

TEMPLE



Tools Enabling Metabolic Parents LEarning

# Medium-chain acyl-CoA dehydrogenase deficiency

## Introductory information

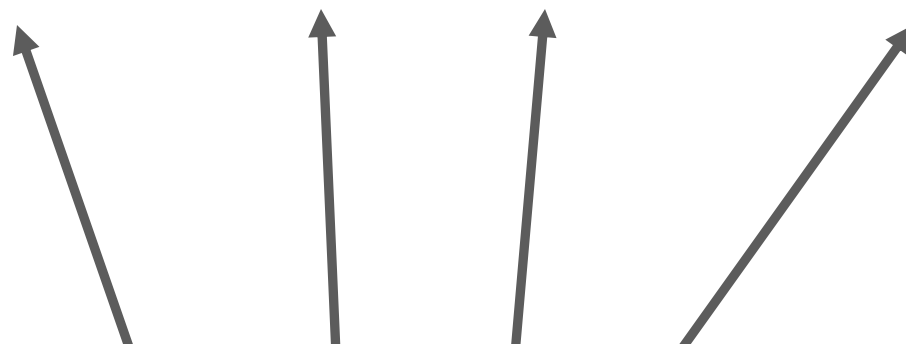
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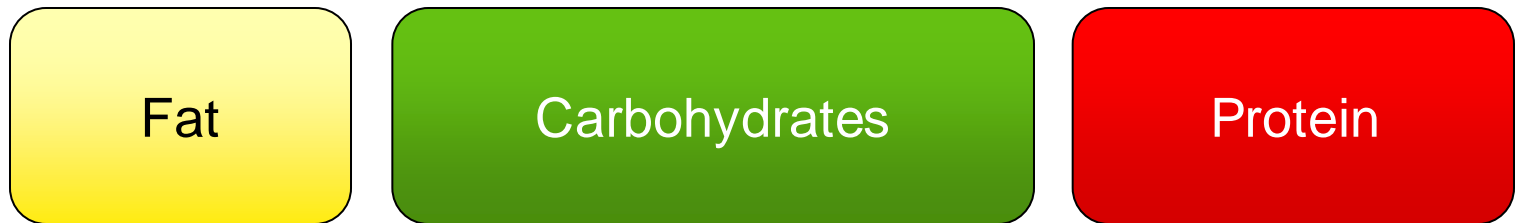
# Medium-chain acyl-CoA dehydrogenase



