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Childhood Glaucoma Genes and Phenotypes: Focus on *FOXC1* mutations causing anterior segment dysgenesis and hearing loss

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Abstract

Childhood glaucoma is an important cause of blindness world-wide. Eleven genes are currently known to cause inherited forms of glaucoma with onset before age 20. While all the early-onset glaucoma genes cause severe disease, considerable phenotypic variability is observed among mutations carriers. In particular, *FOXC1* genetic variants are associated with a broad range of phenotypes including multiple forms of glaucoma and also systemic abnormalities, especially hearing loss. *FOXC1* is a member of the forkhead family of transcription factors and is involved in neural crest development necessary for formation of anterior eye structures and also pharyngeal arches that form the middle ear bones. In this study we review the clinical phenotypes reported for known *FOXC1* mutations and show that mutations in patients with reported ocular anterior segment abnormalities and hearing loss primarily disrupt the critically important forkhead domain. These results suggest that optimal care for patients affected with anterior segment dysgenesis should include screening for *FOXC1* mutations and also testing for hearing loss.

Keywords

Glaucoma; genes; childhood; variable phenotype; hearing loss; anterior segment dysgenesis; *FOXC1*

Introduction

Glaucoma is a significant cause of blindness in children world-wide (Beck, 2011a; Haddad et al., 2007). Childhood forms of glaucoma are frequently characterized by high intraocular pressure (IOP) resulting from abnormalities of the eye fluid drainage structures (trabecular meshwork), however familial forms of normal-tension glaucoma are also known. High IOP causes irreversible damage to the optic nerve and in elastic pediatric eyes can cause ocular enlargement (buphthalmos) with the associated complications of high myopia, retinal

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detachment and corneal decompensation related to fracture of the corneal basement membranes. As curative therapies for glaucoma do not currently exist, affected children are subject to a lifetime of medical and surgery treatments directed toward lowering elevated intraocular pressure (Zagora et al., 2015; Ben-Zion et al., 2011; Beck et al., 2011b).

The discovery of genes responsible for pediatric glaucoma is an important step toward the development of clinically useful gene-based screening tests and novel and potentially curative genetic therapies. Eleven genes responsible for childhood forms of glaucoma have been identified so far (Table 1). Four genes are now known to cause congenital glaucoma: *CYP1B1* and *LTBP2* causing autosomal recessive disease (Ali et al., 2009; Bejjani et al., 1998; Stoilov et al., 1997) and *TIE2 (TEK)* and *ANGPT1* cause dominantly inherited congenital glaucoma with variable expressivity related to development of Schlemm's canal (Souma et al., 2016; Thomson et al., 2017). Mutations in three genes coding for transcription factors involved in ocular development can cause early-onset glaucoma and anterior segment dysgenesis: *FOXC1* (Axenfeld-Rieger syndrome) (Nishimura et al., 1998), *PITX2* (Rieger Syndrome) (Semina et al., 1996), *PAX6* (Aniridia and Peter's anomaly) (Jordan et al., 1992; Prosser et al., 1998). Recently *CPAMD8* mutations have been identified as a cause of a unique form of autosomal recessive anterior segment dysgenesis that can include congenital cataracts (Cheong et al., 2016; Hollmann et al., 2017). Dominant *MYOC* (myocilin) missense alleles cause juvenile (onset after age 3) glaucoma (Fingert et al., 2002; Wiggs et al., 1998; Stone et al., 1997). Myocilin is an extracellular matrix protein and disease-causing missense alleles induce ER stress from the misfolded protein response (Donegan et al., 2015). Loss of function *MYOC* mutations in mice and humans do not cause glaucoma (Kim et al., 2001; Wiggs et al., 2001). *FOXC1*, *PITX2* and *PAX6* are regulatory genes that influence development of the ocular anterior segment including structures involved in glaucoma (Fan and Wiggs, 2010). Loss of function dominant alleles cause clinically evident developmental defects that can include glaucoma (Allen et al., 2015). *OPTN* (optineurin) and *TBK1* (tank binding protein 1) cause dominantly inherited early-onset normal tension glaucoma, characterized by profound optic atrophy in the setting of normal IOP (Fingert et al., 2011; Hauser et al., 2006; Rezaie et al., 2002).

