

### What is mitochondrial acetoacetyl-CoA thiolase deficiency?

Mitochondrial acetoacetyl-CoA thiolase deficiency is an inherited metabolic disease. Individuals with mitochondrial acetoacetyl-CoA thiolase deficiency have a defect in production of the acetyl-CoA acetyltransferase 1 enzyme, which plays a role in breaking down dietary protein and fats.<sup>3,4</sup> Symptoms of the disease are due to the buildup of organic acids in the blood, which can damage the body's tissues and organs.<sup>3,4</sup> Mitochondrial acetoacetyl-CoA thiolase deficiency is characterized by intermittent ketoacidotic episodes that may include vomiting, dehydration, difficulty breathing, lethargy, and seizures.<sup>2</sup> It is also known as beta-ketothiolase deficiency and alpha-methylacetoacetic aciduria.<sup>5</sup>

### What are the symptoms of mitochondrial acetoacetyl-CoA thiolase deficiency and what treatment is available?

Mitochondrial acetoacetyl-CoA thiolase deficiency is a disease that varies in age at onset and severity. Signs and symptoms may include:<sup>2,3,4,5</sup>

- Vomiting
- Dehydration
- Polypnea and/or dyspnea (rapid and/or labored breathing)
- Hypotonus (muscle weakness)
- Lethargy (lack of energy)
- Coma
- Seizures
- Neurological problems
- Cardiomyopathy (abnormal heart muscle)
- Abnormal white blood cell counts
- Poor weight gain
- Kidney failure
- Short stature

Affected individuals usually have normal development with no clinical symptoms in early infancy, and may have later progressive loss of mental and motor skills.<sup>2</sup> The first ketoacidotic episode usually occurs between 6 and 24 months of age.<sup>2,3</sup> Ketoacidotic episodes can be triggered by illness, fasting, or other stressors.<sup>2</sup> Affected individuals may have no clinical symptoms between episodes.<sup>2</sup>

There is no cure for mitochondrial acetoacetyl-CoA thiolase deficiency. Treatment is focused on preventing ketoacidotic episodes and includes long-term dietary modifications and avoidance of triggers.<sup>2</sup> With early diagnosis and appropriate management, affected individuals may develop normally; however, ketoacidotic episodes may be life-threatening or result in developmental delays.<sup>1</sup>

Mitochondrial acetoacetyl-CoA thiolase deficiency is included in newborn screening panels in all 50 states.<sup>6</sup>

### How is mitochondrial acetoacetyl-CoA thiolase deficiency inherited?

Mitochondrial acetoacetyl-CoA thiolase deficiency is an autosomal recessive disease caused by mutations in the *ACAT1* gene.<sup>3,4</sup> An individual who inherits one copy of the *ACAT1* gene mutation is a carrier and is not expected to have related health problems. An individual who inherits two *ACAT1* mutations, one from each parent, is expected to be affected with mitochondrial acetoacetyl-CoA thiolase deficiency.

If both members of a couple are carriers of mutations in the same gene, the risk for an affected child is 25% in each pregnancy; therefore, it is especially important that the reproductive partner of a carrier be offered testing.

### Who is at risk for mitochondrial acetoacetyl-CoA thiolase deficiency?

Mitochondrial acetoacetyl-CoA thiolase deficiency is a rare condition that can occur in individuals of all races and ethnicities. Its prevalence is unknown.

Having a relative who is a carrier or who is affected can increase an individual's risk to be a carrier. Consultation with a genetics health professional may be helpful in determining carrier risk and appropriate testing.

### What does a positive test result mean?

If a gene mutation is identified, an individual should speak to a physician or genetics health professional about the implications of the result and appropriate testing for the reproductive partner and at-risk family members.

### What does a negative test result mean?

A negative result reduces, but does not eliminate, the possibility that an individual carries a gene mutation. The likelihood of being a carrier is also influenced by family history, medical symptoms, and other relevant test results.

### Where can I get more information?

Genetics Home Reference: <http://ghr.nlm.nih.gov/condition/beta-ketothiolase-deficiency>

The Screening, Technology And Research in Genetics (STAR-G):  
<http://www.newbornscreening.info/Parents/organicacid disorders/BKD.html>

Children Living with Inherited Metabolic Diseases: <http://www.climb.org.uk/>

### References

1. Fukao, T., Scriver CR., Kondo N., T2 Collaborative Working Group. The clinical phenotype and outcome of mitochondrial acetoacetyl-CoA thiolase deficiency (beta-ketothiolase or T2 deficiency) in 26 enzymatically proved and mutation-defined patients. *Mol Genet Metab.* 2001 Feb; 72 (2):109-14.
2. Fukao, T. Beta-ketothiolase deficiency. *Orphanet encyclopedia*, September 2004. Available at <https://www.orpha.net/data/patho/GB/uk-T2.pdf>. Accessed on February 16, 2016.
3. Beta-ketothiolase deficiency. *Genetics Home Reference*. Available at <http://ghr.nlm.nih.gov/condition/beta-ketothiolase-deficiency>. Accessed on February 16, 2016.
4. ACAT1. *Genetics Home Reference*. Available at <http://ghr.nlm.nih.gov/gene/ACAT1>. Accessed on February 16, 2016.
5. The Screening, Technology and Research in Genetics (STAR-G). *Beta-ketothiolase deficiency*. Available at <http://www.newbornscreening.info/Pro/organicacid disorders/BKD.html>. Access on February 17, 2016
6. National Newborn Screening Status Report. November 2, 2014. Available at <http://genes-r-us.uthscsa.edu/sites/genes-r-us/files/nbsdisorders.pdf>. Accessed January 6, 2016.