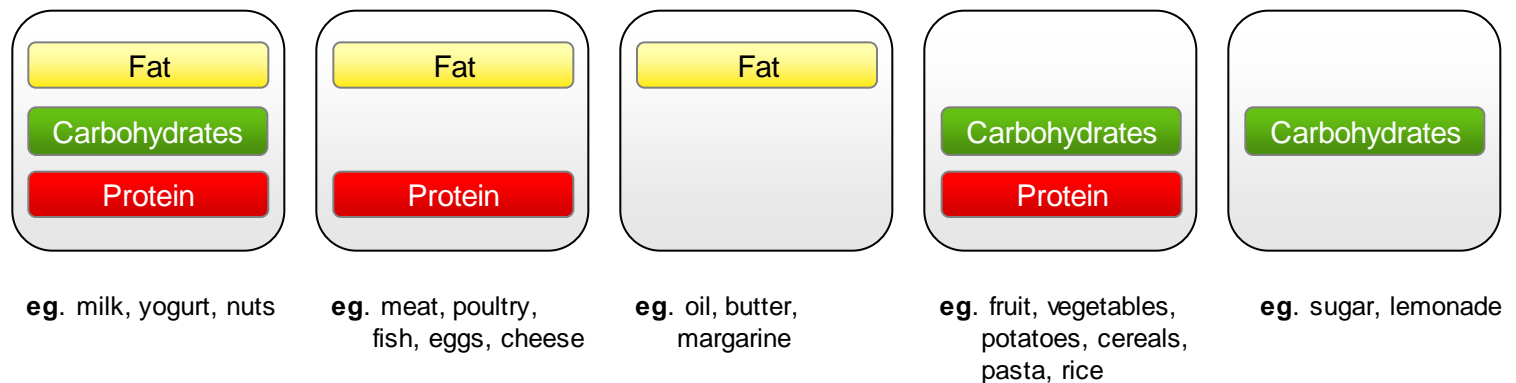
**MCAD**

**deficiency**

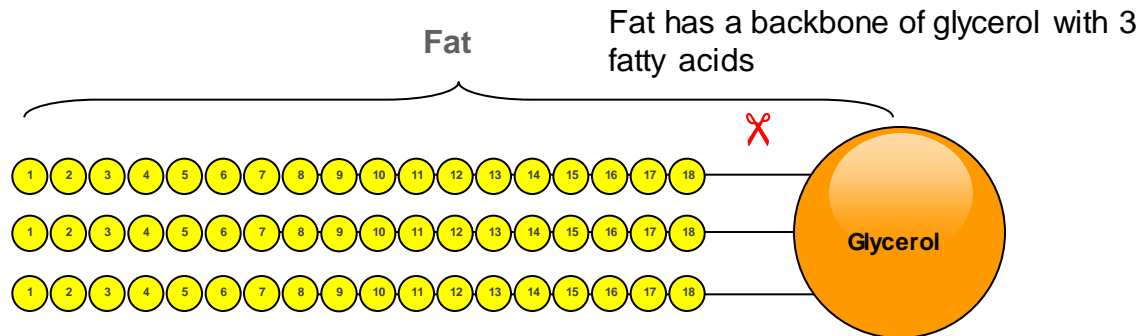
# Food – Components of a typical diet



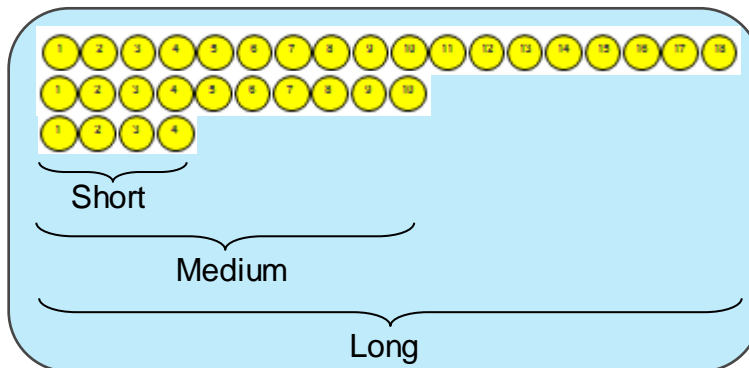
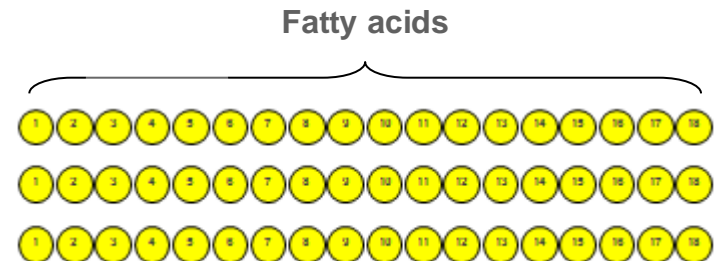
## Natural Food



# Fat vs Fatty Acids

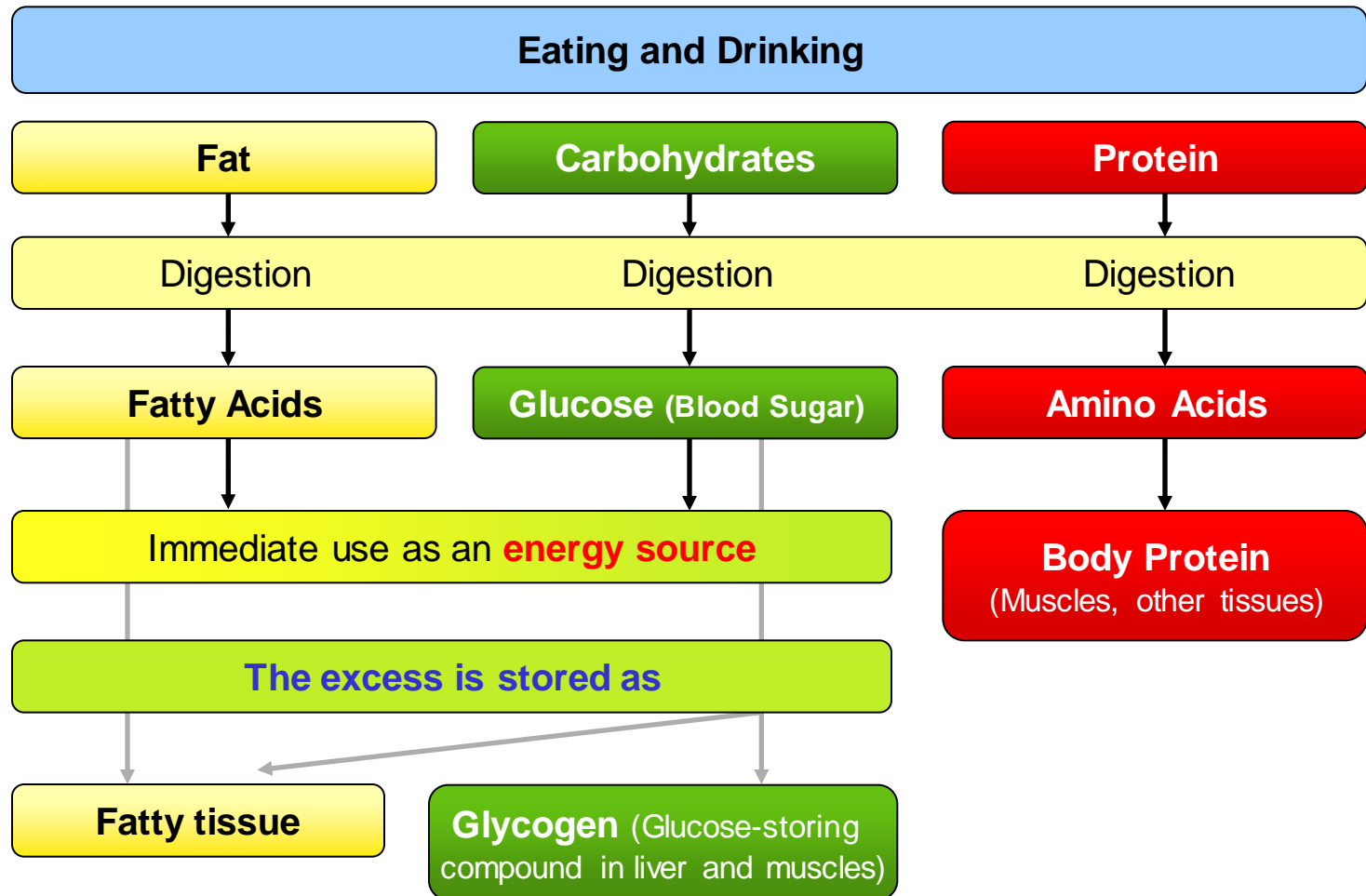


Fatty acids are made from chains of carbon atoms. There are different lengths of fatty acids; short-chain, medium-chain, and long-chain.

