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GENETICS

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MARFAN SYNDROME

- Genetic disorder of defective connective tissue



PATHOLOGY AND CAUSE

- **Fibrillin 1 structural protein dysfunction due to FBN1 gene mutation (locus 15q21)**
 - Autosomal dominant
 - Risk factor : Family History
 - Compromised extracellular matrix (e.g. elastic fibers)
 - Fibrillin loss → ↑transforming growth factor beta (TGF-β) → ↓vascular muscle, extracellular matrix → compromises strength, elasticity → Marfanoid appearance
- **Can affect Skeleton, heart, blood vessels, eyes, lungs but the most commonly affects aorta, ligaments, ciliary zonules supporting lens.**

SIGNS AND SYMPTOMS

➤ Eyes

- Bilateral cranial, temporal dislocation of lens, Retinal detachment

➤ Skeleton

- Tall, slim with long (↑ arm span to height ratio), slender limbs, Narrow arched palate
- Hyperextensibility with inability to extend elbows 180°
- Scoliosis
- Pes excavatum, pigeon chest.
- Arachnodactyly (long fingers)

SINGS AND SYMPTOMS

➤ Heart

Aortic root dilation, floppy valve syndrome (mitral valve), aortic dilation causes aortic valve insufficiency

➤ Lungs

Blebs, bullae (dilated spaces filled with air predisposing to spontaneous pneumothorax)

SIGNS AND SYMPTOMS

- **Blood Vessels**

Cystic medial necrosis of aorta, aortic incompetence, dissecting aortic aneurysms.

- **Skin**

Striae (stretch marks)

DIAGNOSIS

➤ **History, physical exam**

Ghent nosology criteria: scale using major, minor indicators to establish Marfan diagnosis, max 20 points.

- includes family history, skeletal, vascular, ocular, pulmonary/skin symptoms (e.g. ectopic lens and aortic dissection)

➤ **Genetic Testing**

Confirmation of FBN1 mutation

TREATMENT

➤ Medications

- Beta blockers (slow aortic dilation)
- Angiotensin receptor blockers (decrease TGF- β signalling, slow aortic dilation)

➤ Surgery

- Valve, lens replacement.
- Aortic dissection repair

OTHER INTERVENTIONS

- **Physiotherapy**
Restrict high-intensity exercise, scoliosis treatment.
- **Routine aortic, heart, ophthalmic screening**