Genetics

Home

Reference

Your Guide to Understanding Genetic Conditions

Osteogenesis imperfecta

Osteogenesis imperfecta (OI) is a group of genetic disorders that mainly affect the bones. The term "osteogenesis imperfecta" means imperfect bone formation. People with this condition have bones that break (fracture) easily, often from mild trauma or with no apparent cause. Multiple fractures are common, and in severe cases, can occur even before birth. Milder cases may involve only a few fractures over a person's lifetime.

There are at least 19 recognized forms of osteogenesis imperfecta, designated type I through type XIX. Several types are distinguished by their signs and symptoms, although their characteristic features overlap. Increasingly, genetic causes are used to define rarer forms of osteogenesis imperfecta. Type I (also known as classic non-deforming osteogenesis imperfecta with blue sclerae) is the mildest form of osteogenesis imperfecta. Type II (also known as perinatally lethal osteogenesis imperfecta) is the most severe. Other types of this condition, including types III (progressively deforming osteogenesis imperfecta) and IV (common variable osteogenesis imperfecta with normal sclerae), have signs and symptoms that fall somewhere between these two extremes.

The milder forms of osteogenesis imperfecta, including type I, are characterized by bone fractures during childhood and adolescence that often result from minor trauma, such as falling while learning to walk. Fractures occur less frequently in adulthood. People with mild forms of the condition typically have a blue or grey tint to the part of the eye that is usually white (the sclera), and about half develop hearing loss in adulthood. Unlike more severely affected individuals, people with type I are usually of normal or near normal height.

Other types of osteogenesis imperfecta are more severe, causing frequent bone fractures that are present at birth and result from little or no trauma. Additional features of these types can include blue sclerae of the eyes, short stature, curvature of the spine (scoliosis), joint deformities (contractures), hearing loss, respiratory problems, and a disorder of tooth development called dentinogenesis imperfecta. Mobility can be reduced in affected individuals, and some may use a walker or wheelchair. The most severe forms of osteogenesis imperfecta, particularly type II, can include an abnormally small, fragile rib cage and underdeveloped lungs. Infants with these abnormalities may have life-threatening problems with breathing and can die shortly after birth.

Frequency

Osteogenesis imperfecta affects approximately 1 in 10,000 to 20,000 people worldwide. An estimated 25,000 to 50,000 people in the United States have the condition.
Causes

Osteogenesis imperfecta can be caused by mutations in one of several genes. Mutations in the \textit{COL1A1} and \textit{COL1A2} genes cause approximately 90 percent of all cases. These genes provide instructions for making proteins that are used to assemble type I collagen. This type of collagen is the most abundant protein in bone, skin, and other connective tissues that provide structure and strength to the body.

Osteogenesis imperfecta type I is caused by mutations in the \textit{COL1A1} gene or, less commonly, the \textit{COL1A2} gene. These genetic changes reduce the amount of type I collagen produced in the body, though the molecules that are produced are normal. A reduction in type I collagen causes bones to be brittle and to fracture easily. The mutations that cause osteogenesis imperfecta types II, III, and IV occur in either the \textit{COL1A1} or \textit{COL1A2} gene. These mutations typically alter the structure of type I collagen molecules, resulting in abnormal type I collagen. A defect in the structure of type I collagen weakens connective tissues, particularly bone, resulting in the characteristic features of these more severe types of osteogenesis imperfecta.

Mutations in other genes cause rare forms of osteogenesis imperfecta. Many of these genes provide instructions for proteins that help process type I collagen into its mature form. Mutations in these genes disrupt different steps in the production of collagen molecules. These changes weaken connective tissues, leading to severe bone abnormalities and problems with growth. Other genes involved in osteogenesis imperfecta provide instructions for making proteins that control the development and function of bone-forming cells. Mutations in these genes impair normal bone development, causing the bones to be brittle and to fracture easily.

Inheritance Pattern

When caused by mutations in the \textit{COL1A1} or \textit{COL1A2} gene, osteogenesis imperfecta has an autosomal dominant pattern of inheritance, which means one copy of the altered gene in each cell is sufficient to cause the condition. Many people with type I or type IV osteogenesis imperfecta inherit a mutation from a parent who has the disorder. Most infants with more severe forms of osteogenesis imperfecta (such as type II and type III) have no history of the condition in their family. In these infants, the condition is caused by new (sporadic) mutations in the \textit{COL1A1} or \textit{COL1A2} gene. Type V is also inherited in an autosomal dominant pattern.

