

Dihydropolipoamide Dehydrogenase Deficiency

DLD deficiency is a rare genetic disorder. It is typically characterized by low muscle tone and episodes of brain injury accompanied by liver disease. A person must have two variants in the DLD gene in order to have this condition.

Overview Scientific Details

Jamie, you **do not** have the variant we tested.

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



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.

[Review the Carrier Status tutorial](#)
[See Scientific Details](#)

+ Intended Uses

- To test for the G229C variant in the DLD gene.
- To identify carrier status for DLD deficiency.

- Limitations

- Does **not** test for all possible variants for the condition.
- Does **not** report if someone has two copies of a tested variant.

🌐 Important Ethnicities

- This test is most relevant for people of **Ashkenazi Jewish** descent.

You are likely not a carrier.

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

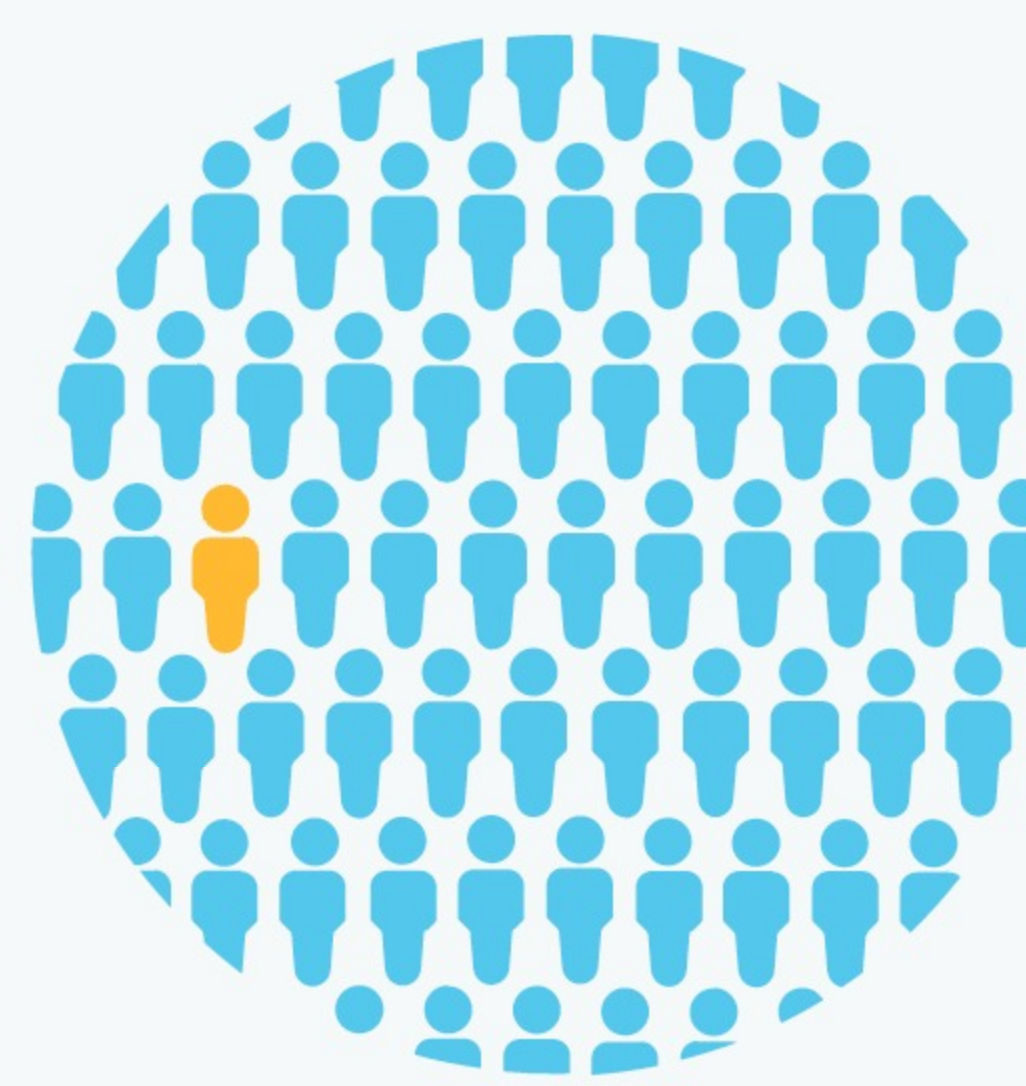


We ruled out the tested variant for DLD deficiency.

This variant is most common in people of **Ashkenazi Jewish** descent.

You still have a chance of being a carrier for DLD deficiency.

We cannot estimate your chances because this condition is rare and not well studied in your ethnicity.



