Otopalatodigital syndrome type I (OPD-I) is a rare X-linked disorder characterised by a peculiar face with supraorbital ridges, flat nasal bridge, hypertelorism, micrognathia, and cleft palate (pugilistic face) and by hand and foot deformities with spatulate distal digits and short first digits arising from the second digits (tree frog hands and feet), together with conductive deafness, short stature, and mild mental retardation. Affected males invariably have a distinct phenotype, and heterozygous carrier females frequently exhibit a mild phenotype with an estimated penetrance of ∼80%. The gene for OPD-I has been mapped to the Xq27-28 region by linkage analyses in two families. Hoar et al. localized the OPD-I gene to a region distal to DXS100 on Xq25, with a maximum lod score of 1.20 at θ=0 for DXS86 on Xq26 and for DXS304 and DXS15 on Xq28. Biancalana et al. assigned the OPD-1 gene to a region distal to DXS539 on Xq27, with a maximum lod score of 1.99 at θ=0 for DXS305 and DXS52 on Xq28, and excluded linkage to DXS86 on Xq26. These findings suggest that the gene for OPD-I resides in the approximately 12 Mb region distal to DXS539 on Xq27, with a combined lod score of 3.19. Here, we report a Japanese family with OPD-I and refine the OPD-I critical region.

CASE REPORTS

The family pedigree is shown in Fig 1. Case I.1 was dead and, allegedly, had had clinical features compatible with OPD-I. Case II.3 exhibited mild but definite supraorbital ridges and bilateral short first toes. Case II.2 showed overt supraorbital ridges, bilateral short first toes, and hearing loss. Cases IV.1 and IV.2 had typical OPD-I features such as supraorbital ridges, flat nasal bridge, hypertelorism, downward slanting palpebral fissures, thick and arched eyebrows, microtia, spatulate distal digits, short first digits arising from the second digits, bilateral conductive deafness, pectus excavatum, and short stature. Mental development appeared normal in case IV.1 and mildly retarded in case IV.2. Other family members had no discernible abnormalities. The G banded karyotype was mildly retarded in case IV.2. Other family members had no overt clinical features.

In summary, the present study suggests that the OPD-I critical region is further narrowed down to the ∼6 Mb region distal to DXS539 to the ∼12 Mb region between DXS8011 and DXS1108 with a combined maximum lod score of 4.09. Further studies will permit a better localisation of the gene for OPD-I.

SUMMARY

In summary, the present study suggests that the OPD-I critical region is further narrowed down to the ∼12 Mb region distal to DXS539 to the ∼6 Mb region between DXS8011 and DXS1108, with a combined maximum lod score of 4.09. Further studies will permit a better localisation of the gene for OPD-I.
Family with otopalatodigital syndrome type I (OPD-I). Black squares indicate males with the typical OPD-I phenotype, circles with a dot depict obligate carrier females with a mild or overt OPD-I phenotype, and white squares and circles represent clinically normal subjects. The loci examined at Xq26-28 are shown at the bottom right. DXYS154 and DXYS225 lie in the long arm pseudoautosomal region, and the remaining 16 loci reside in the X differential region. The alleles are arbitrary, indicated by Arabic numbers according to their sizes. The region between DXS8011 and DXS1108 is shared by affected males and females and is absent in clinically normal subjects examined.
