

World Journal of *Clinical Cases*

World J Clin Cases 2022 November 6; 10(31): 11214-11664



Contents

Thrice Monthly Volume 10 Number 31 November 6, 2022

REVIEW

- 11214** Diabetes and skin cancers: Risk factors, molecular mechanisms and impact on prognosis
Dobrică EC, Banciu ML, Kipkorir V, Khazeei Tabari MA, Cox MJ, Simhachalam Kutikuppala LV, Găman MA
- 11226** Endocrine disruptor chemicals as obesogen and diabetogen: Clinical and mechanistic evidence
Kurşunoğlu NE, Sarer Yurekli BP
- 11240** Intestinal microbiota in the treatment of metabolically associated fatty liver disease
Wang JS, Liu JC

MINIREVIEWS

- 11252** Lactation mastitis: Promising alternative indicators for early diagnosis
Huang Q, Zheng XM, Zhang ML, Ning P, Wu MJ
- 11260** Clinical challenges of glycemic control in the intensive care unit: A narrative review
Sreedharan R, Martini A, Das G, Aftab N, Khanna S, Ruetzler K
- 11273** Concise review on short bowel syndrome: Etiology, pathophysiology, and management
Lakkasani S, Seth D, Khokhar I, Touza M, Dacosta TJ
- 11283** Role of nickel-regulated small RNA in modulation of *Helicobacter pylori* virulence factors
Freire de Melo F, Marques HS, Fellipe Bueno Lemos F, Silva Luz M, Rocha Pinheiro SL, de Carvalho LS, Souza CL, Oliveira MV
- 11292** Surgical intervention for acute pancreatitis in the COVID-19 era
Su YJ, Chen TH

ORIGINAL ARTICLE

Clinical and Translational Research

- 11299** Screening of traditional Chinese medicine monomers as ribonucleotide reductase M2 inhibitors for tumor treatment
Qin YY, Feng S, Zhang XD, Peng B

Case Control Study

- 11313** Covered transjugular intrahepatic portosystemic stent-shunt *vs* large volume paracentesis in patients with cirrhosis: A real-world propensity score-matched study
Dhaliwal A, Merhzad H, Karkhanis S, Tripathi D

Retrospective Cohort Study

- 11325** Endoscopic submucosal tunnel dissection for early esophageal squamous cell carcinoma in patients with cirrhosis: A propensity score analysis
Zhu LL, Liu LX, Wu JC, Gan T, Yang JL

Retrospective Study

- 11338** Nomogram for predicting overall survival in Chinese triple-negative breast cancer patients after surgery
Lin WX, Xie YN, Chen YK, Cai JH, Zou J, Zheng JH, Liu YY, Li ZY, Chen YX
- 11349** Early patellar tendon rupture after total knee arthroplasty: A direct repair method
Li TJ, Sun JY, Du YQ, Shen JM, Zhang BH, Zhou YG
- 11358** Coxsackievirus A6 was the most common enterovirus serotype causing hand, foot, and mouth disease in Shiyang City, central China
Li JF, Zhang CJ, Li YW, Li C, Zhang SC, Wang SS, Jiang Y, Luo XB, Liao XJ, Wu SX, Lin L
- 11371** Dynamic changes of estimated glomerular filtration rate are conversely related to triglyceride in non-overweight patients
Liu SQ, Zhang XJ, Xue Y, Huang R, Wang J, Wu C, He YS, Pan YR, Liu LG
- 11381** C-reactive protein as a non-linear predictor of prolonged length of intensive care unit stay after gastrointestinal cancer surgery
Yan YM, Gao J, Jin PL, Lu JJ, Yu ZH, Hu Y

Clinical Trials Study

- 11391** Dan Bai Xiao Formula combined with glucocorticoids and cyclophosphamide for pediatric lupus nephritis: A pilot prospective study
Cao TT, Chen L, Zhen XF, Zhao GJ, Zhang HF, Hu Y

Observational Study

- 11403** Relationship between lipids and sleep apnea: Mendelian randomization analysis
Zhang LP, Zhang XX
- 11411** Efficacy and safety profile of two-dose SARS-CoV-2 vaccines in cancer patients: An observational study in China
Cai SW, Chen JY, Wan R, Pan DJ, Yang WL, Zhou RG

Prospective Study

- 11419** Pressure changes in tapered and cylindrical shaped cuff after extension of head and neck: A randomized controlled trial
Seol G, Jin J, Oh J, Byun SH, Jeon Y

Randomized Controlled Trial

- 11427** Effect of intradermal needle therapy at combined acupoints on patients' gastrointestinal function following surgery for gastrointestinal tumors
Guo M, Wang M, Chen LL, Wei FJ, Li JE, Lu QX, Zhang L, Yang HX

SYSTEMATIC REVIEWS

- 11442** Video-assisted bystander cardiopulmonary resuscitation improves the quality of chest compressions during simulated cardiac arrests: A systemic review and meta-analysis

Pan DF, Li ZJ, Ji XZ, Yang LT, Liang PF

META-ANALYSIS

- 11454** Efficacy of the femoral neck system in femoral neck fracture treatment in adults: A systematic review and meta-analysis

Wu ZF, Luo ZH, Hu LC, Luo YW

- 11466** Prevalence of polymyxin-induced nephrotoxicity and its predictors in critically ill adult patients: A meta-analysis

Wang JL, Xiang BX, Song XL, Que RM, Zuo XC, Xie YL

CASE REPORT

- 11486** Novel compound heterozygous variants in the LHX3 gene caused combined pituitary hormone deficiency: A case report

