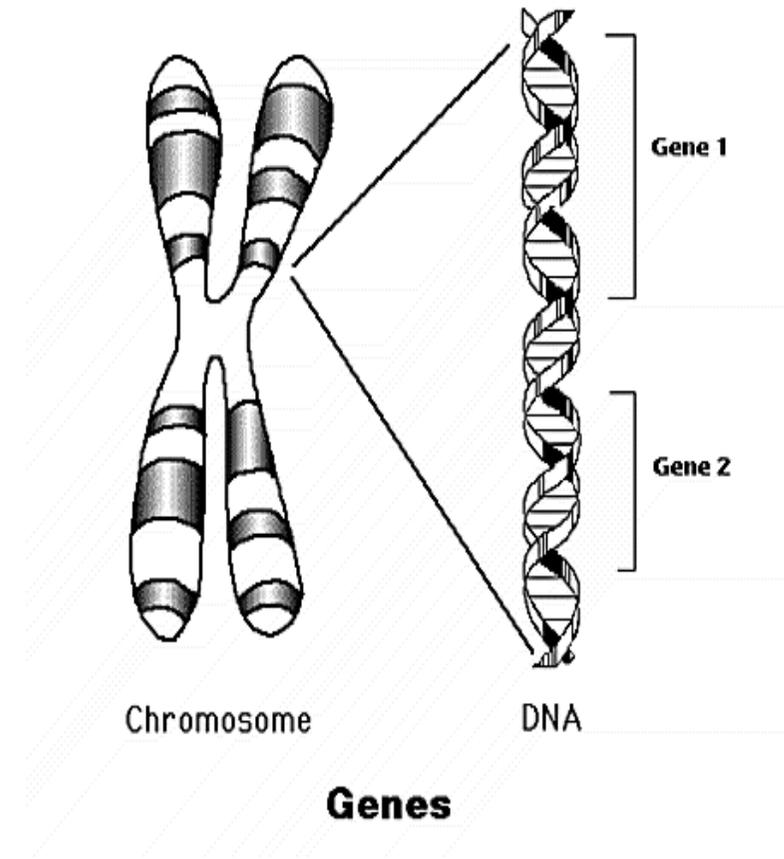
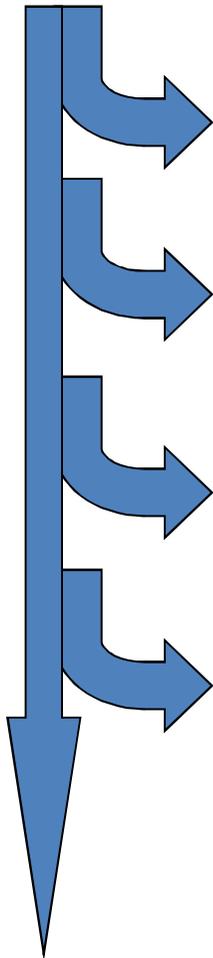


Gravità delle anomalie cromosomiche

- La gravità è correlata al tipo di cromosoma e alla quantità di geni interessati
- Tanto più grave è lo sbilanciamento cromosomico tanto più precoce sarà l'arresto della crescita fetale



Concepimento



20% vengono abortiti prima dell'impianto

42% vengono abortiti prima della 7^a sett. di gest.:

10% vengono abortiti tra la 7^a e la 12^a sett. di gest.

3% vengono abortiti dopo la 12^a sett. di gest.

NASCITA solo il 25% dei concepiti arrivano alla nascita

**FREQUENZA DELLE
ANOMALIE CROMOSOMICHE
NEGLI ABORTI SPONTANEI**

*su 8841 aborti spontanei del primo trimestre 3613
(40.87%) presentano anomalie cromosomiche*

trisomie autosomi	52%
45,X	19%
poliploidie (triploidie 16%)	22%
riarrangiamenti strutturali	7%

*Epidemiologica
delle malattie cromosomiche*

Dati statistico-demografici

Provincia di Lecce

residenti al 31.12.2008 : 812658

Numero di nascite/anno (al 31.12.2008):

