

<b>Disease Name</b>	<b>Hyperphenylalaninemia</b>
<b>Alternate name(s)</b>	Hyperphenylalaninemia, Phenylalanine hydroxylase deficiency, Følling disease
<b>Acronym</b>	H-PHE
<b>Disease Classification</b>	Amino Acid Disorder
<b>Variants</b>	Yes
<b>Variant name</b>	Benign phenylketonuria, Mild phenylketonuria, Variant phenylketonuria, Biopterin-responsive phenylketonuria <u>Tetrahydrobiopterin deficiencies:</u> GTP cyclohydrolase I deficiency, 6-Pyruvoyl-tetrahydropterin synthase deficiency, Dihydropteridine reductase deficiency, Pterin-4_-carbinolamine dehydratase deficiency
<b>Symptom onset</b>	Infancy
<b>Symptoms</b>	Mental delays, decreased pigmentation relative to family members, eczematous rash, seizures, abnormal gait, and unusual “mousy” odor to urine.
<b>Natural history without treatment</b>	Mental delays in the moderate to severe range, hyperactivity, eczema, mild neurologic manifestations, possible abnormal gait microcephaly.
<b>Natural history with treatment</b>	If diet instituted early, normal IQ and development can be expected.
<b>Treatment</b>	Dietary restriction of phenylalanine with supplementary formula for tyrosine and essential amino acids.
<b>Other</b>	“Mousy” or “musky” smelling urine. Females with PKU are at-risk to have children affected by maternal PKU (increased levels of phenylalanine are teratogenic).
<b>Physical phenotype</b>	No abnormalities present at birth. May develop widely-spaced incisors, pes planus, epicanthus and microcephaly.
<b>Inheritance</b>	Autosomal recessive
<b>General population incidence</b>	1:10,000
<b>Ethnic differences</b>	Yes
<b>Population</b>	Turks, Irish
<b>Ethnic incidence</b>	Turks (1:2600), Irish (1:4500)
<b>Enzyme location</b>	Liver
<b>Enzyme Function</b>	Converts phenylalanine to tyrosine
<b>Missing Enzyme</b>	Phenylalanine hydroxylase
<b>Metabolite changes</b>	Increased plasma phenylalanine, increased phenylpyruvic acid in urine, decreased plasma tyrosine.
<b>Prenatal testing</b>	DNA testing is possible if mutations known. RFLP analysis is successful in 75% of families.
<b>MS/MS Profile</b>	N/A
<b>OMIM Link</b>	<a href="http://www.ncbi.nlm.nih.gov/omim/261600">http://www.ncbi.nlm.nih.gov/omim/261600</a>
<b>Genetests Link</b>	<a href="http://www.geneclinics.org">www.geneclinics.org</a>
<b>Support Group</b>	National Urea Cycle Disorders Foundation <a href="http://www.nucdf.org">http://www.nucdf.org</a> National Coalition for PKU and Allied Disorders <a href="http://www.pku-allieddisorders.org/">http://www.pku-allieddisorders.org/</a> Children Living with Inherited Metabolic Diseases <a href="http://www.climb.org.uk/">http://www.climb.org.uk/</a>

## Newborn Screening ACT Sheet [Increased Phenylalanine] Phenylketonuria (PKU)

**Differential Diagnosis:** Phenylketonuria (Classical PKU); non-PKU mild hyperphenylalaninemia; pterin defects; transient hyperphenylalaninemia.

**Condition Description:** In PKU the phenylalanine from ingested protein cannot be metabolized to tyrosine because of deficient liver phenylalanine hydroxylase (PAH). This causes elevated phenylalanine. Pterin defects result from deficiency of tetrahydrobiopterin (BH<sub>4</sub>), the cofactor for PAH and other hydroxylases. This produces not only increased phenylalanine but also neurotransmitter deficiencies.

**YOU SHOULD TAKE THE FOLLOWING ACTIONS IMMEDIATELY:**

- Contact family immediately to inform them of the newborn screening result.
- Consult with pediatric metabolic specialist.
- Evaluate the newborn and refer as appropriate.
- Initiate confirmatory/diagnostic tests in consultation with metabolic specialist.
- Provide the family with basic information about PKU and dietary management.
- Report findings to newborn screening program.

**Diagnostic Evaluation:** Plasma amino acid analysis which shows increased phenylalanine without increased tyrosine (increased phenylalanine:tyrosine ratio). Urine pterin analysis and red blood cell DHPR assay will identify pterin defects. Consider PAH mutation testing.

**Clinical Considerations:** Asymptomatic in the neonate. If untreated PKU will cause irreversible mental retardation, hyperactivity, autistic-like features, and seizures. Treatment will usually prevent these symptoms. Pterin defects cause early severe neurologic disease (developmental delay/seizures) and require specific therapy.

**Additional Information:**

[Gene Reviews](#)

[Genetics Home Reference](#)

Clinical Services

[PKU](#)

[Tetrahydrobiopterin Deficiency](#)

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

[Testing](#)

[Clinical Services](#)

*Disclaimer: This guideline is designed primarily as an educational resource for clinicians to help them provide quality medical care. It 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. Adherence to this guideline does not necessarily ensure a successful medical outcome. 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 guideline. Clinicians also are advised to take notice of the date this guideline was adopted, and to consider other medical and scientific information that become available after that date.*

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