

# Familial Hyperinsulinism (ABCC8-Related)

ABCC8-related familial hyperinsulinism is a rare genetic disorder. It is characterized by very high levels of insulin production. This leads to episodes of low blood sugar, which can cause low energy, seizures, and brain damage if left untreated. People with ABCC8-related familial hyperinsulinism most often have two variants in the ABCC8 gene.

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Jamie, you **have one of the variants** we tested.

You could pass this variant on to your children.

## 1 variant detected

in the ABCC8 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.

- [Review the Carrier Status tutorial](#)
- [See Scientific Details](#)
- [See Frequently Asked Questions](#)

## + Intended Uses

- Tests for **multiple variants** in the ABCC8 gene.
- To identify *carrier* status for ABCC8-related familial hyperinsulinism.
- Informs individuals with one or two variants in the ABCC8 gene that they may be at risk for developing symptoms of familial hyperinsulinism.

## - 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 (such as KCNJ11) that are also associated with familial hyperinsulinism.

## 🌐 Important Ethnicities

- This test is most relevant for people of **Ashkenazi Jewish** descent.
- This test does **not** include the majority of ABCC8 variants that cause familial hyperinsulinism in people of Finnish descent.

You are a carrier.

You could pass this variant on to your children.



We detected one variant for ABCC8-related familial hyperinsulinism.

Most people with only one variant are not expected to have familial hyperinsulinism. However, a small percentage of carriers (less than 1%) may develop a form of hyperinsulinism, typically by early adulthood. [See Frequently Asked Questions for more information.](#)

Your results may be relevant for you if you're thinking about starting a family.

**If you and your partner are both carriers**, each child may have a **25% chance** of having this condition. For male carriers, even if your partner is not a carrier, each child may still have a small chance (less than 1%) of having the condition. For female carriers, your children are not expected to be at risk of having the condition unless your partner is also a carrier. Your relatives may also wish to consider testing if they plan to have children.



## About Familial Hyperinsulinism

**Also known as:** Congenital Hyperinsulinism, Persistent Hyperinsulinemic Hypoglycemia of Infancy (PHHI)

### 📅 When it develops

Symptoms typically develop during infancy or in early childhood.

### 🩺 Typical signs and symptoms

- High levels of insulin
- Low blood sugar
- Low energy
- Irritability
- Seizures
- Brain damage

### 👥 Ethnicities most affected

This condition is most common in people of **Ashkenazi Jewish**, central Finnish, and Saudi Arabian descent.

### 💊 How it's treated

There is currently no known cure. Treatment depends on the severity of the condition. Some people can maintain healthy blood glucose levels through medication or diet. Other people may require surgery to remove part of the pancreas.

Read more at: [MedlinePlus](#) [GeneReviews](#)

Consider talking to a healthcare professional if you are thinking about having children.



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](#)



If you have other concerns about your results, consult with a healthcare professional.

[Print report](#)



See our Frequently Asked Questions for more information.

[FAQs](#)



Learn more about this condition and connect with support groups.

