

Neuronal Ceroid Lipofuscinosis, *TPP1*-Related

What Your Results Mean

Test results indicate that you are a carrier of neuronal ceroid lipofuscinosis, *TPP1*-related. Carriers typically show no symptoms. Risk for current or future pregnancies is dependent on your partner's carrier status. Carrier testing of your partner is recommended in addition to consultation with a genetic counselor for more detailed risk assessment.

Since this is an inherited gene change, this information may be helpful to share with family members as it may impact their family planning and their own personal clinical management.

Recommended Next Steps

Carrier testing of your partner or donor is recommended in addition to consultation with a genetic counselor for a more detailed risk assessment. If both you and your partner or donor are carriers for neuronal ceroid lipofuscinosis, *TPP1*-related, each of your children has a 1 in 4 (25%) chance to have the condition.

Neuronal Ceroid Lipofuscinosis, *TPP1*-Related Explained

What is Neuronal Ceroid Lipofuscinosis, *TPP1*-Related?

Neuronal ceroid lipofuscinosis, *TPP1*-related (NCL) is an inherited disorder caused by defects in the process that helps break down granules made of fat and protein called lipopigments. As a result, lipopigments accumulate in a person's tissues and lead to tissue degeneration over time. This leads to cognitive and motor function decline, seizures, loss of vision, and reduced lifespan. There are several forms of NCL, largely differentiated by the gene responsible and the age at which symptoms begin. Variants in the *TPP1* gene typically result in the classic late infantile or juvenile form of NCL.

Prognosis

Prognosis is generally unfavorable. In most cases, symptoms begin between two and four years of age, with epilepsy being the first presenting symptom. This is usually followed by mental and speech deterioration, jerking, and loss of control over movements. As seizures become more frequent, developmental skills are lost. Visual impairment appears between ages four and six years and rapidly progresses to blindness. The life expectancy for affected individuals with the most common classic late infantile variant is reduced greatly, with death occurring between six and 15 years of age.

Treatment

There is no specific treatment for NCL, but symptomatic treatment can be used along with counseling and prenatal care. Care focuses on behavioral problems and depression. Physical and occupational therapy help retain physical ability.



Resources

Batten Disease Support and Research Association

<https://bdsra.org/>

Beyond Batten Disease Foundation

<https://beyondbatten.org/>

National Society of Genetic Counselors

<https://www.nsgc.org/>