About Dihydropolipoamide Dehydrogenase Deficiency

Also known as: E3 Deficiency, Maple Syrup Urine Disease Type III

📅 When symptoms develop

Symptoms can develop anytime from infancy to adulthood

🏥 Typical signs and symptoms

- Buildup of lactic acid in the body
- Episodes of brain injury
- Developmental disabilities
- Decreased muscle tone
- Liver disease
- Abdominal pain and vomiting

👥 Ethnicities most affected

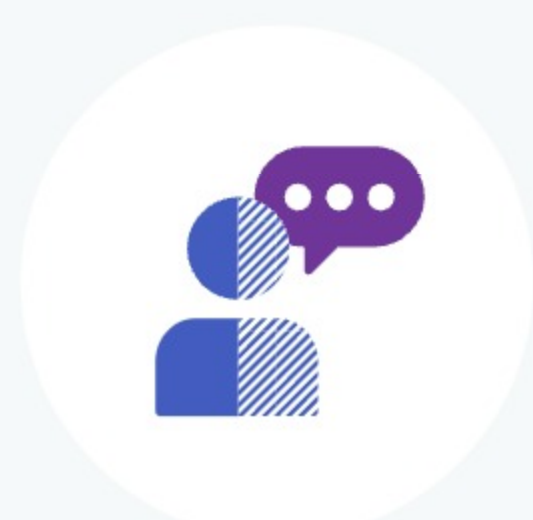
This condition is most common in people of **Ashkenazi Jewish** descent.

🩺 How it's treated

There is currently no known cure. Treatment focuses on maintaining a stable metabolic state through diet. Blood tests can be used for routine monitoring and to guide dietary recommendations.

Read more at: [Genetics Home Reference](#) [GeneReviews](#)

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



Give the gift of DNA discovery.

Gift a kit

Refer friends, earn rewards.

Get reward

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- View all DNA Relatives
- Family Tree
- Your Connections
- GrandTree
- Advanced DNA Comparison

Dihydropoamide Dehydrogenase Deficiency

DLD deficiency is a rare genetic disorder. It is typically characterized by low muscle tone and episodes of brain injury accompanied by liver disease. A person must have two variants in the DLD gene in order to have this condition.

Overview **Scientific Details**

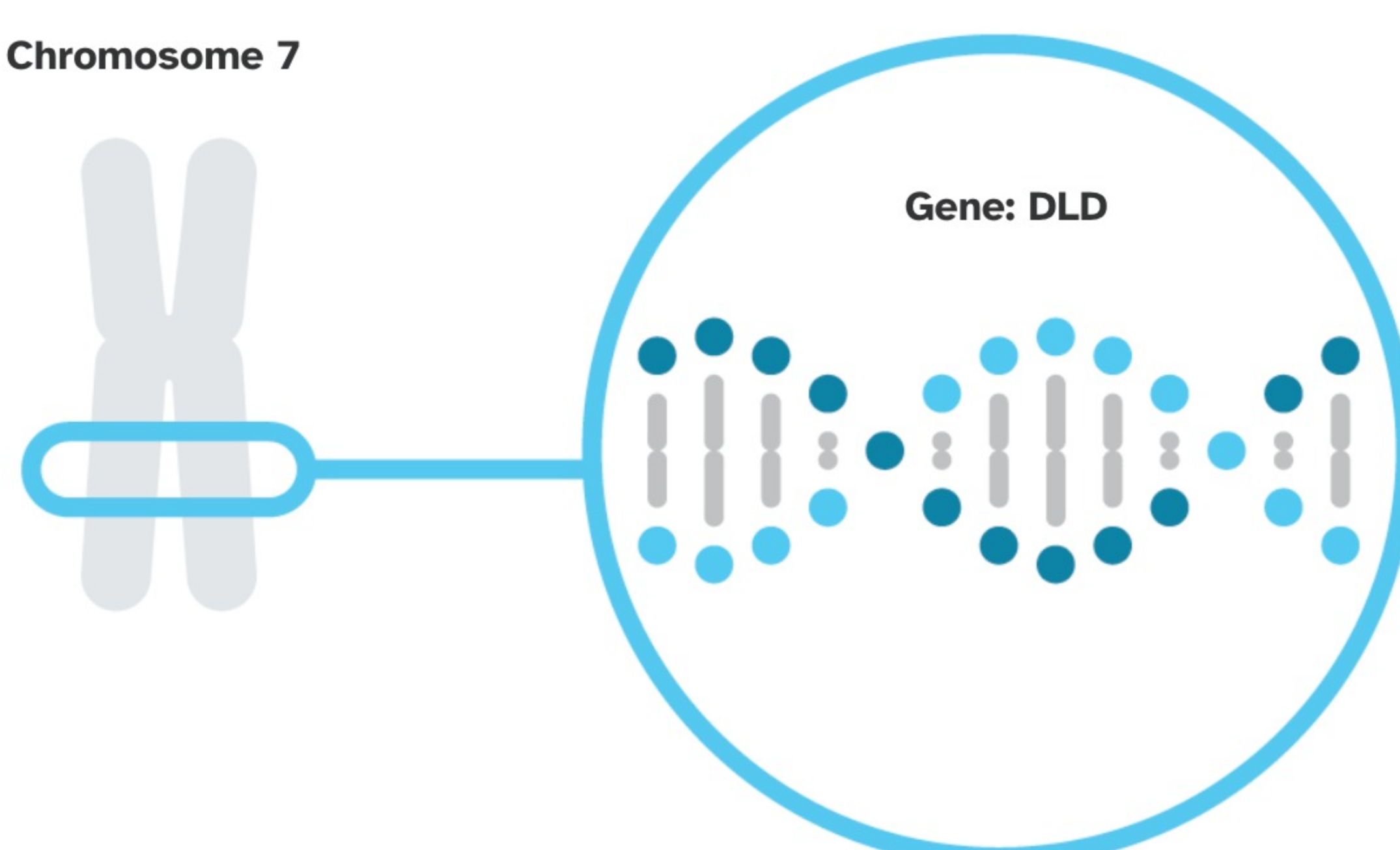
DLD deficiency is caused by variants in the DLD gene.

