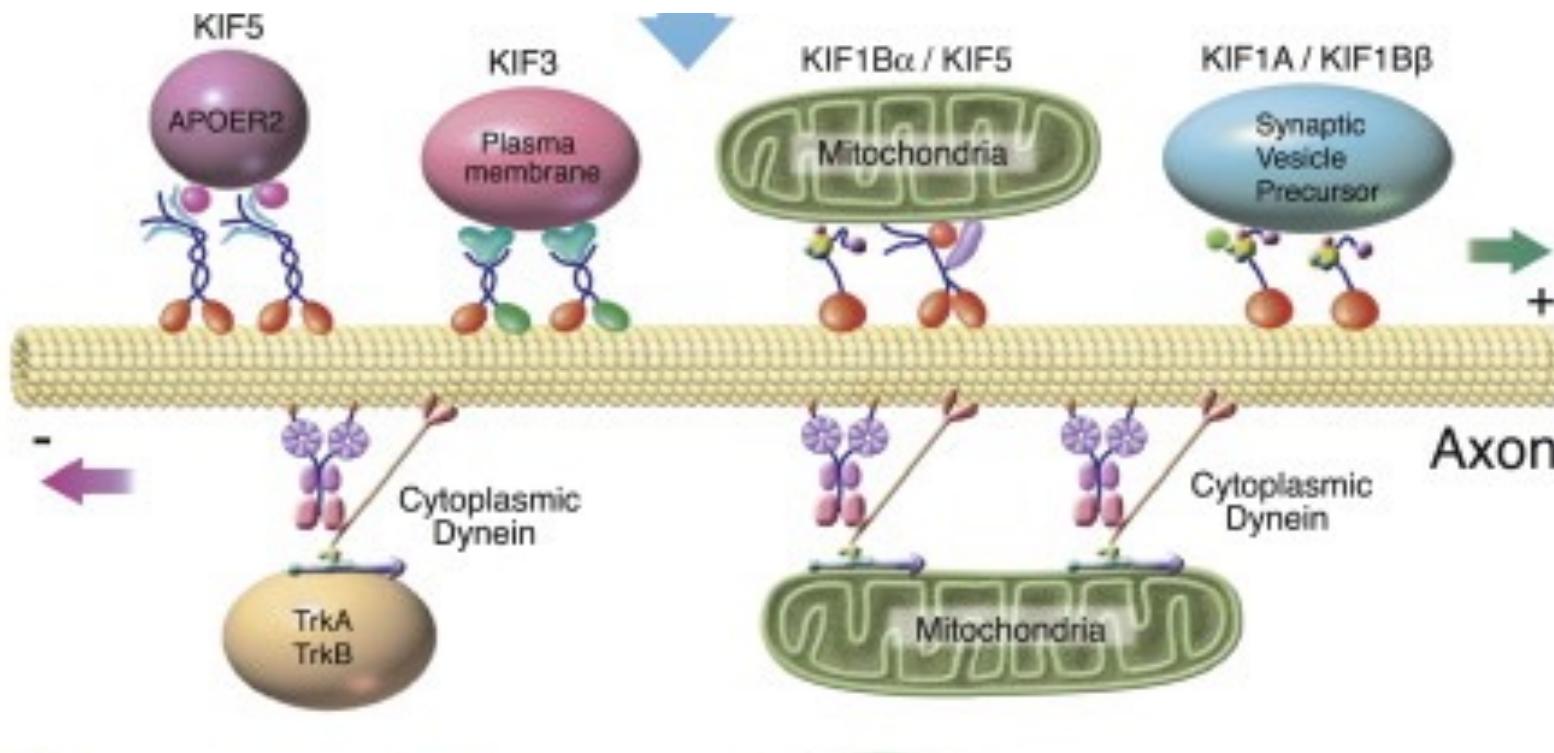
Complementary exams--only abnormal finding:

**CSF: low levels of HVA and 5-HIAA**

**Brain MRI: thalamus dysplasia**

# KIF1A (p.Ser104Phe/c.311C>T, heterozygous, DE NOVO)

Confirmed by functional studies



Less synaptic vesicles availability

Less NT release???

Low concentration of NTs

6/15 patients show mitochondrial dysfunction in muscle biopsy studies

- Lipid accumulation
- Respiratory chain abnormalities (II+III)
- Low CoQ10 levels

