

Pendred Syndrome and DFNB4 Hearing Loss (SLC26A4-Related)

Pendred syndrome and DFNB4 are inherited conditions characterized by deafness and structural problems with the inner ear. Pendred syndrome is sometimes characterized by an enlarged thyroid. People with Pendred syndrome or DFNB4 most often have two variants in the SLC26A4 gene.

Overview Scientific Details

Jamie, you **do not have the variants** 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

- Tests for **multiple variants** in the SLC26A4 gene.
- To identify carrier status for Pendred syndrome and DFNB4.

- 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** variants in other genes (FOXI1 and KCNJ10) that are also related to Pendred syndrome and DFNB4.

🌐 Important Ethnicities

- This test does **not** include a large fraction of SLC26A4 variants that cause Pendred syndrome or DFNB4 in any ethnicity.

You are likely not a carrier.

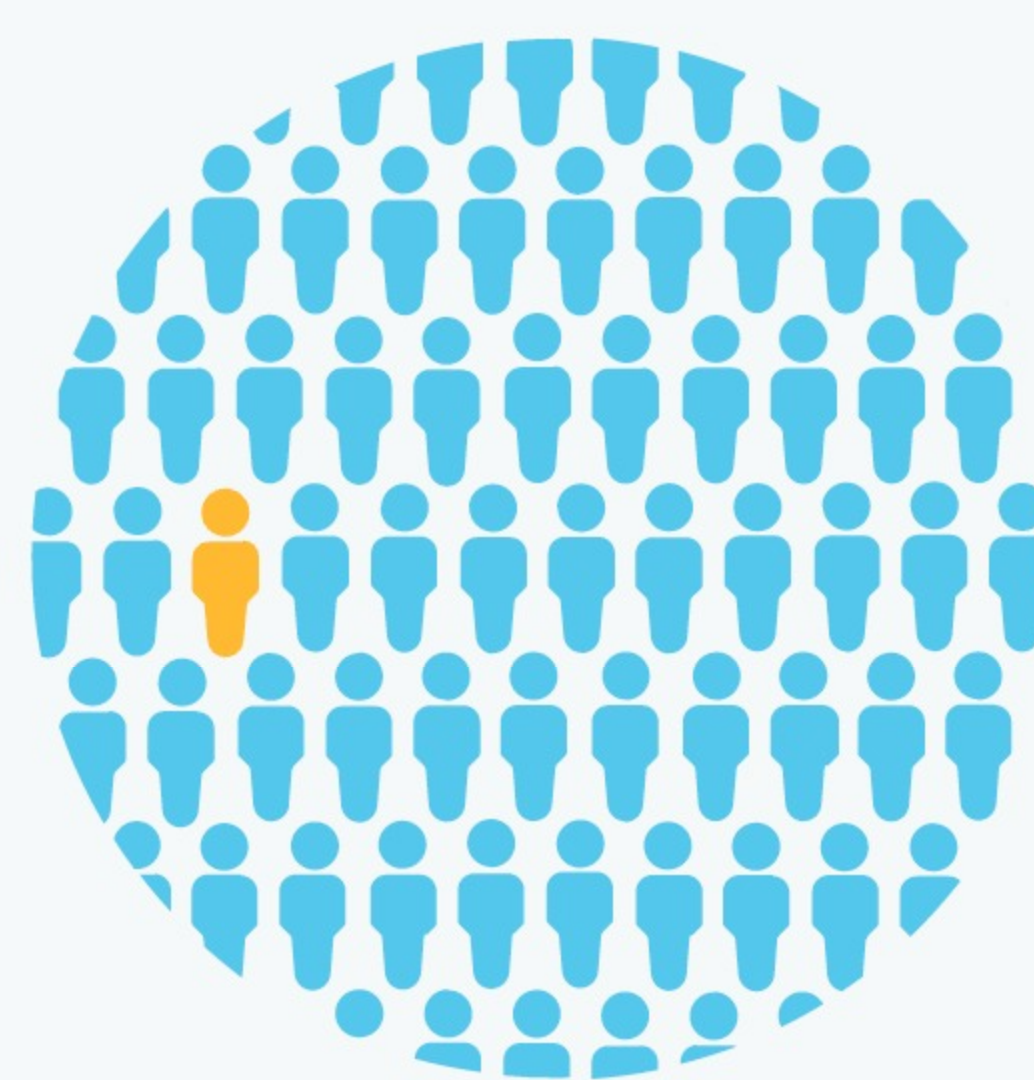


We ruled out the tested variants for Pendred syndrome and DFNB4.

