

## Clinical manifestations of Morquio A

Organ system	Complications
<b>Cardiovascular</b> <sup>1-3</sup>	Severe thickening of mitral and aortic valves is common and leads to <ul style="list-style-type: none"> <li>• Valve regurgitation</li> <li>• Left ventricular hypertrophy</li> <li>• Valve stenosis</li> <li>• Death</li> </ul>
<b>Pulmonary</b> <sup>1,4-7</sup>	Multifactorial etiology occurs as a result of prominent GAG accumulation throughout the airways, chest wall restriction, respiratory muscle weakness, and cervical myelopathy leading to <ul style="list-style-type: none"> <li>• Sleep-disordered breathing (eg, obstructive sleep apnea)</li> <li>• Recurrent respiratory infections</li> <li>• Collapse of the upper airway</li> <li>• Respiratory failure</li> <li>• Death</li> </ul>
<b>Neurological</b> <sup>4,8</sup>	Severe upper cervical spinal cord compression resulting from soft-tissue thickening and odontoid hypoplasia is common and leads to <ul style="list-style-type: none"> <li>• Cervical myelopathy</li> <li>• Tetraplegia</li> <li>• Death</li> </ul>
<b>Musculoskeletal</b> <sup>4</sup>	Significant and well-characterized skeletal and connective tissue involvement resulting in <ul style="list-style-type: none"> <li>• Short stature</li> <li>• Neck/cervical spine compression</li> <li>• Bone deformity</li> <li>• Dysostosis multiplex</li> <li>• Odontoid hypoplasia</li> <li>• Protrusion of chest</li> <li>• Kyphoscoliosis</li> <li>• Joint laxity</li> </ul>
<b>Rheumatologic</b> <sup>9,10</sup>	Multiple rheumatologic manifestations including <ul style="list-style-type: none"> <li>• Hypermobility of joints</li> <li>• Degradation of connective tissue</li> <li>• Weak grip, progressive difficulties with dressing, personal hygiene, and writing</li> </ul>
<b>Ophthalmologic</b> <sup>11-14</sup>	GAG and lipid accumulations in keratocytes and endothelial cells leading to <ul style="list-style-type: none"> <li>• Diffuse corneal clouding</li> <li>• Cataracts</li> <li>• Reduction in visual acuity</li> </ul>
<b>ENT</b> <sup>15</sup>	Sensorineural GAG accumulation, recurrent upper respiratory tract infections, and deformity of ossicles lead to <ul style="list-style-type: none"> <li>• Mixed hearing loss</li> <li>• Severe, progressive hearing loss by second decade of life</li> </ul>
<b>Abdominal</b> <sup>10</sup>	<ul style="list-style-type: none"> <li>• Hepatomegaly</li> <li>• Splenomegaly</li> </ul>
<b>Dental</b> <sup>4,16</sup>	Severe dental signs and symptoms <ul style="list-style-type: none"> <li>• Poor dentition</li> <li>• Dental caries</li> <li>• Abnormally thin enamel</li> <li>• Widely spaced teeth</li> <li>• Fracture risk</li> </ul>

Abbreviations: ENT, ear, nose, and throat; GAG, glycosaminoglycan.

**References:** 1. Harmatz P, Mengel KE, Giugliani R, et al. The Morquio A clinical assessment program: baseline results illustrating progressive, multisystemic clinical impairments in Morquio A subjects. *Mol Genet Metab*. 2013;109(1):54-61. doi:10.1016/j.ymgme.2013.01.021. 2. Ireland MA, Rowlands DB. Mucopolysaccharidosis type IV as a cause of mitral stenosis in an adult. *Br Heart J*. 1981;46(1):113-115. 3. John RM, Hunter D, Swanton RH. Echocardiographic abnormalities in type IV mucopolysaccharidosis. *Arch Dis Child*. 1990;65(7):746-749. 4. Tomatsu S, Montaño AM, Oikawa H,