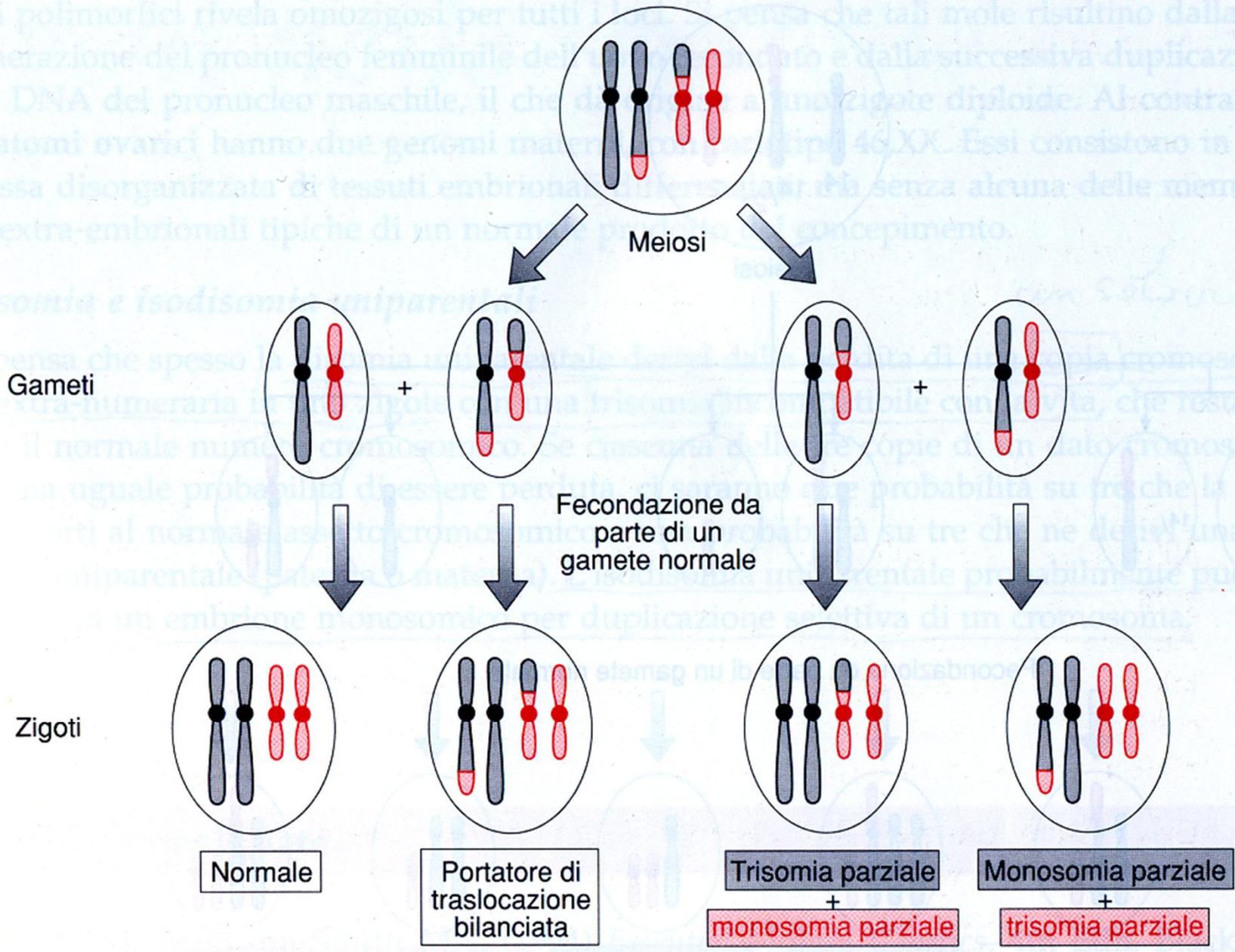
7.093

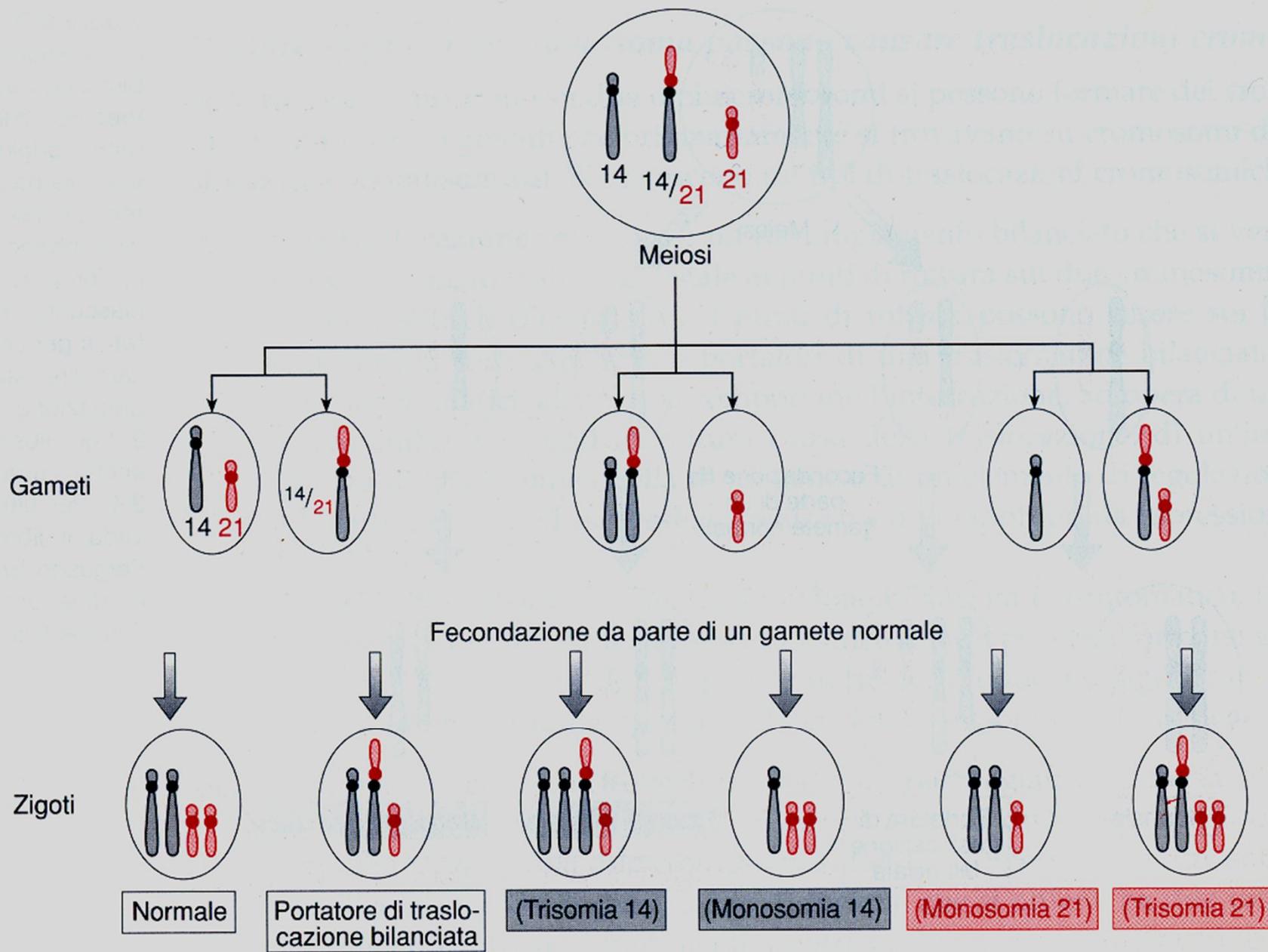
Dati Istat

Tipo anomalia	Incidenza su nati vivi	Provincia di Lecce Popolazione di neonati anno: 7.093 (al 31.12.08)	
		Numero	
Aneuploidie dei cromosomi sessuali			
• Maschi			
1. 47,XXY	1/1000	7	
2. 47,XYY	1/1000	7	
3. Altre aneuploidie dei cromosomi X ed Y	1/1350	5	
<u>Totale</u>	<u>1/370</u>	<u>19</u>	
• Femmine			
1. 45,X	1/4000	2	
2. 47,XXX	1/900	8	
3. Altre aneuploidie del cromosoma X	1/2700	2.6	
<u>Totale</u>	<u>1/570</u>	<u>13</u>	<u>1/220</u>
			<u>32</u>
Aneuploidie autosomiche			
1. Trisomia 21	1/830	8.6	
2. Trisomia 18	1/7500	1	
3. Trisomia 13	1/22700	0.3	
4. Altre aneuploidie	1/34000	0.2	
<u>Totale</u>	<u>1/700</u>	<u>10</u>	
Anomalie strutturali (cromosomi sessuali e autosomici)			
1. Riarrangiamenti bilanciati			
• Robertsoniani	1/1.100	6.5	
