

Sex chromatin and the biological effects of triploidy

Sir,

The causes underlying the pathological defects in triploid fetuses and newborn infants continue to baffle cytogeneticists. Gosden *et al.* (1976) cite sex chromatin findings as evidence for a disturbed relation between regulatory and structural genes in the presence of three sets of chromosomes. I would like to suggest, however, that the lack of constancy of sex chromatin data reported in triploidy is a result of the terminology used rather than of a lack of stability inherent in the triploid condition.

Theoretically, the incidence of sex chromatin in cells can vary between 100 and 0%. However, much of the data are not reported in terms of percentage incidence but as 'sex chromatin positive' and 'sex chromatin negative'. If we assume that the incidence of sex chromatin bodies per cell found in different tissues of diploid individuals with 46,XX chromosomes varies between 90 and 20%, all such individuals will clearly be 'positive'. However, additional sets of autosomes have the effect of suppressing sex chromatin formation (Harnden, 1961). Thus, though the maximum number of sex chromatin bodies is the same in triploid and diploid cells with the same number of X chromosomes (Mittwoch *et al.*, 1963), the tendency to form bodies is lower in the triploid cells, thus reducing the incidence of sex chromatin bodies (Edwards *et al.*, 1967). If we assume that the incidence of sex chromatin bodies in triploid cells with 69,XXY chromosomes varies between 40 and 0%, the findings will be reported as falling into two classes, 'sex chromatin positive' and 'sex chromatin negative', even though the range of sex chromatin incidence is no greater in triploid than in diploid cells.

The same reasoning applies to cells containing three X chromosomes. In diploid 47,XXX cells there will be a sizeable proportion of cells containing two sex chromatin bodies, so that all individuals and tissues can be reported as 'double positive'. By contrast, the proportion of cells with two sex chromatin bodies in triploid 69,XXX cells will be small, thus giving rise to 'double positive' and 'single positive' reports.

It seems unlikely that considerations of chromosome imbalance will materially advance our understanding of the pathogenesis of triploidy. On the other hand, it has been shown that the amount of nuclear DNA will affect mitotic cycle times in plants (Evans *et al.*, 1969) and in vertebrates (Grosset and Odartchenko, 1975). While these findings cannot be expected to provide a simple solution to the problem of how to explain the abnormal

development of triploid zygotes, they are surely relevant to attempts at doing so (Mittwoch, 1973).

Yours, etc,

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Extra chromosome in Kallmann's syndrome

Sir,

I read with great interest the publication by Ventruo and colleagues (*Journal of Medical Genetics*, **13**, 71, 1976) which described a male with Kallmann's syndrome and a chromosomal constellation of 47,XY,mat?+. So far the genetic aspects of olfacto-genital dysplasia (Kallmann's syndrome) have been intriguing and puzzling. In most patients, male and female, a normal karyotype has been described. Yet in 1971, Agulhon and coworkers pointed out

that there were male patients with abnormal chromosomal findings. In 1975, we reported on a woman with anosmia and hypogonadism who showed mosaicism 46,XX/47,XX,F?+ (Jones *et al.*, 1975). Like Ventruto and coworkers, we demonstrated an extra chromosome which we 'cautiously' assigned to the F group. Furthermore, our patient pointed to the necessity to examine various tissues as the leukocytic karyotype was 46,XX. Thus, the finding of extra chromosomal material in some of these patients is conspicuous and the question arises whether this is related to the syndrome. Contrary to other women with olfacto-genital dysplasia, our patient was refractory to gonadotropic stimulation (Pergonal). It will be of interest to see what the pertinent testing of Ventruto and coworkers will show.

Yours, etc,

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'Mirror image' chromosome No. 21

Sir,

We wish to report an unusual karyotype found in a recent chromosome survey of 400 subjects with

Down's syndrome. The karyotype of a 50-year-old woman with Down's syndrome was found to have a complement of 46 chromosomes with one normal chromosome No. 21 and another longer abnormal chromosome satellited at both ends, best described as a mirror image of chromosome No. 21. The parents of this patient were not available for study and she has a normal sister.

The abnormal chromosome is acrocentric, a little shorter than any of the D group from which it could be distinguished easily in all metaphases examined (Fig. 1a). Giemsa banding showed the abnormal chromosome to be a composite of two No. 21 chromosomes in which the long arms of each chromosome are joined (Fig. 1b).

The appearance of the abnormal chromosome varies with the stage of mitosis. In late metaphase it



Fig. 2 Both ends of chromosome in satellite association.

has the shape of an acrocentric chromosome but in early metaphase the distal ends of the q arms are joined and one or two satellites are clearly seen. Involvement of both ends of the chromosome in satellite association was also seen in many metaphases (Fig. 2).

Similarly abnormal karyotypes in Down's syn-

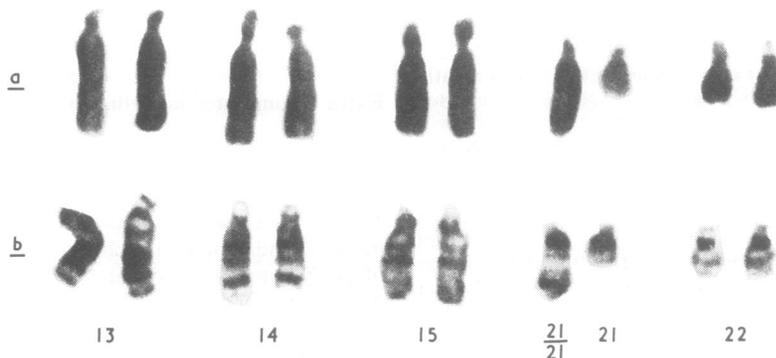


Fig. 1 D and G groups chromosomes (a) unbanded, (b) Giemsa banded.