These variants are rare in all ethnicities.

You still have a chance of being a carrier for Pendred syndrome or DFNB4.

We cannot estimate your chances because sufficient data is not available.



About Pendred Syndrome and DFNB4 Hearing Loss (SLC26A4-Related)

📅 When symptoms develop

Symptoms typically develop at birth or during childhood.

🚫 Typical signs and symptoms

- Hearing loss at birth or in early childhood
- Abnormal inner ear development
- Enlarged thyroid
- Poor balance

👥 Ethnicities most affected

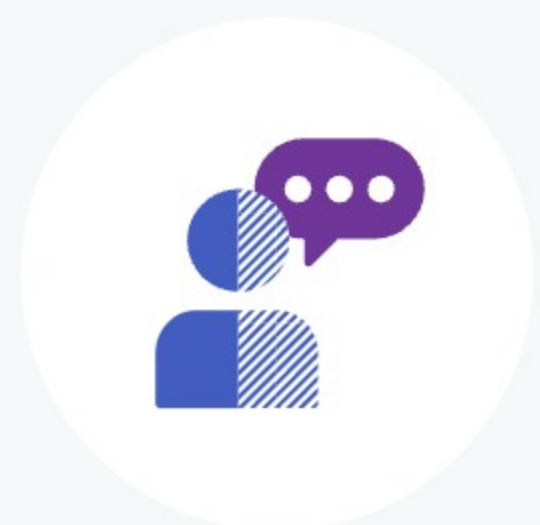
These conditions can affect people of any ethnicity.

🩺 How it's treated

Although hearing loss is not reversible, early intervention can teach alternative communication skills. Hearing aids or cochlear implants may support hearing. Medication can treat low thyroid hormone levels.

Read more at: [MedlinePlus](#) [GeneReviews](#) [National Institute on Deafness and Other Communication 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](#)



Give the gift of DNA discovery.

[Gift a kit](#)

Refer friends, earn rewards.

[Get reward](#)

ANCESTRY

- Ancestry Overview
- All Ancestry Reports
- Ancestry Composition
- DNA Relatives
- Order Your DNA Book

HEALTH & TRAITS

- Health & Traits Overview
- All Health & Traits Reports
- My Health Action Plan
- Health Predisposition
- Pharmacogenetics
- Carrier Status
- Wellness
- Traits

RESEARCH

- Research Overview
- Surveys and Studies
- Edit Answers
- Publications

FAMILY & FRIENDS

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

Pendred Syndrome and DFNB4 Hearing Loss (SLC26A4-Related)

Pendred syndrome and DFNB4 are inherited conditions characterized by deafness and structural problems with the inner ear. Pendred syndrome is sometimes characterized by an enlarged thyroid. People with Pendred syndrome or DFNB4 most often have two variants in the SLC26A4 gene.

