MYH9-related disorder

*MYH9*-related disorder is a condition that can have many signs and symptoms, including bleeding problems, hearing loss, kidney (renal) disease, and clouding of the lens of the eyes (cataracts).

The bleeding problems in people with *MYH9*-related disorder are due to thrombocytopenia. Thrombocytopenia is a reduced level of circulating platelets, which are small cells that normally assist with blood clotting. People with *MYH9*-related disorder typically experience easy bruising, and affected women have excessive bleeding during menstruation (menorrhagia). The platelets in people with *MYH9*-related disorder are larger than normal. These enlarged platelets have difficulty moving into tiny blood vessels like capillaries. As a result, the platelet level is even lower in these small vessels, further impairing clotting.

Some people with *MYH9*-related disorder develop hearing loss caused by abnormalities of the inner ear (sensorineural hearing loss). Hearing loss may be present from birth or can develop anytime into late adulthood.

An estimated 30 to 70 percent of people with *MYH9*-related disorder develop renal disease, usually beginning in early adulthood. The first sign of renal disease in *MYH9*-related disorder is typically protein or blood in the urine. Renal disease in these individuals particularly affects structures called glomeruli, which are clusters of tiny blood vessels that help filter waste products from the blood. The resulting damage to the kidneys can lead to kidney failure and end-stage renal disease (ESRD).

Some affected individuals develop cataracts in early adulthood that worsen over time.

Not everyone with *MYH9*-related disorder has all of the major features. All individuals with *MYH9*-related disorder have thrombocytopenia and enlarged platelets. Most commonly, affected individuals will also have hearing loss and renal disease. Cataracts are the least common sign of this disorder.

*MYH9*-related disorder was previously thought to be four separate disorders: May-Hegglin anomaly, Epstein syndrome, Fechtner syndrome, and Sebastian syndrome. All of these disorders involved thrombocytopenia and enlarged platelets and were distinguished by some combination of hearing loss, renal disease, and cataracts. When it was discovered that these four conditions all had the same genetic cause, they were combined and renamed *MYH9*-related disorder.

**Frequency**

The incidence of *MYH9*-related disorder is unknown. More than 200 affected families have been reported in the scientific literature.
Causes

MYH9-related disorder is caused by mutations in the MYH9 gene. The MYH9 gene provides instructions for making a protein called myosin-9. This protein is one part (subunit) of the myosin IIA protein.

There are three forms of myosin II, called myosin IIA, myosin IIB and myosin IIC. The three forms are found throughout the body and perform similar functions. They play roles in cell movement (cell motility); maintenance of cell shape; and cytokinesis, which is the step in cell division when the fluid surrounding the nucleus (the cytoplasm) divides to form two separate cells. While some cells use more than one type of myosin II, certain blood cells such as platelets and white blood cells (leukocytes) use only myosin IIA.

MYH9 gene mutations that cause MYH9-related disorder typically result in a nonfunctional version of the myosin-9 protein. The nonfunctional protein cannot properly interact with other subunits to form myosin IIA. Platelets and leukocytes, which only use myosin IIA, are most affected by a lack of functional myosin-9. It is thought that a lack of functional myosin IIA leads to the release of large, immature platelets in the bloodstream, resulting in a reduced amount of normal platelets. In leukocytes, the nonfunctional myosin-9 clumps together. These clumps of protein, called inclusion bodies, are a hallmark of MYH9-related disorder and are present in the leukocytes of everyone with this condition.

Inheritance Pattern

This condition is inherited in an autosomal dominant pattern, which means one copy of the altered gene in each cell is sufficient to cause the disorder.

In most cases, an affected person inherits the mutation from one affected parent. Approximately 30 percent of cases result from new mutations in the gene and occur in people with no history of the disorder in their family.

