

ACT Sheet

Newborn Screening ACT Sheet

[Increased Leucine] Maple Syrup Urine Disease

Differential Diagnosis: Maple syrup urine disease (MSUD); hydroxyprolinemia.

Condition Description: In MSUD, leucine, isoleucine, alloisoleucine, and valine (branched-chain amino acids) cannot be metabolized beyond their α-ketoacid intermediates (due to a block in the shared catabolic pathway). Branchedchain amino acids and branched-chain ketoacids accumulate and produce severe toxicity often within the first 48 hours of life.

You Should Take the Following IMMEDIATE Actions:

- Inform family of the newborn screening result.
- Ascertain clinical status (poor feeding, vomiting, lethargy, tachypnea).
- Consult with pediatric metabolic specialist the same day.
- Evaluate the newborn for signs of poor feeding, lethargy, tachypnea, alternating hypertonia/hypotonia, or seizures. If any of these findings are present or if the newborn is ill, transport to a hospital for further treatment in consultation with the metabolic specialist.
- Initiate confirmatory/diagnostic testing and management, as recommended by the specialist.
- Provide the family with basic information about MSUD, including dietary management.
- Report final diagnostic outcome to newborn screening program.

Diagnostic Evaluation: In MSUD, plasma amino acid analysis demonstrates elevations of leucine, isoleucine, alloisoleucine, and valine (the branched-chain amino acids), and urine organic acid analysis reveals elevated branched-chain alpha-hydroxy- and alpha-keto-acids. In newborn screening, leucine, isoleucine, alloisoleucine, and hydroxyproline are not differentiated: if the newborn has hydroxyprolinemia, confirmatory amino acid analysis will only show increased hydroxyproline.

Clinical Considerations: MSUD presents in the neonate with feeding intolerance, failure to thrive, vomiting, lethargy, and maple syrup odor, particularly in urine and cerumen. If untreated, the condition will rapidly progress to seizures, coma, cerebral edema, irreversible developmental delay, and possibly death. Individuals with variant forms of MSUD may not present with clinical symptoms until later in infancy or childhood but remain at risk for severe metabolic decompensation. Hydroxyprolinemia is a benign condition.

Additional Information:

How to Communicate Newborn Screening Results Emergency Protocols (New England Consortium of Metabolic Programs) Gene **Reviews Medline Plus** Condition Information for Families- HRSA Newborn Screening Clearinghouse

Referral (local, state, regional, and national):

Find a Genetics Clinic Directory **Genetic Testing Registry**

This practice resource is designed primarily as an educational resource for medical geneticists and other clinicians to help them provide quality medical services. Adherence to this practice resource is completely voluntary and does not necessarily assure a successful medical outcome. This practice resource should not be considered inclusive of all proper procedures and tests or exclusive of other procedures and tests that are reasonably directed to obtaining the same results. In determining the propriety of any specific procedure or test, the clinician should apply his or her own professional judgment to the specific clinical

circumstances presented by the individual patient or specimen. Clinicians are encouraged to document the reasons for the use of a particular procedure or test, whether or not it is in conformance with this practice resource. Clinicians also are advised to take notice of the date this practice resource was adopted, and to consider other medical and scientific information that becomes available after that date. It also would be prudent to consider whether intellectual property interests may restrict the performance of certain tests and other procedures.





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State and Other Resources

State Newborn Screening Program

Metabolic (Bloodspot) Screening, Montana's Newborn Screening Programs 406-444-0984, dphhs.mt.gov/ecfsd/cshs/newbornscreeningprograms/

Short-term Follow-up Coordinator - Crystal Fortune, MT Laboratory Services Bureau 406-444-0930 or 800-821-7284 cfortune@mt.gov

Genetics/Metabolics Consultants

Shodair Children's Hospital Medical Genetics Staff will contact you with recommendations. Metabolic Clinic: 406-444-1099; Clinics held across Montana: 406-444-1016 shodair.org/about-shodair/contact/

If emergency consultation with a metabolic specialist is necessary, contact One Call (24/7) at Children's Hospital Colorado (800-525-4871) and ask to speak to the metabolic specialist on call.

Information for Clinicians and Families

Montana Medical Home Portal (see also the Parents & Families section) mt.medicalhomeportal.org/newborn/maple-syrup-urine-disease

Parent/Family Support

Maple Syrup Urine Disease Family Support Group (National) msud-support.org/contacts/

National Resources (with web addresses)

Additional Information

How to Communicate Newborn Screening Results www.hrsa.gov/sites/default/files/hrsa/advisory-committees/heritable-disorders/Resources/achdnccommunication-guide-newborn.pdf

Emergency Protocols (New England Consortium of Metabolic Programs) www.newenglandconsortium.org/msud

Gene Reviews

www.ncbi.nlm.nih.gov/books/NBK1319/

Medline Plus

medlineplus.gov/genetics/condition/maple-syrup-urine-disease/

Condition Information for Families-HRSA Newborn Screening Clearinghouse newbornscreening.hrsa.gov/conditions/maple-syrup-urine-disease

Referral (local, state, regional and national)

Find a Genetics Clinic Directory clinics.acmg.net

Genetic Testing Registry www.ncbi.nlm.nih.gov/gtr/

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