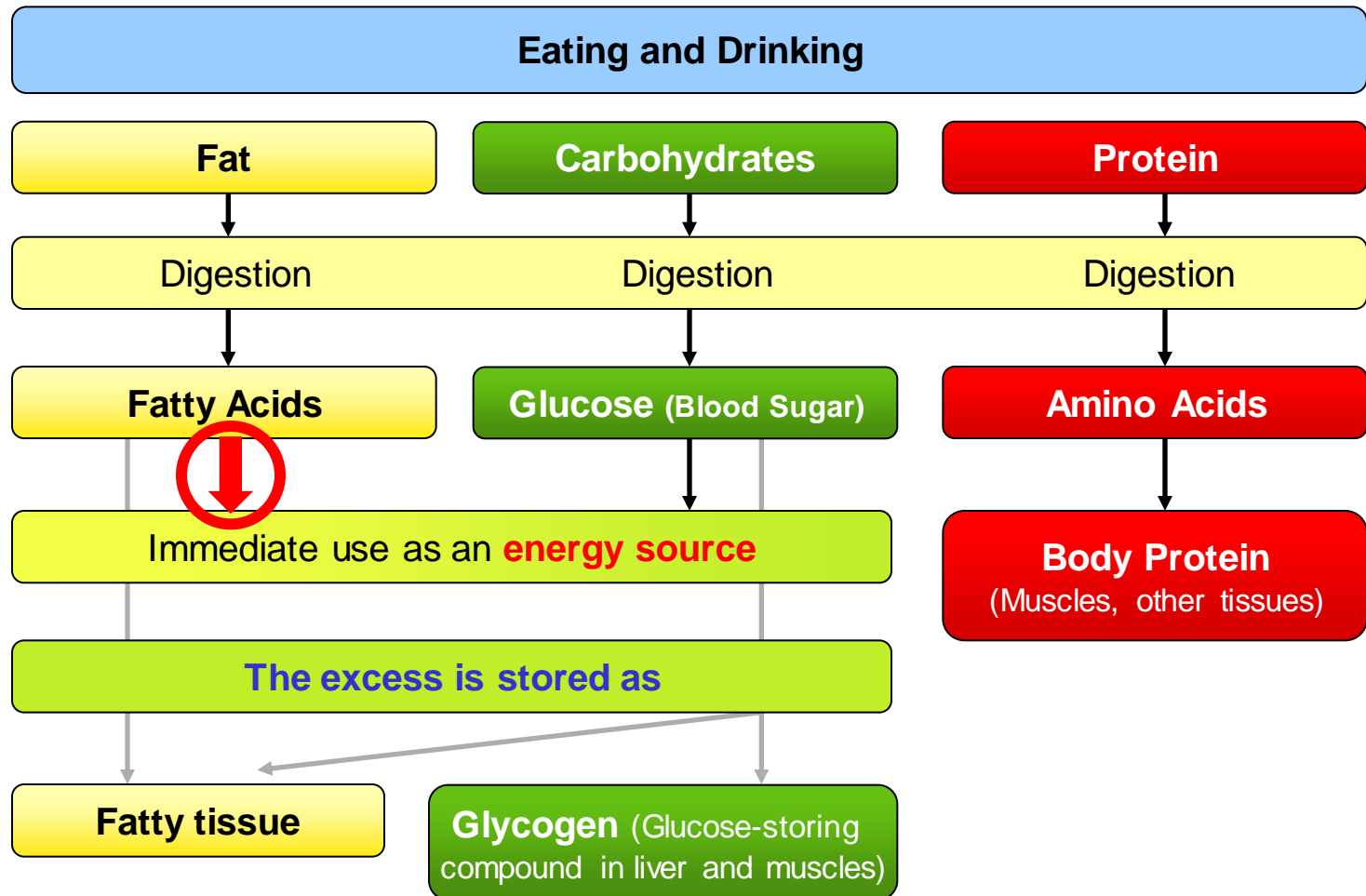


Long-chain fatty acids	> 12	carbon atoms
Medium-chain fatty acids	6-12	carbon atoms
Short-chain fatty acids	< 6	carbon atoms