Other Names for This Condition

• autosomal dominant MYH9 spectrum disorders
• MYH9-related macrothrombocytopenias
• MYH9RD

Diagnosis & Management

Genetic Testing Information

• What is genetic testing? /primer/testing/genetictesting
• Genetic Testing Registry: Macrothrombocytopenia and granulocyte inclusions with or without nephritis or sensorineural hearing loss https://www.ncbi.nlm.nih.gov/gtr/conditions/C0340978/
Research Studies from ClinicalTrials.gov

- ClinicalTrials.gov https://clinicaltrials.gov/ct2/results?cond=%22MYH9-related+disorder%22+OR+%22Epstein+syndrome%22+OR+%22Fechtner+syndrome%22+OR+%22May-Hegglin+anomaly%22+OR+%22Sebastian+syndrome%22

Other Diagnosis and Management Resources


Additional Information & Resources

Health Information from MedlinePlus

- Encyclopedia: Glomerulonephritis https://medlineplus.gov/ency/article/000484.htm
- Encyclopedia: Thrombocytopenia https://medlineplus.gov/ency/article/000586.htm
- Health Topic: Cataract https://medlineplus.gov/cataract.html

Genetic and Rare Diseases Information Center

Additional NIH Resources

- National Eye Institute: Cataracts

- National Heart Lung and Blood Institute: What Is Thrombocytopenia?
  https://www.nhlbi.nih.gov/health-topics/thrombocytopenia

- National Kidney Disease Education Program
  https://www.niddk.nih.gov/health-information/community-health-outreach/information-clearinghouses/nkdep

Educational Resources

- Boston Children’s Hospital: Cataracts
  http://www.childrenshospital.org/conditions-and-treatments/conditions/c/cataracts

- Boston Children’s Hospital: Glomerulonephritis in Children
  https://www.childrenshospital.org/conditions-and-treatments/conditions/g/glomerulonephritis

- Boston Children’s Hospital: Thrombocytopenia in Children
  http://www.childrenshospital.org/conditions-and-treatments/conditions/t/thrombocytopenia

- Boys Town National Research Hospital: Types of Hearing Loss
  https://www.boystownhospital.org/knowledge-center/types-of-hearing-loss

- Centers for Disease Control and Prevention: Hearing Loss in Children
  https://www.cdc.gov/ncbddd/hearingloss/

- Johns Hopkins Heart and Vascular Institute: What are Platelets and Why are They Important?
  https://www.hopkinsmedicine.org/heart_vascular_institute/centers_excellence/womens_cardiovascular_health_center/patient_information/health_topics/platelets.html

- Merck Manual Consumer Version: Glomerulonephritis

- Merck Manual Consumer Version: Thrombocytopenia
  https://www.merckmanuals.com/home/blood-disorders/platelet-disorders/overview-of-thrombocytopenia

- Orphanet: MYH9-related disease
  https://www.orpha.net/consor/cgi-bin/OC_Exp.php?Lng=EN&Expert=182050
Patient Support and Advocacy Resources

• National Kidney Foundation
  https://www.kidney.org/

• National Organization for Rare Disorders (NORD): May Hegglin Anomaly
  https://rarediseases.org/rare-diseases/may-hegglin-anomaly/

Clinical Information from GeneReviews

• MYH9-Related Disorders
  https://www.ncbi.nlm.nih.gov/books/NBK2689

Scientific Articles on PubMed

• PubMed
  https://www.ncbi.nlm.nih.gov/pubmed?term=%28Thrombocytopenia%5BMAJR%5D%29+AND+%28%28myh9-related+disorder%5BTIAB%5D%29+OR+%28MYH9%5BTIAB%5D%29+AND+%28thrombocytopenia%5BTIAB%5D%29+AND+english%5Bla%5D+AND+human%5Bmh%5D+AND+%22last+3600+days%22%5Bdp%5D

Catalog of Genes and Diseases from OMIM

• MACROTHROMBOCYTOPENIA AND GRANULOCYTE INCLUSIONS WITH OR WITHOUT NEPHRITIS OR SENSORINEURAL HEARING LOSS
  http://omim.org/entry/155100

Medical Genetics Database from MedGen

• MYH9-related disorder

Sources for This Summary

  Citation on PubMed: https://www.ncbi.nlm.nih.gov/pubmed/19408192

  Citation on PubMed: https://www.ncbi.nlm.nih.gov/pubmed/20601875
  Citation on PubMed: https://www.ncbi.nlm.nih.gov/pubmed/20301740

  Citation on PubMed: https://www.ncbi.nlm.nih.gov/pubmed/20200500

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