Variable phenotypes

Phenotypic variation has been observed in patients with disease caused by childhood glaucoma genes, especially for patients with mutations in *CYP1B1*, *MYOC*, *PAX6* and *FOXC1*. Many patients with *CYP1B1* mutations are diagnosed with congenital glaucoma during infancy, however some patients do not show evidence of the disease until later in childhood or even teenage years (López-Garrido et al., 2013; Khan et al., 2011; Suri et al., 2009). Similarly, while many *MYOC* mutations cause disease before age 20, several mutations, including the well-studied Q368X, are known to be responsible for disease in individuals who are not diagnosed with glaucoma until later in life (Nag et al., 2018; Allingham et al., 1998). *PAX6* mutations are classically known to cause aniridia (Prosser et al., 1998) but can also cause autosomal dominant keratitis due to limbal stem cell deficiency (Mirzayans et al., 1995; Li et al., 2015). *FOXC1* mutations can be responsible for disease with onset ranging from birth (Siggs et al., 2019) to adult (Bailey et al., 2016). Additionally our NEIGHBORHOOD consortium has recently identified SNPs in the *FOXC1* 5' UTR that

are significantly associated with adult-onset POAG, suggesting that variable expression of *FOXC1* may contribute to POAG more commonly (Cooke Bailey et al., 2016).

FOXC1 ocular phenotypes

Forkhead transcription factors are a family of proteins that share a highly conserved forkhead DNA-binding domain and are required for regulation of embryogenesis, cell migration, differentiation and fate determination (Golson and Kaestner, 2016). *FOXC1* codes for a member of the forkhead transcription factor family that is required for the migration and specification of the periocular mesenchyme neural-crest derived mesenchymal cells that give rise to important ocular structures related to glaucoma including the stroma of the ciliary body and iris and the trabecular meshwork (Akula et al., 2019).

Both deletions and duplications involving *FOXC1* have been implicated in ocular disease (Lehmann et al., 2000; Nishimura et al., 2001) indicating gene dosage as a critical factor in disease development. *FOXC1* null mice exhibit clinical features of anterior segment dysgenesis including iris hypoplasia, corectopia, and embryotoxon in mice (Kume et al., 1998; Gould et al., 2004).

FOXC1 mutations can cause a broad range of ocular phenotypes: Axenfeld-Rieger syndrome (Nishimura et al., 1998), Peters Anomaly (Honkanen et al., 2003), congenital glaucoma (Siggs et al., 2019), and more recently adult-onset primary open angle glaucoma (Bailey et al., 2016). Frequently *FOXC1* mutations are associated with Axenfeld-Rieger anomaly defined by anterior segment dysgenesis with characteristic posterior embryotoxon, iris hypoplasia, and corectopia (Seifi and Walter, 2018). Axenfeld-Rieger syndrome describes patients with Axenfeld-Rieger anomaly and additional systemic features that may include a flat mid-face due to maxillary hypoplasia and a flat broad nose, teeth abnormalities, redundant umbilical skin and congenital heart defects (Lewis et al., 2017). Many patients with Axenfeld-Rieger anomaly or syndrome will also develop glaucoma, however the severity of the anterior segment dysgenesis does not predict glaucoma risk. Recent studies suggest that patients with truncating *FOXC1* mutations are more likely to be diagnosed with congenital glaucoma (Siggs et al., 2019).