Overview Scientific Details

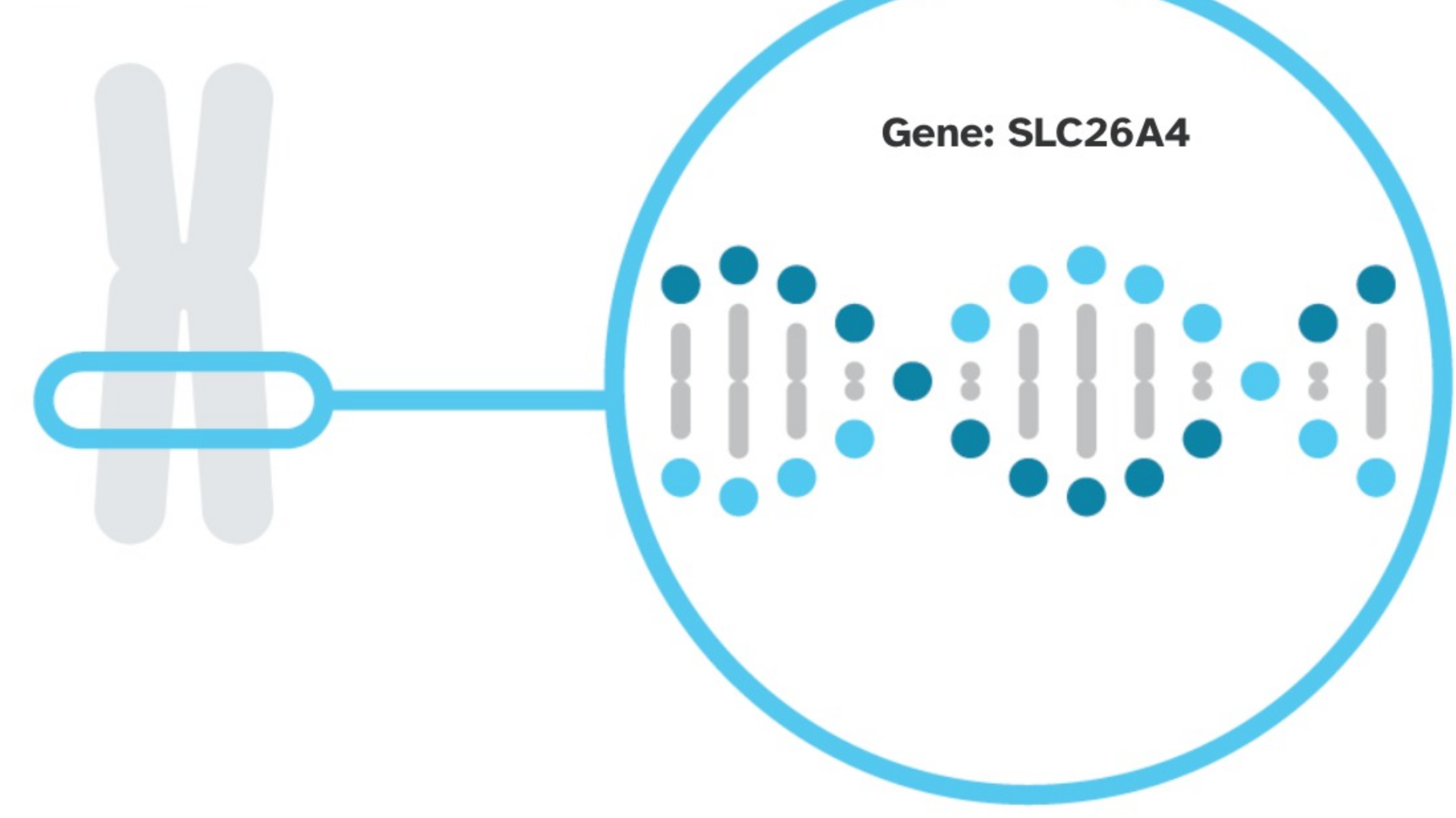
Pendred syndrome and DFNB4 are most often caused by variants in the SLC26A4 gene.

SLC26A4

The SLC26A4 gene contains instructions for making a protein called pendrin. One of its known functions is to move molecules in and out of cells of the inner ear and thyroid. This process helps maintain the right balance of fluids in these cells. Certain variants in SLC26A4 disrupt this function.

Read more at MedlinePlus

Chromosome 7



You have no variants detected by this test.

Variants Detected		View All Tested Markers	
Marker Tested	Your Genotype*	Additional Information	
L236P Gene: SLC26A4 Marker: i5012616	T Typical copy from one of your parents	T 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 [2, 3, 12, 14, 16] ClinVar
E384G Gene: SLC26A4 Marker: i5000003	A Typical copy from one of your parents	A 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, 2, 3, 12] ClinVar
T416P Gene: SLC26A4 Marker: i5012618	A Typical copy from one of your parents	A 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 [2, 3, 12, 14, 16] ClinVar
V138F Gene: SLC26A4 Marker: i5000693	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, 4, 14, 16] ClinVar
H723R Gene: SLC26A4 Marker: i5000002	A Typical copy from one of your parents	A 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 [5, 9, 11, 16, 17, 18] ClinVar
L445W Gene: SLC26A4 Marker: i5000696	T Typical copy from one of your parents	T 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 [2, 6, 7, 10, 16] 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

Post-test carrier risk for Pendred syndrome and DFNB4 is the chance of still being a carrier for either of these conditions if you do not have the variants tested. This chance depends on how common it is to be a carrier for Pendred syndrome or DFNB4 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 Pendred Syndrome and DFNB4 Hearing Loss (SLC26A4-Related) is indicated for the detection of six variants in the SLC26A4 gene. This test is intended to be used to determine carrier status for Pendred syndrome and DFNB4 in adults, but cannot determine if a person has two copies of a tested variant.

