

was found. These results would indicate an association between 362A(DXYS20) and bipolar disorder.

The pseudoautosomal region is the distal segment of the short arm of the sex chromosomes, where sequence homology and recombination take place between the X and Y chromosomes. This region is thought to contain a locus for susceptibility to bipolar disorder (Crow 1988). The gene for the Xg blood group, which was reported as being linked with bipolar disorder, is located near this region. The association we report here suggests a new region that could be investigated to identify the genetic basis of bipolar disorder by using other polymorphisms and linkage analysis.

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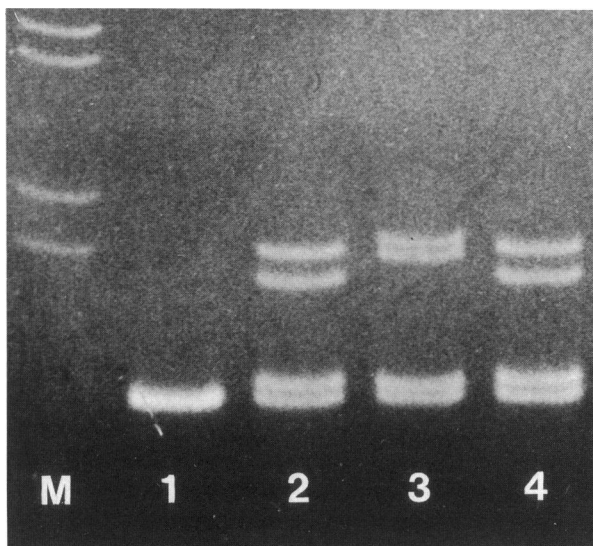
### Missense Variations in the Cystic Fibrosis Gene: Heteroduplex Formation in the F508C Mutation

*To the Editor:*

Kobayashi et al. (1990) have described missense variations in the conserved region of exon 10 of the cystic fibrosis (CF) transmembrane conductance regulator (CFTR) gene. In their paper, two  $\Delta F508/F508C$  compound heterozygous individuals were reported. Clinical and epithelial physiological studies in both cases were normal, suggesting that the substitution of cysteine for phenylalanine at position 508, the F508C mutation, is benign. However, Kerem et al. (1990) reported a patient with this substitution who had typical symptoms of CF.

In routine  $\Delta F508$  mutation screening by visualization of the 3-bp deletion on a 12% polyacrylamide gel (Rommens et al. 1990), we detected an abnormal heteroduplex in the father of a CF patient of German origin. Subsequent direct sequencing of the PCR product confirmed that this clinically normal father is a compound heterozygote for the  $\Delta F508/F508C$  mutations.

As shown in figure 1, this heteroduplex is slightly different from the usual heteroduplex in  $\Delta F508$  mutation carriers. Since the pattern of the  $\Delta F508/F508C$  heteroduplex was not published, it is likely that similar cases can be overseen during the widely performed  $\Delta F508$  mutation screening by PAGE. Detection of more cases, such as the one presented here, together with careful, standardized clinical examination of the proband, would be valuable to verify the nature of this mutation.



**Figure 1** The 97-bp region, from CFTR gene exon 10, surrounding the  $\Delta F508$  deletion was amplified using primers described by Kerem et al. (1989), except that primer C16B was corrected to 5'-GTT TTC CTG GAT TAT GCC TGG CAC-3'. These primers were annealed at 52°C for 60 s, extended at 72°C for 90 s (with 1 unit of thermostable DNA polymerase), and denatured at 92°C for 60 s, in 30 cycles with a final 5-min extension. Ten microliters of amplification products from a 40- $\mu$ l PCR reaction were visualized on a 16-cm 12% PAGE, as described by Rommens et al. (1990). The gel was run at 65 V for 12 h in a 1  $\times$  TBE (0.089 M Tris-borate, 0.089 M boric acid, and 0.002 M EDTA) buffer. PCR products from heterozygous  $\Delta F508$  mutation carriers are in lanes 2 and 4, and that from a homozygous patient is in lane 1. Lane 3 contains a PCR product from a  $\Delta F508/F508C$  compound heterozygote individual with homoduplexes as in  $\Delta F508$  heterozygotes but with slightly different heteroduplexes. Both types of heteroduplexes comigrate with the 142-bp band of the 1-kb ladder DNA size marker from Gibco/BRL (lane M).

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