



Discover Fabry Disease:

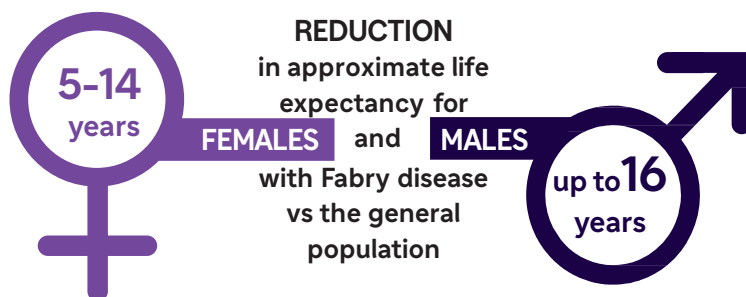
THE ROLE OF THE NEPHROLOGIST

KIDNEY MANIFESTATIONS OF FABRY DISEASE ARE COMMON AND CAN BE LIFE THREATENING.^{1,2}

Fabry disease is a rare, progressive, and potentially life-threatening disorder that starts in early childhood and affects men and women.²⁻⁴

As an X-linked lysosomal storage disorder that is multisystemic, Fabry disease is caused by complete or partial deficiency of the lysosomal enzyme α -GAL A, leading to GL-3* and lyso-GL-3** accumulation that can result in damage to the kidneys, heart, and cerebrovascular system.⁴

EARLY DIAGNOSIS AND MANAGEMENT ARE CRITICAL AS FABRY DISEASE CAN DECREASE LIFE EXPECTANCY DUE TO ORGAN DAMAGE.⁴⁻⁷



THE PREVALENCE OF FABRY DISEASE IN THE DIALYSIS POPULATION IS HIGHER THAN IN THE GENERAL POPULATION.⁸⁻¹²

10x – 108x higher in **FEMALES**^{8-10,†}

80x – 480x higher in **MALES**^{8,11,12,‡}

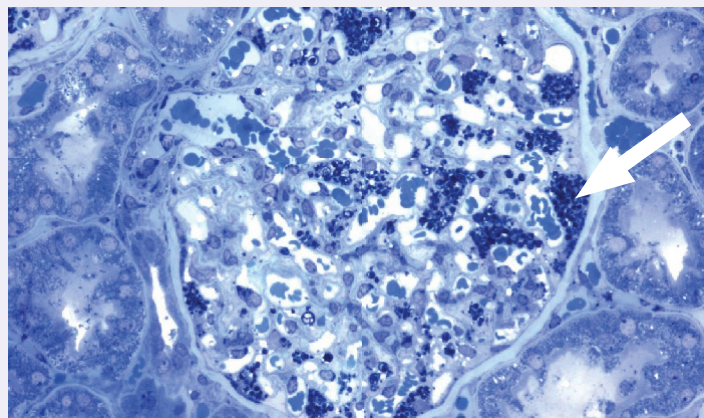
IDENTIFY MULTI-SYSTEM INVOLVEMENT IN CLASSIC FABRY DISEASE

Patients may experience a myriad of symptoms, including:

- Microalbuminuria, Proteinuria^{1,2}
- Podocyte injury (can occur in the absence of albuminuria)^{1,2,13}
- Elevated serum creatinine^{1,2}
- Glomerular sclerosis^{1,2}
- Fibrosis^{1,2}
- Progressive renal insufficiency^{1,2}
- ESKD^{1,2}
- Progressive LVH, angina, myocardial fibrosis, and arrhythmias^{3,14}
- Early ischemic stroke^{3,14}
- Peripheral neuropathy of extremities/episodic pain crisis beginning in childhood¹⁴
- Hypohydrosis¹⁴
- GI manifestations: diarrhea, abdominal pain¹⁴
- Angiokeratomas¹⁴

KIDNEY SYMPTOMS OF FABRY DISEASE CAN BE CONFUSED WITH

- Diabetes mellitus, arterial hypertension, or systemic lupus erythematosus¹⁵
- Chronic glomerulonephritis²
- Familial Mediterranean fever and secondary amyloidosis¹⁶



Kidney biopsy (light microscopy): the purple stain is on the podocytes where there is the most prominent collection of GL-3 in the kidney. Reprinted with permission from *Orphanet J Rare Dis*. Germain DP. 2010;5:30.

*GL-3 and Gb3 are interchangeable terms for globotriaosylceramide.

**lyso-GL-3 and lyso-GB-3 are interchangeable terms for globotriaosylsphingosine.

†Prevalence of Fabry disease in females: 1 in 20,000. Prevalence of Fabry disease in females on hemodialysis: 0.05% to 0.54% (10x to 108x-fold).⁸⁻¹⁰

‡Prevalence of Fabry disease in males: 1 in 40,000. Prevalence of Fabry disease in males on hemodialysis: 0.2% to 1.2% (80x to 480x-fold).^{11,12,17}

α -GAL A, α -galactosidase A; ESKD, end-stage kidney disease; GL-3, globotriaosylceramide; LVH, left ventricular hypertrophy; lyso-GL-3, globotriaosylsphingosine.

KIDNEY INVOLVEMENT MAY WARRANT FABRY DISEASE SCREENING¹⁸

CONSIDER FABRY DISEASE IN YOUR DIFFERENTIAL DIAGNOSIS WHEN¹⁵:

Presentation

Microalbuminuria, proteinuria, reduced GFR, hematuria (rare), renal cysts (mainly parapelvic), and (in early disease) reduced systemic BP and glomerular hyperfiltration¹⁹

Family History

Cardiomyopathy, arrhythmias, premature stroke, sudden cardiac death, and kidney failure^{20,21}

Laboratory and Biopsy Findings

Urinalysis: “Maltese cross” and “urinary mulberry cells”

Biopsy: Glomerulosclerosis, vascular lesions, vacuolation, and lysosomal GL3 deposits¹⁹

Biochemical: Fabry specific biomarkers: GL-3 and Lyso-GL-3

Rule out Fabry disease in your patients with unexplained CKD.

SCREENING RECOMMENDATIONS²²

Males



Screening **MALES** <50 years of age with unexplained CKD

Females



Screening **FEMALES** at any age with unexplained CKD and other symptoms associated with Fabry disease

TESTING IS STRAIGHTFORWARD^{14,23}

α -GAL A enzyme assay

and/or

GLA gene sequencing

GLA gene sequencing

Affected females may have normal-to-low enzyme activity in plasma or leukocytes; therefore, *GLA* gene sequencing is required to confirm diagnosis in females.

Damage to kidney, cardiac, and cerebrovascular systems can have a life-threatening impact. Monitor patients in accordance with published management guidelines and clinicians' medical expertise.¹⁴

**Suspect Fabry disease?
Test as soon as possible.**



*GL-3 and Gb3 are interchangeable terms for globotriaosylceramide. Fabry-specific biomarkers GL-3 and lyso-GL-3 are elevated in urine and plasma in males. Plasma GL3 can be normal in affected females.

BP, blood pressure; CKD, chronic kidney disease; GFR, glomerular filtration rate; *GLA*, galactosidase- α .

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