Lin SZ, Ma QJ, Pang QM, Chen QD, Wang WQ, Li JY, Zhang SL

- 11493** Fatal bleeding due to an aorto-esophageal fistula: A case report and literature review

Ćeranić D, Nikolić S, Lučev J, Slanić A, Bujas T, Ocepek A, Skok P

- 11500** Tolvaptan ameliorated kidney function for one elderly autosomal dominant polycystic kidney disease patient: A case report

Zhou L, Tian Y, Ma L, Li WG

- 11508** Extensive right coronary artery thrombosis in a patient with COVID-19: A case report

Dall'Orto CC, Lopes RPF, Cancela MT, de Sales Padilha C, Pinto Filho GV, da Silva MR

- 11517** Yokoyama procedure for a woman with heavy eye syndrome who underwent multiple recession-resection operations: A case report

Yao Z, Jiang WL, Yang X

- 11523** Rectal cancer combined with abdominal tuberculosis: A case report

Liu PG, Chen XF, Feng PF

- 11529** Malignant obstruction in the ileocecal region treated by self-expandable stent placement under the fluoroscopic guidance: A case report

Wu Y, Li X, Xiong F, Bao WD, Dai YZ, Yue LJ, Liu Y

- 11536** Granulocytic sarcoma with long spinal cord compression: A case report

Shao YD, Wang XH, Sun L, Cui XG

- 11542** Aortic dissection with epileptic seizure: A case report

Zheng B, Huang XQ, Chen Z, Wang J, Gu GF, Luo XJ

- 11549** Multiple bilateral and symmetric C1-2 ganglioneuromas: A case report
Wang S, Ma JX, Zheng L, Sun ST, Xiang LB, Chen Y
- 11555** Acute myocardial infarction due to Kounis syndrome: A case report
Xu GZ, Wang G
- 11561** Surgical excision of a large retroperitoneal lymphangioma: A case report
Park JH, Lee D, Maeng YH, Chang WB
- 11567** Mass-like extragonadal endometriosis associated malignant transformation in the pelvis: A rare case report
Chen P, Deng Y, Wang QQ, Xu HW
- 11574** Gastric ulcer treated using an elastic traction ring combined with clip: A case report
Pang F, Song YJ, Sikong YH, Zhang AJ, Zuo XL, Li RY
- 11579** Novel liver vein deprivation technique that promotes increased residual liver volume (with video): A case report
Wu G, Jiang JP, Cheng DH, Yang C, Liao DX, Liao YB, Lau WY, Zhang Y
- 11585** Linear porokeratosis of the foot with dermoscopic manifestations: A case report
Yang J, Du YQ, Fang XY, Li B, Xi ZQ, Feng WL
- 11590** Primary hepatic angiosarcoma: A case report
Wang J, Sun LT
- 11597** Hemorrhagic shock due to ruptured lower limb vascular malformation in a neurofibromatosis type 1 patient: A case report
Shen LP, Jin G, Zhu RT, Jiang HT
- 11607** Gastric linitis plastica with autoimmune pancreatitis diagnosed by an endoscopic ultrasonography-guided fine-needle biopsy: A case report
Sato R, Matsumoto K, Kanzaki H, Matsumi A, Miyamoto K, Morimoto K, Terasawa H, Fujii Y, Yamazaki T, Uchida D, Tsutsumi K, Horiguchi S, Kato H
- 11617** Favorable response of primary pulmonary lymphoepithelioma-like carcinoma to sintilimab combined with chemotherapy: A case report
Zeng SY, Yuan J, Lv M
- 11625** Benign paroxysmal positional vertigo with congenital nystagmus: A case report
Li GF, Wang YT, Lu XG, Liu M, Liu CB, Wang CH
- 11630** Secondary craniofacial necrotizing fasciitis from a distant septic emboli: A case report
Lee DW, Kwak SH, Choi HJ
- 11638** Pancreatic paraganglioma with multiple lymph node metastases found by spectral computed tomography: A case report and review of the literature
Li T, Yi RQ, Xie G, Wang DN, Ren YT, Li K

- 11646** Apnea caused by retrobulbar anesthesia: A case report
Wang YL, Lan GR, Zou X, Wang EQ, Dai RP, Chen YX
- 11652** Unexplained septic shock after colonoscopy with polyethylene glycol preparation in a young adult: A case report
Song JJ, Wu CJ, Dong YY, Ma C, Gu Q
- 11658** Metachronous isolated penile metastasis from sigmoid colon adenocarcinoma: A case report
Yin GL, Zhu JB, Fu CL, Ding RL, Zhang JM, Lin Q

ABOUT COVER

Editorial Board Member of *World Journal of Clinical Cases*, Muhammad Hamdan Gul, MD, Assistant Professor, Department of Internal Medicine, University of Kentucky, Chicago, IL 60657, United States.
hamdan3802@hotmail.com

AIMS AND SCOPE

The primary aim of *World Journal of Clinical Cases* (WJCC, *World J Clin Cases*) is to provide scholars and readers from various fields of clinical medicine with a platform to publish high-quality clinical research articles and communicate their research findings online.

WJCC mainly publishes articles reporting research results and findings obtained in the field of clinical medicine and covering a wide range of topics, including case control studies, retrospective cohort studies, retrospective studies, clinical trials studies, observational studies, prospective studies, randomized controlled trials, randomized clinical trials, systematic reviews, meta-analysis, and case reports.