• Altri	1/885	8	
1. Riarrangiamenti sbilanciati			
• Robertsoniani	1/13600	0.5	
• Altri	1/1800	4	
<u>Totale</u>	<u>1/375</u>	<u>19</u>	
Tutte le anomalie cromosomiche	1/154	46	

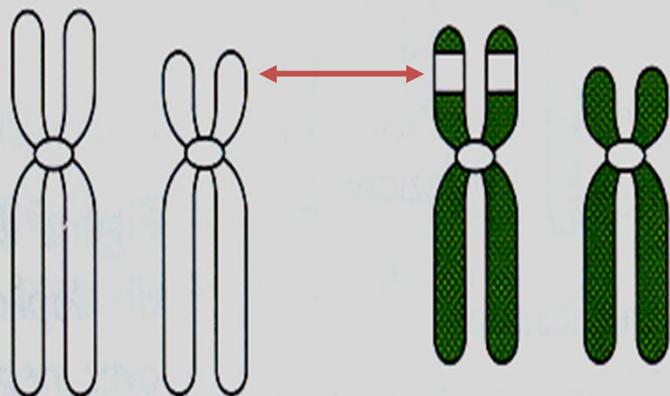
Indicazioni all'esame del cariotipo S.V.

1. Soggetti con sospetta sindrome cromosomica
2. Genitori e familiari di soggetti con anomalie cromosomiche.
3. Coppie con figlio malformato, deceduto senza diagnosi.
- 4. Coppie con poliabortivita.**
- 5. Soggetti sterili.**

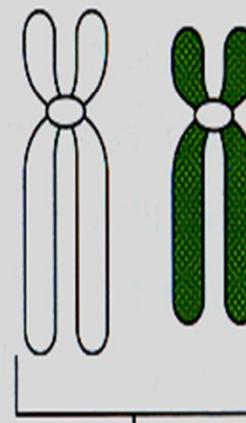
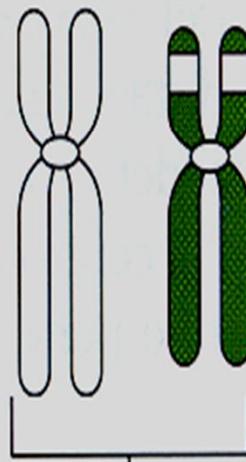
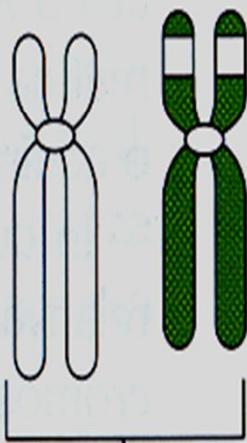
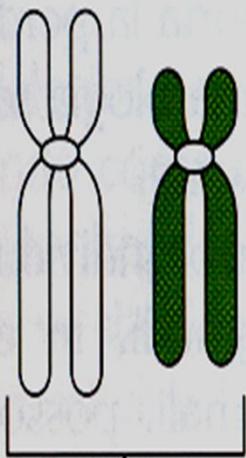




Eterozigote
per inserzione



Possibili
gameti



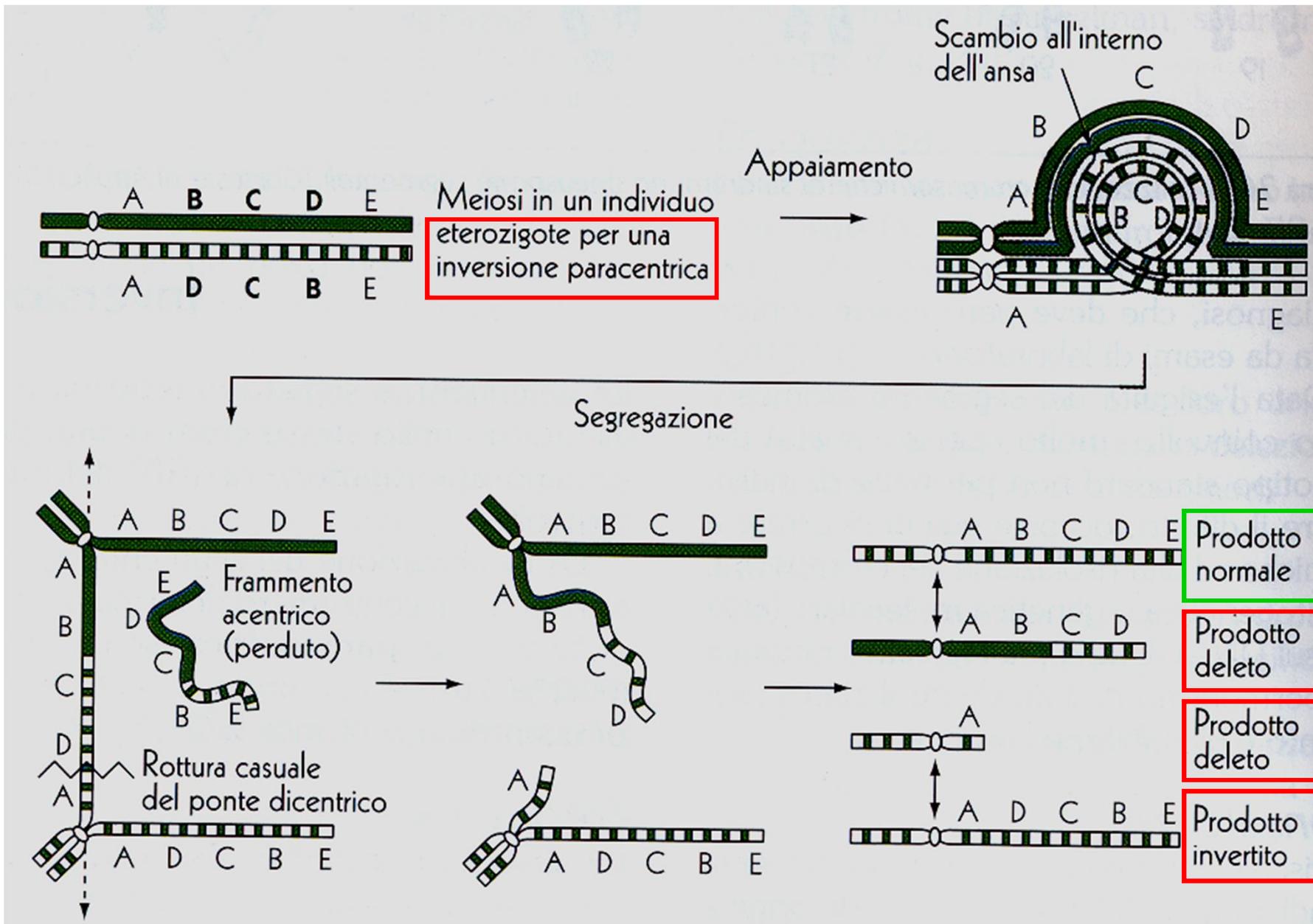
Zigoti

Normale

Eterozigote
bilanciato

Con
duplicazione

Con
delezione



Indicazioni alla D.P.

