Epilepsy, developmental regression, vision loss – it could be NCL!

What is **NCL**?

Neuronal Ceroid Lipofuscinosis is a genetic lysosomal storage disorder. Genetic defects in one of the 13 CLN genes which are currently known result in lipopigments becoming locked in the lysosomes in almost all body tissues. The nerve cells in the brain's grey matter are, however, subject to the most damage. The disease is generally caused by autosomal recessive inheritance. NCL disorders are the most common group of neurodegenerative diseases among children and adolescents, with sufferers experiencing deterioration of cognitive and motor abilities, epilepsy, diffuse retinal degeneration and reduced life expectancy.



When could **NCL** be the cause of illness?

If the following are present in combination: Loss of visual acuity (unclear retinopathy) Delayed speech development Developmental regression (incl. dementia) Epilepsy

An NCL disorder should be considered as a cause if at least two of the symptoms are present in combination. Initially sufferers' development is usually completely in line with their age, until the disease breaks out, causing their first seizures or their psycho-motoric development to stagnate.

In the case of the CLN3 form the first symptom is often a progressively worsening visual impairment at school age, caused by retinopathy.

How can **NCL** be diagnosed?

Depending on the age at which NCL manifests and the sufferer's clinical picture, the cause can be narrowed down to a specific form of the disorder, using molecular-genetic criteria to obtain the diagnosis.



In the case of unclear loss of visual acuity and suspected retinopathy, a thorough examination by an ophthalmologist will be required (such as an electroretinogram or optical coherence tomography) to identify changes to the eyes which are typical for NCL.



CAVE incorrect diagnoses:

- Epilepsy with an unclear origin in combination with delayed speech development
- Retinopathia pigmentosa



Juvenile NCL fundus with so-called bull's eye maculopathy.



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Suspected NCL!

How can **NCL** be diagnosed?



*Alternatively panel diagnosis of all genes

What are the treatment options for NCL?

Palliative therapies

- Control of symptoms for epilepsy, disturbed sleep, movement disorder, behavioural problems, swallowing difficulties (PEG gastronomy), breathing/secretion problems (aspirators)
- Movement therapies physiotherapy, speech therapy, ergotherapy, equine-assisted therapy
- Adequate provision of aids

Causal therapies

Recommendation for palliative medication:

- Epilepsy: Valproate and Lamotrigine
- Spasticity: Baclofen and Tizanidine
- Myoclonus: Pregabalin, Piracetam and Zonisamide

Not recommended:

• Phenytoin, Vigabatrin and Carbamazepine

- · Development of causal therapeutic approaches is difficult as the pathomechanism of some sub-forms of NCL is not yet known
- Since July 2017, an approved intraventricular enzyme replacement therapy has been available to CLN2 patients
- Experimental therapy: gene therapy for some sub-forms of NCL (in preparation)

Advice on **NCL**-related issues

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