A nationwide survey of Aicardi-Goutières syndrome patients identifies a strong association between dominant *TREX1* mutations and chilblain lesions: Japanese cohort study

Objectives. Aicardi-Goutières syndrome (AGS) is a rare, genetically determined, early onset progressive encephalopathy associated with autoimmune manifestations. AGS is usually inherited in an autosomal recessive manner. The disease is rare, therefore the clinical manifestations and genotypephenotype correlations, particularly with regard to autoimmune diseases, are still unclear. Here we performed a nationwide survey of AGS patients in Japan and analysed the genetic and clinical data. Methods. Patients were recruited via questionnaires sent to pediatric or adult neurologists in Japanese hospitals and institutions. Genetic analysis was performed and clinical data were collected. Results. Fourteen AGS patients were identified from 13 families; 10 harboured genetic mutations. Three patients harboured dominant-type TREX1 mutations. These included two de novo cases: one caused by a novel heterozygous p.His195Tyr mutation and the other by a novel somatic mosaicism resulting in a p.Asp200Asn mutation. Chilblain lesions were observed in all patients harbouring dominant-type TREX1 mutations. All three patients harbouring SAMHD1 mutations were diagnosed with autoimmune diseases, two with SLE and one with SS. The latter is the first reported case. Conclusion. This study is the first to report a nationwide AGS survey, which identified more patients

with sporadic AGS carrying de novo dominant-type TREX1 mutations than expected. There was a

strong association between the dominant-type *TREX1* mutations and chilblain lesions, and between *SAMHD1* mutations and autoimmunity. These findings suggest that rheumatologists should pay attention to possible sporadic AGS cases presenting with neurological disorders and autoimmune manifestations.

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