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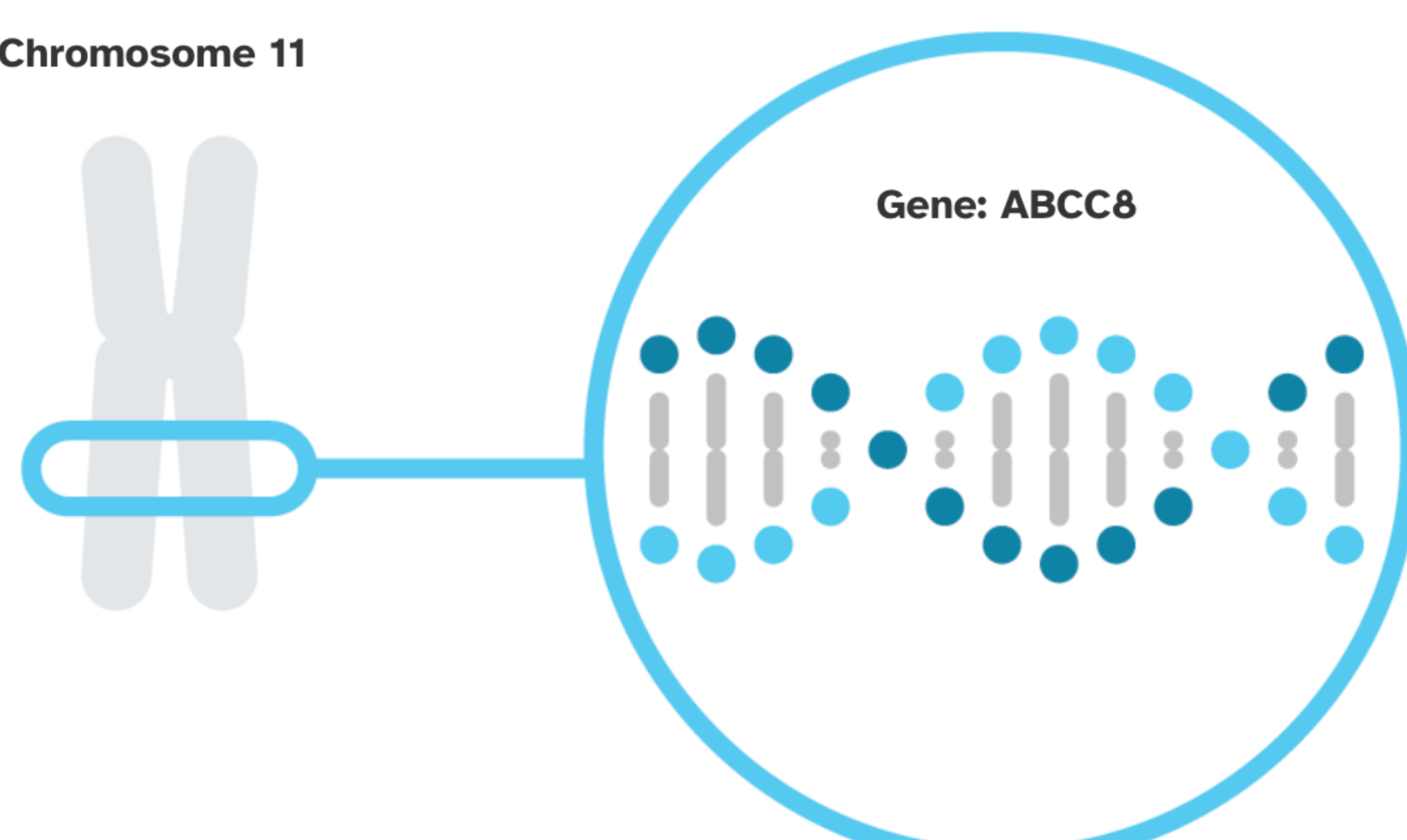
ABCC8-related familial hyperinsulinism is caused by variants in the ABCC8 gene.

ABCC8


The ABCC8 gene contains instructions for making a protein called sulfonylurea receptor 1. This protein is found in the pancreas and helps control the amount of insulin that is released into the blood. Certain variants in ABCC8 disrupt this function, resulting in a constant release of insulin and low blood sugar levels.

Read more at [MedlinePlus](#)

Chromosome 11



You have one variant detected by this test.

