

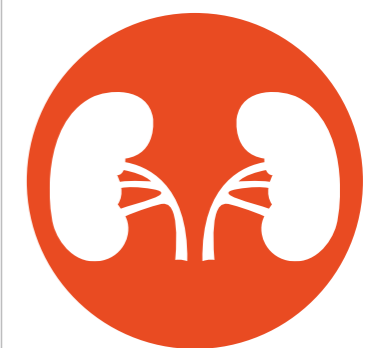


**CHECKLIST: FABRY DISEASE?**

**FOCUS ON  
NEPHROLOGY**

# COULD IT BE FABRY DISEASE? Focus on Nephrology

Symptoms/Findings	Diagnostics		Patient's Medical History		Fabry Diagnosis	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Microalbuminuria/albuminuria</li> <li><input type="checkbox"/> Podocyturia → Proteinuria (&gt;300 mg/day)</li> <li><input type="checkbox"/> GFR decrease (GFR &lt;60 mL/min/1.73 m<sup>2</sup>)</li> <li><input type="checkbox"/> Oedemas in the hands and feet → Note relationship between leg oedema and protein excretion</li> <li><input type="checkbox"/> Parapelvic renal cysts</li> <li><input type="checkbox"/> Progressive renal failure</li> <li><input type="checkbox"/> Dialysis</li> <li><input type="checkbox"/> Rare: renal tubular acidosis and nephrogenic diabetes insipidus</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Renal function test: GFR from creatinine and urea clearance, serum creatinine (mg/dL), GFR (mL/min/1.73 m<sup>2</sup>) → Serum analysis, semi-quantitative protein or albumin using test strips, UPC, UAC → Spontaneous urine total protein, albumin, GFR from creatinine and urea clearance → 24-hour urine</li> <li><input type="checkbox"/> Renal ultrasound (morphology, vascular lesions, cysts)</li> <li><input type="checkbox"/> 24-hour blood pressure measurement</li> <li><input type="checkbox"/> Renal biopsy if necessary (evaluation of GL-3 deposits, fibrosis, and sclerosis) → Discuss light microscopy using toluidine blue stain with Pathology</li> </ul>	<p><b>Fabry disease possible</b></p> <p>→</p>	<p>Any signs of kidney failure such as uraemia or hypocalcaemia?</p>	<p><b>Fabry disease probable</b></p> <p>→</p>	<p>Dry blood test determining:</p> <ul style="list-style-type: none"> <li>• The genetic mutation</li> <li>• The level of α-galactosidase A (α-Gal A) activity</li> <li>• The biomarker lyso-Gb<sub>3</sub></li> </ul> <p><b>and/or</b></p> <p>Molecular genetic/cytogenetic Fabry diagnosis from:</p> <ul style="list-style-type: none"> <li>• EDTA blood test</li> <li>• Serum</li> <li>• Buccal swab</li> </ul>	<p>Engagement of an expert centre for conclusive diagnosis. In the event of confirmed Fabry disease diagnosis, further monitoring of progress and organ screening is recommended.</p> <p>Note: this listing of symptoms/findings and diagnostic tests may not be all-inclusive.</p>
			<p><b>Family Medical History</b></p> <p>Any signs of kidney failure such as uraemia or hypocalcaemia in relatives?</p> <p>Unexplained incidents of death in the family?</p>			



EDTA, ethylenediaminetetraacetic acid; GFR, glomerular filtration rate; GL-3, globotriaosylceramide; lyso-Gb<sub>3</sub>, globotriaosylsphingosine; UAC, urine albumin to creatinine ratio; UPC, urine protein to creatinine ratio.