Linee Guida Società Italiana Genetica Umana

- **Età materna \geq 35 aa**
- Precedente figlio affetto da anomalie dei cromosomi
- Genitori portatori di anomalia strutturale dei cromosomi geneticamente bilanciata
- Genitori con riscontro citogenetico di mosaicismo cellulare
- Anomalie fetali ecograficamente evidenziate
- **Test biochimici indicanti un aumento del rischio cromosomico**
- Malattia genetica
- Situazioni particolari

Indicazioni Diagnosi Prenatale

Periodo 05/2003 – 07/2005

<u>N.</u>	<u>%</u>	<u>Motivo</u>
799	63%	Età Materna Avanzata >35aa
192	15%	Test Screening Biochimico Pos.
128	12%	Parente con figlio malformato
38	2%	Prevenzione
44	2%	Precedente figlio malformato
68	6%	Motivi Vari

1269

Diagnosi Prenatale Genetica

vista dal genetista

Diagnosi Prenatale Genetica (1)

1. Vi sono delle evidenze che il feto possa essere affetto da una patologia genetica;

FETO ad elevato rischio di patologia genetica

**1. Confermare
che la patologia fetale è d'origine genetica**

Diagnosi Prenatale Genetica (2)

Prelievo invasivo di materiale fetale
Amniociti, Villi coriali, Sangue venoso fetale

Rischio interruzione gravidanza

Amniocentesi

0.4%

1/250

Villocentesi

1%

1/100

Diagnosi Prenatale Genetica (2)

viene eseguita quando

rischio patologia genetica

simile o maggiore

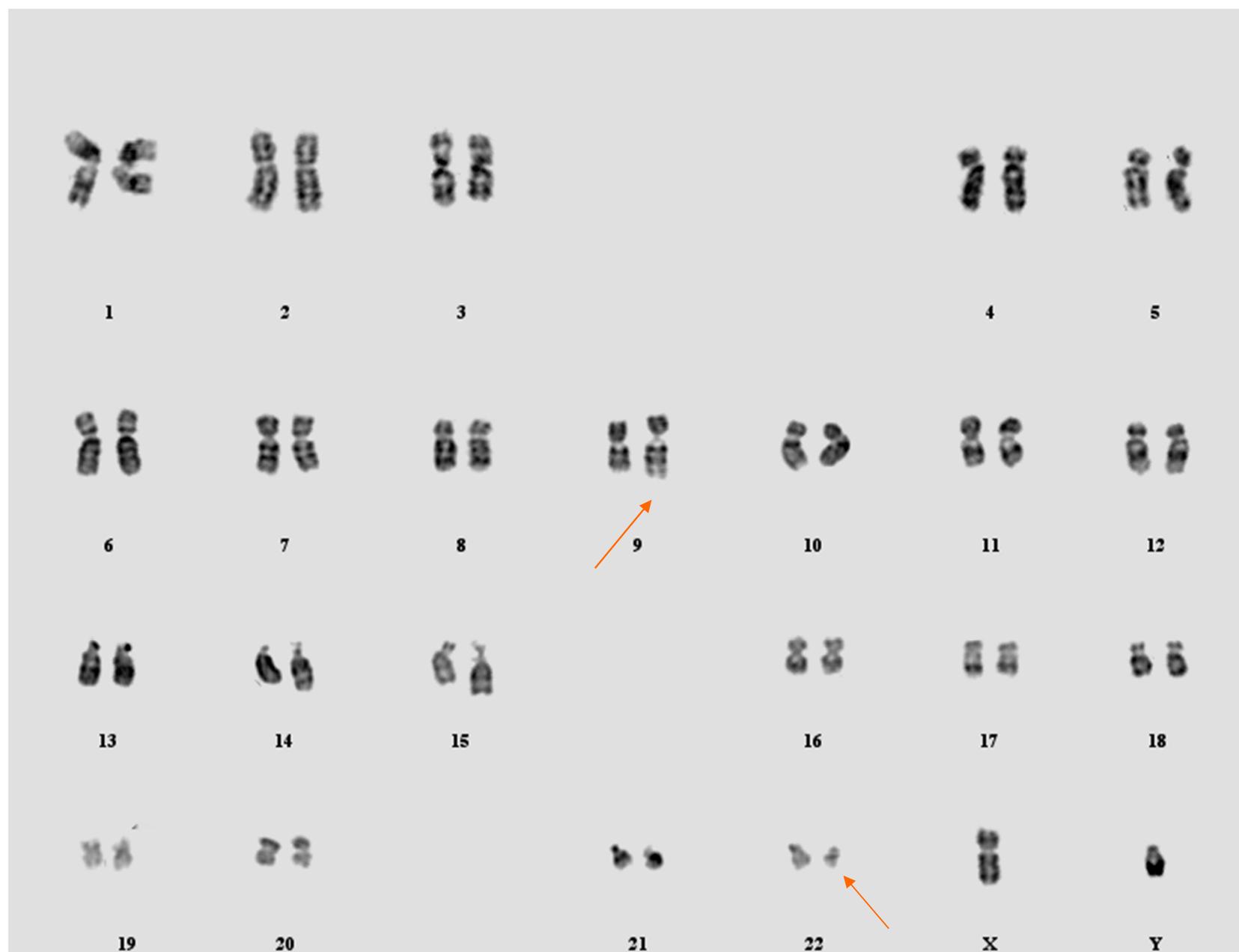
rischio di interruzione della
gravidanza

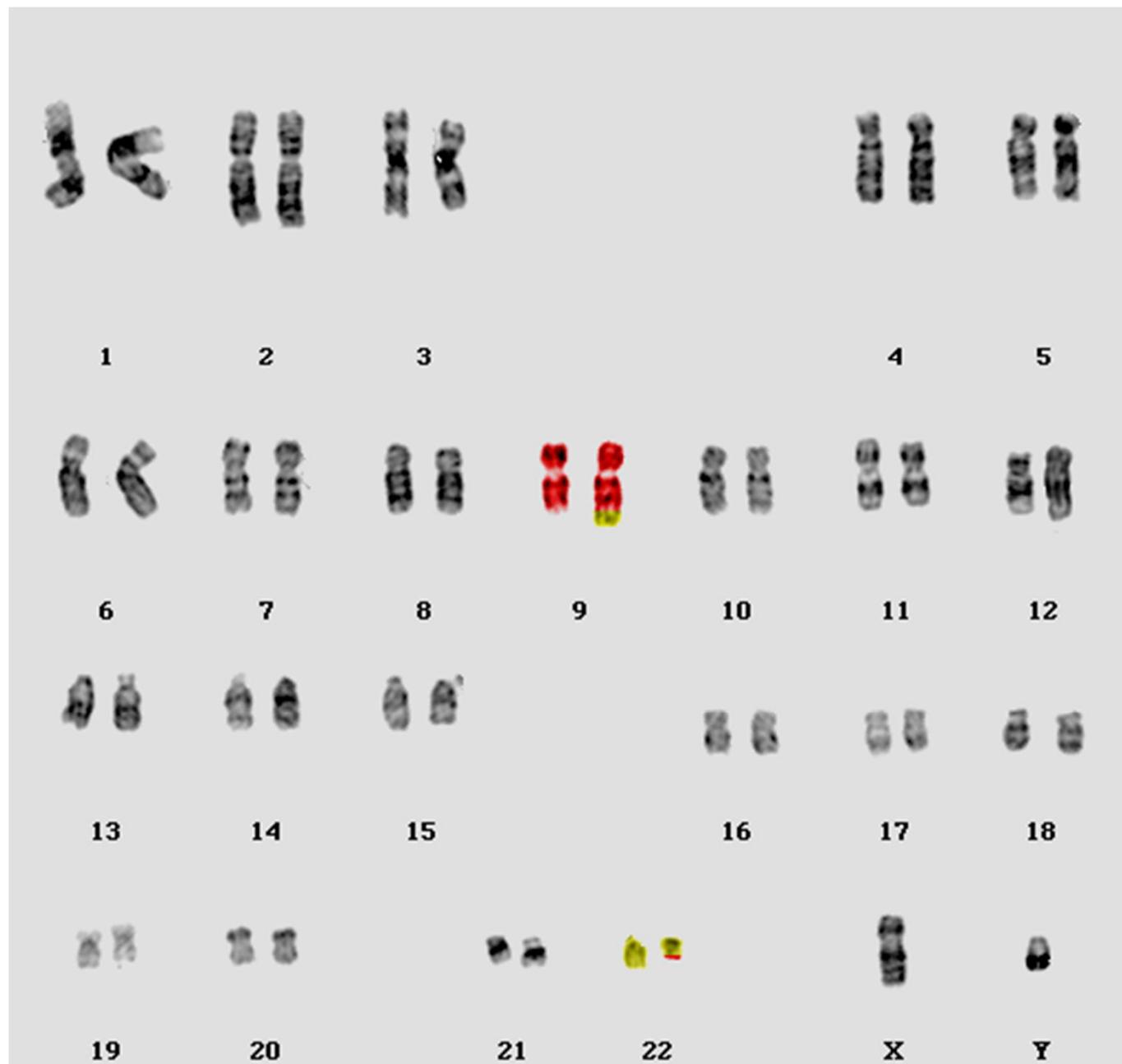
Età	Frequenza S. Down	0.4%	1%
		Num. Ab. D.P. L.A.	Num. Ab. D.P. V.C.
15	1:1578	8	16
23	1:1447	7	14
28	1:1119	6	11
30	1:909	5	9
31	1:796	4	8
33	1:574	3	6
36	1:307	2	3
37	1:242	1,2	2,4
38	1:189	0,9	1,9
39	1:146	0,7	1,46
40	1:112	0,6	1,12
43	1:49	0,25	0,5
50	1:6	0,03	0,06