Energy dysfunction in kinesin related disorders

# GENERAL TRAITS OF CLINICAL PRESENTATIONS OF CYTOSKELETON TRAFFICKING DISEASES

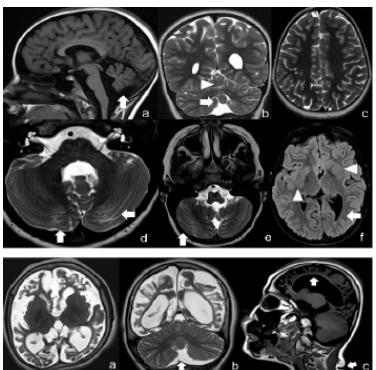
## Cortical Malformations

### Early-onset encephalopathies

#### Tubulinopathies

**TUBB Variants Underlying Different Phenotypes Result in Altered Vesicle Trafficking and Microtubule Dynamics**

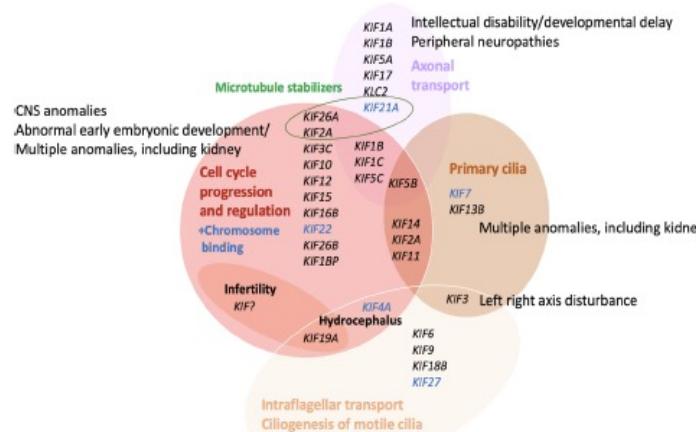
Antonella Serra <sup>1,\*</sup>, Stefania Petriani <sup>2</sup>, Emanuele Bellacchio <sup>3</sup>, Francesco Nicita <sup>1</sup>, Francesco Scibelli <sup>4</sup>, Maria Luisa Dentici <sup>5</sup>, Paolo Alfieri <sup>4</sup>, Gianluca Cestra <sup>6</sup>, Enrico Silvio Bertini <sup>1</sup> and Ginevra Zanni <sup>1,\*</sup> 2020



#### Kinesinopathies

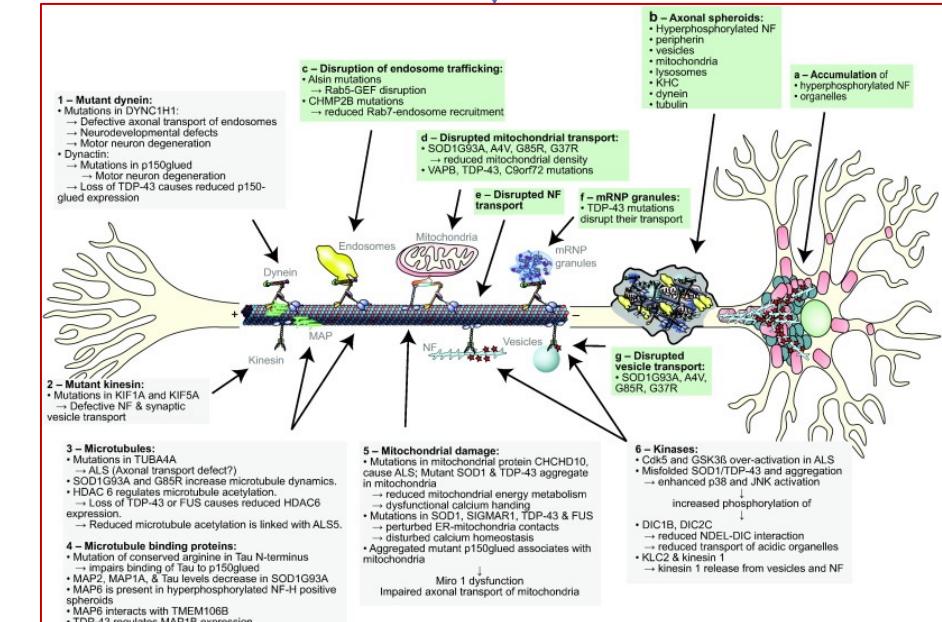
**'Kinesinopathies': emerging role of the kinesin family member genes in birth defects**