FOXC1 systemic phenotypes

FOXC1 mutation carriers may also exhibit a range of systemic abnormalities. Patients with large-scale deletions or duplications of the 6pter-6p24 region that includes *FOXC1*, *FOXFQ* and *FOXF2* can present with a syndromic phenotype defined by hearing loss, cardiac abnormalities, short stature, dental abnormalities, facial dysmorphism and hypertelorism (Gould et al., 2004). De Hauwere syndrome describes a subset of the 6pter-6p24 deletion patients that are characterized by Axenfeld-Rieger syndrome, hydrocephalus and hearing loss (Lowry et al., 2007). Dandy-Walker malformation involving the cerebellum has also been described in patients with *FOXC1* mutations (Aldinger et al., 2009). *FOXC1* is an important component of the signaling pathways necessary for cardiac development and mutations can cause congenital heart disease and abnormal valve formation (Zhu, 2016). Involvement of *FOXC1* in the neural crest migration forming the pharyngeal arches and

cardiac neural crest likely underlie these systemic findings in *FOXC1* mutation carriers (Kume et al., 2001).

Patients with *FOXC1* point mutations and indels (nonsense, frameshift or missense alleles) also can present with a range of ocular and systemic phenotypes (Table 2). Systemic phenotypes associated with *FOXC1* mutations are similar in range and scope to those identified in patients with large-scale deletions and duplications suggesting that genetic abnormalities involving *FOXC1* are important drivers of the 6pter-6p25 syndromic clinical features.

***FOXC1* and Hearing Loss**

Patients with large-scale deletions and other copy number variations (CNVs) involving chromosome 6p25 and *FOXC1* frequently are affected with hearing loss in addition to anterior ocular dysgenesis (D'haene et al., 2011; Gould et al., 2004). Although a precise role for *FOXC1* in hearing or ear development is not well understood, during development, neural crest cells migrate from the dorsal hindbrain to specific locations in pharyngeal arch (PA) 1 and 2, to form the middle ear bones (malleus, incus and stapes) (Ritter and Martin, 2019). As *FOXC1* contributes to neural crest migration in the pharyngeal arches, it is possible that *FOXC1* mutations can interfere with this process. Defective *FOXC1* can lead to abnormal development and ossification of facial bones (Xu et al., 2018) and *Foxc1*^{-/-} mice have abnormal cranial facial bone development, and failed ossification of the middle ear bones (Inman et al., 2013).

To gain a better understanding of the role of *FOXC1* in hearing and deafness we reviewed published reports of *FOXC1* variants and recorded information on hearing and ocular findings (Tables 2 and 3 and Figure 1) by searching PubMed with terms “*FOXC1*” and “Mutation” or “6p25” or “Ring chromosome 6”. We excluded publications that were not in English, did not describe human genetic variants or were not accessible online.

Our review identified 82 different *FOXC1* human mutations (Table 2) and 42 6p25 deletions, duplications or ring chromosomes that include the *FOXC1* genomic region (Table 3). Of the 82 *FOXC1* mutations reported in patients with ocular disease, 17 reported abnormal hearing (Table 2; Figure 1). Fifteen of the 17 mutations found in patients reporting hearing loss either caused a frameshift or premature stop codon in Active Domain 1, leading to the loss of the forkhead domain, or a frameshift, nonsense or missense change located in the forkhead domain itself (Figure 1). Only one mutation within the forkhead domain (Q106RfsX75) reported normal hearing (Kim et al., 2013). Unfortunately, in many cases, there is no mention of the hearing phenotype or the case is reported with “no systemic findings,” making it difficult to determine whether or not hearing tests were conducted (Table 2).

Of the 38 reported cases of 6p25 deletions or duplications 20 (53%) have described hearing defects as part of the clinical presentation and 2 of 4 patients with ring chromosome 6 involving the *FOXC1* genomic region also reported hearing loss (Table 3). Nine patients with 6p deletions reported have normal hearing and two patients were reported to have normal auditory brainstem response but no speech (Table 3) suggesting variable expressivity

of the hearing phenotype. Similar to the reports for the *FOXC1* mutations (Table 2) 7 of the 6p25 deletion, duplication or ring chromosome reports did not comment on hearing.