# How the body uses these nutrients



# In MCAD deficiency, there is a problem using some fatty acids



# Enzymes

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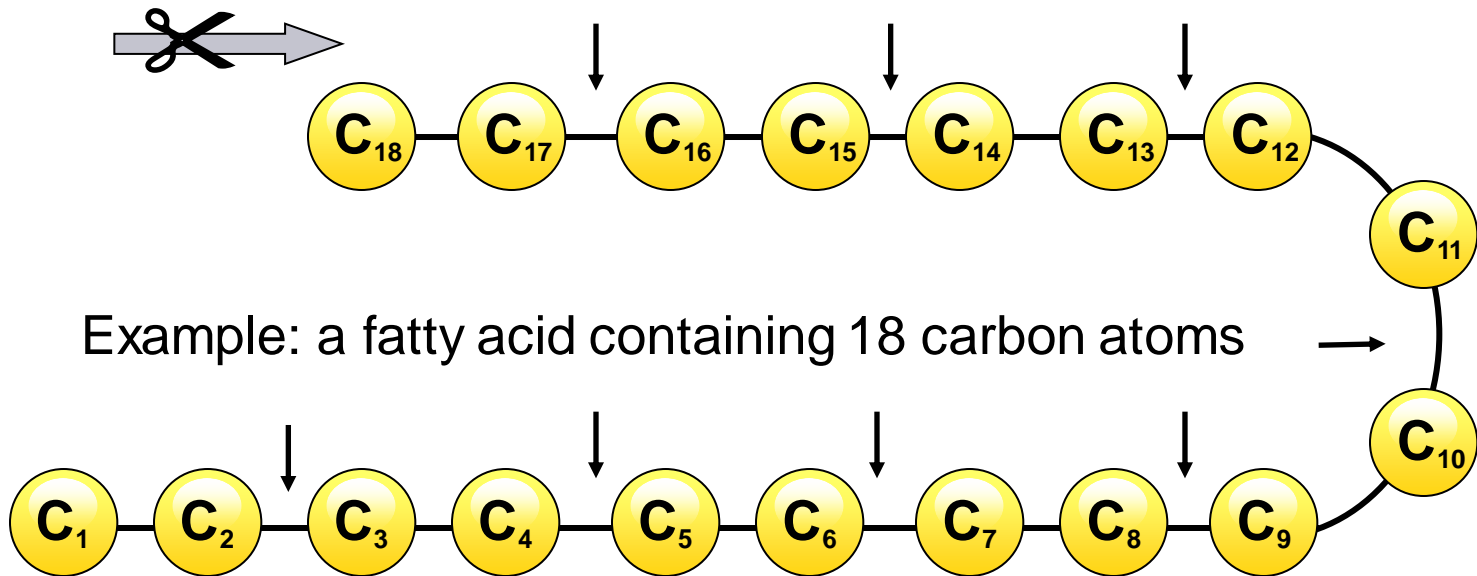
**Enzymes** are proteins that facilitate various chemical reactions in the body. They are involved in the biosynthesis (anabolism) and the degradation (catabolism) of all the substances in the body. This is called **metabolism**.

**Acyl-CoA Dehydrogenases** are enzymes required to break down fatty acids. **The MCAD enzyme** breaks down “medium chain” fatty acids.

In MCAD deficiency the activity of the **MCAD enzyme** is greatly reduced.

# Fatty Acids

Fatty acids are made from chains of carbon (=C) atoms



Example: a fatty acid containing 18 carbon atoms

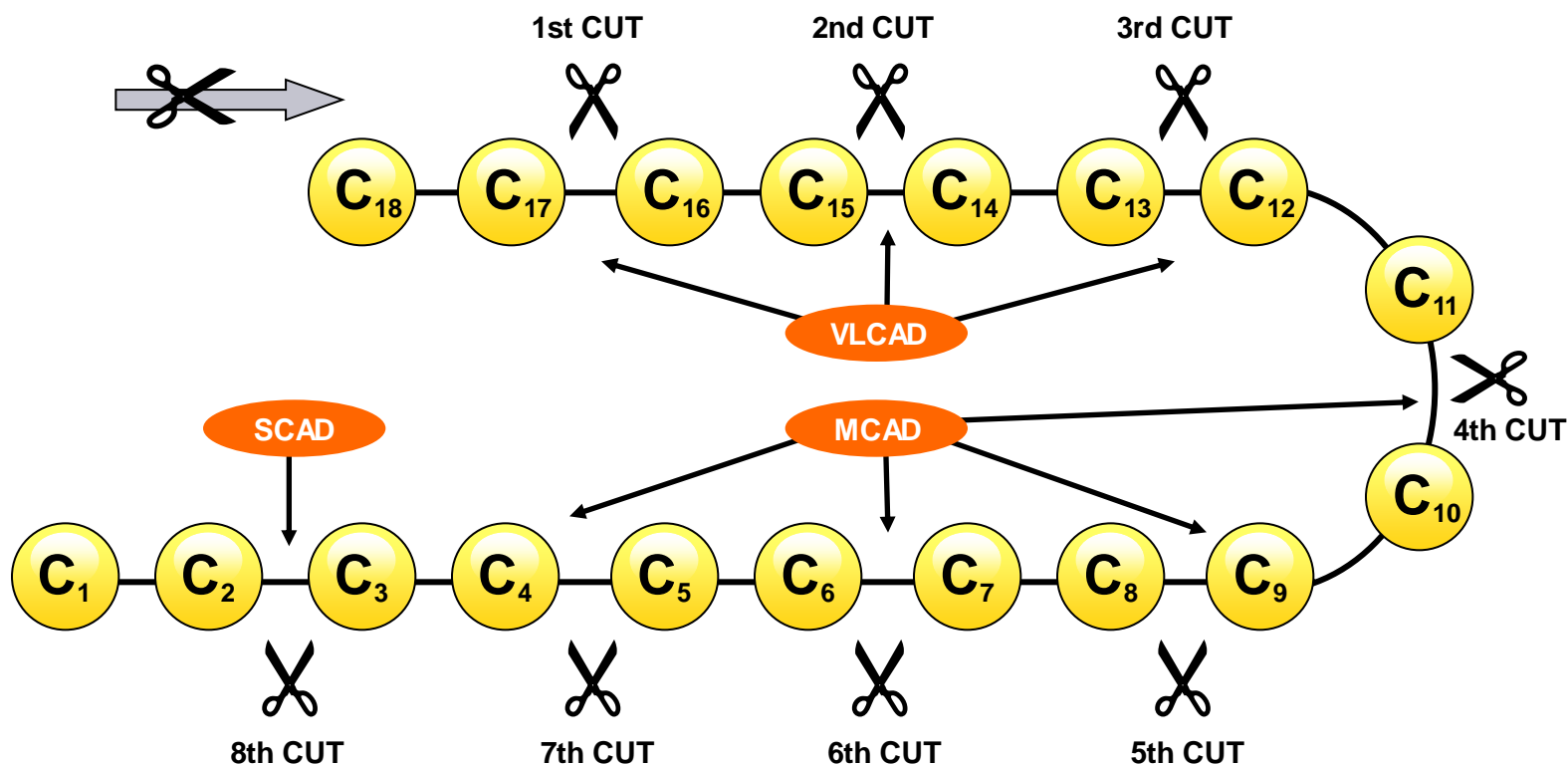
Long-chain fatty acids	> 12	carbon atoms
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# How enzymes break down a fatty acid