INDEXING/ABSTRACTING

The WJCC is now abstracted and indexed in Science Citation Index Expanded (SCIE, also known as SciSearch®), Journal Citation Reports/Science Edition, Current Contents®/Clinical Medicine, PubMed, PubMed Central, Scopus, Reference Citation Analysis, China National Knowledge Infrastructure, China Science and Technology Journal Database, and Superstar Journals Database. The 2022 Edition of Journal Citation Reports® cites the 2021 impact factor (IF) for WJCC as 1.534; IF without journal self cites: 1.491; 5-year IF: 1.599; Journal Citation Indicator: 0.28; Ranking: 135 among 172 journals in medicine, general and internal; and Quartile category: Q4. The WJCC's CiteScore for 2021 is 1.2 and Scopus CiteScore rank 2021: General Medicine is 443/826.

RESPONSIBLE EDITORS FOR THIS ISSUE

Production Editor: *Xu Guo*; Production Department Director: *Xiang Li*; Editorial Office Director: *Jin-Lei Wang*.

NAME OF JOURNAL

World Journal of Clinical Cases

ISSN

ISSN 2307-8960 (online)

LAUNCH DATE

April 16, 2013

FREQUENCY

Thrice Monthly

EDITORS-IN-CHIEF

Bao-Gan Peng, Jerzy Tadeusz Chudek, George Kontogeorgos, Maurizio Serati, Ja Hyeon Ku

EDITORIAL BOARD MEMBERS

<https://www.wjgnet.com/2307-8960/editorialboard.htm>

PUBLICATION DATE

November 6, 2022

COPYRIGHT

© 2022 Baishideng Publishing Group Inc

INSTRUCTIONS TO AUTHORS

<https://www.wjgnet.com/bpg/gerinfo/204>

GUIDELINES FOR ETHICS DOCUMENTS

<https://www.wjgnet.com/bpg/GerInfo/287>

GUIDELINES FOR NON-NATIVE SPEAKERS OF ENGLISH

<https://www.wjgnet.com/bpg/gerinfo/240>

PUBLICATION ETHICS

<https://www.wjgnet.com/bpg/GerInfo/288>

PUBLICATION MISCONDUCT

<https://www.wjgnet.com/bpg/gerinfo/208>

ARTICLE PROCESSING CHARGE

<https://www.wjgnet.com/bpg/gerinfo/242>

STEPS FOR SUBMITTING MANUSCRIPTS

<https://www.wjgnet.com/bpg/GerInfo/239>

ONLINE SUBMISSION

<https://www.f6publishing.com>

Novel compound heterozygous variants in the LHX3 gene caused combined pituitary hormone deficiency: A case report

Shuang-Zhu Lin, Qi-Ji Ma, Qi-Ming Pang, Qian-Dui Chen, Wan-Qi Wang, Jia-Yi Li, Su-Li Zhang

Specialty type: Pediatrics

Provenance and peer review:

Unsolicited article; Externally peer reviewed.

Peer-review model: Single blind

Peer-review report's scientific quality classification

Grade A (Excellent): 0

Grade B (Very good): B

Grade C (Good): 0

Grade D (Fair): 0

Grade E (Poor): 0

P-Reviewer: Bhattacharya S, India

Received: April 15, 2022

Peer-review started: April 15, 2022

First decision: July 14, 2022

Revised: September 14, 2022

Accepted: September 29, 2022

Article in press: September 29, 2022

Published online: November 6, 2022



Shuang-Zhu Lin, Diagnosis and Treatment Center for Children, The First Affiliated Hospital to Changchun University of Chinese Medicine, Changchun 130021, Jilin Province, China

Qi-Ji Ma, The First Affiliated Hospital to Changchun University of Chinese Medicine, Changchun 130021, Jilin Province, China

Qi-Ming Pang, Su-Li Zhang, Department of Neonatology, Hainan Women and Children's Medical Center, Haikou 570100, Hainan Province, China

Qian-Dui Chen, Wan-Qi Wang, Jia-Yi Li, Changchun University of Chinese Medicine, Changchun 130000, Jilin Province, China

Corresponding author: Su-Li Zhang, MD, Doctor, Department of Neonatology, Hainan Women and Children's Medical Center, No. 15 Longkun Nan Road, Haikou, Haikou 570100, Hainan Province, China. 18389454649@163.com

Abstract

BACKGROUND

Combined pituitary hormone deficiency 3 (CPHD3; OMIM: 221750) is caused by mutations within the LHX3 gene (OMIM: 600577), which located on the subtelomeric region of chromosome 9 at band 9q34.3, has seven coding exons and six introns. LIM homeobox (LHX) 3 protein is the key regulator of pituitary development in fetal life.

CASE SUMMARY

We have diagnosed and treated an 11-year-old boy with combined pituitary hormone deficiency (CPHD). The main clinical manifestations were pituitary hormone deficiency, hydrocele of the tunica vaginalis, pituitary dwarfism, gonadal dysplasia, micropenis, clonic convulsion, and mild facial dysmorphic features. We collected peripheral blood from the patient, the patient's older brother, as well as their parents, and sequenced them by using high-throughput whole-exome sequencing, which was verified by Sanger sequencing. The results showed that there were two compound heterozygous variants of c.613G>C (p.V205L) and c.220T>C (p.C74R) in the LHX3 gene. c.613G>C (p.V205L) was inherited from his mother and c.220T>C (p.C74R) from his father. His brother also has both variants and symptoms.

CONCLUSION

This study reported unreported genetic mutations of LHX3, and recorded the

treatment process of the patients, providing data for the diagnosis and treatment of CPHD.