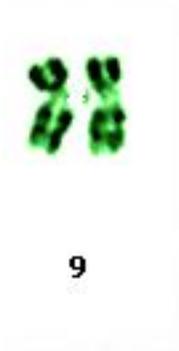
Diagnosi Prenatale Genetica (4)

va consigliata a tutte le donne
che hanno un
rischio di feto affetto
maggiore di 1/250 (0.4%)

Alterazioni cromosomiche nelle leucemie



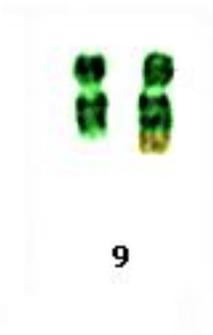




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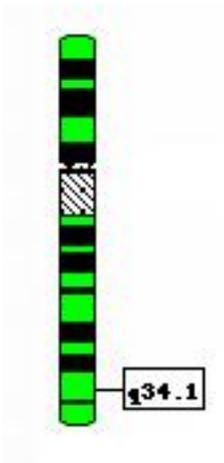
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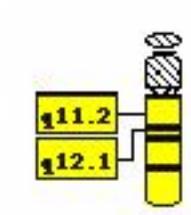
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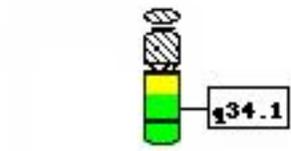
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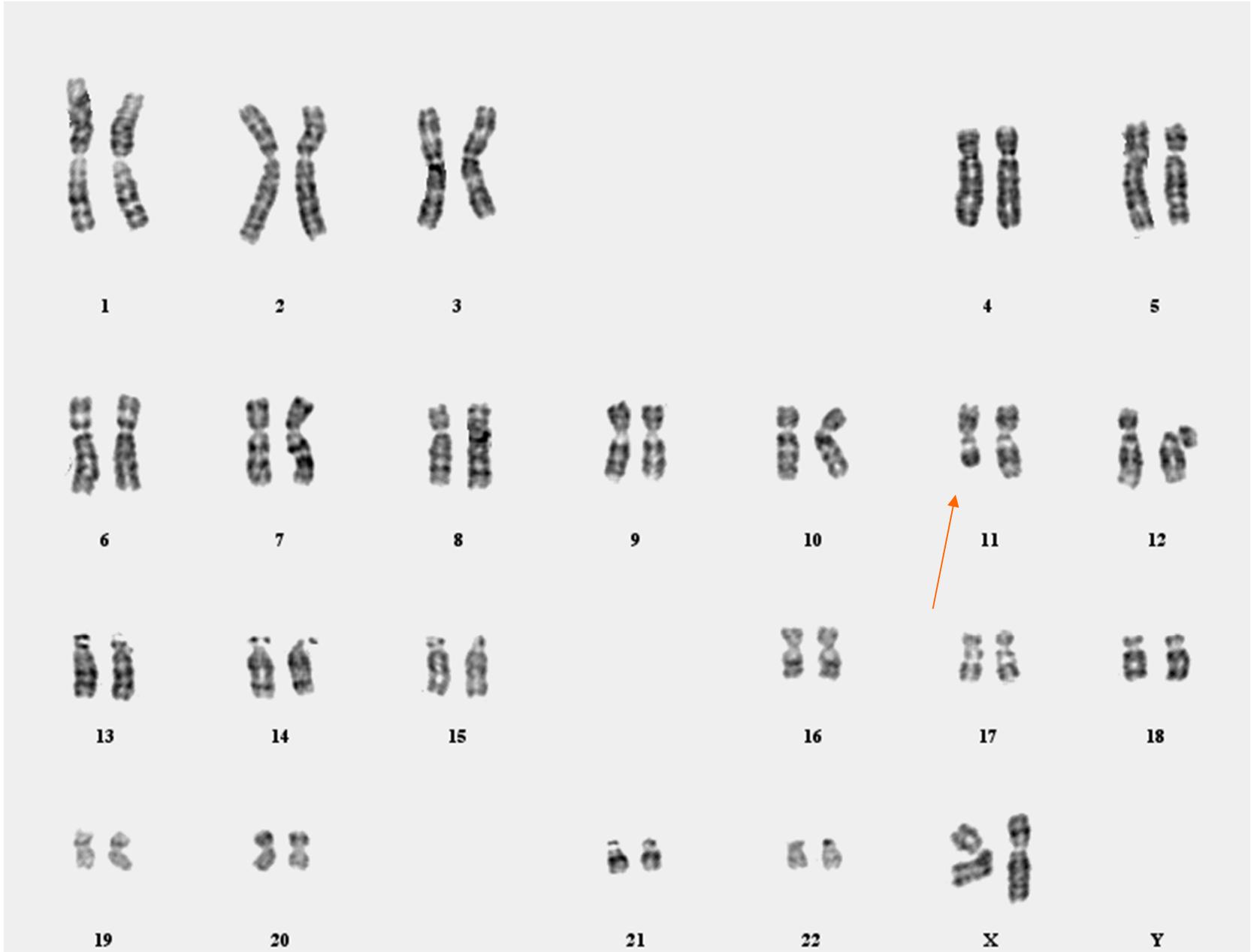
Cromosomi 9 * 22



Cromosoma Ph :
Traslocazione
Cromosomi 9 * 22



Cromosoma Ph

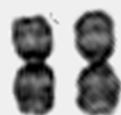




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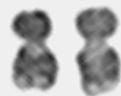
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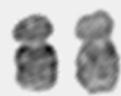
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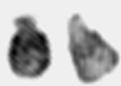
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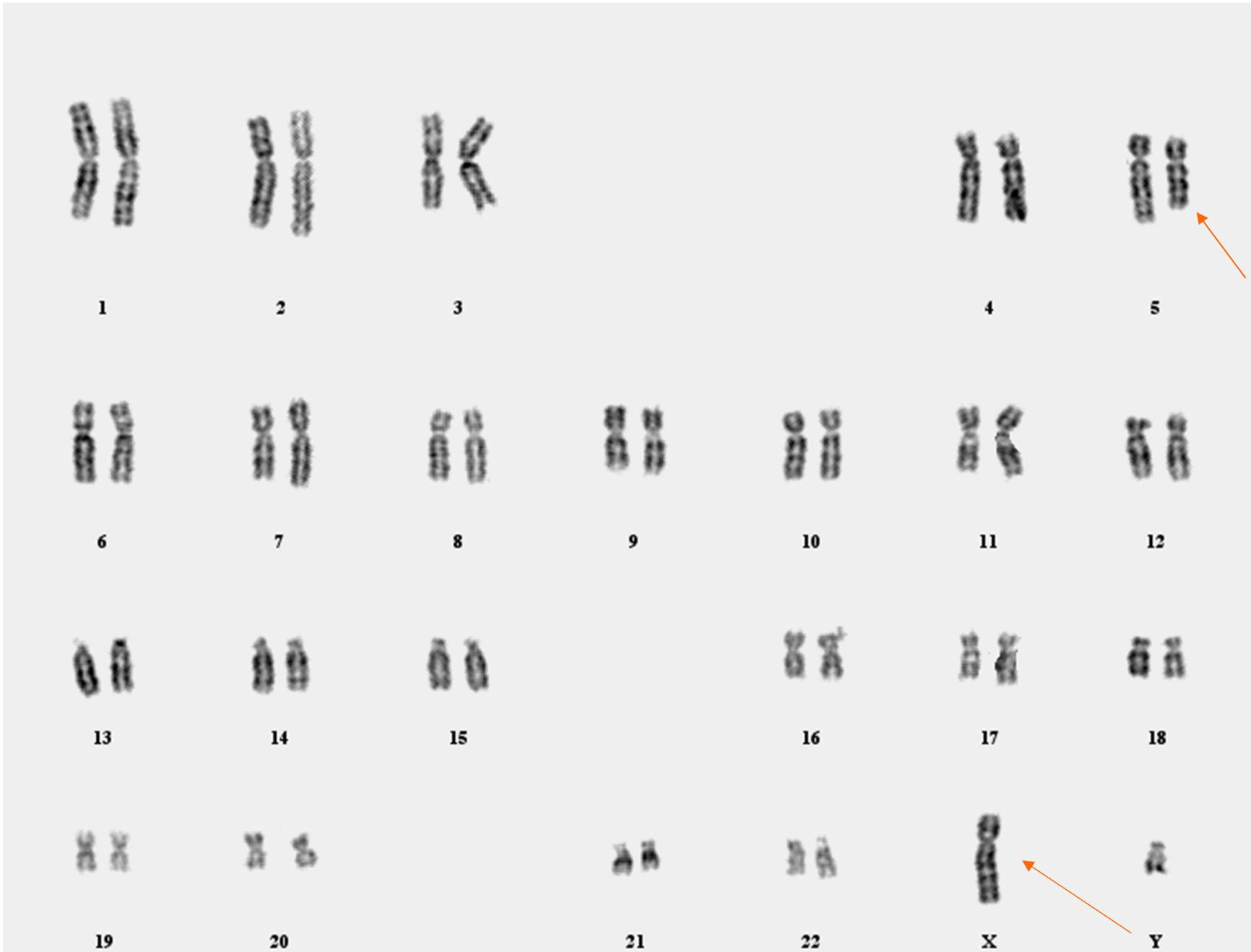
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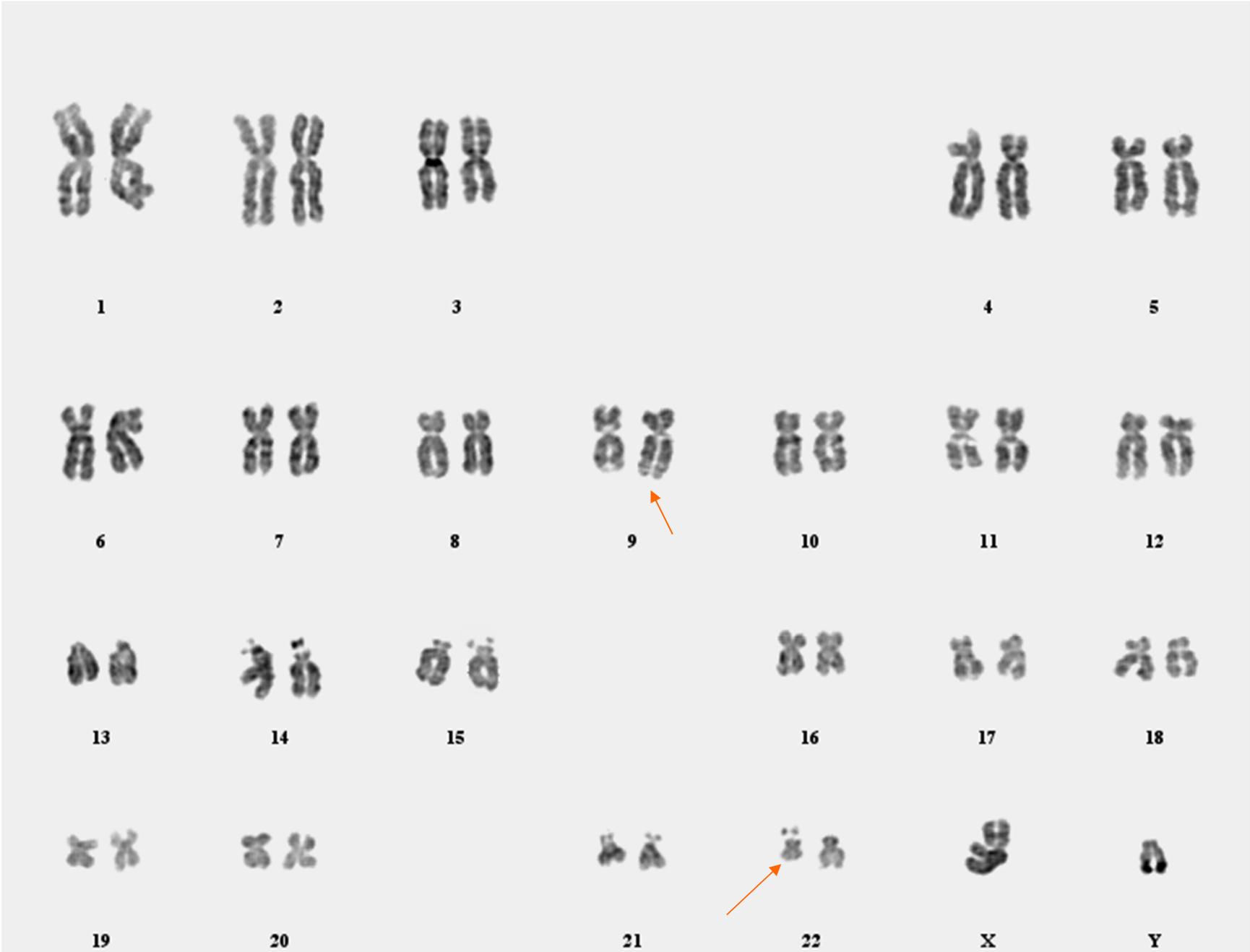


