



## Léri-Weill dyschondrosteosis

Léri-Weill dyschondrosteosis is a disorder of bone growth. Affected individuals typically have shortening of the long bones in the arms and legs (mesomelia). As a result of the shortened leg bones, people with Léri-Weill dyschondrosteosis typically have short stature. Most people with the condition also have an abnormality of the wrist and forearm bones called Madelung deformity, which may cause pain and limit wrist movement. This abnormality usually appears in childhood or early adolescence. Other features of Léri-Weill dyschondrosteosis can include increased muscle mass (muscle hypertrophy); bowing of a bone in the lower leg called the tibia; a greater-than-normal angling of the elbow away from the body (increased carrying angle); and a high arched palate.

Léri-Weill dyschondrosteosis occurs in both males and females, although its signs and symptoms tend to be more severe in females. Researchers believe that the more severe features may result from hormonal differences.

### Frequency

The prevalence of Léri-Weill dyschondrosteosis is unknown. It is diagnosed more often in females than in males.

### Causes

Most cases of Léri-Weill dyschondrosteosis result from changes involving the *SHOX* gene. The protein produced from this gene plays a role in bone development and is particularly important for the growth and maturation of bones in the arms and legs. The most common cause of Léri-Weill dyschondrosteosis is a deletion of the entire *SHOX* gene. Other genetic changes that can cause the disorder include mutations in the *SHOX* gene or deletions of nearby genetic material that normally helps regulate the gene's activity. These changes reduce the amount of SHOX protein that is produced. A shortage of this protein disrupts normal bone development and growth, which underlies the major features of Léri-Weill dyschondrosteosis.

In affected people who do not have a genetic change involving the *SHOX* gene, the cause of the condition is unknown.

### Inheritance Pattern

Léri-Weill dyschondrosteosis has a pseudoautosomal dominant pattern of inheritance. The *SHOX* gene is located on both the X and Y chromosomes (sex chromosomes) in an area known as the pseudoautosomal region. Although many genes are unique to either the X or Y chromosome, genes in the pseudoautosomal region are present on both sex chromosomes. As a result, both females (who have two X chromosomes) and

males (who have one X and one Y chromosome) normally have two functional copies of the *SHOX* gene in each cell. The inheritance pattern of Léri-Weill dyschondrosteosis is described as dominant because one missing or altered copy of the *SHOX* gene in each cell is sufficient to cause the disorder. In females, the condition results when the gene is missing or altered on one of the two copies of the X chromosome; in males, it results when the gene is missing or altered on either the X chromosome or the Y chromosome.

A related skeletal disorder called Langer mesomelic dysplasia occurs when both copies of the *SHOX* gene are mutated in each cell. This disorder has signs and symptoms that are similar to, but typically more severe than, those of Léri-Weill dyschondrosteosis.

### **Other Names for This Condition**

- DCO
- dyschondrosteosis
- Leri-Weill dyschondrosteosis
- LWD

### **Diagnosis & Management**

#### Genetic Testing Information

- What is genetic testing?  
[/primer/testing/genetictesting](#)
- Genetic Testing Registry: Leri Weill dyschondrosteosis  
<https://www.ncbi.nlm.nih.gov/gtr/conditions/C0265309/>

#### Other Diagnosis and Management Resources

- GeneReview: SHOX Deficiency Disorders  
<https://www.ncbi.nlm.nih.gov/books/NBK1215>

### **Additional Information & Resources**

#### Health Information from MedlinePlus

- Encyclopedia: Carrying Angle of the Elbow - Excessive  
<https://medlineplus.gov/ency/article/002316.htm>
- Health Topic: Bone Diseases  
<https://medlineplus.gov/bonediseases.html>

#### Genetic and Rare Diseases Information Center

- Leri Weill dyschondrosteosis  
<https://rarediseases.info.nih.gov/diseases/3224/leri-weill-dyschondrosteosis>

### Educational Resources

- Boston Children's Hospital: Madelung's Deformity  
<http://www.childrenshospital.org/conditions-and-treatments/conditions/m/madelungs-deformity>
- MalaCards: leri-weill dyschondrosteosis  
[https://www.malacards.org/card/leri\\_weill\\_dyschondrosteosis](https://www.malacards.org/card/leri_weill_dyschondrosteosis)
- Orphanet: Léri-Weill dyschondrosteosis  
[https://www.orpha.net/consor/cgi-bin/OC\\_Exp.php?Lng=EN&Expert=240](https://www.orpha.net/consor/cgi-bin/OC_Exp.php?Lng=EN&Expert=240)

### Patient Support and Advocacy Resources

- Human Growth Foundation  
<http://hgfound.org/>
- International Skeletal Dysplasia Registry, UCLA  
<https://www.uclahealth.org/ortho/isdr>
- Little People of America  
<https://www.lpaonline.org/>
- Little People UK  
<https://littlepeopleuk.org/>
- Resource list from the University of Kansas Medical Center: Dwarfism / Short Stature  
<http://www.kumc.edu/gec/support/dwarfism.html>
- The MAGIC Foundation  
<https://www.magicfoundation.org/>

### Clinical Information from GeneReviews

- SHOX Deficiency Disorders  
<https://www.ncbi.nlm.nih.gov/books/NBK1215>

### Scientific Articles on PubMed

- PubMed  
<https://www.ncbi.nlm.nih.gov/pubmed?term=%28%28leri-weill+dyschondrosteosis%5BTIAB%5D%29+OR+%28dyschondrosteosis%5BTIAB%5D%29%29+AND+english%5Bla%5D+AND+human%5Bmh%5D+AND+%22last+1800+days%22%5Bdp%5D>