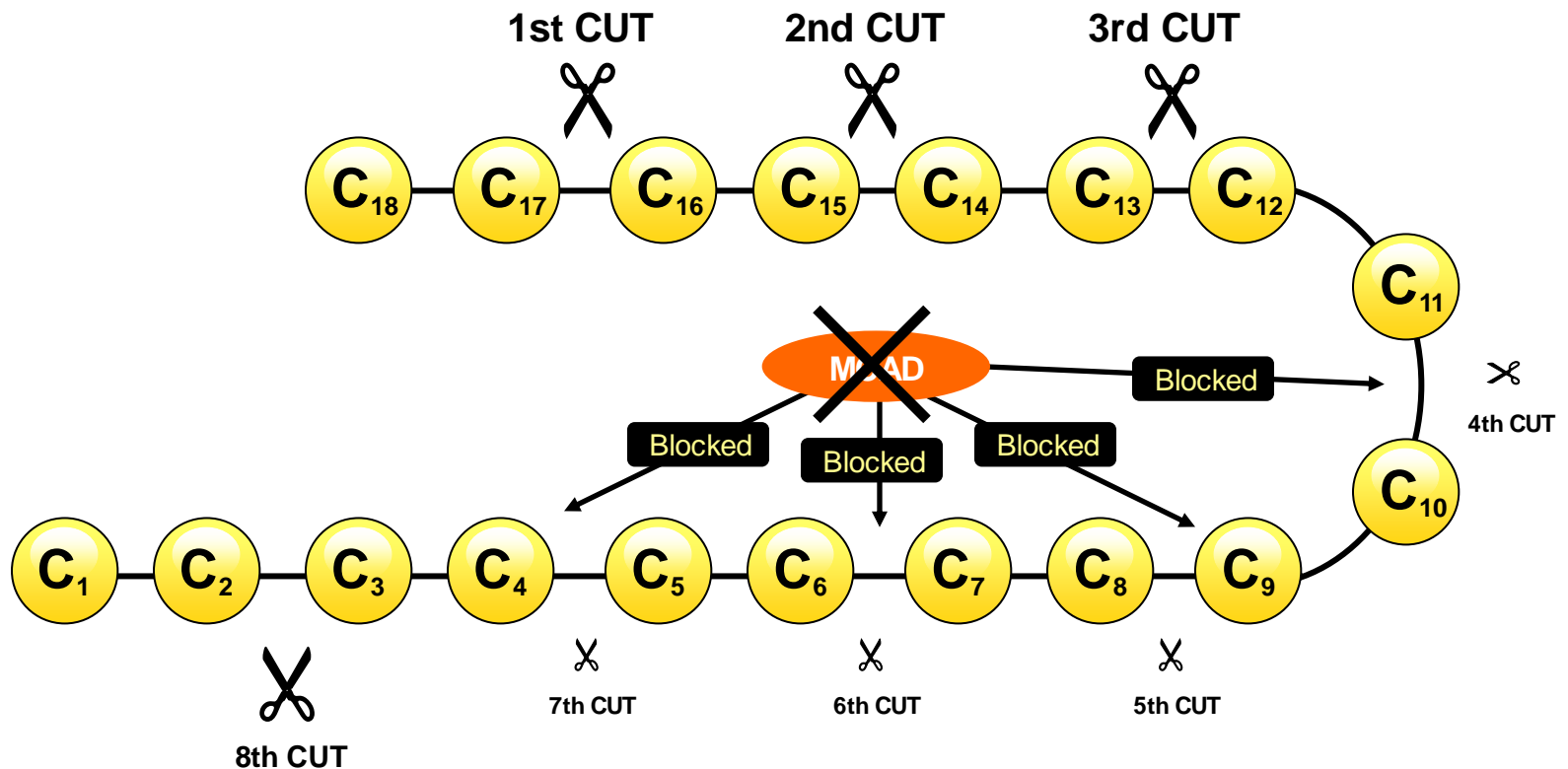
## 3 enzymes are needed for this process:

The enzyme **VLCAD** starts, the enzyme **MCAD** continues and the enzyme **SCAD** finishes

