Citrullinemia

Citrullinemia is an inherited disorder that causes ammonia and other toxic substances to accumulate in the blood. Two types of citrullinemia have been described; they have different signs and symptoms and are caused by mutations in different genes.

Type I citrullinemia (also known as classic citrullinemia) usually becomes evident in the first few days of life. Affected infants typically appear normal at birth, but as ammonia builds up, they experience a progressive lack of energy (lethargy), poor feeding, vomiting, seizures, and loss of consciousness. Some affected individuals develop serious liver problems. The health problems associated with type I citrullinemia are life-threatening in many cases. Less commonly, a milder form of type I citrullinemia can develop later in childhood or adulthood. This later-onset form is associated with intense headaches, blind spots (scotomas), problems with balance and muscle coordination (ataxia), and lethargy. Some people with gene mutations that cause type I citrullinemia never experience signs and symptoms of the disorder.

Type II citrullinemia chiefly affects the nervous system, causing confusion, restlessness, memory loss, abnormal behaviors (such as aggression, irritability, and hyperactivity), seizures, and coma. Affected individuals often have specific food preferences, preferring protein-rich and fatty foods and avoiding carbohydrate-rich foods. The signs and symptoms of this disorder typically appear during adulthood (adult-onset) and can be triggered by certain medications, infections, surgery, and alcohol intake. These signs and symptoms can be life-threatening in people with adult-onset type II citrullinemia.

Adult-onset type II citrullinemia may also develop in people who as infants had a liver disorder called neonatal intrahepatic cholestasis caused by citrin deficiency (NICCD). This liver condition is also known as neonatal-onset type II citrullinemia. NICCD blocks the flow of bile (a digestive fluid produced by the liver) and prevents the body from processing certain nutrients properly. In many cases, the signs and symptoms of NICCD go away within a year. In rare cases, affected individuals develop other signs and symptoms in early childhood after seeming to recover from NICCD, including delayed growth, extreme tiredness (fatigue), specific food preferences (mentioned above), and abnormal amounts of fats (lipids) in the blood (dyslipidemia). This condition is known as failure to thrive and dyslipidemia caused by citrin deficiency (FTTDCD). Years or even decades later, some people with NICCD or FTTDCD develop the features of adult-onset type II citrullinemia.

Frequency

Type I citrullinemia is the most common form of the disorder, affecting about 1 in 57,000 people worldwide. Type II citrullinemia is found primarily in the Japanese population, where it occurs in an estimated 1 in 100,000 to 230,000 individuals. Type II also has
been reported in other populations, including other people from East Asia, the Middle East, the United States, and the United Kingdom.

**Causes**

Mutations in the **ASS1** and **SLC25A13** genes cause citrullinemia. The proteins produced from these genes play roles in the urea cycle. The urea cycle is a sequence of chemical reactions that takes place in liver cells. These reactions process excess nitrogen that is generated when protein is used by the body. The excess nitrogen is used to make a compound called urea, which is excreted in urine.

Mutations in the **ASS1** gene cause type I citrullinemia. This gene provides instructions for making an enzyme, argininosuccinate synthase 1, that is responsible for one step of the urea cycle. Mutations in the **ASS1** gene reduce the activity of the enzyme, which disrupts the urea cycle and prevents the body from processing nitrogen effectively. Excess nitrogen (in the form of ammonia) and other byproducts of the urea cycle accumulate in the bloodstream. Ammonia is particularly toxic to the nervous system, which helps explain the neurologic symptoms (such as lethargy, seizures, and ataxia) that are often seen in type I citrullinemia.

Mutations in the **SLC25A13** gene are responsible for adult-onset type II citrullinemia, NICCD, and FTTDCD. This gene provides instructions for making a protein called citrin. Within cells, citrin helps transport molecules used in the production and breakdown of simple sugars, the production of proteins, and the urea cycle. Molecules transported by citrin are also involved in making nucleotides, which are the building blocks of DNA and its chemical cousin, RNA. Mutations in the **SLC25A13** gene typically prevent cells from making any functional citrin, which inhibits the urea cycle and disrupts the production of proteins and nucleotides. The resulting buildup of ammonia and other toxic substances leads to the signs and symptoms of adult-onset type II citrullinemia. A lack of citrin also leads to the features of NICCD and FTTDCD, although ammonia does not build up in the bloodstream of individuals with these conditions.

Because citrullinemia is caused by problems with the urea cycle, it belongs to a class of genetic diseases called urea cycle disorders.

**Inheritance Pattern**

Both types of citrullinemia are inherited in an autosomal recessive pattern, which means both copies of the respective gene in each cell have mutations. The parents of an individual with an autosomal recessive condition each carry one copy of the mutated gene, but they typically do not show signs and symptoms of the condition.

