

Organ system**Complications****Ear, nose, throat, and respiratory^{1,2}**

GAG accumulation in the oropharynx and airway, combined with typical dysmorphic features and restrictive lung disease, can cause

- Thickening of the nose, lips, and tongue
- Severe hearing impairment
- Recurrent otitis media
- Narrow trachea and excessive and thickened secretions
- Obstructive sleep apnea
- Recurrent pulmonary infections and pneumonia
- Skeletal problems and reduced lung function and volume
- The need for a respiratory device such as a CPAP machine or surgical insertion of an endotracheal tube to aid breathing

Cardiovascular³⁻⁵

Cardiovascular abnormalities are a major cause of morbidity and mortality among patients with MPS VI

- Heart murmurs
- Mitral and aortic valve degeneration
- Electrocardiographic abnormalities
- Coronary artery disease
- Systemic vascular narrowing and hypertension
- Cardiomyopathy

Skeletal²⁻⁴

Skeletal deformities and other clinical manifestations are seen in patients with MPS VI

- Dysostosis multiplex
- Spinal cord or nerve root injury
- Coarse facial features
- Short stature
- Joint abnormalities
- Chest rib cage restriction
- Growth impairment
- Profound dwarfism
- Limited mobility
- Claw hands

Ophthalmic^{3, 4, 6, 7}

Visual impairment occurs in ~40% of patients with MPS VI

- Most patients are farsighted
- Corneal clouding occurs in 95% of all patients
- Retinopathy
- Optic nerve abnormalities
- Ocular hypertension and glaucoma

Dental⁸

Dental abnormalities are common in patients with MPS VI and include

- Mandibular condylar hypoplasia
- Malposition of unerupted teeth
- Large dental follicles
- Anterior open bite
- Maxillary constriction
- Taurodontism

CNS/PNS^{3,4}

MPS VI involves no direct impairment of CNS activity, such that the patient's intelligence is typically normal despite the great physical disease burden

- GAG accumulation causes carpal tunnel syndrome, intracranial pressure, and progressive compressive myelopathy
- Loss of dexterity and fixed flexion
- CNS stenosis and spinal cord compression
- Severe pain caused by compressed or traumatized nerves and nerve roots

Organ systems³

The abdomen in patients with MPS VI is large and protruding due to the enlarged liver and spleen, often with the presence of inguinal and/or umbilical hernia

Abbreviations: CNS, central nervous system; CPAP, continuous positive airway pressure; GAG, glycosaminoglycan; MPS, mucopolysaccharidosis; PNS, peripheral nervous system.

References: **1.** Lin H-Y, Chen M-R, Lin C-C, et al. Polysomnographic characteristics in patients with mucopolysaccharidoses. *Pediatr Pulmonol*. 2010;45(12):1205-1212. doi:10.1002/ppul.21309. **2.** Muhlebach MS, Wooten W, Muenzer J. Respiratory manifestations in mucopolysaccharidoses. *Paediatr Respir Rev*. 2011;12(2):133-138. doi:10.1016/j.prrv.2010.10.005. **3.** Valayannopoulos V, Nicely H, Harmatz P, Turbeville S. Mucopolysaccharidosis VI. *Orphanet J Rare Dis*. 2010;5:5. doi:10.1186/1750-1172-5-5. **4.** Giugliani R, Harmatz P, Wraith JE. Management guidelines for mucopolysaccharidosis VI. *Pediatrics*. 2007;120:405-418. doi:10.1542/peds.2006-2184. **5.** Kampmann C, Lampe C, Whybra-Trumpler C, et al. Mucopolysaccharidosis VI: cardiac involvement and the impact of enzyme replacement therapy. *J Inher Metab Dis*. 2014;37(2):269-276. doi:10.1007/s10545-013-9649-4. **6.** Willoughby CE, Ponzin D, Ferrari S, Lobo A, Landau K, Omidi Y. Anatomy and physiology of the human eye: effects of mucopolysaccharidoses disease on structure and function—a review. *Clin Experiment Ophthalmol*. 2010;38:2-11. doi:10.1111/j.1442-9071.2010.02363.x. **7.** Ganesh A, Bruwer Z, Al-Thihli K. An update on ocular involvement in mucopolysaccharidoses. *Curr Opin Ophthalmol*. 2013;24(5):379-388. doi:10.1097/ICU.0b013e3283644ea1. **8.** Kantaputra PN, Kayserili H, Güven Y, et al. Oral manifestations of 17 patients affected with mucopolysaccharidosis type VI. *J Inher Metab Dis*. 2014;37(2):263-268. doi:10.1007/s10545-013-9645-8.