Key Words: Combined pituitary hormone deficiency; LHX3; Children; Gonadal dysplasia; Case report

©The Author(s) 2022. Published by Baishideng Publishing Group Inc. All rights reserved.

Core Tip: We report an 11-year-old boy with combined pituitary hormone deficiency (CPHD). DNA sequencing showed that there were two compound heterozygous variants in the LHX3 gene. This study extends the mutation spectrum of the LHX3 gene, and provides a molecular basis for the etiological diagnosis of CPHD and genetic consultation for the family.

Citation: Lin SZ, Ma QJ, Pang QM, Chen QD, Wang WQ, Li JY, Zhang SL. Novel compound heterozygous variants in the LHX3 gene caused combined pituitary hormone deficiency: A case report. *World J Clin Cases* 2022; 10(31): 11486-11492

URL: <https://www.wjgnet.com/2307-8960/full/v10/i31/11486.htm>

DOI: <https://dx.doi.org/10.12998/wjcc.v10.i31.11486>

INTRODUCTION

Combined pituitary hormone deficiency (CPHD) is an autosomal recessive inheritance genetic disease caused by mutation of the LHX3 gene. LHX3 mutations are associated with growth hormone (GH), gonadotropin, and thyroid-stimulating hormone (TSH) deficiency; abnormal pituitary morphology; and may be accompanied with limited neck rotation and sensorineural hearing loss[1-3].

The LHX3 gene, located on the subtelomeric region of chromosome 9 at band 9q34.3, consists of seven coding exons and six introns. It is a transcription factor and key regulator of pituitary development in early fetal life[1]. In this case, two novel heterozygous mutations of c.613G>C (p.V205L) and c.220T>C (p.C74R) in the LHX3 gene were found by whole-exome sequencing (WES) in an 11-year-old patient with pituitary hormone deficiency, hydrocele of the tunica vaginalis, pituitary dwarfism, gonadal dysplasia, micropenis, clonic convulsion, and mild facial dysmorphic features.

CASE PRESENTATION

Chief complaints

A 11-year-old boy presented to our hospital because of two epileptic attacks in the last 7 mo, and he was found pituitary hormone deficiency since birth.

History of present illness

The patient came to our hospital in December 2021, and he had two epileptic attacks in the last 7 mo. In May 2021, the child had convulsions without obvious inducement, no fever, manifested as stiff limbs, oral cyanosis, loss of consciousness, no salivation, maintained for 30 min, and the seizures stopped after sedation. In August, he had similar convulsions, maintained for 10 min, and had remission without treatment. In the last 8 d, he began to develop dizziness. His cognitive function was normal, but he could not control falling on two occasions.

History of past illness

The patient was diagnosed with hypopituitarism aged 2 mo because of jaundice and pituitary hormone deficiency for > 1 mo. He was treated with oral levothyroxine (Euthyrox) and hydrocortisone and GH, and followed up regularly, and now has stopped GH treatment for > 7 mo. He had intermittent oral treatment with testosterone undecanoate.

Personal and family history

The patient was G2P2, had normal delivery at 41W+3, with body weight of 3350 g. There was no history of asphyxiation and resuscitation. His parents were clinically normal, but had another, 15-year-old son with hypopituitarism. There was no intermarriage or family history. The history of vaccination was normal, and the history of trauma, infectious disease, blood transfusion, and drug allergy were denied.

Physical examination

On physical examination at the patient's visit in August 2021, his weight was 33.0 kg and length was 133.1 cm, with head circumference of 57 cm. The occipital bulges and forehead were prominent, with blepharoptosis. Neurological physical examination was normal. Reproductive system examination showed the scrotum was hypogenetic, while the testicular volume was 1 mL, and the penis length was 2 cm, in no pubic hair period.

Laboratory examinations

In August, 2021, the patient was subjected to a detailed laboratory examination. Insulin-like growth factor-1 was 66.10 ng/mL. Sex hormone levels were: estradiol < 5.0 pg/mL, follicle-stimulating hormone < 0.10 IU/L, luteinizing hormone < 0.10 IU/L, testosterone < 0.025 ng/mL, prolactin 0.1 ng/mL, progesterone < 0.050 ng/mL, and cortisol 572.0 nmol/L. Thyroid function was evaluated as follows: triiodothyronine 4.07 pmol/L, free thyroxine 16.20 pmol/L, and TSH 0.02 mIU/L. In addition, the biochemical examination of this patient was generally normal.

Imaging examinations

In December 2021, we examined the patient. Electrocardiography showed incidental atrial premature beats. Pituitary magnetic resonance imaging (MRI) showed that intracranial space occupying lesion, located in the sellar region of the brain, though the nature of the pathology was unknown. It was accompanied by agnogenic cystic lesions and signs of an irregular pituitary gland. Electroencephalography was abnormal, showing medium amplitude spike, slow wave sporadic or paroxysmal in the left occipital area. Computed tomography of the head showed: Signs of skull base depression, combined with a cerebellar subtonsillar hernia the foramen magnum was narrow the brain anterior and posterior diameter was widened small dense nodules in the anterior margin of the pituitary gland and no calcification signs of typical craniopharyngioma. The patient underwent a skeletal examination, which showed that the bone age was 11 years.

