HUNTINGTON'S DISEASE

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All you need to know

Home

Epidemiology

Incidence & Prevalence

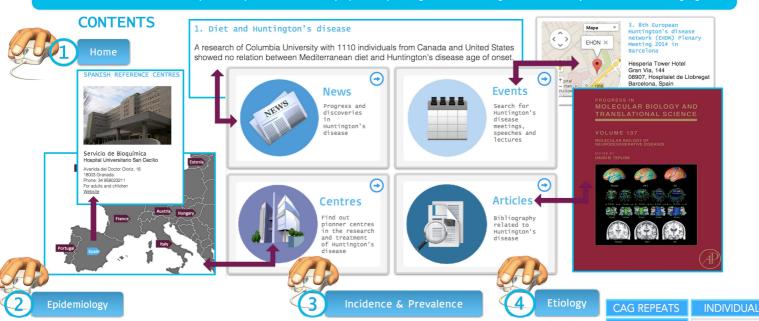
Etiology

Diagnosis

Therapies

Genetic Counseling

The creation of this website was born from the needing to create a precise and verified information source about Huntington's disease (HD), which is an autosomal dominant progressive neurodegenerative disorder characterized by chorea, cognitive decline and behavioural manifestations.
It is addressed to students and non-specialised professionals and its purpose is spreading relevant knowledge about this rare syndrome in different languages.



Neuropsychiatric symptoms

First to appear

Lack of emotions
 Failure to recognition of

Motor symptoms

of mouth muscles)

Steady gait

Loss of co-ordination

- others'needs
- Moodin Euphoria and aggression

Progressive degeneration

Abnormal facial movements

Involuntary limbs'movements and other parts
Difficulties in swallowing (improper movement

- · Hipersexuality (5% cases) Restlessness
- Tendency towards suicide Depression
- Hopelessness Apathy
 - Anxiety
 - - (5-12% cases)

Cognitive symptoms Progressive degeneration

- Dementia
- Abnormal awareness and perception

0.38 per 100000

WORLD'S PREVALENCE

WORLD'S INCIDENCE

2.71 per 100000

Therapies



Prevalence in Asia is lower than in Europe and North America because of differences in CAG size and in HTT haplotypes distribution

Huntingtin (HTT) gene

- 4p16.3
- It contains CAG repeats which encode polyglutamine

- - - penetrance Later HD

Normal

Affected

Incomplete

Juvenile HD

Huntingtin (HTT) protein

Genetic Counseling

- · Its proteolysis produces N-terminal fragments that:
 - · bear polyglutamine tracts
 - · display neuronal toxicity and aggregation in neuronal intranuclear inclusions and dystrophic neurites in cortex and striatum.
- Selective degeneration of neurons in caudate and putamen causes HD



- **CLINIC** → presence of unequivocal main signs of HD
- **MOLECULAR** → Targeted mutation analysis of the huntingtin gene to detect CAG expansion (PCR + Southern Blot)
- NEUROIMAGING
- HD PATIENTS → STRIATAL AND BASAL GANGLIA REGIONS VOLUME LOSS
- DIFFERENTIAL → to distinguish HD from choreatic syndromes and HD phenocopies

Structural

Functional

- There are therapeutic solutions for palliating some symptoms, especially depression and
- agaression Drugs
 - Clozapine: antipsychotic drug
 - Tetrabenzine: chorea suppressor
- · Therapies under investigation:
 - Fetal striatal tissue transplantation
 - Reducing aggregation involving
 - MiR-196a overexpression

- Autosomal dominant pattern of inheritance
- Risk estimation:
 - Offspring of an affected individual → 50 %
 - Progeny of an intermediate allele carrier → 5 %
 - Expanded penetrant allele: 1/6241 1/951 Longer expansion → higher risk
- CCG repeats (repetitive sequence adjacent to CAG) → more stable CAG repeats
- Preimplantational genetic diagnosis
- Prenatal diagnosis

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http://andrearospenya.wix.com/huntingtondisease