**Other Names for This Condition**

- CIT
- citrullinuria
**Diagnosis & Management**

**Formal Diagnostic Criteria**
- ACT Sheet: Increased citrulline
  
  https://www.ncbi.nlm.nih.gov/books/NBK55827/bin/Citrullinemia.pdf

**Formal Treatment/Management Guidelines**
- New England Consortium of Metabolic Programs: Acute Illness Protocol
  
  http://newenglandconsortium.org/protocols/acute_illness/urea_cycle_disorders/citrullinemia-AS.pdf

**Genetic Testing Information**
- What is genetic testing?
  
  /primer/testing/genetictesting

- Genetic Testing Registry: Citrullinemia type I
  

- Genetic Testing Registry: Citrullinemia type II
  

- Genetic Testing Registry: Neonatal intrahepatic cholestasis caused by citrin deficiency
  

**Research Studies from ClinicalTrials.gov**
- ClinicalTrials.gov
  
  https://clinicaltrials.gov/ct2/results?cond=%22citrullinemia%22

**Other Diagnosis and Management Resources**
- Baby’s First Test: Citrullinemia, Type I
  
  https://www.babysfirsttest.org/newborn-screening/conditions/citrullinemia-type-i

- Baby’s First Test: Citrullinemia, Type II
  
  https://www.babysfirsttest.org/newborn-screening/conditions/citrullinemia-type-ii

- GeneReview: Citrin Deficiency
  
  https://www.ncbi.nlm.nih.gov/books/NBK1181

- GeneReview: Citrullinemia Type I
  
  https://www.ncbi.nlm.nih.gov/books/NBK1458

- GeneReview: Urea Cycle Disorders Overview
  
  https://www.ncbi.nlm.nih.gov/books/NBK1217
• MedlinePlus Encyclopedia: Hereditary Urea Cycle Abnormality
  https://medlineplus.gov/ency/article/000372.htm
• National Organization for Rare Disorders (NORD) Physician Guide: Urea Cycle Disorders
  https://rarediseases.org/physician-guide/urea-cycle-disorders/

Additional Information & Resources

Health Information from MedlinePlus

• Encyclopedia: Hereditary Urea Cycle Abnormality
  https://medlineplus.gov/ency/article/000372.htm
• Health Topic: Genetic Brain Disorders
  https://medlineplus.gov/geneticbrain disorders.html
• Health Topic: Metabolic Disorders
  https://medlineplus.gov/metabolicdisorders.html
• Health Topic: Newborn Screening
  https://medlineplus.gov/newbornscreening.html

Genetic and Rare Diseases Information Center

• Adult-onset citrullinemia type II
  https://rarediseases.info.nih.gov/diseases/10215/adult-onset-citrullinemia-type-ii
• Citrullinemia type I
  https://rarediseases.info.nih.gov/diseases/6114/citrullinemia-type-i

Educational Resources

• MalaCards: citrullinemia, classic
  https://www.malacards.org/card/citrullinemia_classic
• Orphanet: Citrullinemia
  https://www.orpha.net/consor/cgi-bin/OC_Exp.php?Lng=EN&Expert=187
• Screening, Technology, and Research in Genetics
  http://www.newbornscreening.info/Parents/aminoaciddisorders/ASAS.html
• Virginia Department of Health

Patient Support and Advocacy Resources

• Metabolic Support UK
  https://www.metabolicsupportuk.org/
• National Organization for Rare Disorders (NORD)
  https://rarediseases.org/rare-diseases/citrullinemia-type-1/
Clinical Information from GeneReviews

- Citrin Deficiency
  https://www.ncbi.nlm.nih.gov/books/NBK1181

- Citrullinemia Type I
  https://www.ncbi.nlm.nih.gov/books/NBK1458

- Urea Cycle Disorders Overview
  https://www.ncbi.nlm.nih.gov/books/NBK1217

Scientific Articles on PubMed

- PubMed
  https://www.ncbi.nlm.nih.gov/pubmed?term=%28Citrullinemia%5BMAJR%5D%29+AND+%28citrullinemia%5BTIAB%5D%29+AND+english%5Bla%5D+AND+human%5Bmh%5D+AND+%22last+1800+days%22%5Bdp%5D

Catalog of Genes and Diseases from OMIM

- CITRULLINEMIA, CLASSIC
  http://omim.org/entry/215700

- CITRULLINEMIA, TYPE II, ADULT-ONSET
  http://omim.org/entry/603471

- CITRULLINEMIA, TYPE II, NEONATAL-ONSET
  http://omim.org/entry/605814

Sources for This Summary


  
  Citation on PubMed: https://www.ncbi.nlm.nih.gov/pubmed/16059747

  
  Citation on PubMed: https://www.ncbi.nlm.nih.gov/pubmed/20301631

  
  Citation on PubMed: https://www.ncbi.nlm.nih.gov/pubmed/15050970

• Saheki T, Kobayashi K. Mitochondrial aspartate glutamate carrier (citrin) deficiency as the cause of adult-onset type II citrullinemia (CTLN2) and idiopathic neonatal hepatitis (NICCD). J Hum Genet. 2002;47(7):333-41. Review. 
  
  Citation on PubMed: https://www.ncbi.nlm.nih.gov/pubmed/12111366

  
  Citation on PubMed: https://www.ncbi.nlm.nih.gov/pubmed/20301360

  
  Citation on PubMed: https://www.ncbi.nlm.nih.gov/pubmed/21424115

  
  Citation on PubMed: https://www.ncbi.nlm.nih.gov/pubmed/24508627

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