High throughput WES and mitochondrial sequencing

DNA samples were extracted from peripheral blood taken from the child and his parents to detect whole-exome sequences and whole-genome copy number variations. The results revealed two novel heterozygous variants of c.613G>C (p.V205L) and c.220T>C (p.C74R) in the LHX3 gene. Application of the human gene mutation database (and the OMIM database confirmed the reported pathogenic gene locus. The American College of Medical Genetics and Genomics (ACMG) sequence variation interpretation standards and guidelines were used for a comprehensive evaluation of the pathogenicity of mutation sites[4]. Informed consent was obtained from the guardian for all information collection and publication involved in this article.

Gene detection and pathogenicity analysis

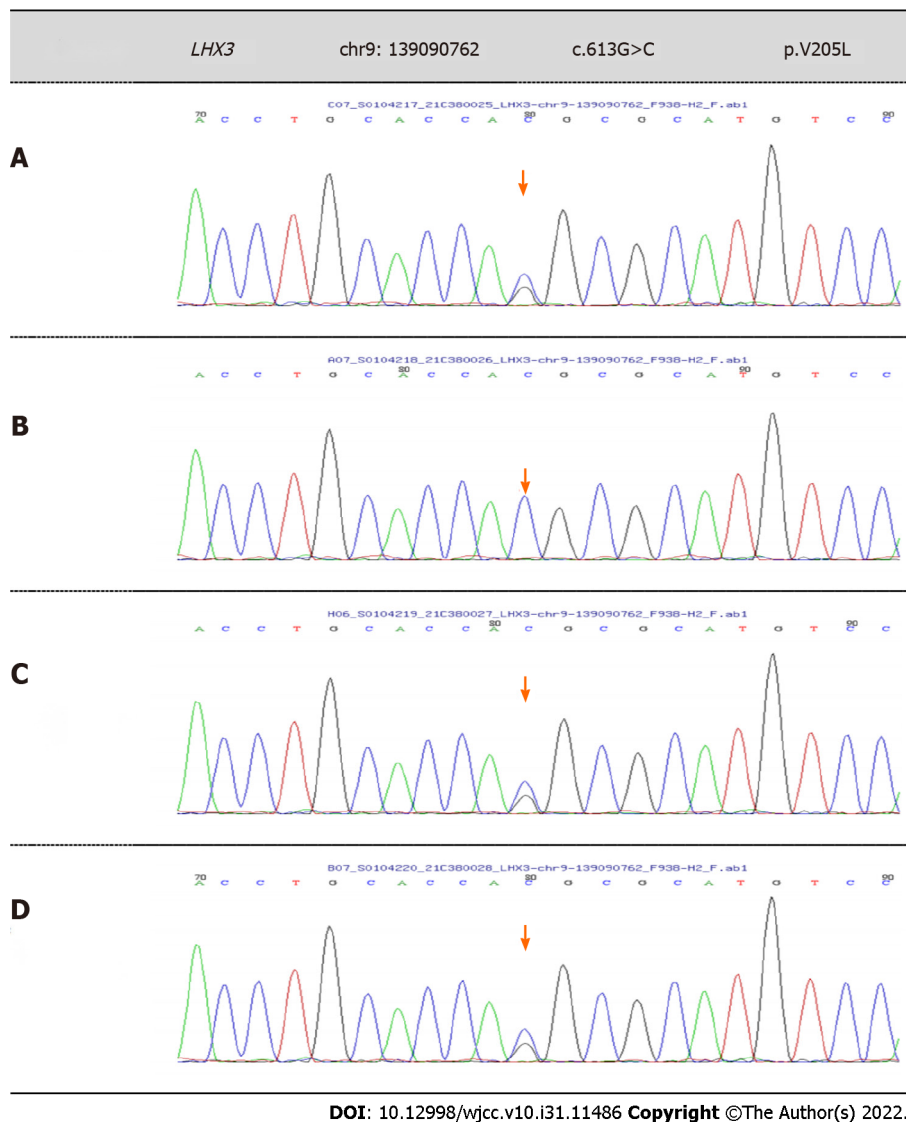
WES showed that there were two novel variants of c.613G>C (p.V205L) and c.220T>C (p.C74R) in the LHX3 gene in this patient, which were both unreported variants, and may lead to change in gene function. According to the ACMG guidelines, the mutations were both uncertain. The patient's older brother also had the same variants. c.613G>C (p.V205L) is a low-frequency variation, with a frequency in the normal population of 0.0003676. According to Sanger sequencing, the patient's father did not have this mutation, but his mother had the heterozygous mutation (Figure 1). c.220T>C (p.C74R) is also a low-frequency variation. According to Sanger sequencing, the patient's mother did not have this mutation, but his father had the heterozygous mutation (Figure 2).

FINAL DIAGNOSIS

Sanger sequencing showed that there were two novel heterozygous variations of c.613G>C (p.V205L) and c.220T>C (p.C74R) in the LHX3 gene. Based on clinical presentation, laboratory tests and gene sequencing results, the clinical phenotype was CPHD3.

TREATMENT

Considering the patient had sellar space-occupying lesions, a pituitary tumor resection was performed in our hospital, and he recovered well after surgery. Topiramate (3.97 mg/kg/d) was started in January 2022.



DOI: 10.12998/wjcc.v10.i31.11486 Copyright ©The Author(s) 2022.

Figure 1 Comparison of the different variation at the c.613G>C (p.V205L) in the LHX3 gene. A: Novel variant in c.613G>C (p.V205L) of the LHX3 gene in this patient; B: No variant in the patient's father; C: Same variant in the patient's mother; D: Same variant in the patient's older brother.