Less commonly, osteogenesis imperfecta has an autosomal recessive pattern of inheritance. Autosomal recessive inheritance means two copies of the gene in each cell are altered. The parents of a child with an autosomal recessive disorder typically are not affected, but each carry one copy of the altered gene. Types VI through XVIII follow this pattern of inheritance.

Osteogenesis imperfecta type XIX is inherited in an X-linked recessive pattern. A condition is considered X-linked if the mutated gene that causes the disorder is located on the X chromosome, one of the two sex chromosomes in each cell. In males, who have only one X chromosome, a mutation in the only copy of the gene in each cell
is sufficient to cause the condition. In females (who have two X chromosomes), a mutation would have to occur in both copies of the gene to cause the disorder. Because it is unlikely that females will have two altered copies of this gene, males are affected by X-linked recessive disorders much more frequently than females. A characteristic of X-linked inheritance is that fathers cannot pass X-linked traits to their sons.

Other Names for This Condition

- brittle bone disease
- fragilitas ossium
- OI
- Vrolik disease

Diagnosis & Management

Genetic Testing Information

- What is genetic testing? /primer/testing/genetictesting
• Genetic Testing Registry: Osteogenesis imperfecta, recessive perinatal lethal

• Genetic Testing Registry: Osteogenesis imperfecta, type VI

• Genetic Testing Registry: Osteogenesis imperfecta, type XI

• Genetic Testing Registry: Osteogenesis imperfecta, type xiii

• Genetic Testing Registry: Osteogenesis imperfecta, type xiv

• Genetic Testing Registry: OSTEOGENESIS IMPERFECTA, TYPE XIX

• Genetic Testing Registry: Osteogenesis imperfecta, type xv

• Genetic Testing Registry: Osteogenesis imperfecta, type xvi

• Genetic Testing Registry: Osteogenesis imperfecta, type xvii

• Genetic Testing Registry: OSTEOGENESIS IMPERFECTA, TYPE XVIII

Research Studies from ClinicalTrials.gov
• ClinicalTrials.gov
  https://clinicaltrials.gov/ct2/results?cond=%22osteogenesis+imperfecta%22

Other Diagnosis and Management Resources
• GeneReview: COL1A1/2 Osteogenesis Imperfecta
  https://www.ncbi.nlm.nih.gov/books/NBK1295

• MedlinePlus Encyclopedia: Osteogenesis Imperfecta
  https://medlineplus.gov/ency/article/001573.htm

Additional Information & Resources

Health Information from MedlinePlus
• Encyclopedia: Osteogenesis Imperfecta
  https://medlineplus.gov/ency/article/001573.htm

• Health Topic: Osteogenesis Imperfecta
  https://medlineplus.gov/osteogenesisimperfecta.html
Genetic and Rare Diseases Information Center
- Dentinogenesis imperfecta
  https://rarediseases.info.nih.gov/diseases/6258/dentinogenesis-imperfecta
- Osteogenesis imperfecta
  https://rarediseases.info.nih.gov/diseases/1017/osteogenesis-imperfecta

Additional NIH Resources
- National Human Genome Research Institute
  https://www.genome.gov/Genetic-Disorders/Osteogenesis-Imperfecta
- National Institute of Arthritis and Musculoskeletal and Skin Diseases: Heritable Disorders of Connective Tissue
  https://www.niams.nih.gov/health-topics/heritable-disorders-connective-tissue
- National Institute of Arthritis and Musculoskeletal and Skin Diseases: Osteogenesis Imperfecta Overview
  https://www.bones.nih.gov/health-info/bone/osteogenesis-imperfecta

Educational Resources
- Boston Children's Hospital
  http://www.childrenshospital.org/conditions-and-treatments/conditions/o/osteogenesis-imperfecta
- Howard Hughes Medical Institute: Genetic Mutation Explains Form of Brittle Bone Disease (October 20, 2006)
- Kennedy Krieger Institute
  https://www.kennedykrieger.org/patient-care/conditions/osteogenesis-imperfecta-oi
- Lucile Packard Children's Hospital at Stanford
- MalaCards: osteogenesis imperfecta, type i
  https://www.malacards.org/card/osteogenesis_imperfecta_type_i_2
- MalaCards: osteogenesis imperfecta, type ii
  https://www.malacards.org/card/osteogenesis_imperfecta_type_ii
- MalaCards: osteogenesis imperfecta, type iii
  https://www.malacards.org/card/osteogenesis_imperfecta_type_iii_2
- MalaCards: osteogenesis imperfecta, type iv
  https://www.malacards.org/card/osteogenesis_imperfecta_type_iv
• Merck Manual Consumer Version

