**POLG gene**
DNA polymerase gamma, catalytic subunit

**Normal Function**

The *POLG* gene provides instructions for making the active piece, called the alpha subunit, of a protein called polymerase gamma (pol γ). To be most effective, the alpha subunit attaches to two copies of another protein called the beta subunit to form pol γ. Pol γ is a DNA polymerase, which is a type of enzyme that "reads" sequences of DNA and uses them as templates to produce new DNA. These enzymes are important for copying (replicating) cells' genetic material. DNA polymerases also play critical roles in DNA repair.

Pol γ functions in mitochondria. Mitochondria are structures within cells in which a process called oxidative phosphorylation converts the energy from food into a form that cells can use. Mitochondria each contain a small amount of DNA, known as mitochondrial DNA (mtDNA), which is essential for the normal function of these structures. Pol γ is the only DNA polymerase that is active in mitochondria and that can replicate mtDNA.

**Health Conditions Related to Genetic Changes**

**Alpers-Huttenlocher syndrome**

There are many mutations in the *POLG* gene that cause Alpers-Huttenlocher syndrome. Alpers-Huttenlocher syndrome is part of a group of conditions called *POLG*-related disorders that have overlapping signs and symptoms affecting muscle-, nerve-, and brain-related functions. Alpers-Huttenlocher syndrome is characterized by seizures, loss of mental and movement abilities (psychomotor regression), and liver disease. The liver disease in Alpers-Huttenlocher syndrome can be brought on or made worse by valproic acid, a common treatment for seizures.

Most *POLG* gene mutations change single protein building blocks (amino acids) in the alpha subunit of pol γ. The mutations can have several effects on the function of pol γ. The alpha subunit may lose the ability to attach to the beta subunits to form pol γ. Alternately, mutated pol γ may be unable to bind the existing mtDNA strand to use as a template. Or, it may have a reduced ability to attract the DNA building blocks (nucleotides) that it uses to form new DNA. These effects impair DNA synthesis and may lead to insertion of the wrong nucleotide and decreased ability to fix the error.
The most common \( POLG \) gene mutation in Alpers-Huttenlocher syndrome replaces the amino acid alanine with the amino acid threonine at position 467 (written as Ala467Thr or A467T). This mutation blocks the ability of the alpha subunit to attach to the beta subunits and reduces pol \( \gamma \)'s ability to synthesize DNA. The Ala467Thr mutation is also common in other \( POLG \)-related disorders. The different conditions may be determined, in part, by the mutation in the other copy of \( POLG \), but there are still some mutation combinations that can cause more than one of the disorders. It is unclear how the same mutation can lead to different conditions.

Although the mechanism is unknown, many people with Alpers-Huttenlocher syndrome have fewer copies of mtDNA (mtDNA depletion). This abnormality is seen only in the tissues affected by the disease. MtDNA depletion leads to impaired oxidative phosphorylation and a decrease in cellular energy. These impairments affect tissues whose cells do not divide continually, such as brain, muscle, and liver. These tissues are most affected because they are more dependent on oxidative phosphorylation for energy, and impaired cells in these tissues are not generally replaced by new cells. The lack of energy supplies in these tissues could account for the signs and symptoms of Alpers-Huttenlocher syndrome.

**Ataxia neuropathy spectrum**

Another condition caused by mutations in the \( POLG \) gene is ataxia neuropathy spectrum, a \( POLG \)-related disorder that is characterized by problems with coordination and balance (ataxia) and disturbances in nerve function (neuropathy). The conditions previously named mitochondrial recessive ataxia syndrome (MIRAS) and sensory ataxia neuropathy dysarthria and ophthalmoplegia (SANDO) are now included in the ataxia neuropathy spectrum.

As mentioned above, most mutations in the \( POLG \) gene change single amino acids in the alpha subunit of pol \( \gamma \), and these mutations can have several effects on the function of pol \( \gamma \). As a result, pol \( \gamma \) has a reduced ability to replicate mtDNA. The most common \( POLG \) gene mutation in ataxia neuropathy spectrum is the same as that in Alpers-Huttenlocher syndrome, Ala467Thr. It is unclear how the same mutation can lead to different disorders.

As in other \( POLG \)-related disorders, people with ataxia neuropathy spectrum typically have mtDNA depletion in the tissues affected by the condition, such as the brain. MtDNA depletion decreases the amount of energy available to the cell due to reduced oxidative phosphorylation, which may account for the signs and symptoms of ataxia neuropathy spectrum.

**Childhood myocerebrohepatopathy spectrum**

Childhood myocerebrohepatopathy syndrome (MCHS) is also caused by mutations in the \( POLG \) gene. MCHS is a \( POLG \)-related disorder that affects the muscles (myo-), brain (cerebro-), and liver (hepato-).
Many mutations in the \textit{POLG} gene can cause MCHS. Most of these mutations change single amino acids in the alpha subunit of pol\textsubscript{γ}. These mutations reduce the activity of pol\textsubscript{γ}, decreasing mtDNA replication.

As in other \textit{POLG}-related disorders, people with MCHS typically have mtDNA depletion in muscle, brain, or liver tissue. MtDNA depletion impairs oxidative phosphorylation in these tissues and decreases the energy available to the cells, which may cause the signs and symptoms of MCHS.

\textbf{Myoclonic epilepsy myopathy sensory ataxia}

Mutations in the \textit{POLG} gene cause another \textit{POLG}-related disorder called myoclonic epilepsy myopathy sensory ataxia (MEMSA), which is characterized by recurrent seizures (epilepsy), muscle weakness (myopathy), and problems with coordination and balance (ataxia).

Most of the \textit{POLG} gene mutations involved in MEMSA change single amino acids in the alpha subunit of pol\textsubscript{γ}. These mutations result in a less active form of pol\textsubscript{γ} that has a reduced ability to replicate mtDNA.

As in other \textit{POLG}-related disorders, people with MEMSA typically have mtDNA depletion in affected tissues, such as muscle or brain. MtDNA depletion leads to impaired oxidative phosphorylation and decreased energy reserves in affected tissues, which may cause the signs and symptoms of MEMSA.

\textbf{Progressive external ophthalmoplegia}

Mutations in the \textit{POLG} gene are frequently responsible for an eye condition called progressive external ophthalmoplegia, another \textit{POLG}-related disorder. This condition weakens the muscles that control eye movement and causes the eyelids to droop (ptosis).

There are at least 67 \textit{POLG} gene mutations that cause progressive external ophthalmoplegia. Most \textit{POLG} gene mutations change single amino acids in the alpha subunit of pol\textsubscript{γ}, which decreases the efficiency of mtDNA replication. As in another \textit{POLG}-related disorder, Alpers-Huttenlocher syndrome, the most common \textit{POLG} gene mutation in progressive external ophthalmoplegia is Ala\textsubscript{467}Thr. It is unclear how the same mutation can lead to different disorders.

In progressive external ophthalmoplegia, mutations in the \textit{POLG} gene result in large deletions of genetic material from mtDNA in muscle tissue, rather than the overall mtDNA depletion seen in other \textit{POLG}-related disorders. The reason for this difference is unknown. Researchers have not determined how deletions of mtDNA lead to the specific signs and symptoms of progressive external ophthalmoplegia, although the features of the condition are probably related to impaired oxidative phosphorylation. It has been suggested that eye muscles are commonly affected.
by mitochondrial defects because they are especially dependent on oxidative phosphorylation for energy.

**Leigh syndrome**

**Chromosomal Location**

Cytogenetic Location: 15q26.1, which is the long (q) arm of chromosome 15 at position 26.1

Molecular Location: base pairs 89,316,320 to 89,334,824 on chromosome 15 (Homo sapiens Updated Annotation Release 109.20200522, GRCh38.p13) (NCBI)

Credit: Genomic Decoration Page/NCBI

**Other Names for This Gene**

- DNA polymerase subunit gamma-1
- mitochondrial DNA polymerase catalytic subunit
- PolG-alpha
- PolG, catalytic subunit
- POLG1
- POLGA
- polymerase (DNA directed), gamma
- polymerase (DNA) gamma, catalytic subunit

**Additional Information & Resources**

**Educational Resources**

  https://www.ncbi.nlm.nih.gov/books/NBK26882/#A289

- Molecular Cell Biology (fourth edition, 2000): Mitochondria are the Principal Sites of ATP Production in Aerobic Cells
  https://www.ncbi.nlm.nih.gov/books/NBK21743/#A1189
Clinical Information from GeneReviews

- Mitochondrial DNA Deletion Syndromes
  https://www.ncbi.nlm.nih.gov/books/NBK1203

- Mitochondrial DNA Maintenance Defects Overview
  https://www.ncbi.nlm.nih.gov/books/NBK487393

- POLG-Related Disorders
  https://www.ncbi.nlm.nih.gov/books/NBK26471

Scientific Articles on PubMed

- PubMed
  https://www.ncbi.nlm.nih.gov/pubmed?term=%28%28POLG%5BTIAB%5D%29+OR+%28polymerase+gamma%5BTIAB%5D%29%29+AND+%28%28Genes%5BMH%5D%29+OR+%28Genetic+Phenomena%5BMH%5D%29%29+AND+english%5Bla%5D+AND+human%5Bmh%5D+AND+%22last+720+days%22%5Bdp%5D

Catalog of Genes and Diseases from OMIM

- POLYMERASE, DNA, GAMMA
  http://omim.org/entry/174763

Research Resources

- Atlas of Genetics and Cytogenetics in Oncology and Haematology
  http://atlasgeneticsoncology.org/Genes/GC_POLG.html

- ClinVar
  https://www.ncbi.nlm.nih.gov/clinvar?term=POLG%5Bgene%5D

- HGNC Gene Symbol Report

- Monarch Initiative
  https://monarchinitiative.org/gene/NCBIGene:5428

- NCBI Gene

- UniProt
  https://www.uniprot.org/uniprot/P54098
Sources for This Summary


- OMIM: POLYMERASE, DNA, GAMMA
  http://omim.org/entry/174763


  *Citation on PubMed:* https://www.ncbi.nlm.nih.gov/pubmed/12835509

  *Citation on PubMed:* https://www.ncbi.nlm.nih.gov/pubmed/15639116

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