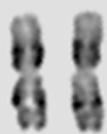
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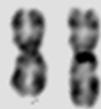




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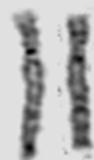
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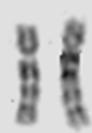
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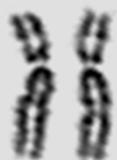
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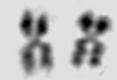
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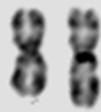
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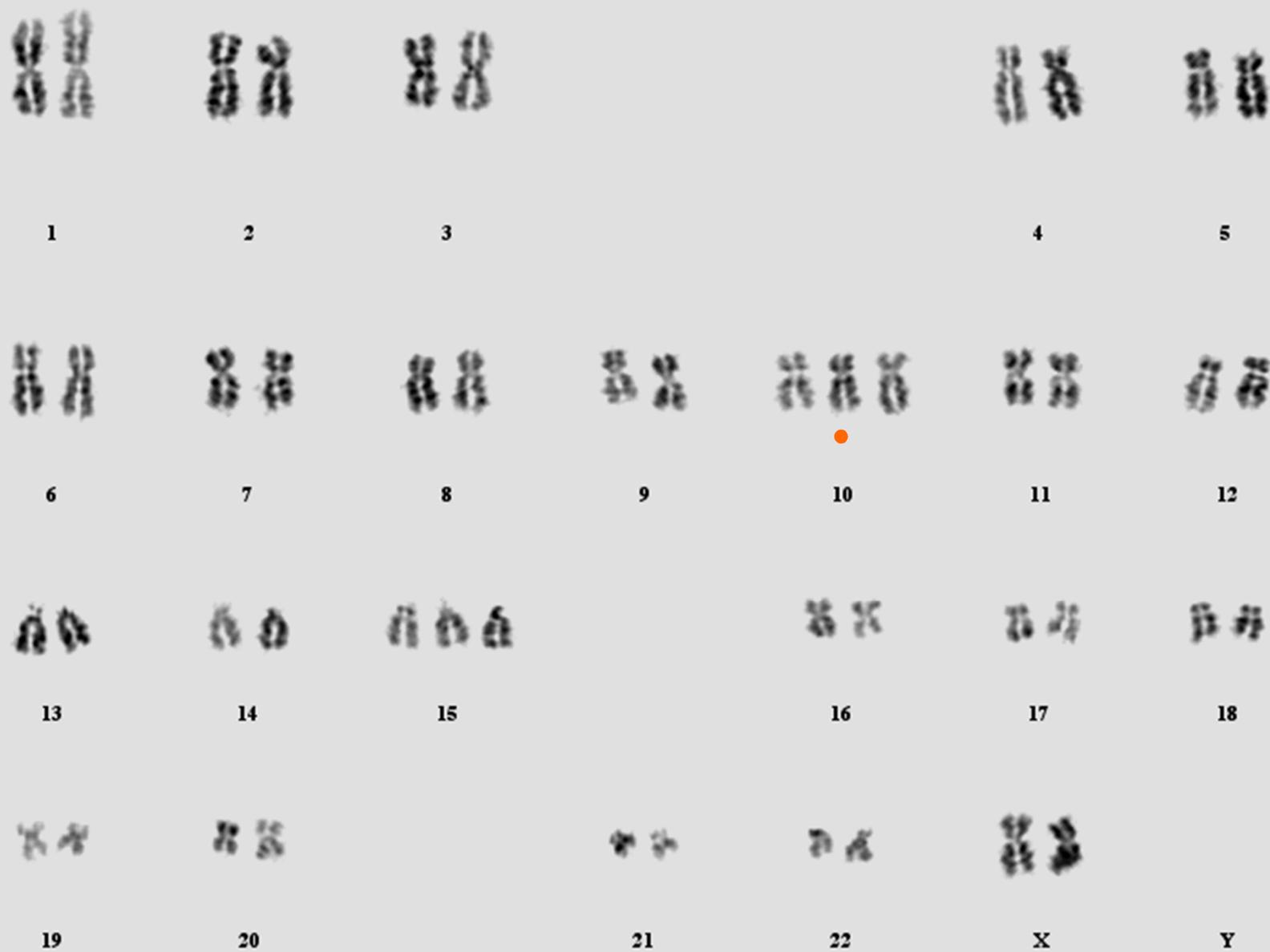
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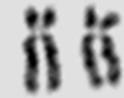
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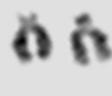
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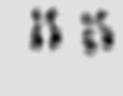
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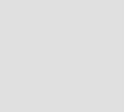
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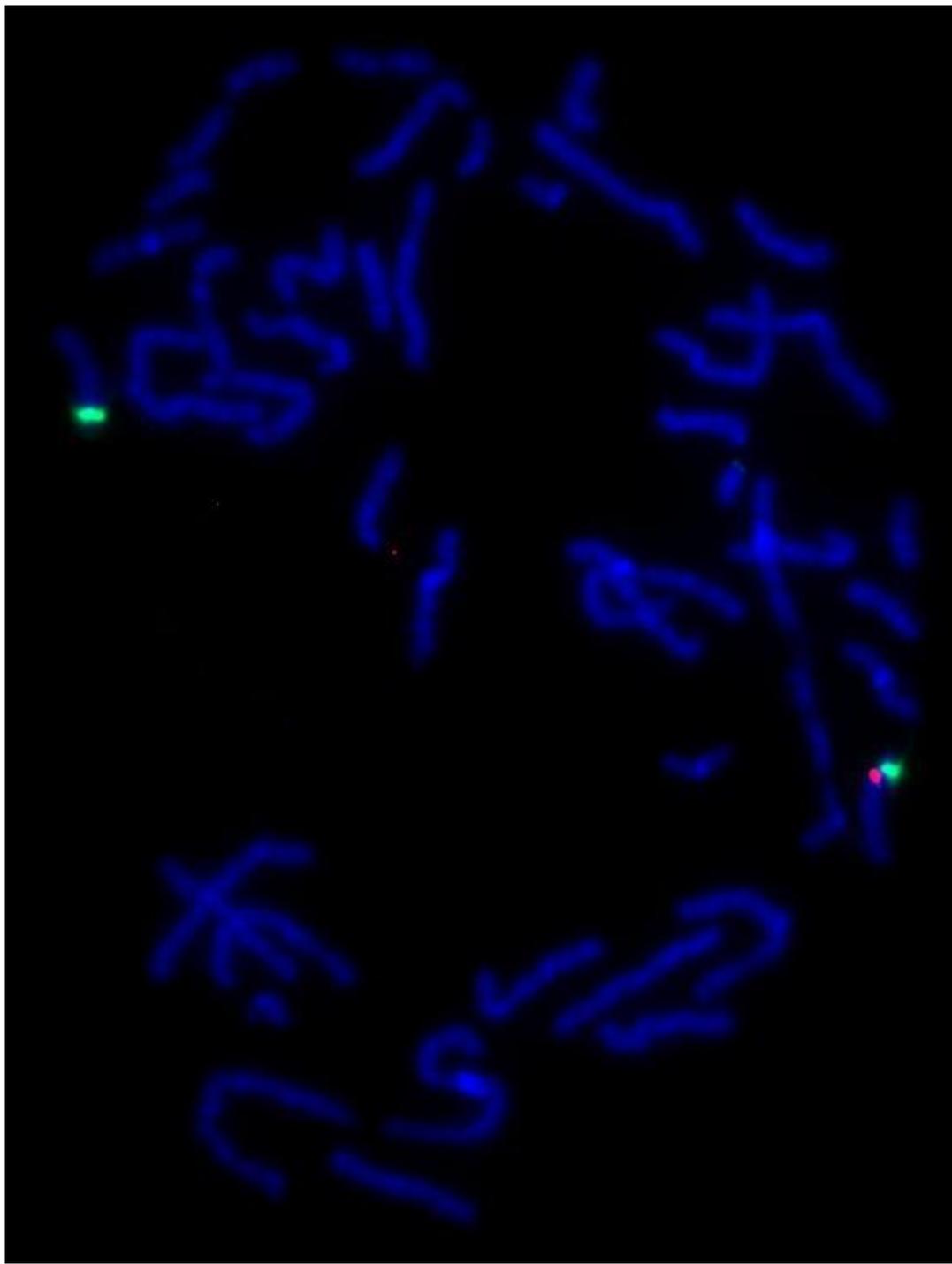
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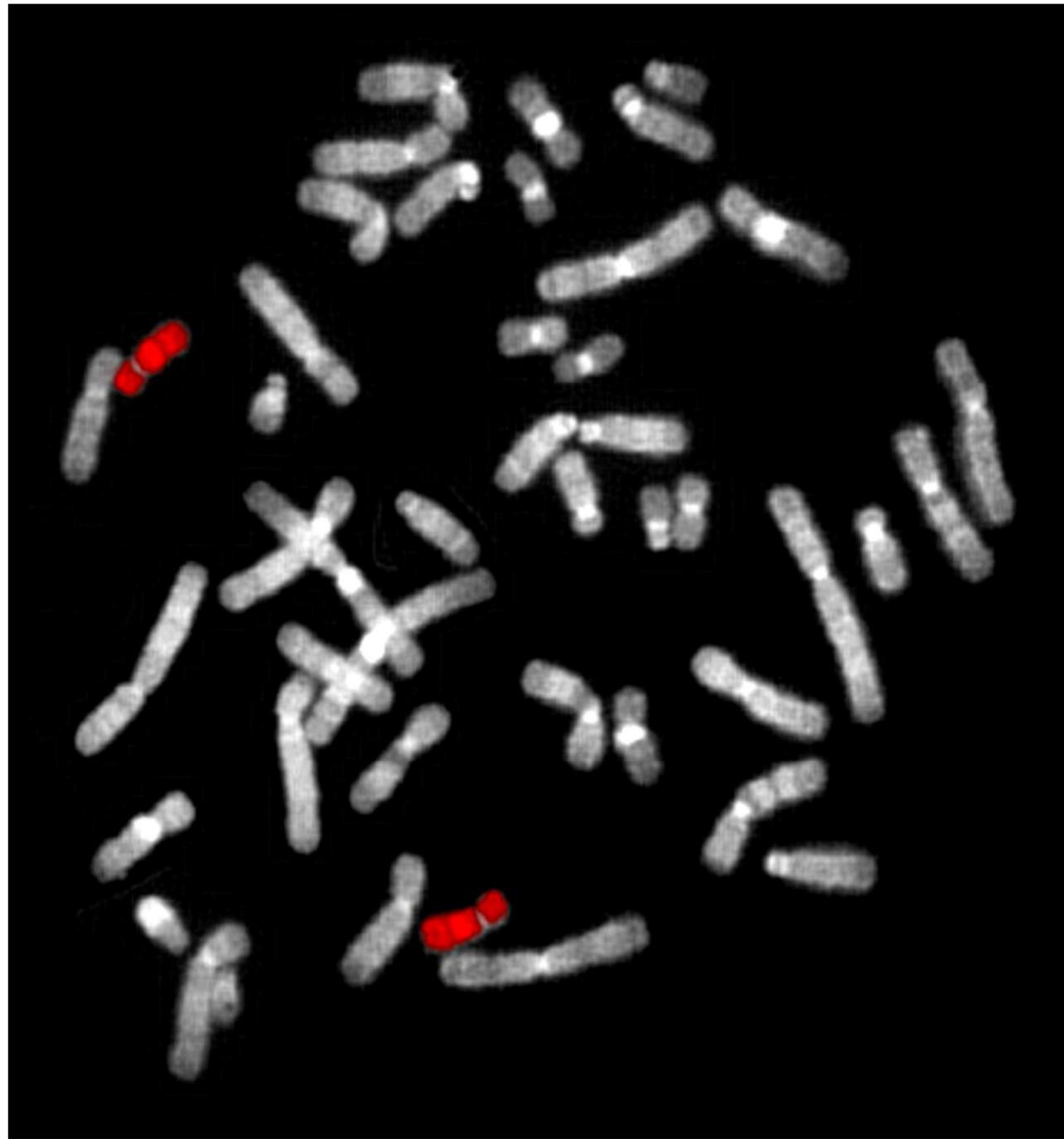


