Enhancing POMPE DISEASE Recognition to Prompt Diagnosis

Progressive muscle weakness leads to loss of independent ambulation and respiratory function

Respiratory muscle dysfunction can be the first symptom of Pompe disease (PD)

One-third of adults with PD will present with respiratory dysfunction

Infantile-Onset Pompe Disease

- Signs and symptoms present within first year of life
- Cardiomyopathy is an identifying feature of the classical form of IOPD

Late-Onset Pompe Disease

Variable age of onset

- There is marked variability in the specific pattern of involvement between patients
- Differential involvement of musculoskeletal and respiratory system
 - 25%-30% of symptomatic adults will have a normal muscle biopsy
- Cardiomyopathy typically absent, yet patients can have cardiac involvement





LOPD Evolving Phenotypes and Presentations



Cardiac

- Wolff-Parkinson-White syndrome
- Left ventricular hypertrophy



Vascular

Ptosis

- Basal artery aneurysm
- Aneurysmal dilation of the thoracic aorta



Lingual weakness



Bladder and bowel incontinence

Gastrointestinal

- Dysphagia
- Gastroesophageal reflux



Skeletal

- Scoliosis
- Rigid spine

LOPD Diagnostic Algorithm



CK: creatinine kinase; EMG: electromyography; FVC: forced vital capacity; GAA: acid alpha-glucosidase.

Newborn Screening (NBS)

Several states now screen for PD in newborns

Diagnosis can be confirmed with or without DNA sequencing

PD NBS Diagnostic Algorithm Without DNA Sequencing



- Wait for sequencing result
- Follow algorithm with **DNA** as appropriate based on result

Classic IOPD

Determine CRIM status by **GAA** sequencing result and blood-based assay



CRIM: cross-reactive immunologic material; DBS: dried blood spot.

PD NBS Diagnostic Algorithm With DNA Sequencing



2D: 2-dimensional; ECG: electrocardiogram; ECHO: echocardiogram; VUS: variant of unknown significance.

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