

# ACT Sheet

# **Newborn Screening ACT Sheet**

# [Elevated C5 Acylcarnitine]

# Isovaleric Acidemia

**Differential Diagnosis:** Isovaleric acidemia (IVA), short/branched chain acyl-CoA dehydrogenase (SBCAD) deficiency, medication artifact.

**Condition Description:** IVA and SBCAD are organic acid disorders resulting from defects in the metabolism of leucine (isovaleryl-CoA dehydrogenase deficiency in IVA) or isoleucine (short/branched-chain acyl-CoA dehydrogenase deficiency in SBCAD). In both conditions, specific metabolites accumulate which produce toxicity, particularly in IVA.

### You Should Take the Following IMMEDIATE Actions:

- Inform family of the newborn screening result.
- Ascertain clinical status (poor feeding, vomiting, lethargy, tachypnea, odor of sweaty feet).
- Consult with pediatric metabolic specialist the same day.
- Evaluate the newborn (poor feeding, vomiting, lethargy, tachypnea). 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 specialist.
- Provide family with basic information about the possible diagnoses and their management.
- Report final diagnostic outcome to newborn screening program.

**Diagnostic Evaluation:** Plasma acylcarnitine profile: C5 is elevated in IVA and SBCAD. <u>Urine organic acids</u>: Isovalerylglycine is elevated in IVA, and 2-methylbutyrylglycine (2MBG) is elevated in SBCAD. <u>Urine acylglycines</u> may be more sensitive in detecting 2MBG elevations in SBCAD. <u>Molecular genetic testing</u>: can be used to confirm the diagnosis.

Clinical Considerations: Isovaleric acidemia presents in the neonate with lethargy, poor feeding, vomiting, "sweaty feet" odor, metabolic ketoacidosis, hyperammonemia, hypoglycemia, and neutropenia. Milder variants without neonatal illness can occur. Treatment should be initiated under the guidance of a specialist and includes the avoidance of fasting, protein restriction and supplementation with L-carnitine. The prognosis of IVA with appropriate therapy is good. Most patients identified by newborn screening with SBCAD remain asymptomatic.

#### **Additional Information:**

How to Communicate Newborn Screening Results

Emergency Protocols (New England Consortium of Metabolic Programs)

GARD

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.



# ACT Sheet

#### **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

#### **Genetics/Metabolics Consultants**

406-444-0930 or 800-821-7284 cfortune@mt.gov

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/isovaleric-acidemia

### Parent/Family Support

Organic Acidemia Association www.oaanews.org/iva.html

## 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

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

GARD (Genetic and Rare Diseases Information Center) rarediseases.info.nih.gov/diseases/465/isovaleric-acidemia

Medline Plus

medlineplus.gov/genetics/condition/isovaleric-acidemia/

Condition Information for Families-HRSA Newborn Screening Clearinghouse newbornscreening.hrsa.gov/conditions/isovaleric-acidemia

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

Find a Genetics Clinic Directory clinics.acmg.net

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

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.