The results of this literature review show that *FOXC1* mutations that cause both anterior segment dysgenesis and hearing loss most likely disrupt the critical forkhead domain. The forkhead domain is necessary for proper *FOXC1* nuclear localization and DNA binding, and disruptions to this part of the gene are the most deleterious to protein function (Saleem et al., 2004). There are however, many patients with *FOXC1* mutations involving the forkhead domain that do not report hearing problems. This observation may be due to variable expressivity of the hearing phenotype, or could implicate a second gene or other factors that impact hearing pathogenesis. Alternatively, hearing tests may not have been done or may not have been noted in the report.

Summary

Currently 11 genes are known to cause early-onset glaucoma and variable phenotypes in mutation carriers is frequently observed. In this review we focused on the spectrum of phenotypes found in patients with *FOXC1* mutations with an emphasis on hearing loss. We determined that of the majority of *FOXC1* mutations reported in the literature in patients with anterior segment dysgenesis and hearing loss disrupt the critically important forkhead domain necessary for DNA binding and transcriptional regulation. We also find that approximately 50% of patients reported with 6p25 deletions, duplications or ring chromosomes also report hearing abnormalities. These results overall suggest that *FOXC1* mutations are capable of causing hearing defects and that patients with *FOXC1* mutations should undergo hearing testing.

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Highlights

- Eleven genes responsible for childhood forms of glaucoma are currently known.
- Variable clinical features can be observed in patients with mutations in childhood glaucoma genes.
- *FOXC1* mutations can cause ocular and systemic disease.
- *FOXC1* mutations causing ocular disease and hearing loss are primarily located in the forkhead domain.

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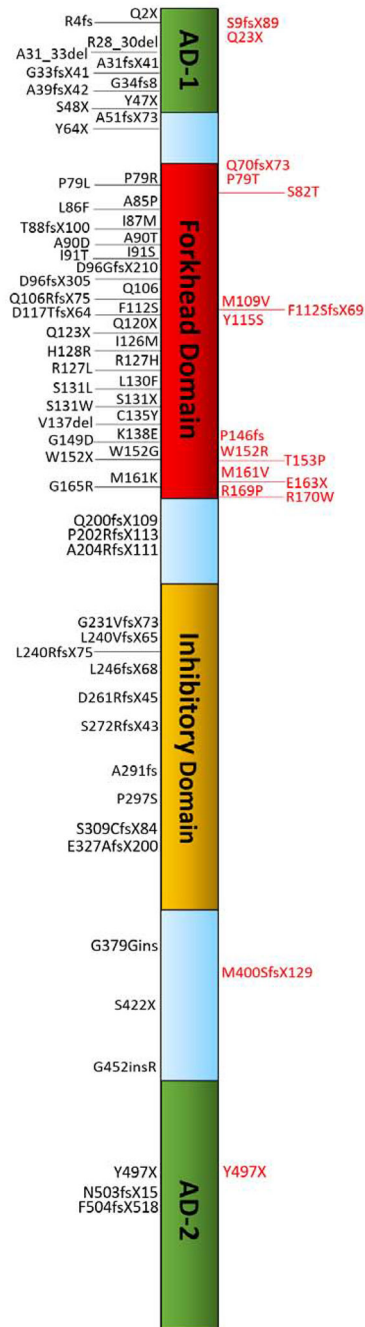


Figure 1. Gene location of *FOXC1* mutations.

The location of the mutations listed in Table 2 are shown. Variants shown in red font are reported in patients with hearing loss. Abbreviations: AD1, Active Domain 1; AD2, Active Domain 2.

Table 1.