Silvia Kalantari <sup>1</sup>, Isabel Filges <sup>1,2</sup> 2020

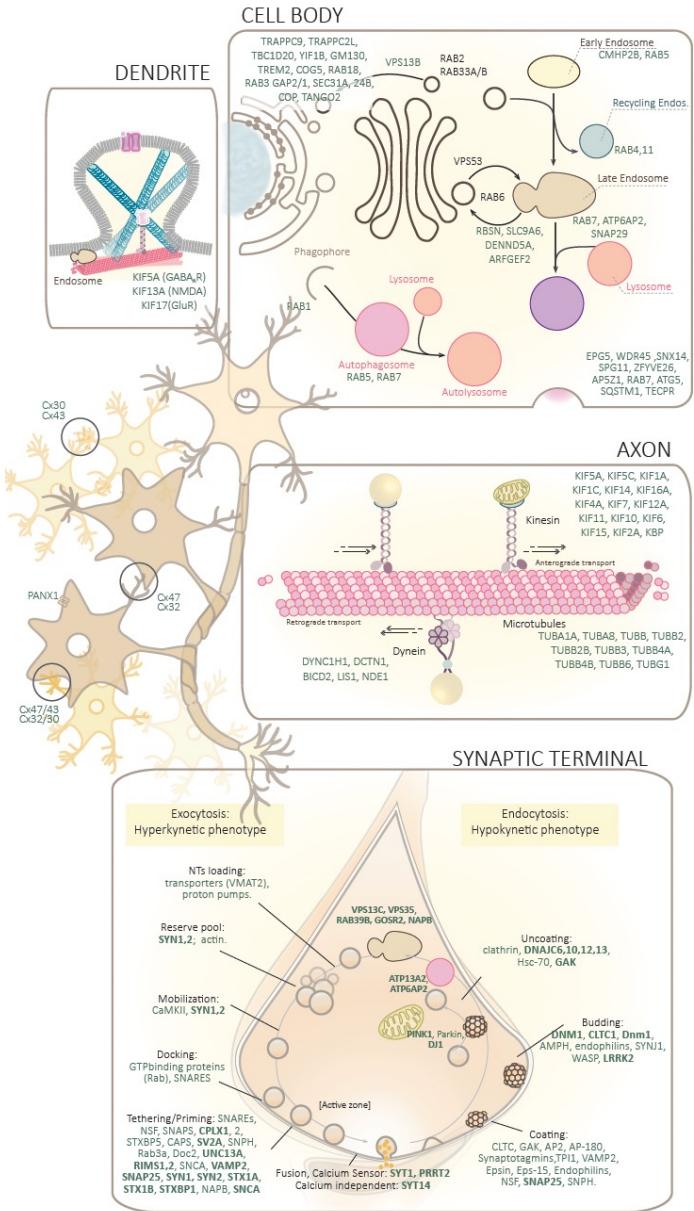


## Late onset predominant MOTOR symptoms

### Neurodegenerative conditions



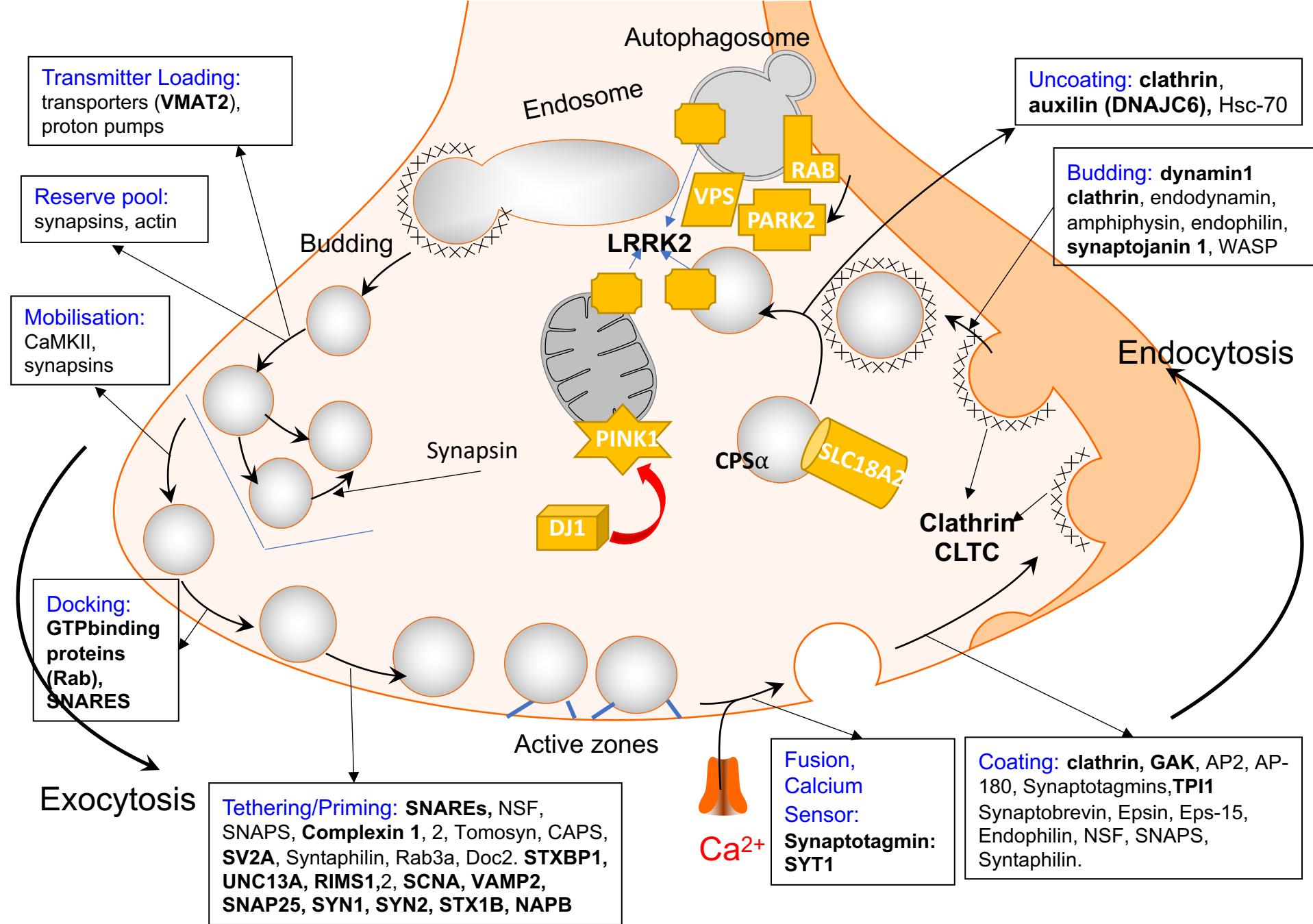
De Vos, 2017



## Exocytosis/Endocytosis/Autophagy

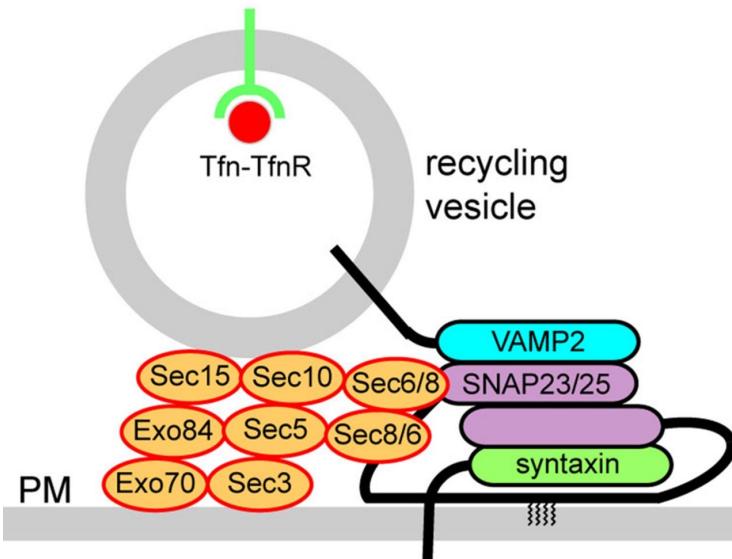