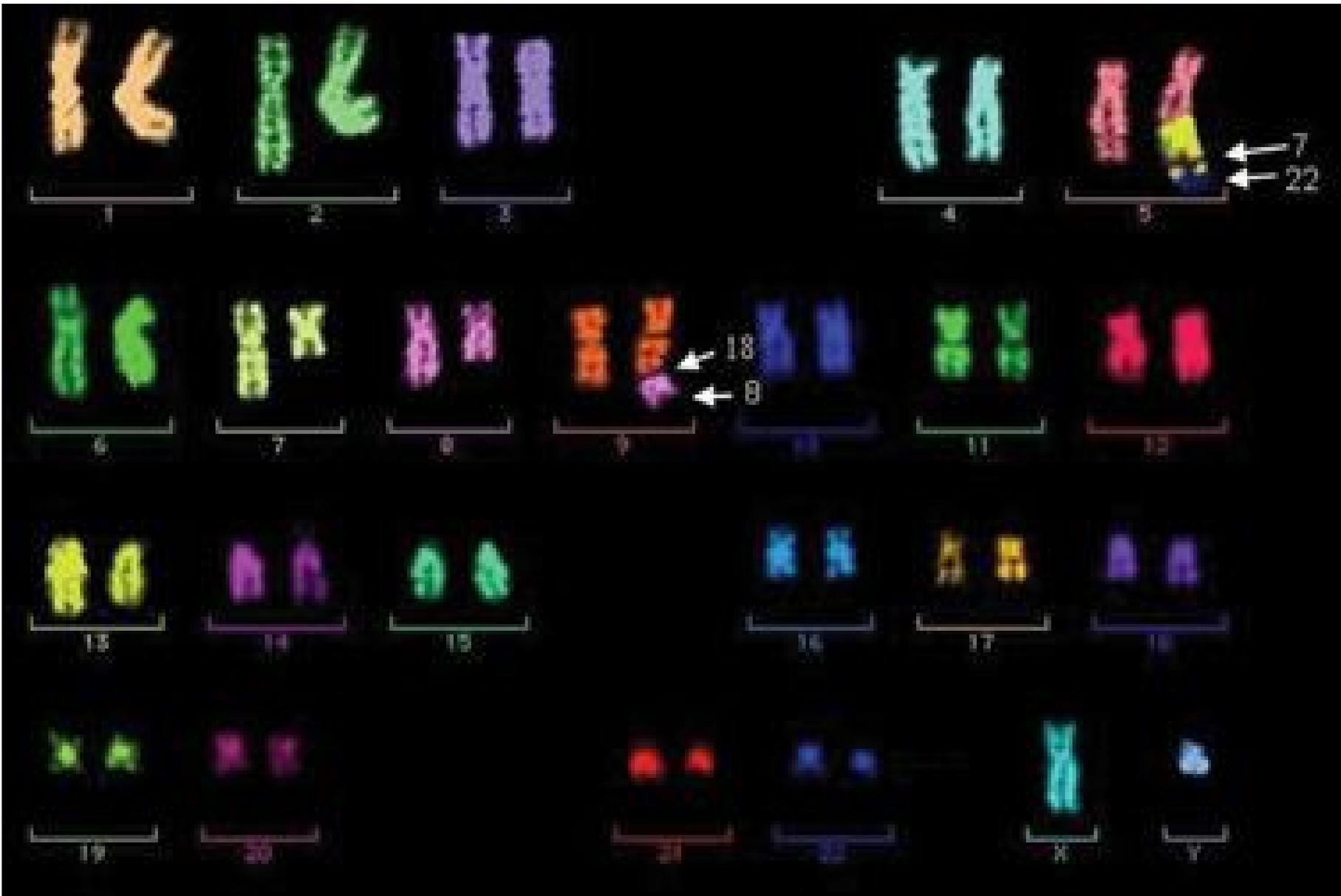
Y

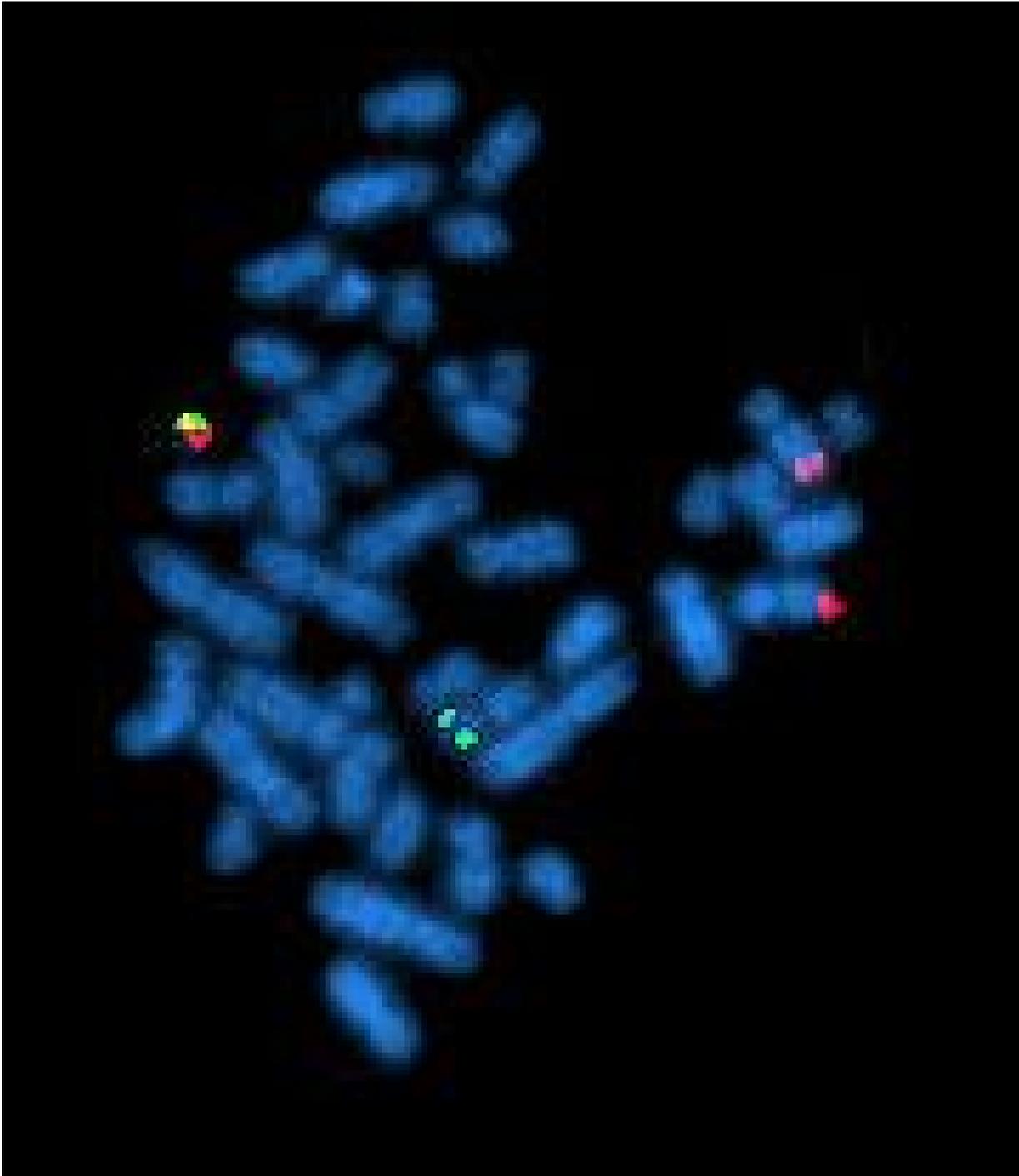
FISH

**Fluorescence in situ
hybridation**





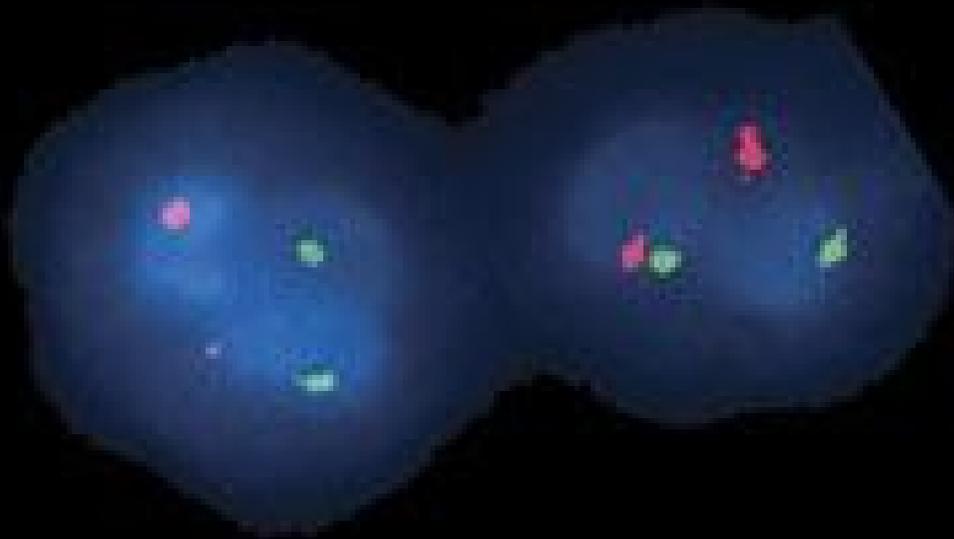


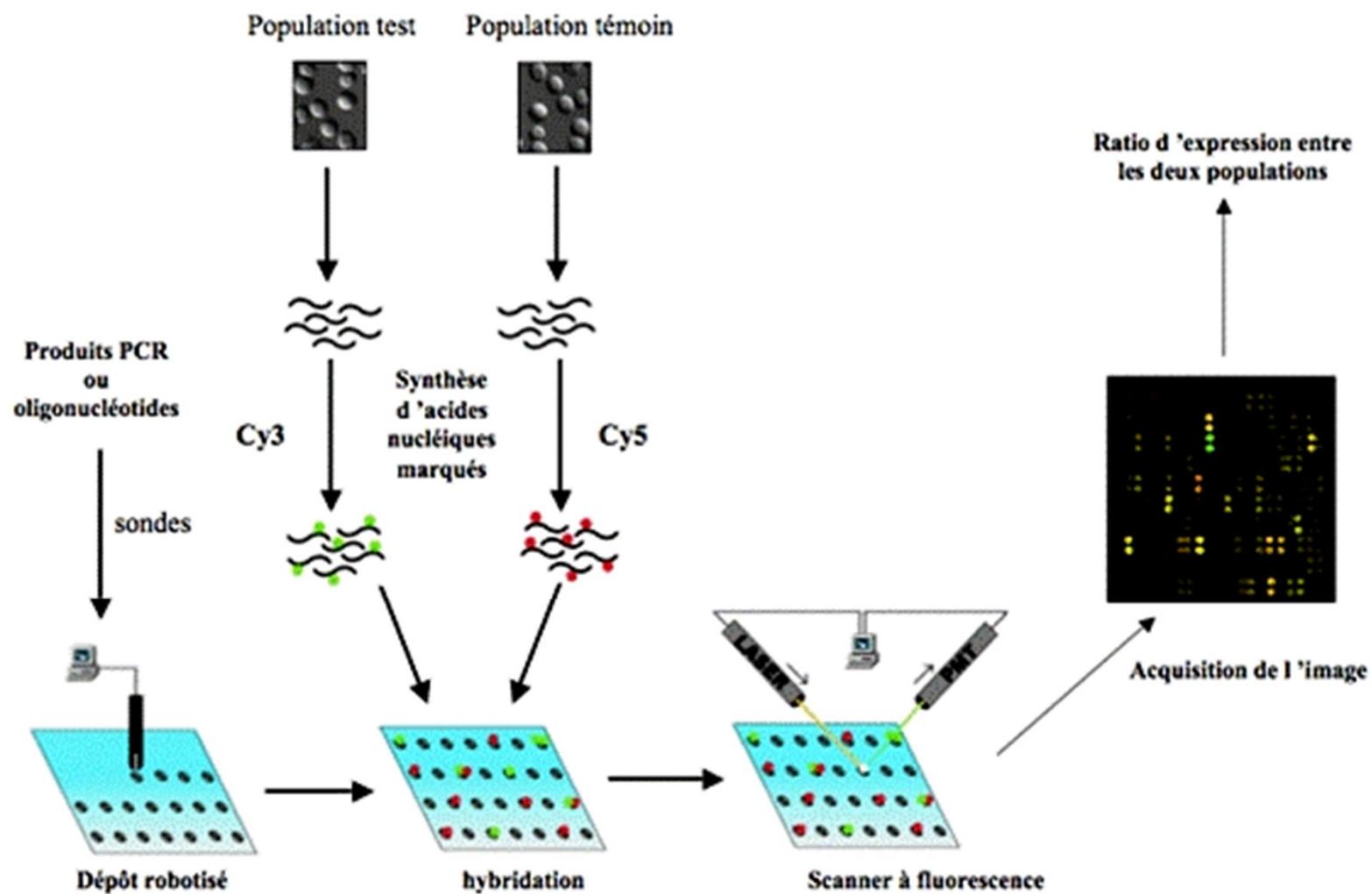


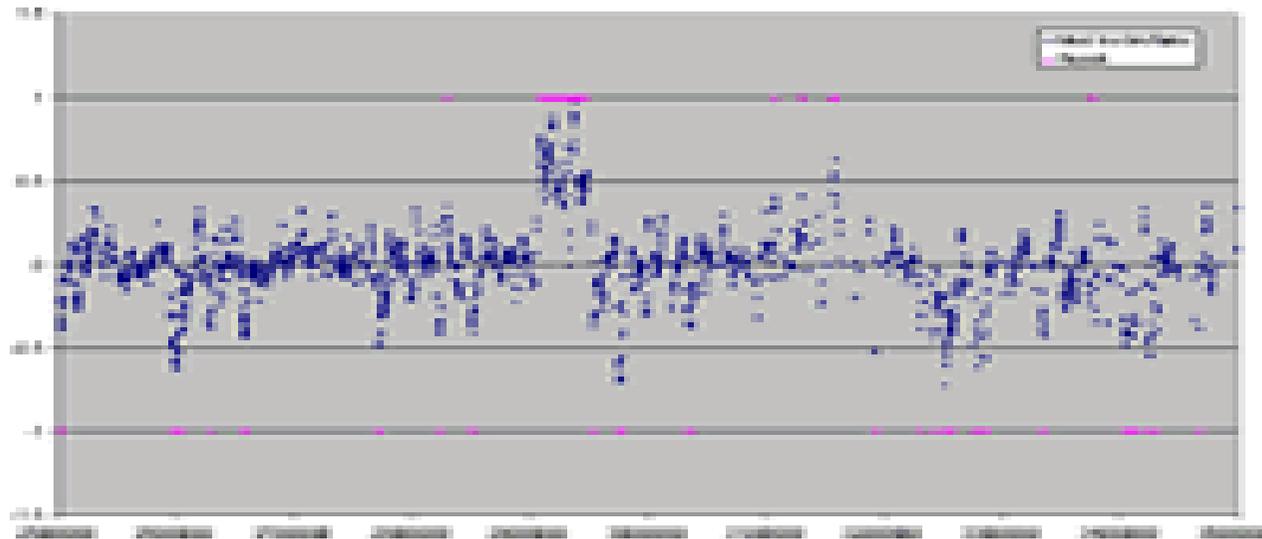
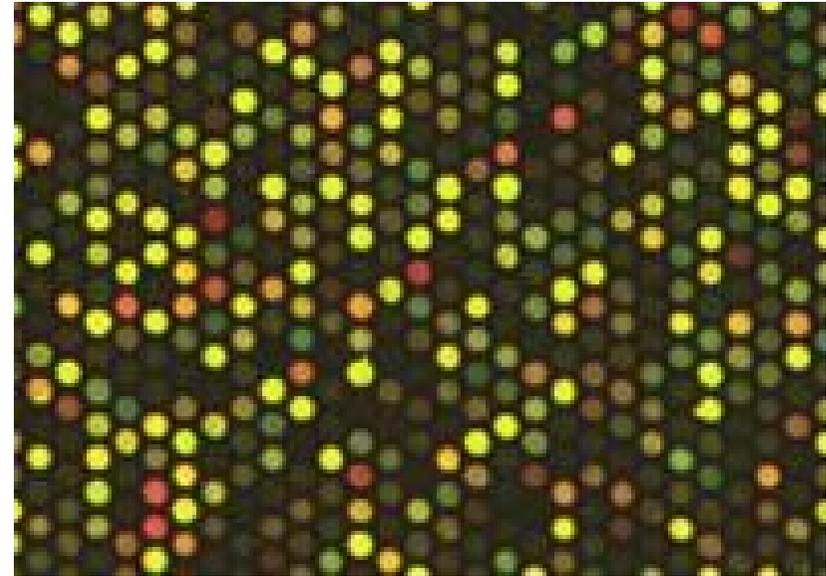
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BCR 22q11.2

