

# Severe congenital neutropenias, including Kostmann syndrome

## GENERAL INFORMATION

### Description:

Autosomal dominant or sporadic congenital neutropenia (SCN1) is caused by mutation in the neutrophil elastase gene (ELA2; 130130). Mutations in the protooncogene GFI1 (600871, which targets ELA2, also cause neutropenia (SCN2). As in the case of the ELA2 mutations, those in GFI1 causing neutropenia are heterozygous. Autosomal recessive severe congenital neutropenia (SCN3; 610738) is caused by homozygous mutations in the HAX1 gene. Kostmann disease (SCN3) is characterized by an absolute neutrophil count (ANC) less than 500/mm<sup>3</sup>. Severe persistent neutropenia results in an increased susceptibility to frequent bacterial infections. The main feature is cytological: granulocyte are blocked at the promyelocytic stage, eosinophilia and monocytosis.

### Alternative names:

- SCN
- Infantile genetic agranulocytosis
- Kostmann disease
- Genetic infantile agranulocytosis

### Classification:

- Defects of phagocyte function
  - Neutropenia
    - Cyclic neutropenia and severe congenital neutropenias. Include Kostmann syndrome

### Inheritance:

Autosomal dominant

### OMIM:

- #202700 Neutropenia, congenital, autosomal dominant or sporadic
- \*130130 Elastase 2; ELA2
- \*138971 Colony-stimulating factor 3, granulocyte; CSF3R
- \*600871 Growth factor-independent 1; GFI1

### Cross references:

#### Phenotype related immunodeficiencies:

- IDR factfile for Cyclic neutropenia

### Incidence:

1-2: 1,000,000

## CLINICAL INFORMATION

### Description:

Severe neutropenia is brought to clinical attention after an initial infection, which typically occurs shortly after birth. Patients have temperature instability in newborn period, fever, irritability. Due to neutropenia, recurrent infections occur in various locations, mostly cutaneo-mucous, ENT (ear, nose, through) and pulmonary. Stomatological signs appear after age 2, with erosive gingivitis, haemorrhage and pain, associated to papilla on the tongue and mucous membranes. Some patients can present myelodysplastic syndrome.

### Diagnosis:

## Diagnostic laboratories:

### Clinical:

- Kostmann syndrome, ORPHANET
- Kostmann disease, eMedicine

### Genetic:

- Laboratorio di Genetica Pediatrica Angelo Nocivelli - University of Brescia, EDDNAL

## Therapeutic options:

- Treatment with recombinant human granulocyte colony-stimulating factor (G-CSF) elevates the granulocyte counts, diminishes the number of new infections and improve survival and quality of life. Some patients develop leukemia or myelodysplastic syndrome. Bone marrow transplantation could be an option.
- Kostmann disease, eMedicine

## Research programs, clinical trials:

- European Initiative for Primary Immunodeficiencies.
- Study of Unrelated Allogeneic Bone Marrow Transplantation in Patients With Benign Congenital Bone Marrow Failure Disorders, ClinicalTrials.gov

## GENE INFORMATION

### Names:

**HUGO name:** CSF3R

**Alias(es):** GCSFR, Colony stimulating factor 3 receptor (granulocyte), Granulocyte colony stimulating factor receptor precursor

## Localization:

### Reference sequences:

**DNA:** S71484 (EMBL) , **cDNA:** X55721 (EMBL) X55720 (EMBL) M59818 (EMBL) M59819 (EMBL) M59820 (EMBL) , **Protein:** AAN05790 (NCBI)

### Chromosomal Location:

1p35-p34.3

### Maps:

CSF3R (Map View)

## Other gene-based resources:

Ensembl: ENSG00000119535, GENATLAS: CSF3R, GeneCard: CSF3R, UniGene: 524517, Entrez Gene: 1441, euGenes: 1441, GDB: 126430

## PROTEIN INFORMATION

### Description:

#### Protein function:

Receptor for granulocyte colony-stimulating factor (G-CSF). In addition it may function in some adhesion or recognition events at the cell surface.

#### Subunit:

Dimer

#### Subcellular location:

Type I membrane protein. The GCSFR-2 form, which lacks the transmembrane domain, may represent a soluble form of the receptor.

## Structures (PDB):

1AZ7 .

## Domains:

**Extracellular domain:** 25-627

**Cytoplasmic domain:** 651-836

**Ig-like c2-type domain domain:** 25-117

**Fibronectin type-III 1 domain:** 121-227

**Fibronectin type-III 2 domain:** 228-332

**Fibronectin type-III 3 domain:** 333-428

**Fibronectin type-III 4 domain:** 429-525

**Fibronectin type-III 5 domain:** 526-621

## Other features:

**Signal peptide:** 1-24

**Granulocyte colony stimulating factor receptor:** 25-836

**Disulfide bonds:** 131-142, 248-295, 266-309

**N-linked (glcnac...) glycosylation sites:** 51, 93, 128, 134, 389, 474, 579, 610

### Other related resources:

PIR: JH0329, InterPro: IPR002996; CR1A, InterPro: IPR003961; FN\_III, InterPro: IPR003529; Hemtopoptn\_L\_F2, Pfam: PF00041; fn3, SMART: SM00060; FN3, PROSITE: PS01353; HEMATOPO\_REC\_L\_F2

## Expression pattern for human:

Tissue	Exp. (%)	Clones
spleen	19.77	5:7229
leukocyte	15.91	5:8982
whole blood	11.69	1:2445
osteoarthritic cartilage	9.53	1:2999
ovary (pool of 3)	6.53	1:4380
aorta	5.56	2:10275
bone marrow stroma	5.36	1:5331
placenta	5.23	17:92983
pool, placenta	4.85	2:11794
prostate, epithelium	3.07	1:9299

## Animal models:

### Mouse:

MGD: ; Csf3r

## OTHER RESOURCES

## Societies:

### General:

- International Patient Organization for Primary Immunodeficiencies
- Immune Deficiency Foundation
- NIH/National Institute of Allergy and Infectious Diseases
- European Society for Immunodeficiencies

### Disease specific:

- Neutropenia Support Association, Canada
- Severe Chronic Neutropenia International Registry, USA
- Severe Chronic Neutropenia International Registry, Germany