Childhood glaucoma genes and phenotypes

Gene	Protein	Inheritance	Phenotypes
CYP1B1	Cytochrome P450 1B1	AR	Congenital and juvenile glaucoma
LTBP2	Latent transforming growth factor binding protein 2	AR	Congenital glaucoma
CPAMD8	C3 and PZP like alpha-2-macroglobulin domain containing 8	AR	Anterior segment dysgenesis
PITX2	Paired like homeodomain 2	AD	Anterior segment dysgenesis and classic Reiger syndrome
FOXC1	Forkhead box C1	AD	Congenital glaucoma, anterior segment dysgenesis, Axenfeld-Rieger syndrome, juvenile open angle glaucoma
PAX6	Paired box 6	AD	Aniridia, corneal keratitis, Peter's anomaly
MYOC	Myocilin	AD	Juvenile open angle glaucoma, adult-onset open angle glaucoma
TIE2 (TEK)	TEK receptor tyrosine kinase	AD	Congenital glaucoma with variable expressivity
ANGPT1	Angiopoietin 1	AD	Congenital glaucoma
OPTN	Optineurin	AD	Normal tension glaucoma
TBK1	TANK binding kinase 1	AD	Normal tension glaucoma

Abbreviations: AD, Autosomal dominant; AR, Autosomal recessive.

Table 2.*FOXC1* mutations and ocular and hearing phenotypes

Protein variant	Protein domain	cDNA variant	Hearing Phenotype	Ocular Phenotype	Reference
Q2X	Active 1	c.4C>T	NR	ARA	Komatireddy et al., 2003
R4fs	Active 1	c.12delC	NR	Glaucoma	Chakrabarti et al., 2009
S9fsX89	Active 1	c.26–47ins	Deafness	Iris hypoplasia, corectopia	Kawase et al., 2001
Q23X	Active 1	c.67C>T	Hearing loss	ARA, glaucoma	Mirzayans et al., 2001
R28_30del	Active 1	c.81_89del9	NR	Glaucoma	Chakrabarti et al., 2009
A31_33del	Active 1	c.92_100del9	NR	Glaucoma	Kaur et al., 2009
A31fsX41	Active 1	c.93_102del10	No systemic findings	ARA, glaucoma	Michael et al., 2016
A31fsX41	Active 1	c.93_102del10	No systemic findings	ARA, glaucoma	Mears et al., 1998
G33fsX41	Active 1	c.99_108del10	NR	ARA	Nishimura et al., 2001
G34fsX8	Active 1	c.100_109del10	NR	PE, glaucoma	Souzeau et al., 2017
A39fsX42	Active 1	c.116_123del8	NR	ARA	Nishimura et al., 2001
Y47X	Active 1	c.141C>G	NR	Glaucoma	Medina-Trillo et al., 2015
S48X	Active 1	c.143C>A	No systemic findings	PE, corectopia	Weisschuh et al., 2006
A51fsX73	Active 1	c.153_163del11	NR	ARA, glaucoma	Nishimura et al., 1998
Y64X	After Active 1	c.192C>G	NR	ARA, glaucoma	Carmona et al., 2017
Q70fsX73	Forkhead	c.210delG	Hearing loss	ARA, glaucoma	Swiderski RE et al. 1999
P79T	Forkhead	c.235C>A	Hearing loss	ARA, glaucoma	Suzuki T et al., 2001
P79R	Forkhead	c.236C>G	NR	Iris hypoplasia, glaucoma	Weisschuh et al., 2006
P79L	Forkhead	c.236C>T	NR	ARA	Saleem et al., 2003
P79L	Forkhead	c.236C>T	NR	ARA	Nishimura et al., 1998
S82T	Forkhead	c.245G>C	Hearing loss	ARA, glaucoma	Mears et al., 1998
A85P	Forkhead	c.253G>C	NR	ARA, glaucoma	Fuse et al., 2007
L86F	Forkhead	c.256C>T	NR	ARA, glaucoma	Saleem et al., 2003
I87M	Forkhead	c.261C>G	No systemic findings	ARA, glaucoma	Mears et al., 1998
T88fsX100	Forkhead	c.262_265insC	NR	ARA	Nishimura et al., 2001
A90T	Forkhead	c.268G>A	No systemic findings	PE, glaucoma	Souzeau et al., 2017
A90D	Forkhead	c.269C>A	NR	Glaucoma	Siggs et al., 2019
I91S	Forkhead	c.272T>G	NR	ARA, glaucoma	Kawase et al., 2001
I91T	Forkhead	c.272T>C	NR	ARA	Mortemousque et al., 2004
D96GfsX210	Forkhead	c.286dupG	NR	PE, glaucoma	D'Haene et al., 2011
D96fsX305	Forkhead	c.286insG	NR	ARA, glaucoma	Kawase et al., 2001
Q106X	Forkhead	c.316C>T	NR	ARA, glaucoma	D'Haene et al., 2011
Q106X	Forkhead	c.316C>T	NR	ARA, glaucoma	Souzeau et al., 2017
Q106RfsX75	Forkhead	c.317delA	Normal hearing	ARA, glaucoma	Kim et al., 2013
M109V	Forkhead	c.325A>G	Hearing loss	Corectopia	D'Haene et al., 2011