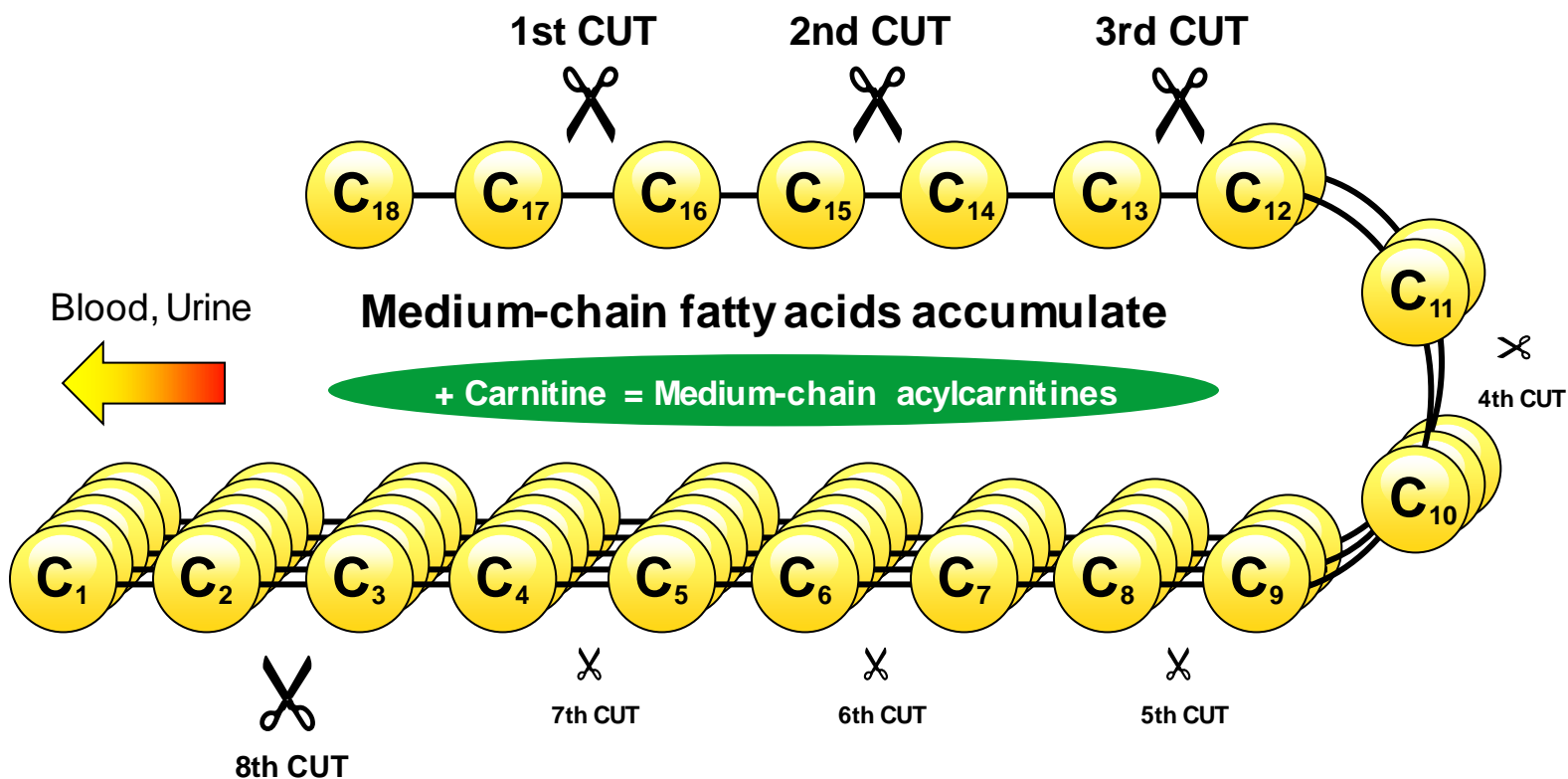


# In **MCAD deficiency**, medium-chain fatty acids can not be broken down

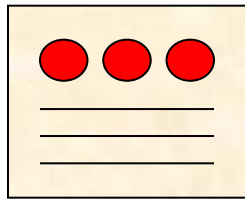
Only the first three steps are possible



## In **MCAD deficiency**: Medium-chain fatty acids build-up and form medium-chain acylcarnitines



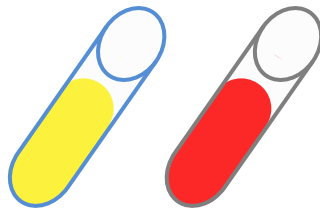
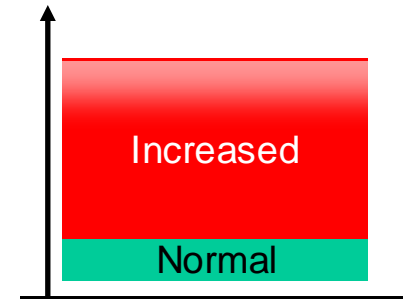
# Diagnosis of MCAD deficiency