ABL 9q34

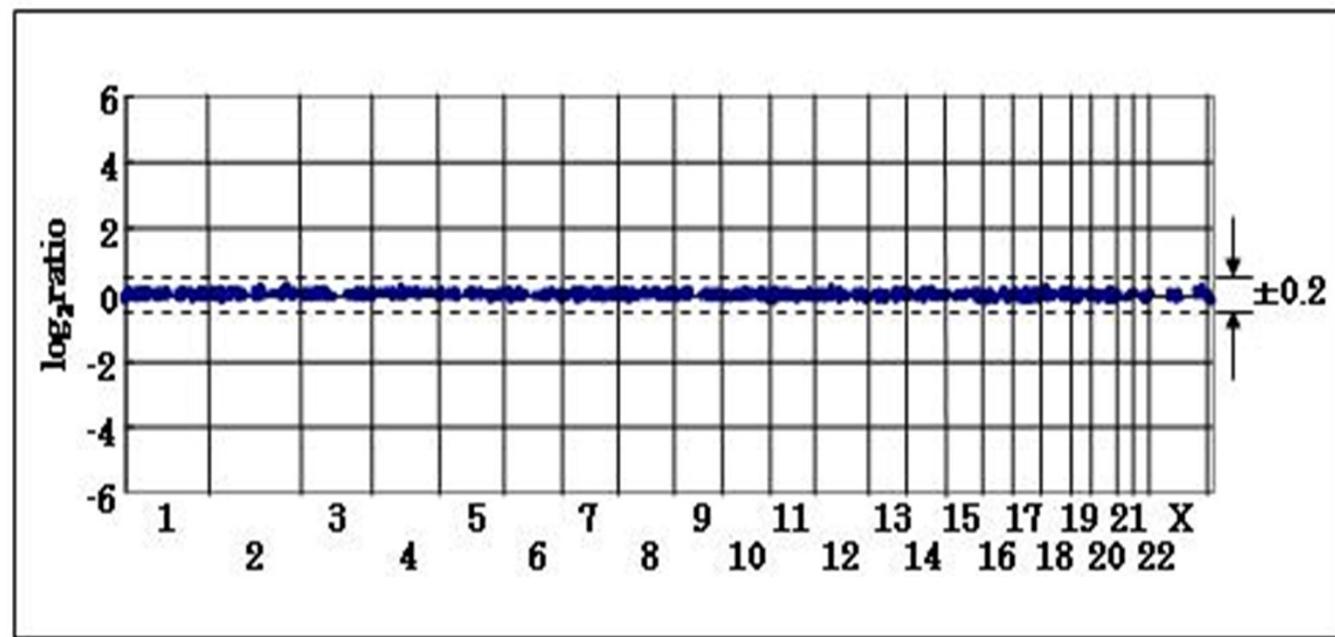




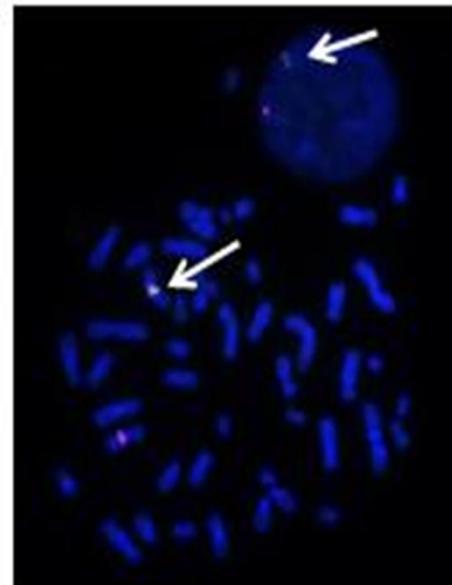
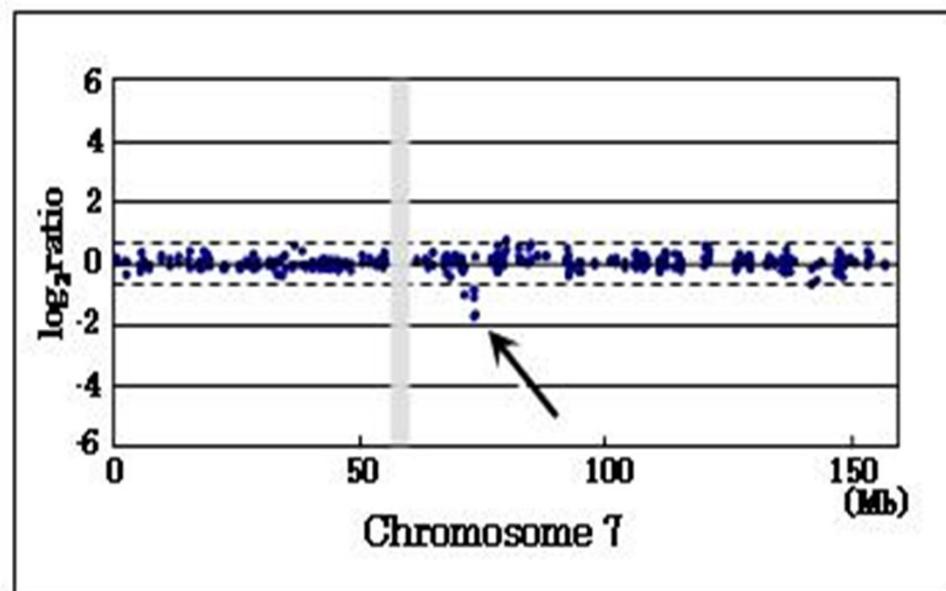


Graph of aCGH data showing a deletion in the human genome

A



B



SV.110.SPEDICATO

909/29.09.1998

110

FISH con sonda alfoide 13/21

PRESENZA DI 5 SPOT FLUORESCENTI CORRISPONDENTI A NUM. 5 CROMOSOMI 13/21