Variants Detected		View All Tested Markers	
Marker Tested	Genotype*	Additional Information	
<b>3992-9G&gt;A</b> Gene: ABCC8 Marker: rs151344623	<b>C</b> Typical copy from one of your parents	 <b>T</b> Variant copy from your other parent	<ul style="list-style-type: none"> <li>Biological explanation</li> <li>Typical vs. variant DNA sequence(s)</li> <li>Percent of 23andMe customers with variant</li> <li>References [ 3, 5, 8, 10 ]   ClinVar</li> </ul>

\*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 Details

### Indications for Use

The 23andMe PGS Carrier Status Report for Familial Hyperinsulinism (ABCC8-Related) is indicated for the detection of three variants in the ABCC8 gene. This test is intended to be used to determine carrier status for ABCC8-related familial hyperinsulinism in adults, but cannot determine if a person has two copies of a tested variant. This report also describes if a result is associated with personal risk for developing symptoms of ABCC8-related familial hyperinsulinism, but it does not describe a person's overall risk of developing symptoms. This test is most relevant for people of Ashkenazi Jewish descent.

### Special Considerations

- Symptoms of familial hyperinsulinism may vary between people with the condition even if they have the same genetic variants.
- ACOG notes that carrier testing for familial hyperinsulinism may be considered for people of Ashkenazi Jewish descent who are considering having children.

### 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	97%	[ 5 ]
Finnish, particularly from central Finland	41%	[ 9 ]

#### 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

- Cartier EA et al. (2001). "Defective trafficking and function of KATP channels caused by a sulfonylurea receptor 1 mutation associated with persistent hyperinsulinemic hypoglycemia of infancy." *Proc Natl Acad Sci U S A.* 98(5):2882-7. <sup>1</sup>
- Committee on Genetics. (2017). "Committee Opinion No. 691: Carrier Screening for Genetic Conditions." *Obstet Gynecol.* 129(3):e41-e55. <sup>2</sup>
- Dunne MJ et al. (2004). "Hyperinsulinism in infancy: from basic science to clinical disease." *Physiol Rev.* 84(1):239-75. <sup>3</sup>
- Gillis D et al. (2003). "Familial Hyperinsulinism." [Accessed Dec 7, 2021]. <sup>4</sup>
- Glaser B et al. (2011). "ABCC8 mutation allele frequency in the Ashkenazi Jewish population and risk of focal hyperinsulinemic hypoglycemia." *Genet Med.* 13(10):891-4. <sup>5</sup>
- Huopio H et al. (2002). "Acute insulin response tests for the differential diagnosis of congenital hyperinsulinism." *J Clin Endocrinol Metab.* 87(10):4502-7. <sup>6</sup>
- Männistö JME et al. (2021). "Long-Term Outcome and Treatment in Persistent and Transient Congenital Hyperinsulinism: A Finnish Population-Based Study." *J Clin Endocrinol Metab.* 106(4):e1542-e1551. <sup>7</sup>
- Nestorowicz A et al. (1996). "Mutations in the sulfonylurea receptor gene are associated with familial hyperinsulinism in Ashkenazi Jews." *Hum Mol Genet.* 5(11):1813-22. <sup>8</sup>
- Otonkoski T et al. (1999). "A point mutation inactivating the sulfonylurea receptor causes the severe form of persistent hyperinsulinemic hypoglycemia of infancy in Finland." *Diabetes.* 48(2):408-15. <sup>9</sup>
- Thomas PM et al. (1995). "Mutations in the sulfonylurea receptor gene in familial persistent hyperinsulinemic hypoglycemia of infancy." *Science.* 268(5209):426-9. <sup>10</sup>

## 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. 7, 2022	The carrier frequency was updated for customers who self-report having Finnish ancestry. The chances of still being a carrier were also updated for customers with no variants detected who self-report having Finnish ancestry.
March 23, 2018	Familial Hyperinsulinism (ABCC8-Related) report created.



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## Familial Hyperinsulinism (ABCC8-Related)

What does this test do?

What does this test **not** do?

My report says **one variant** was detected. What does this mean?

My report says **a small percentage** of people with my genetic result may develop a form of hyperinsulinism. What does this mean?

My report says I have **one variant** linked to familial hyperinsulinism. What are some things I could do?

How could my result affect my children?

Have more questions? [Check out our Customer Care Help Center.](#)



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