Dried blood spots

Newborn/Metabolic  
screening

Medium-chain acylcarnitines  
in blood

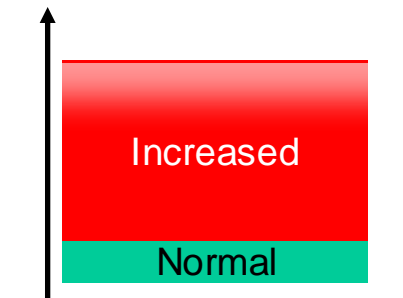


Urine  
sample

Blood  
sample

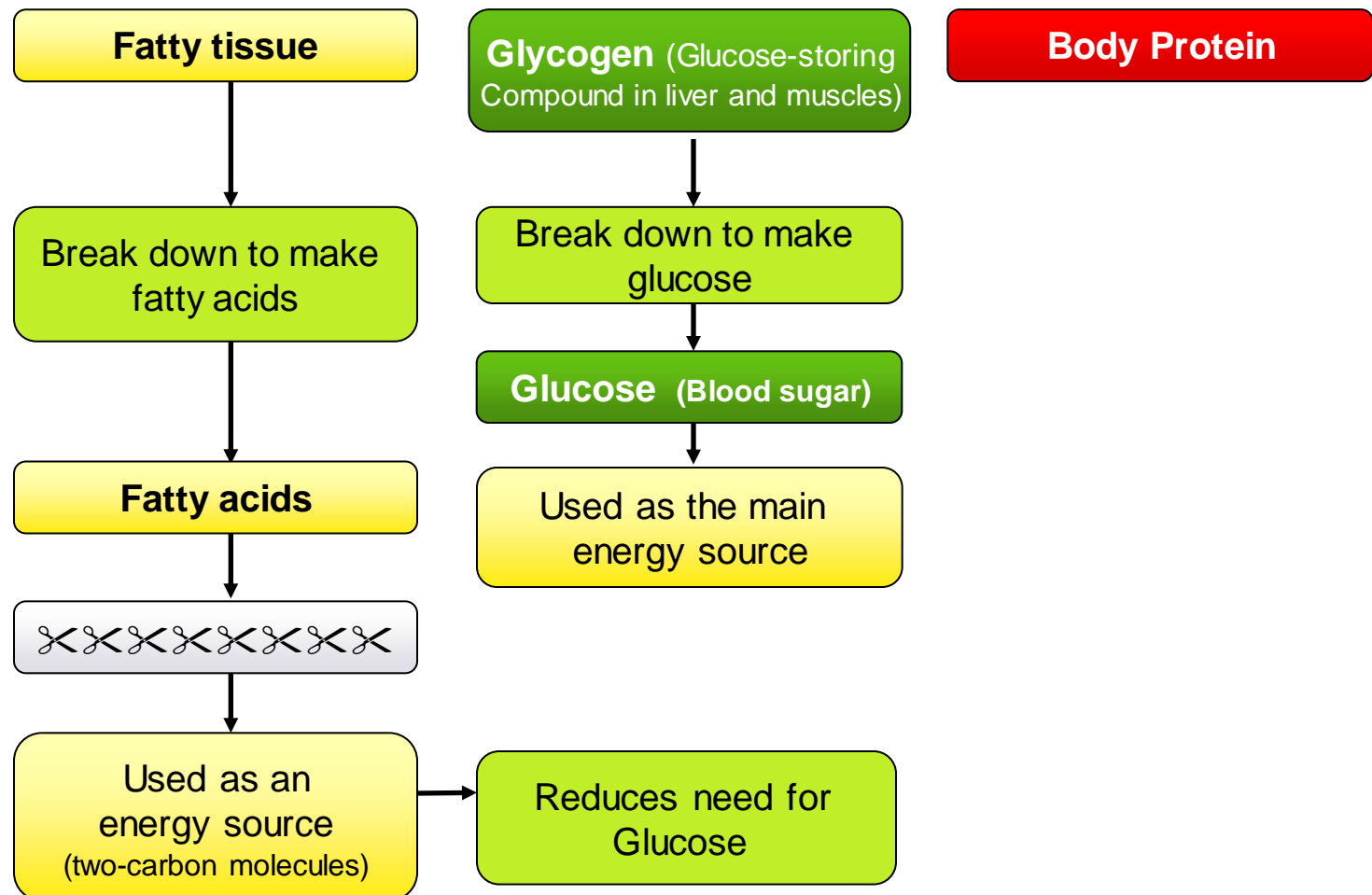
Confirmation  
of diagnosis