Special Considerations

- Symptoms of Pendred syndrome and DFNB4 vary in severity depending on which variants are causing the condition.
- This test does not include a large fraction of SLC26A4 variants that cause Pendred syndrome or DFNB4 in any ethnicity.
- There are currently no professional guidelines in the U.S. for carrier testing for these conditions.

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.

Ethnicity	Carrier Detection Rate	Sample Size
European	13 to 61%, depending on country of ancestry	[15]
Japanese	35 to 45%	[8]
Chinese	9%	[5]

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

- Borck G et al. (2003). "Mutations in the PDS gene in German families with Pendred's syndrome: V138F is a founder mutation." J Clin Endocrinol Metab. 88(6):2916-21.
- Choi BY et al. (2009). "Hypo-functional SLC26A4 variants associated with nonsyndromic hearing loss and enlargement of the vestibular aqueduct: genotype-phenotype correlation or coincidental polymorphisms?" Hum Mutat. 30(4):599-608.
- Coyle B et al. (1998). "Molecular analysis of the PDS gene in Pendred syndrome." Hum Mol Genet. 7(7):1105-12.
- Gonzalez Trevino O et al. (2001). "Clinical and molecular analysis of three Mexican families with Pendred's syndrome." Eur J Endocrinol. 144(6):585-93.
- Huang S et al. (2011). "Extremely discrepant mutation spectrum of SLC26A4 between Chinese patients with isolated Mondini deformity and enlarged vestibular aqueduct." J Transl Med. 9:167.
- López-Bigas N et al. (2002). "Erratum: Identification of five new mutations of PDS/SLC26A4 in Mediterranean families with hearing impairment." Hum Mutat. 20(1):77-8.
- Masmoudi S et al. (2000). "Pendred syndrome: phenotypic variability in two families carrying the same PDS missense mutation." Am J Med Genet. 90(1):38-44.
- Miyagawa M et al. (2014). "Mutation spectrum and genotype-phenotype correlation of hearing loss patients caused by SLC26A4 mutations in the Japanese: a large cohort study." J Hum Genet. 59(5):262-8.
- Namba A et al. (2001). "Genetic features of hearing loss associated with ear anomalies: PDS and EYA1 mutation analysis." J Hum Genet. 46(9):518-21.
- Pourová R et al. (2010). "Spectrum and frequency of SLC26A4 mutations among Czech patients with early hearing loss with and without Enlarged Vestibular Aqueduct (EVA)." Ann Hum Genet. 74(4):299-307.

See all references

Change Log

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

Date	Change
Dec. 9, 2019	Information specific to people of Chinese descent was added. Customers may now see carrier detection rate information specific to that ancestry.
March 2, 2018	The carrier frequency was updated for customers who self-report having European ancestry.
Feb. 18, 2016	Due to improvements in data analysis, some customers who previously received a "Not Determined" result for one or more of the following genetic markers may see a genotype at these markers: i5000002, i5000003, i5000693, i5000696, i5012616, i5012618. This may also update the overall report result for these customers.
Oct. 21, 2015	Pendred Syndrome and DFNB4 Hearing Loss report created.



Give the gift of DNA discovery.

Gift a kit

Refer friends, earn rewards.

Get reward

ANCESTRY

- Ancestry Overview
- All Ancestry Reports
- Ancestry Composition
- DNA Relatives
- Order Your DNA Book

HEALTH & TRAITS

- Health & Traits Overview
- All Health & Traits Reports
- My Health Action Plan
- Health Predisposition
- Pharmacogenetics
- Carrier Status
- Wellness
- Trails

RESEARCH

- Research Overview
- Surveys and Studies
- Edit Answers
- Publications

FAMILY & FRIENDS

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