• Orphanet: Osteogenesis imperfecta
  https://www.orpha.net/consor/cgi-bin/OC_Exp.php?Lng=EN&Expert=666

Patient Support and Advocacy Resources
• Little People of America (LPA)
  https://www.lpaonline.org/

• Little People UK
  https://littlepeopleuk.org/

• National Organization for Rare Disorders (NORD)
  https://rarediseases.org/rare-diseases/osteogenesis-imperfecta/

• Osteogenesis Imperfecta Foundation
  https://oif.org/informationcenter/about-oi/

Clinical Information from GeneReviews
• COL1A1/2 Osteogenesis Imperfecta
  https://www.ncbi.nlm.nih.gov/books/NBK1295

Scientific Articles on PubMed
• PubMed
  https://www.ncbi.nlm.nih.gov/pubmed?term=%28Osteogenesis+Imperfecta%5BMAJR%5D%29+AND+%28osteogenesis+imperfecta%5BTIAB%5D%29+AND+english%5Bla%5D+AND+human%5Bmh%5D+AND+%22last+720+days%22%5Bdp%5D

Catalog of Genes and Diseases from OMIM
• OSTEOGENESIS IMPERFECTA, TYPE I
  http://omim.org/entry/166200

• OSTEOGENESIS IMPERFECTA, TYPE II
  http://omim.org/entry/166210

• OSTEOGENESIS IMPERFECTA, TYPE III
  http://omim.org/entry/259420

• OSTEOGENESIS IMPERFECTA, TYPE IV
  http://omim.org/entry/166220

• OSTEOGENESIS IMPERFECTA, TYPE IX
  http://omim.org/entry/259440

• OSTEOGENESIS IMPERFECTA, TYPE V
  http://omim.org/entry/610967
• OSTEOGENESIS IMPERFECTA, TYPE VI
  http://omim.org/entry/613982
• OSTEOGENESIS IMPERFECTA, TYPE VII
  http://omim.org/entry/610682
• OSTEOGENESIS IMPERFECTA, TYPE VIII
  http://omim.org/entry/610915
• OSTEOGENESIS IMPERFECTA, TYPE X
  http://omim.org/entry/613848
• OSTEOGENESIS IMPERFECTA, TYPE XI
  http://omim.org/entry/610968
• OSTEOGENESIS IMPERFECTA, TYPE XII
  http://omim.org/entry/613849
• OSTEOGENESIS IMPERFECTA, TYPE XIII
  http://omim.org/entry/614856
• OSTEOGENESIS IMPERFECTA, TYPE XIV
  http://omim.org/entry/615066
• OSTEOGENESIS IMPERFECTA, TYPE XIX
  http://omim.org/entry/301014
• OSTEOGENESIS IMPERFECTA, TYPE XV
  http://omim.org/entry/615220
• OSTEOGENESIS IMPERFECTA, TYPE XVI
  http://omim.org/entry/616229
• OSTEOGENESIS IMPERFECTA, TYPE XVII
  http://omim.org/entry/616507
• OSTEOGENESIS IMPERFECTA, TYPE XVIII
  http://omim.org/entry/617952

Medical Genetics Database from MedGen

• Osteogenesis imperfecta

Sources for This Summary

  Citation on PubMed: https://www.ncbi.nlm.nih.gov/pubmed/23145505

  Citation on PubMed: https://www.ncbi.nlm.nih.gov/pubmed/27914223
  Citation on PubMed: https://www.ncbi.nlm.nih.gov/pubmed/28232077 
  Free article on PubMed Central: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5607741/

  Citation on PubMed: https://www.ncbi.nlm.nih.gov/pubmed/28820180

  Citation on PubMed: https://www.ncbi.nlm.nih.gov/pubmed/20301472

  Citation on PubMed: https://www.ncbi.nlm.nih.gov/pubmed/28625337


Reviewed: December 2019 
P Published: March 3, 2020

Lister Hill National Center for Biomedical Communications
U.S. National Library of Medicine
National Institutes of Health
Department of Health & Human Services