# SIGNS AND SYMPTOMS OF FABRY DISEASE ACROSS ORGAN SYSTEMS

Nervous System	Eyes	Heart	Skin	Differential Diagnosis
<ul style="list-style-type: none"> <li>• <b>TIA, stroke</b></li> <li>• <b>Acroparaesthesia</b> → Burning pain in hands and feet</li> <li>• <b>Small fibre neuropathy</b></li> <li>• <b>Pain crises</b></li> <li>• <b>Dyshidrosis</b></li> <li>• <b>Temperature intolerance</b></li> <li>• <b>Gastrointestinal discomfort</b></li> <li>• Basilar ectasia/ectatic vessels (vertebrobasilar)</li> <li>• White matter lesions</li> <li>• Depression/fatigue</li> <li>• Headaches</li> <li>• Reduced lacrimation and salivation</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Cornea verticillata</b></li> <li>• <b>Fabry cataract</b></li> <li>• Corneal opacity</li> <li>• Vascular anomalies of the conjunctiva</li> <li>• Vascular tortuosity of the retina</li> <li>• Optic neuropathy with visual field loss</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Cardiomyopathy/left ventricular hypertrophy</b> (without/mild hypertension)</li> <li>• Myocardial infarction</li> <li>• Congestive heart failure</li> <li>• Intramyocardial fibrosis</li> <li>• Cardiac arrhythmia</li> <li>• Valvular disorder (mitral valve, aortic valve)</li> <li>• Dyspnoea</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Angiokeratomas</b></li> <li>• <b>Dyshidrosis</b></li> <li>• Telangiectasias</li> </ul>	<ul style="list-style-type: none"> <li>• Diabetes mellitus</li> <li>• Hypertension</li> <li>• Glomerulonephritis</li> <li>• Systemic lupus erythematosus</li> <li>• Haemolytic-uraemic syndrome (HUS)</li> <li>• Gout</li> <li>• Amyloidosis</li> <li>• Henoch-Schönlein nephritis</li> </ul>
	<h3>Ears</h3> <ul style="list-style-type: none"> <li>• Hearing loss (often high frequencies)</li> <li>• Tinnitus</li> <li>• Dizziness</li> </ul>		<h3>Quality of Life</h3> <ul style="list-style-type: none"> <li>• <b>Reduced physical capacity</b></li> <li>• Psychological problems</li> <li>• Fatigue</li> <li>• Pain</li> </ul>	



TIA, transient ischaemic attack.

## References

- Arbeitsgemeinschaft der Wissenschaftlichen Medizinischen Fachgesellschaften e.V. Guidelines Catalog No. 030/134. Interdisziplinäre Leitlinie für die Diagnose und Therapie des Morbus Fabry.
- Burlina AP, Sims KB, Politei JM, et al. Early diagnosis of peripheral nervous system involvement in Fabry disease and treatment of neuropathic pain: the report of an expert panel. *BMC Neurol.* 2011;11:61.
- Eng CM, Germain DP, Banikazemi M, et al. Fabry disease: guidelines for the evaluation and management of multi-organ system involvement. *Genet Med.* 2006;8(9):539-548.
- Gal A, Hughes DA, Winchester B. Toward a consensus in the laboratory diagnostics of Fabry disease - recommendations of a European expert group. *J Inherit Metab Dis.* 2011;34(2):509-514.
- Germain DP. Fabry disease. *Orphanet J Rare Dis.* 2010;5:30.
- Haas S, Lampl C. Morbus Fabry - Neurologische Klinik und Möglichkeiten der Therapie. *J Neurol Neurochir Psychiatr.* 2004;5(1):40-43.
- Hoffmann B, Mayatepek E. Fabry disease - often seen, seldom diagnosed. *Dtsch Arztebl Int.* 2009;106(26):440-447.
- Parchoux B, Guibaud P, Maire I, et al. Fabry's disease. Initial nephrogenic diabetes insipidus in children. *Pediatrics.* 1978;33(8):757-765. [French]
- Pereira EM, da Silva AS, Labilloy A, do Monte Neto JT, do Monte SJ. Podocyturia in Fabry disease. *J Bras Nefrol.* 2016;38(1):49-53.
- Pisani A, Petruzzelli Annicchiarico L, Pellegrino A, et al. Parapelvic cysts, a distinguishing feature of renal Fabry disease. *Nephrol Dial Transplant.* 2017 March 28. (ePub ahead of print)