## Cytoskeleton

## Synaptic vesicle cycle



# Mutations in the Neuronal Vesicular SNARE VAMP2 Affect Synaptic Membrane Fusion and Impair Human Neurodevelopment

Salprieto et al, 2019

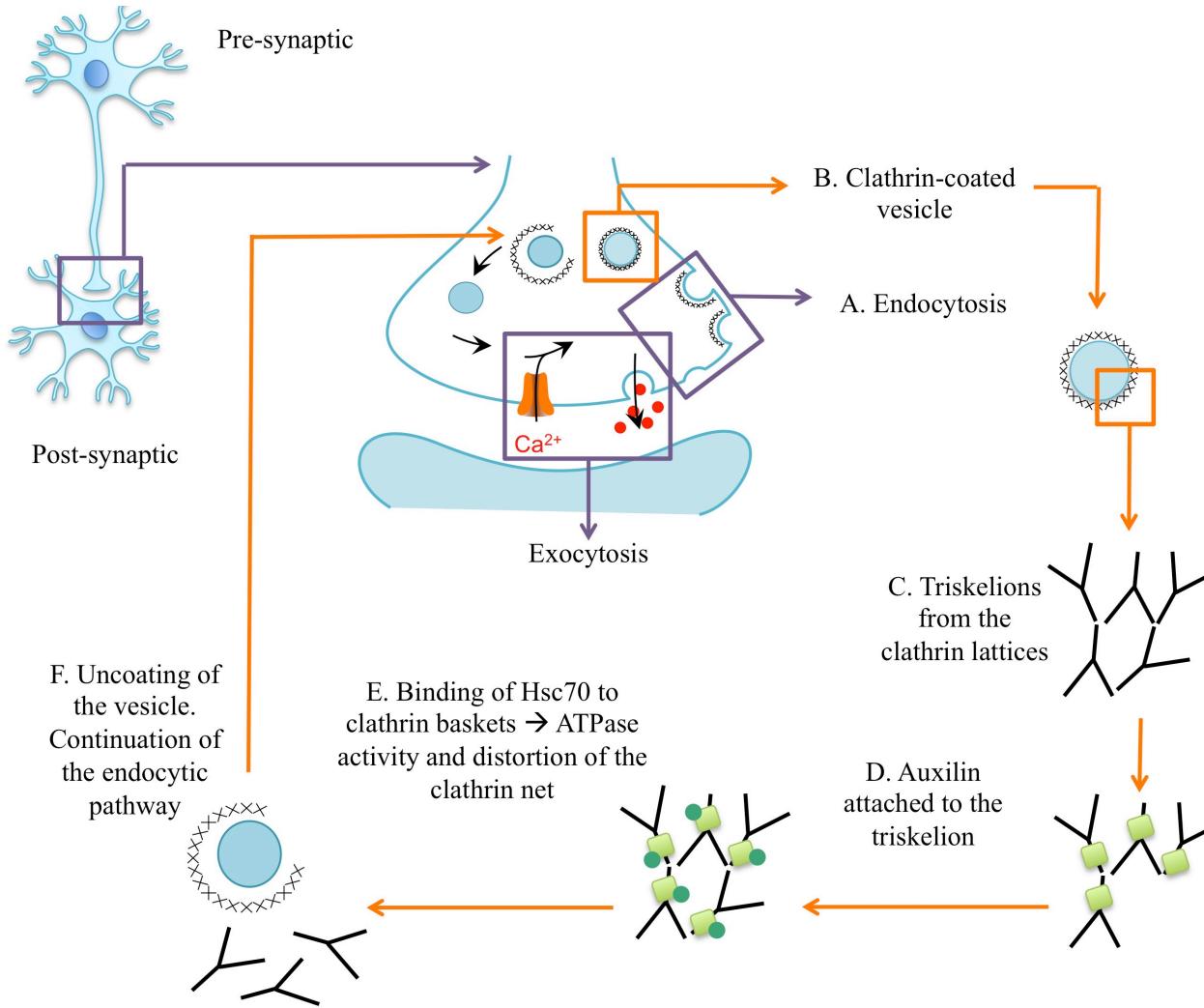


Kubo et al, 2015

## VAMP1 (vesicle fusión at NM synapses)

- Spastic Ataxia
