

Disorders of Amino Acid and Organic Acid Metabolism

Disease (OMIM Number)	Defective Proteins or Enzymes	Defective Gene or Genes (Chromosomal Location)	Comments
Disorders of phenylalanine and tyrosine metabolism			
Transient tyrosinemia	4-Hydroxyphenylpyruvate dioxygenase	Not genetic	Biochemical profile: Elevated plasma phenylalanine and tyrosine Clinical features: Usually occurring in premature infants; mostly asymptomatic Occasionally poor feeding and lethargy Treatment: Tyrosine restriction and ascorbate supplementation for symptomatic patients only

Disorders of branched-chain amino acid (valine, leucine, isoleucine) metabolism			
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Propionic acidemia
(606054)

Propionyl-CoA carboxylase

Biochemical profile:

Elevated plasma glycine, urine methylcitrate, 3-hydroxypropionate, propionylglycine, and tiglylglycine

Clinical features:

Hypotonia, vomiting, [lethargy](#), coma, ketoacidosis, hypoglycemia, hyperammonemia, bone marrow suppression, growth delay, intellectual disability, physical disability

Type I

α -Subunit

PCCA (13q32)*

Treatment: During acute episodes, high-dose glucose and aggressive fluid resuscitation

For extreme hyperammonemia, may need hemodialysis or peritoneal dialysis

Type II

β -Subunit

PCCB (3q21-q22)*

For long-term management, controlled intake of threonine, valine, isoleucine, and methionine; carnitine supplementation; biotin for responsive patients (see also Multiple carboxylase deficiency and Biotinidase deficiency, below)

Methylmalonic acidemia (mut defects; 251000)	Methylmalonyl-CoA mutase Mut0 (no enzyme activity) Mut- (some residual enzyme activity)	MUT (6p21)*	<p>Biochemical profile: Elevated plasma glycine; increased urine methylmalonate, 3-hydroxypropionate, methylcitrate, and tiglylglycine</p> <p>Clinical features: Hypotonia, vomiting, lethargy, coma, ketoacidosis, hypoglycemia, hyperammonemia, bone marrow suppression, growth delay, intellectual disability, and physical disability</p> <p>Treatment: During acute episodes, high-dose glucose and aggressive fluid resuscitation</p> <p>For extreme hyperammonemia, may need hemodialysis or peritoneal dialysis</p> <p>For long-term management, controlled intake of threonine, valine, isoleucine, and methionine; carnitine supplementation; vitamin B₁₂ for patients with mut- type</p>
Isovaleric acidemia (243500)	Isovaleryl-CoA dehydrogenase	IVD(15q14-q15)*	<p>Biochemical profile: Isovaleryl glycine, 3-hydroxyisovalerate</p> <p>Clinical features: Characteristic sweaty feet odor, vomiting, lethargy, acidosis, intellectual disability, bone marrow suppression, hypoglycemia; ketoacidosis, hyperammonemia, neonatal death</p> <p>Treatment: Controlled leucine intake, glycine, carnitine</p>

3-Hydroxy-3-methylglutaryl-CoA lyase deficiency (246450)	3-Hydroxy-3-methylglutaryl-CoA lyase	HMGCL (1pter-p33)*	<p>Biochemical profile: Elevated urine 3-hydroxy-3-methylglutarate, 3-methylglutaconate, and 3-hydroxyisovalerate; elevated plasma 3-methylglutaryl carnitine</p> <p>Clinical features: Reye-like syndrome, vomiting, hypotonia, acidosis, hypoglycemia, lethargy, hyperammonemia without ketosis</p> <p>Treatment: Restricted leucine intake, control of hypoglycemia</p>
2-Methylbutyryl glycinuria (600301)	Short branched-chain acyl-CoA dehydrogenase	ACADSB (10q25-q26)*	<p>Biochemical profile: Elevated urine 2-methylbutyryl glycine</p> <p>Clinical features: Hypotonia, muscular atrophy, lethargy, hypoglycemia, hypothermia</p> <p>Treatment: No effective treatment</p>

Urea cycle and related disorders

Ornithine-
transcarbamoylase
(OTC) deficiency
(311250)

OTC

OTC (Xp21.1)*

Biochemical profile:

Elevated ornithine and
glutamine, decreased
citrulline and **arginine** ,
markedly increased urine
orotate

Clinical features: In males,
recurrent vomiting,
irritability, **lethargy**,
hyperammonemic coma,
cerebral edema, spasticity,
intellectual disability,
seizures, death

In female carriers, variable
manifestations, ranging
from growth delay, small
stature, protein aversion,
and postpartum
hyperammonemia to
symptoms as severe as
those in males with the
deficiency

Treatment: Hemodialysis for
emergent
hyperammonemic crisis, Na
benzoate, Na
phenylacetate, Na
phenylbutyrate, low-protein
diet supplemented with
essential amino acid
mixture and **arginine** ,
citrulline, experimental
attempts at gene therapy,
liver transplantation (which
is curative)

Citrullinemia type I (215700)	Argininosuccinic acid synthetase	ASS (9q34)*	<p>Biochemical profile: High plasma citrulline and glutamine, citrullinuria, orotic aciduria</p> <p>Clinical features: Episodic hyperammonemia, growth failure, protein aversion, lethargy, vomiting, coma, seizures, cerebral edema, developmental delay</p> <p>Treatment: Similar to that for OTC deficiency except citrulline supplementation is not recommended</p>
Argininosuccinic aciduria (207900)	Argininosuccinate lyase	ASL (7cen-q11.2)*	<p>Biochemical profile: Elevated plasma citrulline and glutamine, elevated urine argininosuccinate</p> <p>Clinical features: Episodic hyperammonemia, hepatic fibrosis, elevated liver enzymes, hepatomegaly, protein aversion, vomiting, seizures, intellectual disability, ataxia, lethargy, coma, trichorrhexis nodosa</p> <p>Treatment: Arginine supplementation</p>

Source:

[http://www.merckmanuals.com/professional/pediatrics/inherited_disorders_of_metabolism/amino acid_and_organic_acid_metabolism_disorders.html](http://www.merckmanuals.com/professional/pediatrics/inherited_disorders_of_metabolism/amino_acid_and_organic_acid_metabolism_disorders.html)