Glycogen Storage Disease Type Ib

GSDIb is a rare genetic disorder. It is characterized by low blood sugar, liver and kidney problems, and frequent infections. A person must have two variants in the SLC37A4 gene in order to have this condition.

Erin, you do not have the variants we tested.

You could still have a variant not covered by this test.

0 variants detected in the SLC37A4 gene

How To Use This Test

This test does not diagnose any health conditions.

Please talk to a healthcare professional if this condition runs in your family, you think you might have this condition, or you have any concerns about your results.

Intended Uses

- Tests for multiple variants in the SLC37A4 gene.
- To identify carrier status for GSDIb.

Limitations

- Does not test for all possible variants for the condition.
- Does not report if someone has two copies of a tested variant.
- Does not cover other subtypes of glycogen storage disease.

Important Ethnicities

- This test does not include the majority of SLC37A4 variants that cause GSDIb in any ethnicity.

You are likely not a carrier.

This result may be less relevant for you because the variants that cause GSDIb are rarely found in people of your ethnicity.

We ruled out the tested variants for GSDIb.

These variants are very rare in all ethnicities.

You still have a chance of being a carrier for GSDIb.

We cannot estimate your chances because this condition is rare and not well studied.
About Glycogen Storage Disease Type Ib

Also known as: von Gierke Disease

When symptoms develop
Symptoms typically develop during infancy.

How it’s treated
There is currently no known cure. Treatment focuses on managing diet in order to control blood sugar levels and prevent problems with metabolism. Medication can help prevent infections.

Typical signs and symptoms
- Low blood sugar
- Liver enlargement
- Kidney and liver problems
- Frequent infections
- Very short height

Ethnicities most affected
This condition is rare in all ethnicities.

Read more at
Genetics Home Reference
GeneReviews
National Organization for Rare Disorders

Consider talking to a healthcare professional if you are concerned about your results.

If you’re starting a family, a genetic counselor can help you and your partner understand if additional testing might be appropriate.

Connect with a GC

Share your results with a healthcare professional.

Print report

Learn more about this condition and connect with support groups.

Learn more

GSDIb is caused by variants in the SLC37A4 gene.

The SLC37A4 gene contains instructions for making part of a protein called the glucose-6-phosphate transporter. This protein helps control the level of certain sugars, called glycogen and glucose, in the body. Certain variants in SLC37A4 disrupt this protein’s function, leading to a buildup of glycogen in cells and low glucose levels.

Read more at Genetics Home Reference

Chromosome 11

Gene: SLC37A4
You have no variants detected by this test.

<table>
<thead>
<tr>
<th>Markers Tested</th>
<th>Your Genotype*</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1042_1043delCT</td>
<td>AG</td>
<td>Typical copy from one of your parents</td>
</tr>
<tr>
<td></td>
<td>AG</td>
<td>Typical copy from your other parent</td>
</tr>
<tr>
<td>W118R</td>
<td>A</td>
<td>Typical copy from one of your parents</td>
</tr>
<tr>
<td></td>
<td>A</td>
<td>Typical copy from your other parent</td>
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</tbody>
</table>

*This test cannot distinguish which copy you received from which parent. This test also cannot determine whether multiple variants, if detected, were inherited from only one parent or from both parents. This may impact how these variants are passed down.

23andMe always reports genotypes based on the ‘positive’ strand of the human genome reference sequence (build 37). Other sources sometimes report genotypes using the opposite strand.

Test Interpretation

Post-test carrier risk for GSDIb is the chance of still being a carrier for the condition if you do not have the variants tested. This chance depends on how common it is to be a carrier for GSDIb and whether the variants we tested tend to be found in people of your ethnicity.

Because you do not have the variants we tested, your chances of still being a carrier are lower than for someone who has not been tested. However, we cannot provide an exact estimate because the information needed to calculate post-test carrier risk is not available for your ethnicity.

Test Details

Indications for Use

The 23andMe PGS Carrier Status Test for Glycogen Storage Disease Type Ib is indicated for the detection of two variants in the SLC37A4 gene. This test is intended to be used to determine carrier status for GSDIb in adults, but cannot determine if a person has two copies of a tested variant.

Special Considerations

- This test does not include the majority of SLC37A4 variants that cause GSDIb in any ethnicity.
- There are currently no professional guidelines in the U.S. for carrier testing for this condition.

Test Performance Summary

Carrier Detection Rate & Relevant Ethnicities

The "carrier detection rate" is an estimate of the percentage of carriers for this condition that would be identified by this test. Carrier detection rate differs by ethnicity and is provided only where sufficient data is available.

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Carrier Detection Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>European</td>
<td>31%</td>
</tr>
<tr>
<td>Japanese</td>
<td>42%</td>
</tr>
</tbody>
</table>

Analytical Performance

Accuracy was determined by comparing results from this test with results from sequencing for 85 samples with known variant status. 85 out of 85 genotype results were correct. About 1 in 56,000 samples may receive a Not Determined result for one or more variants included in this test. This can be caused by random test error or unexpected DNA sequences that interfere with the test. It can also be caused by having two copies of a variant tested.

Warnings and Limitations

- This test does not cover all variants that could cause this condition.*
- This test does not diagnose any health conditions.
- Positive results in individuals whose ethnicities are not commonly associated with this condition may be incorrect. Individuals in this situation should consider genetic counseling and follow-up testing.
- If you are concerned about your results, consult with a healthcare professional.

See the Package Insert for more details on use and performance of this test.

* Variants not included in this test may be very rare, may not be available on our genotyping platform, or may not pass our testing standards.
References


2. Bell DS et al. (1993). "Glycogen Storage Disease Type I." [Link]


10. Santer R et al. (2000). "Molecular analysis in glycogen storage disease type-A: DHPLC detection of the highly prevalent exon 8 mutations of the G6PT1 gene in German patients." Hum Mutat. 16(2):177. [Link]