- Congenital myasthenic syndrome

# DNAJC6 Mutations Disrupt Dopamine Homeostasis in Juvenile Parkinsonism-Dystonia



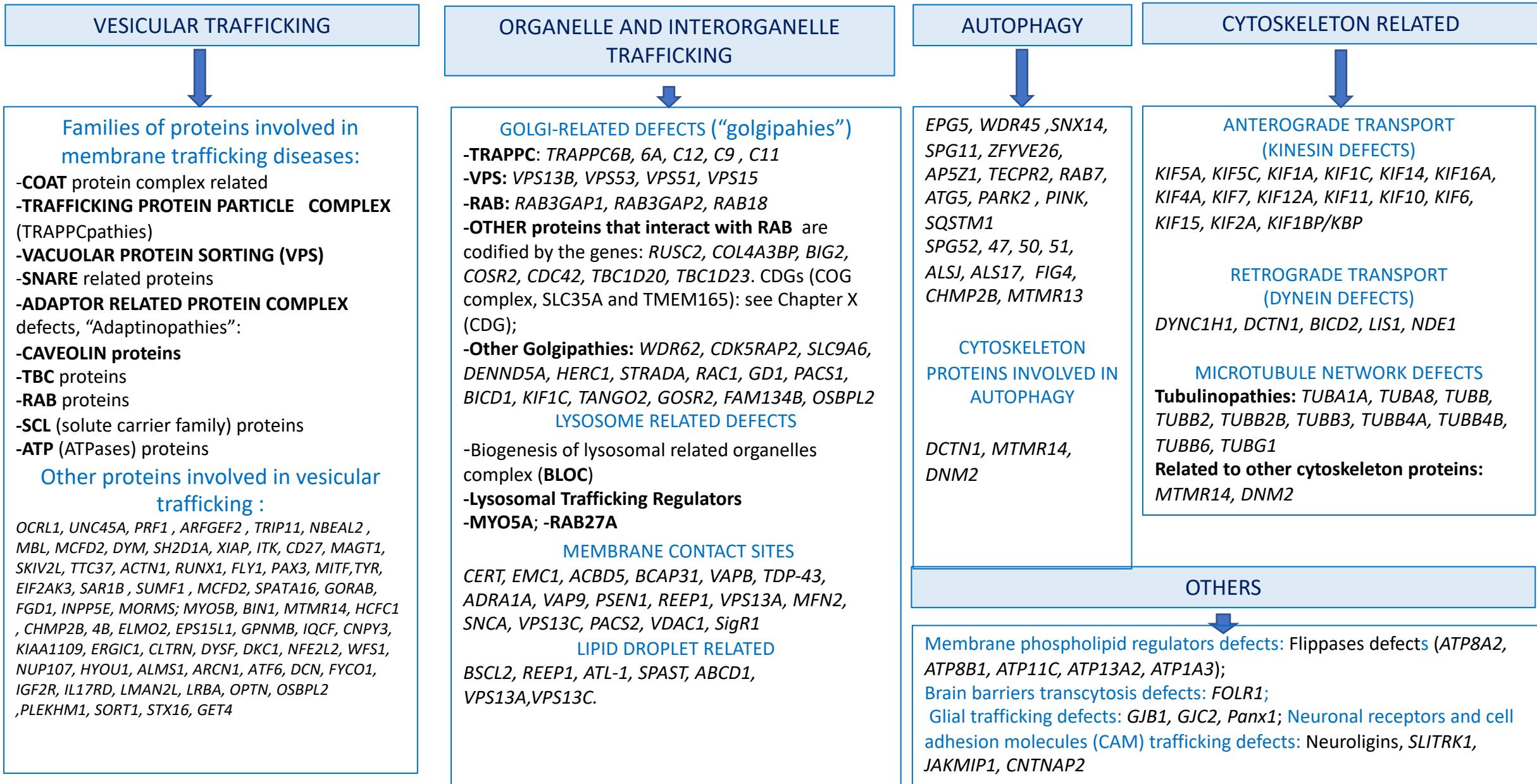
STARTING AT  
7-10 YEARS  
LOW HVA

*DNAJC6* encodes **auxilin**, a chaperone protein that plays a major role in clathrin-coated vesicle dynamics.

