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Detection of somatic activating *GNAS* mutations in girls with isolated autonomous ovarian cyst by next generation sequencing.

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**Background:** GnRH-independent precocious puberty (PP) due to autonomous ovarian cyst is one of the features of McCune-Albright syndrome (MAS) caused by somatic activating *GNAS* mutations. In a previous report, somatic activating *GNAS* mutations were found in 13 (33.3%) of 39 ovarian samples from girls with isolated autonomous ovarian cyst (J Clin Endocrinol Metab 2004; 89: 2107). In the same report, a series of nested PCR and restriction enzyme digestion detected somatic activating *GNAS* mutations in only 3 (7.7%) in 39 peripheral blood leucocytes (PBL) samples. We reported that next generation sequencing (NGS) detected somatic activating *GNAS* mutations sensitively from PBL samples in MAS (PLoS One 2013; 8: e60525).

**Objective:** To determine if we could detect somatic activating *GNAS* mutations in girls with isolated autonomous ovarian cyst by NGS using PBL samples.

**Method:** The study included 7 prepubertal girls with GnRH-independent PP due to isolated autonomous ovarian cyst. We excluded cases with fibrous dysplasia (FD) and/or café-au-lait skin spots. We performed both NGS and combinatory method of peptide nucleic acids (PNA) probe with NGS (PNA-NGS) using PBL samples from all patients.

**Results:** We detected somatic activating *GNAS* mutations in one (14.3%) by NGS and 5 (71.4%) by PNA-NGS of PBL samples (Table.1).

**Conclusion:** The combinatory method of PNA-NGS can detect somatic activating *GNAS* mutations sensitively from PBL samples in girls with isolated autonomous ovarian cyst. Our data suggest that somatic activating *GNAS* mutation is the major cause of isolated autonomous ovarian cyst.

Table 1. Characteristics of 7 girls with isolated autonomous ovarian cyst.

| Case | First symptom |      | First evaluation |                |              | MAS feature |             | Ovarian cyst | Last evaluation Age (yrs) | Mutation detection method |          |
|------|---------------|------|------------------|----------------|--------------|-------------|-------------|--------------|---------------------------|---------------------------|----------|
|      | Age (yrs)     | Type | Age (yrs)        | Bone age (yrs) | Tanner stage | FD          | Skin Lesion |              |                           | NGS                       | PNA-NGS  |
| 1    | 4.8           | B    | 5.3              | 5.4            | B2P1         | Absent*     | Absent      | Present      | 12.0                      | Negative                  | Negative |
| 2    | 0.3           | B, M | 1.9              | 1.9            | B3P1         | Absent*     | Absent      | Present      | 4.8                       | Negative                  | Negative |
| 3    | 3.0           | B, M | 7.5              | 10.5           | B2P1         | Absent*     | Absent      | Present      | 10.2                      | Negative                  | R201C    |
| 4    | 1.5           | B    | 4.6              | 4.6            | B2P1         | Absent*     | Absent      | Present      | 7.3                       | Negative                  | R201H    |
| 5    | 1.0           | B    | 2.7              | 3.0            | B3P1         | Absent**    | Absent      | Present      | 5.3                       | Negative                  | R201H    |
| 6    | 3.3           | B    | 3.3              | 3.1            | B2P1         | Absent**    | Absent      | Present      | 5.5                       | Negative                  | R201C    |
| 7    | 1.4           | B, M | 1.5              | 1.5            | B2P1         | Absent**    | Absent      | Present      | 4.3                       | R201H                     | R201H    |

Abbreviations: B breast, P pubic hair, M vaginal bleeding.

\*FD was ruled out by skeletal radiographic examination.

\*\*FD was ruled out by absence of history both of fracture and skeletal deformity.