X-linked adrenal hypoplasia congenita

X-linked adrenal hypoplasia congenita is a disorder that mainly affects males. It involves many hormone-producing (endocrine) tissues in the body, particularly a pair of small glands on top of each kidney called the adrenal glands. These glands produce a variety of hormones that regulate many essential functions in the body.

One of the main signs of this disorder is adrenal insufficiency, which occurs when the adrenal glands do not produce enough hormones. Adrenal insufficiency typically begins in infancy or childhood and can cause vomiting, difficulty with feeding, dehydration, extremely low blood sugar (hypoglycemia), and shock. If untreated, these complications are often life-threatening.

Affected males may also have a shortage of male sex hormones, which leads to underdeveloped reproductive tissues, undescended testicles (cryptorchidism), delayed puberty, and an inability to father children (infertility). Together, these characteristics are known as hypogonadotropic hypogonadism.

The onset and severity of these signs and symptoms can vary, even among affected members of the same family.

Frequency

X-linked adrenal hypoplasia congenita appears to be an uncommon condition. It has been reported to affect approximately 1 in 12,500 newborns, but this is likely an overestimate. The true prevalence of this condition is unknown.

Causes

Mutations in the NR0B1 gene cause X-linked adrenal hypoplasia congenita. The NR0B1 gene provides instructions to make a protein called DAX1. This protein plays an important role in the development and function of several hormone-producing (endocrine) tissues including the adrenal glands, two hormone-secreting glands in the brain (the hypothalamus and pituitary), and the gonads (ovaries in females and testes in males). The hormones produced by these glands control many important body functions.

Some NR0B1 mutations result in the production of an inactive version of the DAX1 protein, while other mutations delete the entire gene. The resulting shortage of DAX1 disrupts the normal development and function of hormone-producing tissues in the body. The signs and symptoms of adrenal insufficiency and hypogonadotropic hypogonadism occur when endocrine glands do not produce the right amounts of certain hormones.
Inheritance Pattern

This condition 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 males (who have only one X chromosome), one altered copy of the gene in each cell is sufficient to cause the condition. In females (who have two X chromosomes), a mutation must be present in both copies of the gene to cause the disorder. 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.

In X-linked recessive inheritance, a female with one mutated copy of the gene in each cell is called a carrier. She can pass on the altered gene, but usually does not experience signs and symptoms of the disorder. In rare cases, however, females who carry a NR0B1 mutation may experience adrenal insufficiency or signs of hypogonadotropic hypogonadism such as underdeveloped reproductive tissues, delayed puberty, and an absence of menstruation.

Other Names for This Condition

- Adrenal hypoplasia congenita
- X-linked AHC

Diagnosis & Management

Genetic Testing Information

- What is genetic testing? /primer/testing/genetictesting

Research Studies from ClinicalTrials.gov

- ClinicalTrials.gov https://clinicaltrials.gov/ct2/results?cond=%22X-linked+adrenal+hypoplasia+congenita%22

Other Diagnosis and Management Resources

Additional Information & Resources

Health Information from MedlinePlus

- Encyclopedia: Adrenal Glands
  https://medlineplus.gov/ency/article/002219.htm

- Encyclopedia: Hypogonadotropic Hypogonadism
  https://medlineplus.gov/ency/article/000390.htm

- Health Topic: Adrenal Gland Disorders
  https://medlineplus.gov/adrenalglanddisorders.html

- Health Topic: Male Infertility
  https://medlineplus.gov/maleinfertility.html

Genetic and Rare Diseases Information Center

- X-linked adrenal hypoplasia congenita
  https://rarediseases.info.nih.gov/diseases/555/x-linked-adrenal-hypoplasia-congenita

Educational Resources

- Orphanet: Cytomegalic congenital adrenal hypoplasia
  https://www.orpha.net/consor/cgi-bin/OC_Exp.php?Lng=EN&Expert=95702

Patient Support and Advocacy Resources

- National Adrenal Diseases Foundation
  https://www.nadf.us/

Clinical Information from GeneReviews

- NR0B1-Related Adrenal Hypoplasia Congenita
  https://www.ncbi.nlm.nih.gov/books/NBK1431

Scientific Articles on PubMed

- PubMed
  https://www.ncbi.nlm.nih.gov/pubmed?term=%28%28x-linked+adrenal+hypoplasia +congenita%5BTIAB%5D%29+OR+%28congenital%2B%2Bhypoplasia%5BTIAB %5D%29%29+OR+%28%2Bx-linked+adrenal+hypoplasia%5BTIAB %5D%29%29+OR+%28%2Bx-linked+adrenal+hypoplasia%5BTIAB%5D%29%29+OR+%28%2Bx-linked +adrenal+hypoplasia%5BTIAB%5D%29%29+AND%2B%2Bhuman%5Bmh%5D%2B%2B%2Blast+1080+days%22%5Bdp%5D

Catalog of Genes and Diseases from OMIM

- ADRENAL HYPOPLASIA, CONGENITAL
  http://omim.org/entry/300200
Sources for This Summary

  Citation on PubMed: https://www.ncbi.nlm.nih.gov/pubmed/20301604

  Citation on PubMed: https://www.ncbi.nlm.nih.gov/pubmed/17308433
  Free article on PubMed Central: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3479083/

  Citation on PubMed: https://www.ncbi.nlm.nih.gov/pubmed/14567960

  Citation on PubMed: https://www.ncbi.nlm.nih.gov/pubmed/12943739

  Citation on PubMed: https://www.ncbi.nlm.nih.gov/pubmed/15817507

  Citation on PubMed: https://www.ncbi.nlm.nih.gov/pubmed/15604207

  Citation on PubMed: https://www.ncbi.nlm.nih.gov/pubmed/12775766

  Citation on PubMed: https://www.ncbi.nlm.nih.gov/pubmed/15046740

  Citation on PubMed: https://www.ncbi.nlm.nih.gov/pubmed/16645015

  Citation on PubMed: https://www.ncbi.nlm.nih.gov/pubmed/15684452

  Citation on PubMed: https://www.ncbi.nlm.nih.gov/pubmed/11353895

Reprinted from Genetics Home Reference: