

**Table 1** Genotype–phenotype correlations in six cases of unstable ring chromosome 15

Case	Karyotype	Molecular karyotype	Igf1r	Stature
Case 1 (C.C.)	46,XX,r(15)(p11.2,q26)[88]/45,XX,-15[8]/47,XXr(15)(p11.2q26)x2[4]	2.1 Mb deleted (last oligonucleotide present 97,956 Mb; first oligo deleted 98.029 Mb)	Not deleted	At 25°
Case 2 (A.M.)*	46,XY,r(15)(p11.2,q26)[80]/45,XY,-15[15]/46,XY,dic r(15)(p11.2q26p11.2q26)[5]	1.6 Mb deleted (last BAC present RP11-90E15; first BAC deleted RP11-118018)	Not deleted	At 25°
Case 3 (P.K.)	46,XX,r(15)(p11.2,q26)[80]/45,XX,-15[18]/47,XXr(15)(p11.2q26)x2[2]	4.9 Mb deleted (last oligonucleotide present 95,128 Mb; first oligo deleted 95.258 Mb)	Deleted	<3 rd
Case 4 (T.S)*	46,XY,r(15)(p11.2,q26)[91]/45,XY,-15[9]	4.8 Mb deleted (last BAC present RP11-667G9; first BAC deleted RP11-14A1)	Deleted	<3 rd
Case 5 (B.T.)	46,XY,r(15)(p11.2,q26)[86]/45,XY,-15[10]/46,XY,dic r(15)(p11.2q26p11.2q26)[4]	4.6 Mb deleted (last oligonucleotide present 95,258 Mb; first oligo deleted 95.523 Mb)	Deleted	<3 rd
Case 6 (M.M.)	46,XY,r(15)(p11.2,q26)[97]/45,XY,-15[3]	3.8 Mb deleted (last oligonucleotide present 95,523 Mb; first oligo deleted 96.305 Mb)	Deleted	<3 rd

\*These cases have been defined by fluorescence in situ hybridisation (FISH) with contiguous bacterial artificial chromosomes (BACs) covering the last 2.5 Mb of 15q (from 97.715 Mb to 99.00 Mb; UCSC <http://genome.ucsc.edu/cgi-bin/hgGateway>, genome assembly May 2004).

largely overlapping those of distal 22q deletion. Moreover, recent papers have demonstrated that intact ring chromosomes may cause areas of hypopigmentation along the lines of Blaschko as the only sign of ring induced mosaicism,<sup>14</sup> or specific features such as a characteristic type of epilepsy and electroencephalographic pattern as reported for several ring (20) chromosomes,<sup>15</sup> thus weakening the hypothesis of the “ring syndrome”.

We think that present data, showing that extreme short stature in ring chromosomes 15 associates with the haploinsufficiency of IGFI1R rather than ring instability, further weakens the concept of the ring chromosome syndrome phenotype. Moreover, in all the array experiments we made, the ring deletion region has a log ratio between  $-0.8$  and  $-1.2$ , clearly indicating a non-mosaic situation. Although this is likely to be due to the low level of mosaicism that makes impossible to detect this cell line with this technology, we cannot exclude the possibility that the ring instability is not present in blood DNA and appears only in cultured cells, being an in vitro phenomenon rather than an in vivo one.

**E Rossi, J Messa, O Zuffardi**

Genetica Medica, Università di Pavia, Pavia, Italy

**Correspondence to:** Professor O Zuffardi, Genetica Medica, Università di Pavia, Pavia, Italy; [zuffardi@unipv.it](mailto:zuffardi@unipv.it)