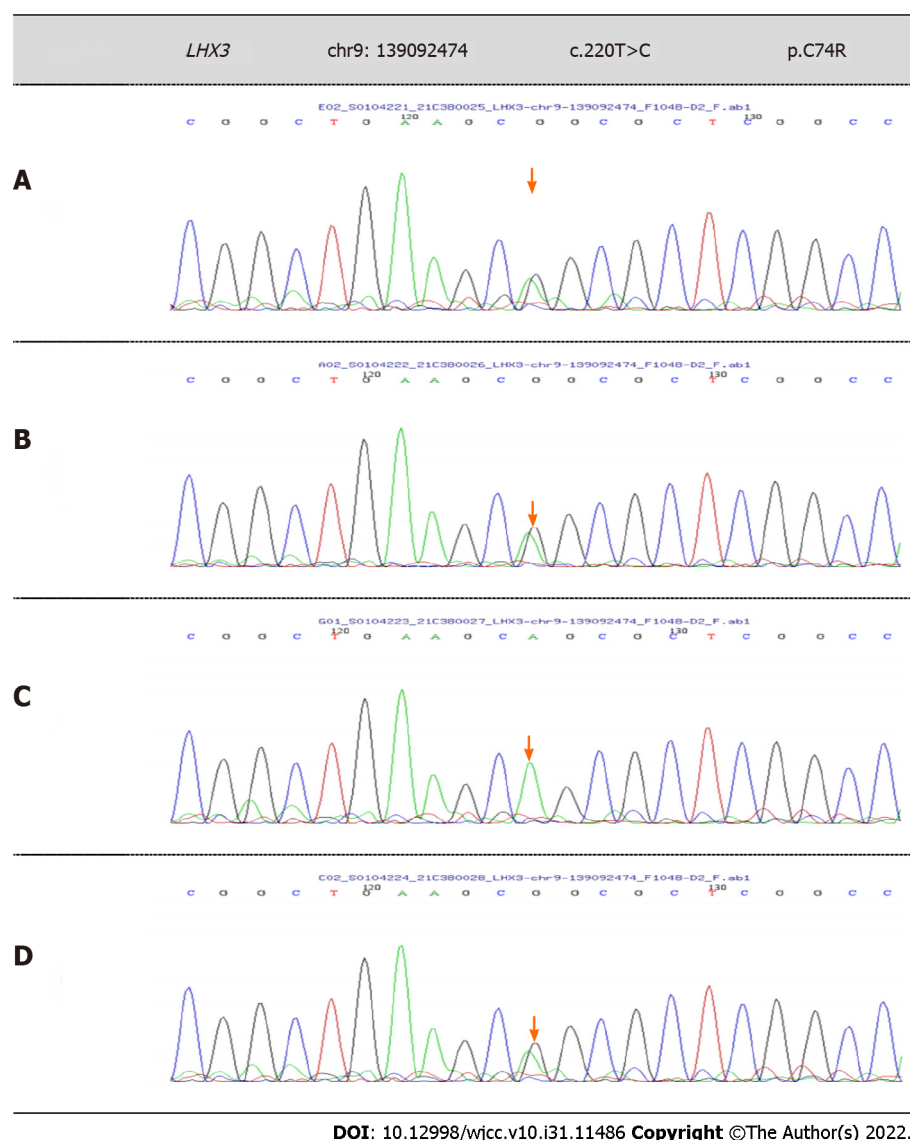
OUTCOME AND FOLLOW-UP

The patient is now 12 years old, and his weight is 37.2 kg. He had received topiramate treatment for nearly 3 mo, but his intellectual development is still slightly behind, with poor learning ability. Considering the short duration of medication and the insignificant improvement of the patient's symptoms, we will continuously follow this patient and record the relevant data to get a clear assessment of the treatment effect.

DISCUSSION

The LHX3 gene maps to chromosome 9 and is located on 9q34.3. It consists of seven coding exons and six introns, and encodes a protein that contains two tandemly repeated amino-terminal LIM motifs (involved in protein-protein interactions modulating the transcriptional activity) and a carboxy-terminal homeodomain with DNA-binding activity[1,2,5]. Expression of the LHX3 gene is one of the earliest markers implicated in the development of the anterior and intermediate lobes, and its expression plays an important role for the formation of gonadotrophs, thyrotrophs, somatotrophs, and lactotrophs[6,7]. It is involved in the development of the pituitary gland, motor neurons, inner ear, and placenta in mice[8]. Previous studies have shown that homozygous variants of LHX3 lead to CPHD[9].

CPHD is an autosomal recessive genetic disease that is caused by both genetic and nongenetic factors. CPHD includes a heterogeneous group of disorders in which there is a deficiency of GH and also of one or more of other anterior pituitary hormones. The clinical manifestations of this disease include



DOI: 10.12998/wjcc.v10.i31.11486 Copyright ©The Author(s) 2022.

Figure 2 Comparison of the different variation at the c.220T>C (p.C74R) in the LHX3 gene. A: Novel variant in c.220T>C (p.C74R) of the LHX3 gene in this patient; B: Same variant in the patient's father; C: No variant in the patient's mother; D: Same variant in the patient's older brother.

sensorineural deafness, short neck, GH deficiency, pituitary dwarfism, mental deficiency, and short stature. The prevalence of CPHD is estimated to be 1 in 8000 individuals worldwide, and is usually sporadic, but nearly 5%-30% of cases are familial[10]. The genetic defects causing CPHD typically result in misdevelopment of the anterior pituitary gland and insufficient hormone secretion, which manifests in early childhood[11,12].