DLD

The **DLD gene** contains instructions for making an **enzyme** called dihydropoamide dehydrogenase (also called E3). This enzyme helps break down **protein-rich** food and turn it into energy. Certain **variants** in DLD result in an enzyme that doesn't function properly. This causes both a decrease in **cell** energy and a harmful buildup of certain chemicals inside of cells.

Read more at [Genetics Home Reference](#)



Chromosome 7



You have no variants detected by this test.

Variants Detected

View All Tested Markers

Marker Tested	Your Genotype*	Additional Information
G229C Gene: DLD Marker: 15003700	G Typical copy from one of your parents 	G Typical copy from your other parent 
		<ul style="list-style-type: none"> Biological explanation Typical vs. variant DNA sequence(s) Percent of 23andMe customers with variant References [1, 3, 5] ClinVar

*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

This report provides an estimate of the chances of still being a **carrier** for people who do not have the **variant(s)** tested. This is known as the **post-test carrier risk**.

Post-test carrier risk is based on the average chance of being a carrier for a given ethnicity and the carrier detection rate of the test for a given ethnicity.

[View technical article on estimating post-test carrier risk.](#)

Post-Test Carrier Risk

This report provides an estimate of the post-test carrier risk for people of **Ashkenazi Jewish descent only**.

- For people of partial **Ashkenazi Jewish** descent, post-test carrier risk is less than that for those who are fully Ashkenazi Jewish. The exact post-test risk depends on how much Ashkenazi Jewish ancestry a person has.
- Post-test risk for other ethnicities cannot be provided because sufficient data is not available.

Post-test carrier risk for relevant ethnicities

Ashkenazi Jewish	1 in 740	[4]
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Test Details

Indications for Use

The 23andMe PGS Carrier Status Test for Dihydropoamide Dehydrogenase Deficiency is indicated for the detection of the **G229C variant** in the **DLD gene**. This test is intended to be used to determine carrier status for DLD deficiency in adults, but cannot determine if a person has two copies of a tested variant. The test is most relevant for people of **Ashkenazi Jewish** descent.

Special Considerations

- 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.

Ashkenazi Jewish	86%	[5]
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Analytical Performance

Accuracy was determined by comparing results from this test with results from sequencing. Greater than 99% of test results were correct. While unlikely, this test may provide false positive or false negative results. For more details on the analytical performance of this test, refer to the package insert.

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.
- Share results with your healthcare professional for any medical purposes.
- 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

- [Brassier A et al. \(2013\). "Dihydropoamide dehydrogenase deficiency: a still overlooked cause of recurrent acute liver failure and Reye-like syndrome." Mol Genet Metab. 109\(1\):28-32. ^](#)
- [Quinonez SC et al. \(2014\). "Dihydropoamide Dehydrogenase Deficiency." ^](#)
- [Sansaricq C et al. \(2006\). "Biochemical and molecular diagnosis of lipamide dehydrogenase deficiency in a North American Ashkenazi Jewish family." J Inherit Metab Dis. 29\(1\):203-4. ^](#)
- [Scott SA et al. \(2010\). "Experience with carrier screening and prenatal diagnosis for 16 Ashkenazi Jewish genetic diseases." Hum Mutat. 31\(11\):1240-50. ^](#)
- [Shaag A et al. \(1999\). "Molecular basis of lipamide dehydrogenase deficiency in Ashkenazi Jews." Am J Med Genet. 82\(2\):177-82. ^](#)

Change Log

Your report may occasionally be updated based on new information. This Change Log describes updates and revisions to this report.

Date	Change
Oct. 21, 2015	Dihydropoamide Dehydrogenase Deficiency report created.



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