**Competing interests:** None declared.

*J Med Genet* 2008;**45**:766–768.  
doi:10.1136/jmg.2008.060442

## REFERENCES

- Cote GB, Katsantoni A, Deligeorgis D. The cytogenetic and clinical implications of a ring chromosome 2. *Ann Genet* 1981;**24**:231–5.
- Kosztolányi G. Does “ring syndrome” exist? An analysis of 207 case reports on patients with a ring autosome. *Hum Genet* 1987;**75**:174–9.
- Schinzel A. *Catalogue of unbalanced chromosome aberrations in man*, 2nd ed. Berlin: Walter de Gruyter, 2001.
- Pierson M, Gilgenkrantz S, Saborio M. Cat eye syndrome with pituitary dwarfism and normal mental development. *Arch Fr Pediatr* 1975;**32**:835–48.
- Turleau C. Monosomy 18p. *Orphanet J Rare Dis* 2008;**19**:3–4.
- Partsch CJ, Lämmer C, Gillesen-Kaesbach G, Pankau R. Adult patients with Prader-Willi syndrome: clinical characteristics, life circumstances and growth hormone secretion. *Growth Horm IGF Res* 2000;**10**(Suppl B):S81–5.
- Höybye C, Hilding A, Jacobsson H, Thorén M. Metabolic profile and body composition in adults with Prader-Willi syndrome and severe obesity. *J Clin Endocrinol Metab* 2002;**87**:3590–7.
- Concolino D, Rossi E, Strisciuglio P, Iembo MA, Giorda R, Ciccone R, Tenconi R, Zuffardi O. Deletion of a 760 kb region at 4p16 determines the prenatal and postnatal growth retardation characteristic of Wolf-Hirschhorn syndrome. *J Med Genet* 2007;**44**:647–50.
- Weedon MN, Lango H, Lindgren CM, Wallace C, Evans DM, Mangino M, Freathy RM, Perry JR, Stevens S, Hall AS, Samani NJ, Shields B, Prokopenko I, Farrall M, Dominiczak A; Diabetes Genetics Initiative; Wellcome Trust Case Control Consortium, Johnson T, Bergmann S, Beckmann JS, Vollenweider P, Waterworth DM, Mooser V, Palmer CN, Morris AD, Ouwehand WH; Cambridge GEM Consortium, Zhao JH, Li S, Loos RJ, Barroso I, Deloukas P, Sandhu MS, Wheeler E, Soranzo N, Inouye M, Wareham NJ, Caulfield M, Munroe PB, Hattersley AT, McCarthy MI, Frayling TM. Genome-wide association analysis identifies 20 loci that influence adult height. *Nat Genet* 2008;**40**:575–83.
- Lette G, Jackson AU, Gieger C, Schumacher FR, Berndt SI, Sanna S, Eyheramendy S, Voight BF, Butler JL, Guiducci C, Illig T, Hackett R, Heid IM, Jacobs KB, Lyssenko V, Uda M; Diabetes Genetics Initiative; FUSION; KORA; Prostate, Lung Colorectal and Ovarian Cancer Screening Trial; Nurses' Health Study; SardiNIA, Boehnke M, Chanock SJ, Groop LC, Hu FB, Isomaa B, Kraft P, Peltonen L, Salomaa V, Schlessinger D, Hunter DJ, Hayes RB, Abecasis GR, Wichmann HE, Mohlke KL, Hirschhorn JN. Identification of ten loci associated with height highlights new biological pathways in human growth. *Nat Genet* 2008;**40**:584–91.
- Gudbjartsson DF, Walters GB, Thorleifsson G, Stefansson H, Halldorsson BV, Zusmanovich P, Sulem P, Thorlacius S, Gylfason A, Steinberg S, Helgadóttir A, Ingason A, Steinhorsdóttir V, Olafsdóttir EJ, Olafsdóttir GH, Jonsson T, Borch-Johnsen K, Hansen T, Andersen G, Jorgensen T, Pedersen O, Aben KK, Witjes JA, Swinkels DW, den Heijer M, Franke B, Verbeek AL, Becker DM, Yanek LR, Becker LC, Tryggvadóttir L, Rafnar T, Gulcher J, Kiemenev LA, Kong A, Thorsteinsdóttir U, Stefansson K. Many sequence variants affecting diversity of adult human height. *Nat Genet* 2008;**40**:609–15.
- Stankiewicz P, Brozek I, Hélias-Rodzewicz Z, Wierzbicka J, Pilch J, Bocian E, Balcerska A, Wozniak A, Kardaś I, Wirth J, Mazurczak T, Limon J. Clinical and molecular-cytogenetic studies in seven patients with ring chromosome 18. *Am J Med Genet* 2001;**101**:226–39.
- Battini R, Battaglia A, Bertini V, Cioni G, Parrini B, Rapalini E, Simi P, Tinelli F, Valetto A. Characterization of the phenotype and definition of the deletion in a new patient with ring chromosome 22. *Am J Med Genet A* 2004;**130**:196–9.
- Hermesen MA, Tijssen M, Acero IH, Meijer GA, Ylstra B, Toral JF. High resolution microarray CGH and MLPA analysis for improved genotype/phenotype evaluation of two childhood genetic disorder cases: ring chromosome 19 and partial duplication 2q. *Eur J Med Genet* 2005;**48**:310–8.
- Zou YS, Van Dyke DL, Thorland EC, Chhabra HS, Michels VV, Keefe JG, Lega MA, Feely MA, Uphoff TS, Jalal SM. Mosaic ring 20 with no detectable deletion by FISH analysis: Characteristic seizure disorder and literature review. *Am J Med Genet A* 2006;**140**:1696–706.

## CORRECTION

doi:10.1136/jmg.2008.059055corr1

There was an error in an article published in the August issue of the journal (Hagerman PJ. The fragile X prevalence paradox. *J Med Genet* 2008;**45**:498–9). The sentence “Using an aggregate value (189/239,793; 1/126)...” which appeared on page 1, column 3, main paragraph, should read as follows: “Using an aggregate value (189/23,793; 1/126)...”.