Protein variant	Protein domain	cDNA variant	Hearing Phenotype	Ocular Phenotype	Reference
F112SfsX69	Forkhead	c.335del	Hearing Loss	ARA, glaucoma	D'Haene et al., 2011
F112S	Forkhead	c.335T>C	NR	ARA, glaucoma	Nishimura et al., 1998
F112S	Forkhead	c.335T>C	NR	ARA, glaucoma	Honkanen et al., 2003
Y115S	Forkhead	c.339T>C	Middle-ear deafness	ARA, glaucoma	Weisschuh et al., 2006
D117TfsX64	Forkhead	c.349delG	NR	ARA, glaucoma	Siggs et al., 2019
Q120X	Forkhead	c.358C>T	NR	ARA, glaucoma	Weisschuh et al., 2008
Q123X	Forkhead	c.367C>T	NR	ARA, glaucoma	Komatireddy et al., 2003
I126M	Forkhead	c.378C>G	NR	ARA, glaucoma	Nishimura et al., 1998
H128R	Forkhead	c.378A>G	NR	Glaucoma	Chakrabarti et al., 2009
R127H	Forkhead	c.380G>A	NR	ARA, glaucoma	Kawase et al., 2001
R127L	Forkhead	c.380T>G	NR	ARA, glaucoma	Du et al., 2016
L130F	Forkhead	c.388C>T	NR	ARA, glaucoma	Ito et al., 2007
S131L	Forkhead	c.392C>T	NR	ARA, glaucoma	Nishimura et al., 1998
S131X	Forkhead	c.392C>A	NR	Glaucoma	D'Haene et al., 2011
S131W	Forkhead	c.392C>G	NR	ARA	D'Haene et al., 2011
C135Y	Forkhead	c.402G>A	NR	Glaucoma	Chakrabarti et al., 2009
V137del	Forkhead	c.409_411del	NR	PE, glaucoma	Siggs et al., 2019
K138E	Forkhead	c.412A>G	NR	PE, glaucoma	D'Haene et al., 2011
P146fs	Forkhead	c.437_453del17	Hearing loss	ARA, glaucoma	Fuse et al., 2007
G149D	Forkhead	c.446G>A	NR	ARA, glaucoma	Weisschuh et al., 2006
W152R	Forkhead	c.454T>C	Mild deafness	ARA, glaucoma	Michael et al., 2016
W152G	Forkhead	c.454T>G	NR	Glaucoma	Ito et al., 2009
W152X	Forkhead	c.456G>A	NR	ARA, glaucoma	Cella et al., 2006
T153P	Forkhead	c.457A>C	Hearing loss	PE, glaucoma	Siggs et al., 2019
M161V	Forkhead	c.481A>G	Middle-ear deafness	ARA, glaucoma	Weisschuh et al., 2006
M161K	Forkhead	c.482T>A	NR	ARA, glaucoma	Panicker et al., 2002
M161K	Forkhead	c.482T>A	NR	ARA, glaucoma	Komatireddy et al., 2003
E163X	Forkhead	c.487G>T	Hearing Loss	Glaucoma	Siggs et al., 2019
G165R	Forkhead	c.494G>C	NR	ARA, glaucoma	Murphy et al., 2004
R169P	Forkhead	c.506G>C	Hearing loss	ARA	Murphy et al., 2004
R170W	Forkhead	c.508C>T	Hearing Loss	ARA, glaucoma	Gripp et al., 2013
Q200fsX109	After Forkhead	c.599_617del19	NR	ARA	Souzeau et al., 2017
P202RfsX113	After Forkhead	c.605delC	NR	ARA, glaucoma	D'Haene et al., 2011
A204RfsX111	After Forkhead	c.609delC	NR	ARA, glaucoma	Kelberman et al., 2011
I223PfsX87	Inhibitory	c.666_681del16	NR	PE glaucoma	Souzeau et al., 2017
G231VfsX73	Inhibitory	c.692_696del5	NR	ARA, glaucoma	D'Haene et al., 2011
L240VfsX65	Inhibitory	c.718_719delCT	No systemic findings	ARA, glaucoma	Cella et al., 2006
L240VfsX65	Inhibitory	c.718_719delCT	NR	Glaucoma	Siggs et al., 2019