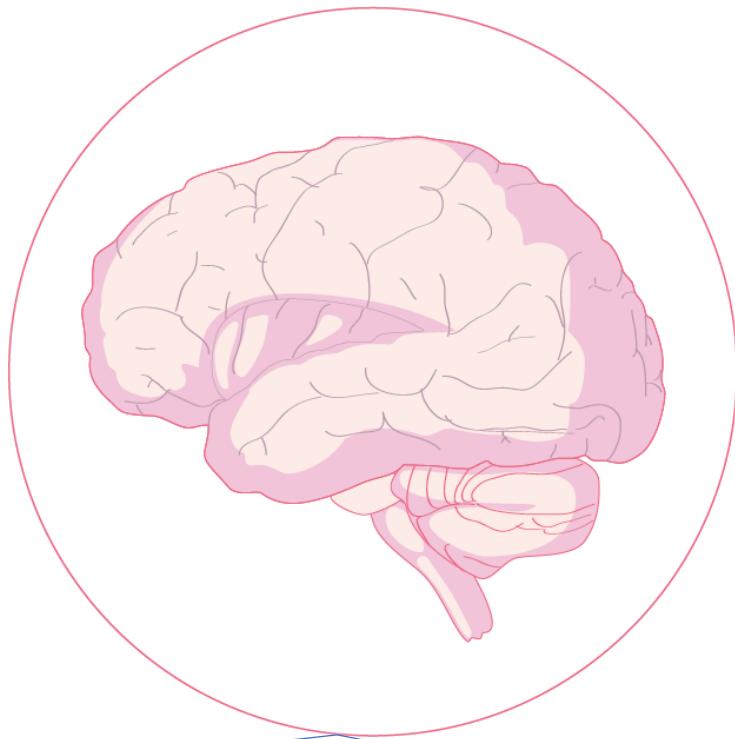


MESSAGES, ALGORITHMS

# Overview of proteins and genes involved in cell trafficking



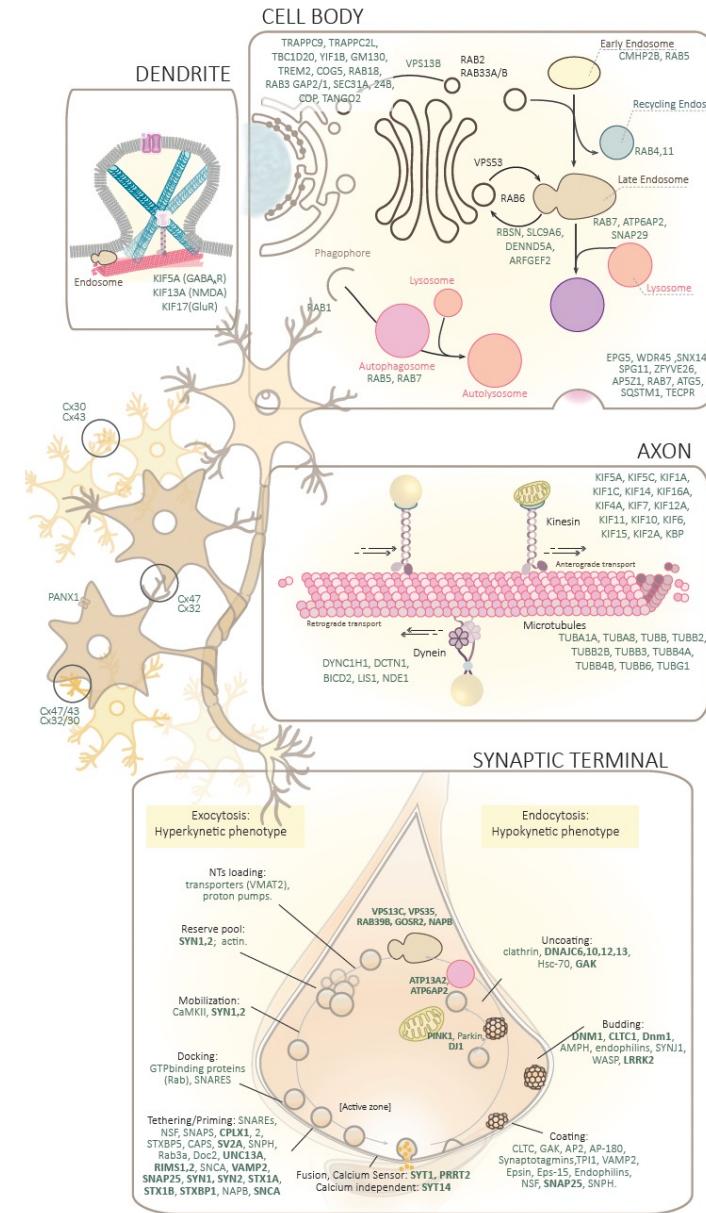
## NEUROLOGICAL SYMPTOMS+++



Early onset

Microcephaly  
Complex Neurodevelopmental encephalopathies

Late onset: MOTOR disorders



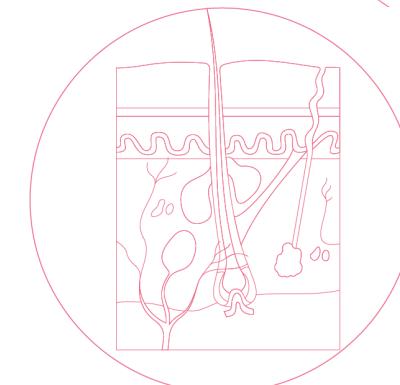
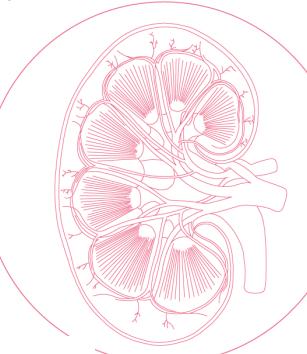
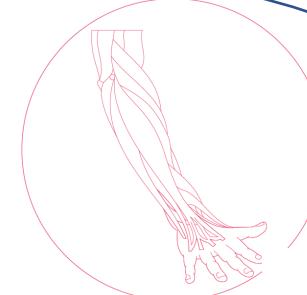
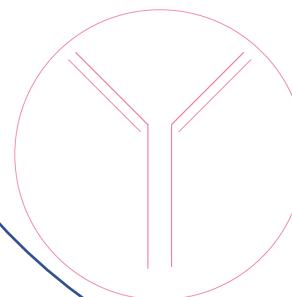
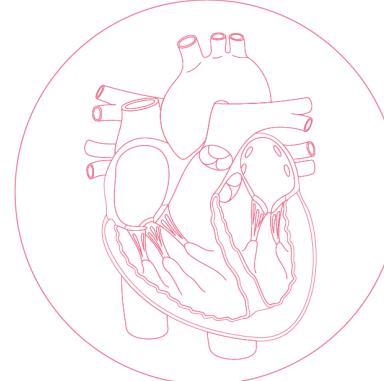
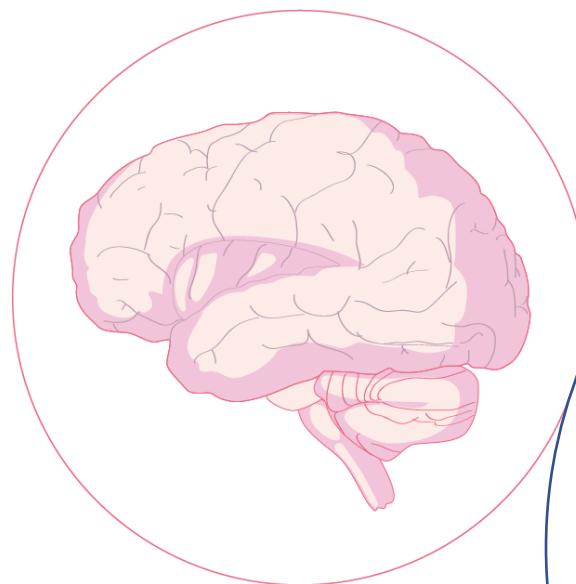
-NRL+ExtraNRL  
Endocytic:  
-Neurodegenerative

-Brain Malformations  
-Spastic Paraparesis  
-Motor Symptoms

“Synaptopathies”

Combination ID+/-  
Epilepsy+/-MovDis  
+/-Neuropsychiatric symptoms (autism)

## MULTISYSTEM DISORDERS



## EARLY ONSET ENCEPHALOPATHIES

Complex global encephalopathies, microcephaly ++, brain malformation (+/-), epileptic encephalopathies

### GOLGIPATHIES

*COPB2, COPD, CDK5RAP2, ZNHIT3, AP4E1, WDR62, SLC9A6, AP1S2, DENNDA, RAC1, DYM, RAB proteins (RAB3GAP1, 2, RAB18), TRAPPcpathies (TRAPPc9,11,12,6A, 6B, 4), COL4A3BP, AP1S1 ARGEF2, CDC42, VPS13B, VPS53, VPS51, VPS1, TBC1D23, TBC1D20.*