According to previous studies, deficiency of growth hormone and deficiency of one or more other anterior pituitary hormones constitute the criteria for the diagnosis of CPHD. A retrospective study in Turkey found that short stature was present in 84.2% of patients. GH deficiency was present in > 75% of patients, followed by TSH and/or adrenocorticotrophic hormone (ACTH) deficiency, and few patients developed symptoms of pituitary enlargement[10]. This varies slightly from the data obtained from a Korean study. In CPHD patients, endocrine dysfunction other than GH deficiency, including central hypothyroidism, was seen in approximately 82.6%, ACTH deficiency in 78.3%, hypogonadotropic hypogonadism in 73.9%, and central diabetes insipidus in 13.0%. Sellar MRI findings demonstrated structural abnormalities in 21 patients[13].

According to the literature, in 2008, Rajab published the first description of four patients with LHX3 mutations, restricted neck rotation, and sensorineural hearing loss[3]. Although most patients develop severe hormone deficiency after birth, a milder form is observed, and restricted neck rotation is not a universal feature of patients with LHX3 mutations[7].

For the LHX3 gene, we performed the search of the relevant case reports. We found that, except for the base-pair substitutions described here, the insertion and deletion of some gene fragments could lead to CPHD[10,12,13]. Although LHX3 mutations are a rare cause of CPHD, there is sufficient clinical evidence and theoretical support, and in the most cases they involve GH, TSH and LH/FSH defects.

In this case report, this child conformed to the typical clinical presentation of CPHD, and had his own special manifestations. He had short stature and genital dysplasia caused by GH and sex hormone deficiency, with dysmorphic facial features (prominent occipital bulge and forehead). In addition, TSH, cortisol and corticotropin were lower than normal, and renin activity was higher than normal, indicating hypoadrenal function. The child had normal hearing, but was accompanied by significant epileptic manifestations. The child has abnormal pituitary morphology, and has had surgical treatment. He did not develop seizures during the follow-up period, but still needed continued attention. It is worth noting that the two variants in the child were from each of the parents, and his older brother has the same genetic phenotype, also showing pituitary hormone deficiency, but no seizures, and we will study this further.

We described a Chinese patient with CPHD, with two novel compound heterozygous variants of c.613G>C (p.V205L) and c.220T>C (p.C74R) in the LHX3 gene identified by WES, along with subsequent treatment. We noted the specific familial genetic situation of the patient, and will further schedule the examination and gene function determination.

CONCLUSION

Previous studies have demonstrated hypopituitarism in the LHX3-related phenotype of CPHD. Our patient was found to have two novel compound heterozygous variants of c.613G>C (p.V205L) and c.220T>C (p.C74R) in the LHX3 gene, which were unreported before. Typical features of CPHD include sensorineural deafness, short neck, GH deficiency, pituitary dwarfism, mental deficiency, and short stature, and other mild dysmorphic features. We encourage clinicians to consider CPHD in patients with similar clinical features. Genetic testing can not only assist in diagnosis, but also guide patients' prognosis and family genetic disease counseling.

ACKNOWLEDGEMENTS

We would like to thank the family members for agreeing to participate in the study.

FOOTNOTES

Author contributions: Lin S and Ma Q collected and analyzed all clinical data and wrote the manuscript; Pang Q and Chen Q participated in the collation of the literature and the chart research; Wang W was involved in the genetic diagnosis and treatment of the patients; Lin S, Wang W, Li J and Zhang S substantially participated in drafting and revising the important intellectual content of the manuscript; all authors involved have read and approved the final manuscript.

Informed consent statement: All study participants, or their legal guardian, provided informed written consent prior to study enrollment.

Conflict-of-interest statement: All the authors indicated no conflicts of interest.

CARE Checklist (2016) statement: The authors have read the CARE Checklist (2016), and the manuscript was prepared and revised according to the CARE Checklist (2016).

Open-Access: This article is an open-access article that was selected by an in-house editor and fully peer-reviewed by external reviewers. It is distributed in accordance with the Creative Commons Attribution NonCommercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited and the use is non-commercial. See: <https://creativecommons.org/licenses/by-nc/4.0/>

Country/Territory of origin: China

ORCID number: Shuang-Zhu Lin 0000-0001-5333-2138; Qi-Ji Ma 0000-0001-9197-9733; Qi-Ming Pang 0000-0002-9501-1700; Qian-Dui Chen 0000-0002-8593-4077; Wan-Qi Wang 0000-0002-8247-7616; Jia-Yi Li 0000-0002-7729-4479; Su-Li Zhang 0000-0001-5887-1026.