Protein variant	Protein domain	cDNA variant	Hearing Phenotype	Ocular Phenotype	Reference
L240RfsX75	Inhibitory	c.719delT	+	Glaucoma	Hariri et al., 2018
L246fsX68	Inhibitory	c.738delG	NR	Iris atrophy, glaucoma	Weisschuh et al., 2006
D261RfsX45	Inhibitory	c.780dup	NR	NR	D'Haene et al., 2011
S272RfsX43	Inhibitory	c.816_817delinsG	NR	NR	D'Haene et al., 2011
A291fs	Inhibitory	c.853dup25	NR	Glaucoma	Chakrabarti et al., 2009
P297S	Inhibitory	c.889C>T	NR	Glaucoma	Fetterman et al., 2009
P297S	Inhibitory	c.889C>T	NR	Glaucoma	Medina-Trillo et al., 2016
S309CfsX84	Inhibitory	c.925_949del25	NR	Glaucoma	Souzeau et al., 2017
E327AfsX200	Inhibitory	c.980_981del	NR	NR	D'Haene et al., 2011
G379Gins	After Inhibitory	c.1142_1144insGGC	No systemic findings	Iris atrophy, glaucoma	Yang et al., 2015
M400SfsX129	After inhibitory	c.1193_1196dup	Congenital deafness	Iris atrophy, glaucoma	Reis et al., 2016
S422X	After Inhibitory	c.1265C>A	NR	ARA, glaucoma	Souzeau et al., 2017
G452insR	After Inhibitory	c.1362_1364insCGG	No systemic findings	Iris atrophy, glaucoma	Yang et al., 2015
Y497X	Active 2	c.1491C>G	NR	Glaucoma	D'Haene et al., 2011
Y497X	Active 2	c.1491C>G	Hearing Loss	PE, glaucoma	Souzeau et al., 2017
N503fsX15	Active 2	c.1511delT	NR	ARA, glaucoma	Weisschuh et al., 2006
F504fsX518	Active 2	c.1512delG	NR	ARA	Nishimura et al., 2001

Abbreviations: ARA, Axenfeld-Rieger anomaly; PE, Posterior embryotoxon; NR = Not reported.

Table 3.

