

CORRESPONDENCE

"New microdeletion syndromes: complex, but no new paradigms"

The report by van Bon *et al* contributes additional data on phenotypic variability associated with the newly described recurrent microdeletion at 15q13.3. However, I have two objections to the data presentation and conclusions of the article.

First, the authors continue an unfortunate new trend of combining data presentations for microdeletions and their reciprocal microduplication products. It is extremely rare that deletions and duplications of the same chromosomal region share any phenotypic similarities or conform to a type–countertype relationship (ie, opposite phenotypes). Combining data presentation and discussions of genotype–phenotype relationships of a deletion syndrome and reciprocal duplication is inappropriate and can be confusing to readers, who may "blend" or average the phenotypic effects of these two distinctly different genetic disorders.

Second, the conclusion expressed in the abstract and discussion: "The existence of microdeletion syndromes, associated with an unpredictable and variable phenotypic outcome, will pose the clinician with

diagnostic difficulties and challenge the commonly used paradigm in the diagnostic setting that aberrations inherited from a phenotypically normal parent are usually without clinical consequences" is not justified. Certainly, genetic disorders that display incomplete penetrance and variable expressivity present challenges to clinicians, but are not new phenomena to clinical geneticists (eg, del 22q11.2). The "commonly used paradigm" in diagnostic labs of interpreting novel, inherited copy number changes as probably benign is true in the great majority of cases (well over 95% of the time) and should not be challenged or thrown out based on exceptional cases. It would be a disservice to our patients and referring clinicians not to provide our best clinical interpretation based on today's knowledge, understanding that our knowledge of pathogenic vs. benign copy number changes will increase rapidly over the coming years.

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Received 27 April 2009

Revised 27 April 2009

Accepted 7 May 2009

J Med Genet 2009;**46**:576. doi:10.1136/jmg.2009.068916

CORRECTIONS

doi:10.1136/jmg.2008.058701corr1

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Acknowledgement: We would also like to acknowledge Dr Regina Regan (Oxford Genetics Knowledge Park and NIHR Biomedical Research Centre, Oxford) and Mrs Cheryl Guiver (Oxford Genetics Knowledge Park), and Cindy Skinner for their assistance.

Funding: SJLK and RR were supported by the NIHR Biomedical Research Centre, Oxford and by the Oxford Genetics Knowledge Park.

doi:10.1136/jmg.2009.065391corr1

Tan T Y, Aftimos S, Worgan L, *et al*. Phenotypic expansion and further characterization of the 17q21.31 microdeletion syndrome. *J Med Genet* 2009;**46**:480–89. Damien Bruno of the Genetic Health Services Victoria, Murdoch Children's Research Institute, Department of Pediatrics, University of Melbourne, Royal Children's Hospital, Melbourne, Australia should have been listed as an author after R Widmer.