

ACT Sheet

Newborn Screening ACT Sheet

[Decreased C0]

Carnitine Uptake Defect (CUD;

Primary Carnitine Deficiency)

Differential Diagnosis: Carnitine uptake defect (CUD); Maternal carnitine deficiency (primary or secondary); prematurity.

Condition Description: Carnitine Uptake Defect (CUD), a fatty acid oxidation (FAO) disorder, is caused by a defect in the carnitine transporter in the cell membrane. This leads to decreased free carnitine in cells and increased excretion of carnitine in urine. The resulting carnitine deficiency disrupts the transport of long-chain fatty acids into mitochondria, leading to decreased energy production, particularly in tissues with high energy needs (skeletal and heart muscle). FAO occurs during prolonged fasting and/or periods of increased energy demands (fever, stress) after glycogen stores become depleted and energy production relies increasingly on fat metabolism. The presentation and age of onset of symptoms are variable.

You Should Take the Following Actions:

- Inform family of the newborn screening result.
- Ascertain clinical status (poor feeding, lethargy, tachypnea).
- Consult with pediatric metabolic specialist.
- Evaluate the newborn (tachycardia, hepatomegaly, hypotonia). If any of these signs 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 family with basic information about CUD and its management.
- Report final diagnostic outcome to newborn screening program.

Diagnostic Evaluation: Plasma carnitines (free and total): are decreased. **Urinary carnitine** excretion may be increased. **Molecular genetic testing** may confirm the diagnosis.

Clinical Considerations: Carnitine uptake defect has a variable presentation and age of onset. Characteristic manifestations include lethargy, hypotonia, hepatomegaly, and cardiac decompensation due to cardiomyopathy. Hypoketotic hypoglycemia is typical in acute episodes. These findings are rarely present in the neonatal period. Maternal carnitine deficiency (primary or secondary), other fatty acid oxidation defects, organic acidurias, and prematurity can cause low carnitine levels in a newborn.

Additional Information:

How to Communicate Newborn Screening Results
Gene Reviews
Medline Plus
Condition Information for Families- HRSA Newborn Screening Clearinghouse
ClinGen Actionability Report

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 Newborn Disorders and Parents & Families sections) mt.medicalhomeportal.org/newborn/carnitine-uptake-defect

Parent/Family Support

FOD Family Support Group fodsupport.org/

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/achdnc-communication-guide-newborn.pdf

Gene Reviews

www.ncbi.nlm.nih.gov/books/NBK84551/

Medline Plus

medlineplus.gov/genetics/condition/primary-carnitine-deficiency/

Condition Information for Families-HRSA Newborn Screening Clearinghouse newbornscreening.hrsa.gov/conditions/primary-carnitine-deficiency

ClinGen Actionability Report

actionability.clinicalgenome.org/ac/Pediatric/ui/stg2SummaryRpt?doc=AC1022

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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