### CYTOSKELETON DISORDERS

-**Kinesin** (Anterograde Transport) deficiencies and NDE1 deficiency (Dynein Retrograde Transport): NudE neurodevelopmental protein 1): *KIF5C, KIF10, KIF2A, KIF14, KIF16A, KIF7, KIF15*, Kinesin-binding protein *KIF1BP/KBP, KIF5A, NDE1*.

-**Tubulins** (microtubule network): *TUBA1A, TUBA8, TUBB, TUBB2A, TUBB2B, TUBB3, TBCD, TUBG1*

### With MULTISYSTEM involvement

**WITH ARTHROGRYPOSIS:** *SLC35A3* (is a CDG), *ERGIC1, KIAA1109* (Alkuraya-Kucinskas syndrome (arthrogryposis, Dandy-Walker) *VPS33B* and *VIPAS39* (lysosome-interorganelle): *ARC1* and *ARC2*

**WITH RHABDOMYOLYSIS** (and Epilepsy and microcephaly): *TRAPPc2L* (ER-Golgi transport): may have also late-onset presentation. *TRAPPc11* and *TANGO2* (may present with metabolic crises, mild hyperammonaemia and hypoglycemia, long QT, but also other late NRL forms such as ID, spastic paraparesis and myastheniform symptoms)

**WITH DIVERSE ORGAN INVOLVEMENT:** *SUMF1* (Multiple sulfatase deficiency), *SNAP29* (CEDNIK syndrome; is a SV), *OCRL*: Lowe syndrome, Dent disease 2 and 1 (*CLCN5*); *TBCD*: Hypoparathyroidism-retardation-dysmorphism syndrome; *TBCE*: Encephalopathy, progressive, with amyotrophy and optic atrophy

### SYNAPTOPATHIES SV cycle

## PREDOMINANT MOTOR DISORDERS

May appear at any age (most childhood-adulthood onset). Neurodegenerative diseases