### Catalog of Genes and Diseases from OMIM

- LERI-WEILL DYSCHONDROSTEOSIS  
<http://omim.org/entry/127300>

## Sources for This Summary

- Belin V, Cusin V, Viot G, Girlich D, Toutain A, Moncla A, Vekemans M, Le Merrer M, Munnich A, Cormier-Daire V. SHOX mutations in dyschondrosteosis (Leri-Weill syndrome). *Nat Genet.* 1998 May;19(1):67-9.  
*Citation on PubMed:* <https://www.ncbi.nlm.nih.gov/pubmed/9590292>
- Benito-Sanz S, Barroso E, Heine-Suñer D, Hisado-Oliva A, Romanelli V, Rosell J, Aragonés A, Caimari M, Argente J, Ross JL, Zinn AR, Gracia R, Lapunzina P, Campos-Barros A, Heath KE. Clinical and molecular evaluation of SHOX/PAR1 duplications in Leri-Weill dyschondrosteosis (LWD) and idiopathic short stature (ISS). *J Clin Endocrinol Metab.* 2011 Feb;96(2):E404-12. doi: 10.1210/jc.2010-1689. Epub 2010 Dec 8.  
*Citation on PubMed:* <https://www.ncbi.nlm.nih.gov/pubmed/21147883>
- Benito-Sanz S, Gorbenko del Blanco D, Huber C, Thomas NS, Aza-Carmona M, Bunyan D, Maloney V, Argente J, Cormier-Daire V, Campos-Barros A, Heath KE. Characterization of SHOX deletions in Leri-Weill dyschondrosteosis (LWD) reveals genetic heterogeneity and no recombination hotspots. *Am J Hum Genet.* 2006 Aug;79(2):409-14; author reply 414.  
*Citation on PubMed:* <https://www.ncbi.nlm.nih.gov/pubmed/16826534>  
*Free article on PubMed Central:* <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1559488/>
- Benito-Sanz S, Thomas NS, Huber C, Gorbenko del Blanco D, Aza-Carmona M, Crolla JA, Maloney V, Rappold G, Argente J, Campos-Barros A, Cormier-Daire V, Heath KE. A novel class of Pseudoautosomal region 1 deletions downstream of SHOX is associated with Leri-Weill dyschondrosteosis. *Am J Hum Genet.* 2005 Oct;77(4):533-44. Epub 2005 Aug 15. Erratum in: *Am J Hum Genet.* 2005 Dec;77(6):1131. Huber, Celine [corrected to Huber, Céline]; Del Blanco, Darya Gorbenko [corrected to Gorbenko del Blanco, Darya]; Rappold, Gudrun [added]; Argente, Jesus [corrected to Argente, Jesús]; Cormier-Daire, Valerie [corrected to Cormier-Daire, Valrie].  
*Citation on PubMed:* <https://www.ncbi.nlm.nih.gov/pubmed/16175500>  
*Free article on PubMed Central:* <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1275603/>
- Binder G, Renz A, Martinez A, Keselman A, Hesse V, Riedl SW, Häusler G, Fricke-Otto S, Frisch H, Heinrich JJ, Ranke MB. SHOX haploinsufficiency and Leri-Weill dyschondrosteosis: prevalence and growth failure in relation to mutation, sex, and degree of wrist deformity. *J Clin Endocrinol Metab.* 2004 Sep;89(9):4403-8.  
*Citation on PubMed:* <https://www.ncbi.nlm.nih.gov/pubmed/15356038>
- Hirschfeldova K, Solc R, Baxova A, Zapletalova J, Kebrdlova V, Gaillyova R, Prasilova S, Soukalova J, Mihalova R, Lnenicka P, Florianova M, Stekrova J. SHOX gene defects and selected dysmorphic signs in patients of idiopathic short stature and Léri-Weill dyschondrosteosis. *Gene.* 2012 Jan 10;491(2):123-7. doi: 10.1016/j.gene.2011.10.011. Epub 2011 Oct 14.  
*Citation on PubMed:* <https://www.ncbi.nlm.nih.gov/pubmed/22020182>
- Ross JL, Kowal K, Quigley CA, Blum WF, Cutler GB Jr, Crowe B, Hovanes K, Elder FF, Zinn AR. The phenotype of short stature homeobox gene (SHOX) deficiency in childhood: contrasting children with Leri-Weill dyschondrosteosis and Turner syndrome. *J Pediatr.* 2005 Oct;147(4):499-507.  
*Citation on PubMed:* <https://www.ncbi.nlm.nih.gov/pubmed/16227037>

- Salmon-Musial AS, Rosilio M, David M, Huber C, Pichot E, Cormier-Daire V, Nicolino M. Clinical and radiological characteristics of 22 children with SHOX anomalies and familial short stature suggestive of Léri-Weill Dyschondrosteosis. *Horm Res Paediatr.* 2011;76(3):178-85. doi: 10.1159/000329359. Epub 2011 Sep 10.  
*Citation on PubMed:* <https://www.ncbi.nlm.nih.gov/pubmed/21912078>
  - Shears DJ, Vassal HJ, Goodman FR, Palmer RW, Reardon W, Superti-Furga A, Scambler PJ, Winter RM. Mutation and deletion of the pseudoautosomal gene SHOX cause Leri-Weill dyschondrosteosis. *Nat Genet.* 1998 May;19(1):70-3.  
*Citation on PubMed:* <https://www.ncbi.nlm.nih.gov/pubmed/9590293>
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