Chromosome 6p25 abnormalities and ocular and hearing phenotypes

6p25 Variant	Hearing Phenotype	Ocular Phenotype	Reference
.084 Mb deletion	NR	PE, iris atrophy, glaucoma	D'Haene et al, 2011
0.98 Mb deletion	Hearing loss	ARA, glaucoma	Reis et al, 2012
1.10 Mb deletion	Hearing loss	ARA, glaucoma	Reis et al, 2012
1.3 Mb deletion	Hearing loss	ARA	Reis et al, 2012
1.3 Mb deletion	Hearing Loss	Congenital glaucoma	Siggs et al., 2019
1.4 Mb deletion	NR	Normal Ophthalmic exam	Ovaert et al., 2017
1.5 Mb deletion	Normal hearing	Axenfeld-Rieger syndrome, congenital glaucoma	Reis et al, 2012
1.5 Mb deletion	NR	PE, iris atrophy, glaucoma	Sadagopan et al., 2015
2.1 Mb deletion	Conductive hearing defect	Anterior segment dysgenesis	Anderlid et al, 2003
2.1 Mb deletion	Abnormal auditory brainstem response	Congenital glaucoma	Nakane et al., 2013
2.21 MB deletion	Hearing loss	Myopia	Bedoyan et al, 2011
2.54 Mb deletion	Hearing Loss	ARA	Vernon et al., 2013
2.6 Mb deletion	Middle ear malformations and hearing loss	Iris hypoplasia, glaucoma	D'Haene et al, 2011
2.6 Mb duplication	NR	PE, iris atrophy, glaucoma	Sadagopan et al., 2015
2.7 Mb deletion	Sensorineural deafness	PE, iris atrophy, glaucoma	Martinez-Glez et al., 2007
3.4 Mb deletion	Hearing loss	Glaucoma	Weegerink et al, 2016
3.4 Mb deletion	Hearing loss	Glaucoma	Weegerink et al, 2016
3.4 Mb deletion	Hearing loss	PE	Weegerink et al, 2016
3.4 Mb deletion	Middle ear hearing loss	PE, glaucoma	D'Haene et al, 2011
3.9 Mb deletion	Normal hearing	Strabismus	Cellini et al, 2012
34 kb deletion	Hearing loss	PE, glaucoma	D'Haene et al, 2011
4.7 Mb deletion	Hearing loss	ARA	D'Haene et al, 2011
4.8 Mb deletion	Conductive hearing loss	PE, iris atrophy	Le Caignec et al., 2005
5.06 Mb deletion and 1 Mb duplication	Hearing loss	Corectopia	Linhares et al, 2015
5.4 kb deletion	NR	PE	D'Haene et al, 2011
5.5 Mb deletion	Hearing loss	PE, corneal opacity	Le Caignec et al., 2005
6 Mb deletion	Normal auditory brainstem response, but no speech	Normal Ophthalmic exam	Piccione et al., 2012
6.6 Mb deletion	Normal hearing	ARA, glaucoma	Tonoki et al, 2011
6p25 microdeletion	Sensorineural deafness	ARA	Kapoor et al, 2011
6p25-6p22 deletion	NR	ARA	Suzuki et al., 2006
6p25-6pter deletion	Normal hearing	ARA	Maclean et al, 2005
6p25-6pter deletion	Normal hearing	PE, glaucoma	Tonoki et al, 2011
6p25-6pter deletion	Normal hearing	Axenfeld-Rieger syndrome, congenital glaucoma	Reis et al, 2012
6p25-6pter deletion	Hearing loss	ARA, glaucoma	Gould et al, 2004

6p25 Variant	Hearing Phenotype	Ocular Phenotype	Reference
6p25-6pter deletion	Normal hearing	ARA	Gould et al, 2004
6pter deletion	Normal hearing	PE	Lin et al, 2005
6p25 to 6pter deletion	Hearing loss	ARA	Lin et al, 2005
6pter microdeletion	Normal hearing	Anterior segment dysgenesis	Guillen-Navarro et al, 1997
Ring chromosome 6, 6 Mb deletion on 6p	Hearing loss	Peter's anomaly, glaucoma	Zhang et al, 2004
Ring chromosome 6, 1.8 Mb distal 6p deletion	Hearing loss	Ocular features not recorded	Pace et al., 2017
Ring chromosome 6, 6p deletion	Normal auditory brainstem response, but no speech	PE, iris atrophy, glaucoma	Corona-Rivera et al., 2018
Ring chromosome 6, 6p25.2 deletion 1.78 Mb	NR	Anterior segment dysgenesis, microphthalmia	Zhang et al., 2016

Abbreviations: ARA, Axenfeld-Rieger anomaly; PE, Posterior embryotoxon; NR, Not reported.