### ATAXIA

*VPS13D (SCA4), RUBCN (SCA15), SIL1, SCYL1 (SCA21), GORS2 SNX14, ATG5, SPTBN2 (SCA5 and 14), KIF1C (spastic ataxia)*

### SPASTIC PARAPARESIS

*SPAST* and *ABCD1*: FA trafficking from LDs into peroxisomes (different types of SP: *SPG4, 52, 47, 50, 51*) *SPG11* (spatacsin): Type1 SP type 11; Other phenotypes: CMT2; ALS type5. *Spastizin (ZFYVE26)*: SP type 15 or Kjellin síndrome; *TECPR2*: SP type 49; *AP5Z1*: SP type 48 *REEP1 (SPG31), KIF1C* (spastic ataxia 2, *SPG 58*); *KIF5A* (various phenotypes all AD: *SPG10, CMT2, ALS*); *KIF1A (SPG30), TANGO2, SLC33A1(SPG42)*, AP related genes are also Golgipathies, *ATL1* (atlastin); *AP4B1, AP4E1*(Complex Spastic Paraparesis), *WASH5 (SPG8), NIPA1* (magnesium transporter): *SPG6*; MAST syndrome: *SPG21*; SPART: Troyer Syndrome, *SPG20*. Infantile onset: *AP4E1, AP4M1, AP4S1*. *APSZ1*: progressive SP; *MTGFRB1*:onset in the first decade; *VPS37A*: early onset SP with pectus carinatum and hypertrichosis; *ARL6IP1, UBAP1*

### PARKINSONISM and other MD

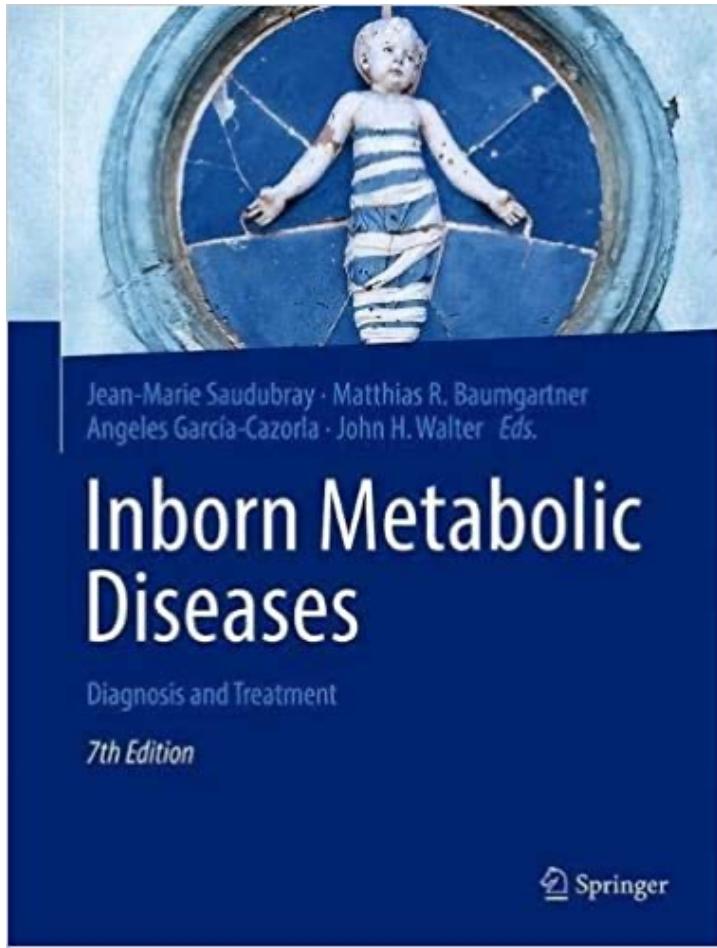
*FIG4*: Yunis-Varon syndrome; type 2 (SDCO): Striatonigral degeneration, childhood-onset; *PRKN*: PARKIN deficiency (Parkinson Disease 2); *PINK1*: Parkinson Disease 6; *NADGP*: Neurodegeneration with ataxia, dystonia and gaze palsy *VPS13C*: Early-onset parkinsonism (may also cause Leigh-like features); *ATP6AP2*: Early-onset PARKINONISM; *VPS13A*: chorea-achantocytosis; *VPS16, VPS4*: early-onset dystonia. These are also lysosome-related disorders; *GAK*. *LRRK2*: diversity of clinical phenotypes; *RME-8*; *SYNJ1*: pediatric-juvenile onset PD; *VPS16*: adolescence-onset dystonia; *VPS26A*: atypical PD, no L-Dopa response. *VPS35*: parkinsonism, *ATP8A2*: cerebellar ataxia and atrophy, ID, chorea, severe hypotonia, optic atrophy; *ATP1A3*: Cerebellar ataxia, areflexia, pes cavus

### AMIOTROPHIC LATERAL SCLEROSIS

### SPINAL MUSCLE ATROPHY

### PERIPHERAL NEUROPATHY

### DEMENTIA



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Review

## Genetic disorders of cellular trafficking

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and Carlo Dionisi-Vici<sup>3,\*</sup>