S-Editor: Liu JH

L-Editor: A

P-Editor: Liu JH

REFERENCES

- 1 **Sloop KW**, Walvoord EC, Showalter AD, Pescovitz OH, Rhodes SJ. Molecular analysis of LHX3 and PROP-1 in pituitary hormone deficiency patients with posterior pituitary ectopia. *J Clin Endocrinol Metab* 2000; **85**: 2701-2708 [PMID: 10946868 DOI: 10.1210/jcem.85.8.6706]
- 2 **Bonfig W**, Krude H, Schmidt H. A novel mutation of LHX3 is associated with combined pituitary hormone deficiency including ACTH deficiency, sensorineural hearing loss, and short neck-a case report and review of the literature. *Eur J Pediatr* 2011; **170**: 1017-1021 [PMID: 21249393 DOI: 10.1007/s00431-011-1393-x]
- 3 **Rajab A**, Kelberman D, de Castro SC, Biebermann H, Shaikh H, Pearce K, Hall CM, Shaikh G, Gerrelli D, Grueters A, Krude H, Dattani MT. Novel mutations in LHX3 are associated with hypopituitarism and sensorineural hearing loss. *Hum Mol Genet* 2008; **17**: 2150-2159 [PMID: 18407919 DOI: 10.1093/hmg/ddn114]
- 4 **Richards S**, Aziz N, Bale S, Bick D, Das S, Gastier-Foster J, Grody WW, Hegde M, Lyon E, Spector E, Voelkerding K, Rehm HL; ACMG Laboratory Quality Assurance Committee. Standards and guidelines for the interpretation of sequence variants: a joint consensus recommendation of the American College of Medical Genetics and Genomics and the Association for Molecular Pathology. *Genet Med* 2015; **17**: 405-424 [PMID: 25741868 DOI: 10.1038/gim.2015.30]
- 5 **Sobrier ML**, Attié-Bitach T, Netchine I, Encha-Razavi F, Vekemans M, Amselem S. Pathophysiology of syndromic combined pituitary hormone deficiency due to a LHX3 defect in light of LHX3 and LHX4 expression during early human development. *Gene Expr Patterns* 2004; **5**: 279-284 [PMID: 15567726 DOI: 10.1016/j.modgep.2004.07.003]
- 6 **Bosch I Ara L**, Katugampola H, Dattani MT. Congenital Hypopituitarism During the Neonatal Period: Epidemiology, Pathogenesis, Therapeutic Options, and Outcome. *Front Pediatr* 2020; **8**: 600962 [PMID: 33634051 DOI: 10.3389/fped.2020.600962]
- 7 **Pfaeffle RW**, Savage JJ, Hunter CS, Palme C, Ahlmann M, Kumar P, Bellone J, Schoenau E, Korsch E, Brämwig JH, Stobbe HM, Blum WF, Rhodes SJ. Four novel mutations of the LHX3 gene cause combined pituitary hormone deficiencies with or without limited neck rotation. *J Clin Endocrinol Metab* 2007; **92**: 1909-1919 [PMID: 17327381 DOI: 10.1210/jc.2006-2177]
- 8 **Sobrier ML**, Brachet C, Vié-Luton MP, Perez C, Copin B, Legendre M, Heinrichs C, Amselem S. Symptomatic heterozygotes and prenatal diagnoses in a nonconsanguineous family with syndromic combined pituitary hormone deficiency resulting from two novel LHX3 mutations. *J Clin Endocrinol Metab* 2012; **97**: E503-E509 [PMID: 22238406 DOI: 10.1210/jc.2011-2095]
- 9 **Ramzan K**, Bin-Abbas B, Al-Jomaa L, Allam R, Al-Owain M, Imtiaz F. Two novel LHX3 mutations in patients with combined pituitary hormone deficiency including cervical rigidity and sensorineural hearing loss. *BMC Endocr Disord* 2017; **17**: 17 [PMID: 28302169 DOI: 10.1186/s12902-017-0164-8]
- 10 **Baş F**, Uyguner ZO, Darendeliler F, Aycan Z, Çetinkaya E, Berberoğlu M, Şiklar Z, Öcal G, Darcan Ş, Gökşen D, Topaloğlu AK, Yüksel B, Özbek MN, Ercan O, Evliyaoğlu O, Çetinkaya S, Şen Y, Atabek E, Toksoy G, Aydın BK, Bundak R. Molecular analysis of PROP1, POU1F1, LHX3, and HESX1 in Turkish patients with combined pituitary hormone deficiency: a multicenter study. *Endocrine* 2015; **49**: 479-491 [PMID: 25500790 DOI: 10.1007/s12020-014-0498-1]
- 11 **Budny B**, Zemojtel T, Kaluzna M, Gut P, Niedziela M, Obara-Moszyńska M, Rabska-Pietrzak B, Karmelita-Katulska K, Stajgis M, Ambroziak U, Bednarczuk T, Wrotkowska E, Bukowska-Olech E, Jamsheer A, Ruchala M, Ziennicka K. SEMA3A and IGSF10 Are Novel Contributors to Combined Pituitary Hormone Deficiency (CPHD). *Front Endocrinol (Lausanne)* 2020; **11**: 368 [PMID: 32612575 DOI: 10.3389/fendo.2020.00368]
- 12 **Fang Q**, George AS, Brinkmeier ML, Mortensen AH, Gergics P, Cheung LY, Daly AZ, Ajmal A, Pérez Millán MI, Ozel AB, Kitzman JO, Mills RE, Li JZ, Camper SA. Genetics of Combined Pituitary Hormone Deficiency: Roadmap into the Genome Era. *Endocr Rev* 2016; **37**: 636-675 [PMID: 27828722 DOI: 10.1210/er.2016-1101]
- 13 **Choi JH**, Jung CW, Kang E, Kim YM, Heo SH, Lee BH, Kim GH, Yoo HW. Rare Frequency of Mutations in Pituitary Transcription Factor Genes in Combined Pituitary Hormone or Isolated Growth Hormone Deficiencies in Korea. *Yonsei Med J* 2017; **58**: 527-532 [PMID: 2832357 DOI: 10.3349/ymj.2017.58.3.527]



Published by **Baishideng Publishing Group Inc**
7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA

Telephone: +1-925-3991568

E-mail: bpgoffice@wjgnet.com

Help Desk: <https://www.f6publishing.com/helpdesk>

<https://www.wjgnet.com>