Abnormal compounds from  
medium-chain fatty acids  
in urine and blood

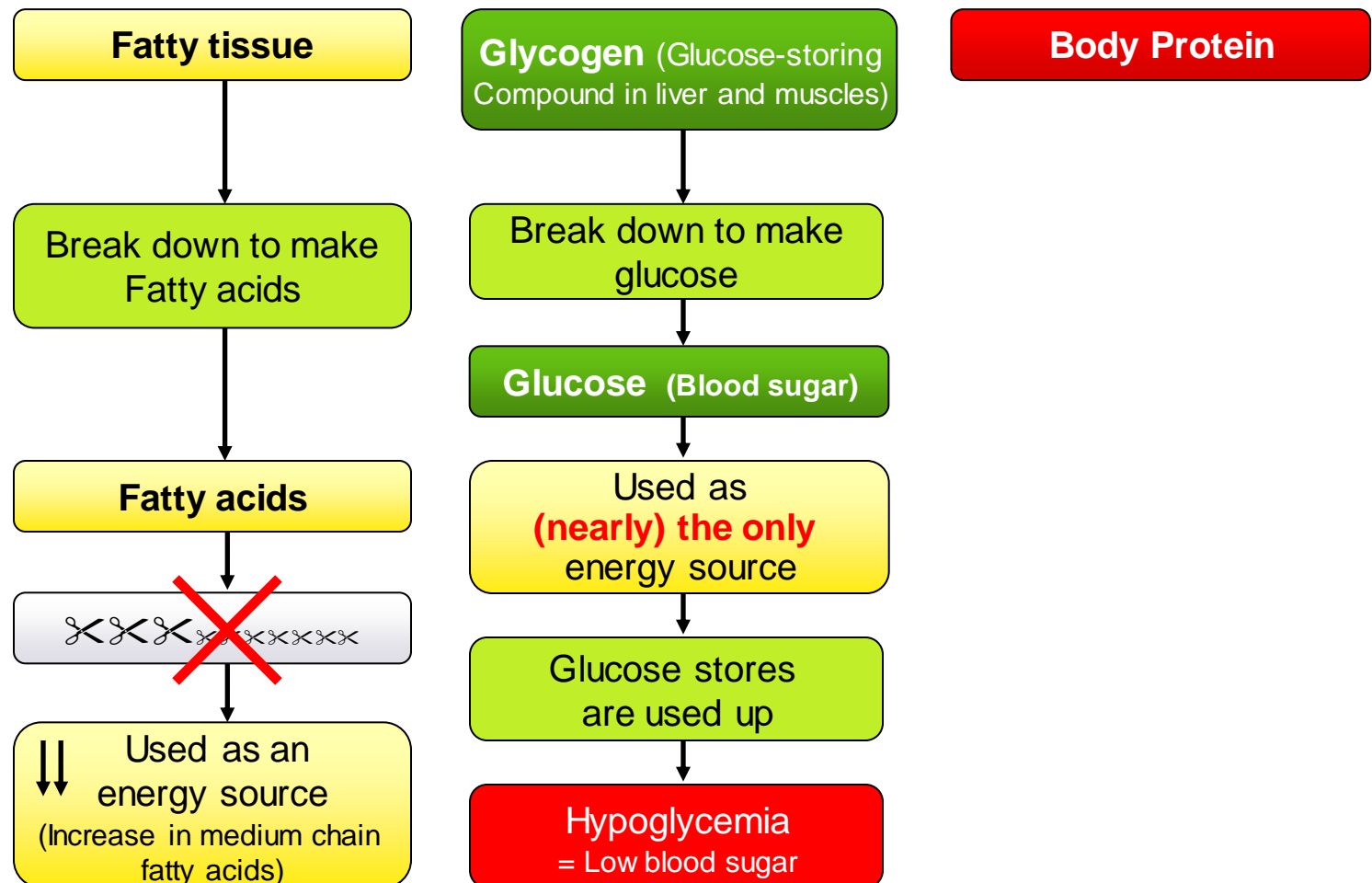


# What happens during Fasting?

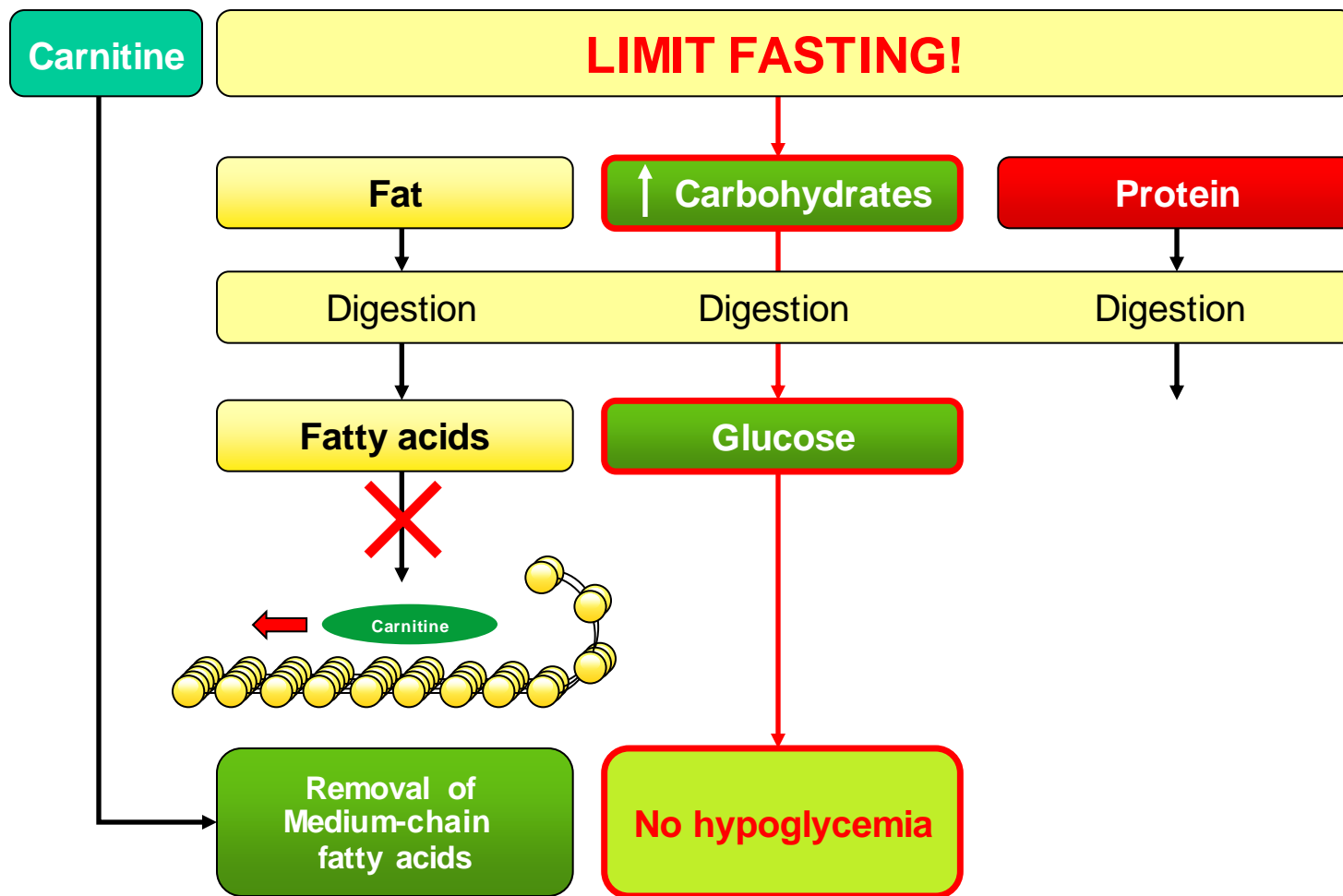
(Fasting is the time between meals when your child isn't drinking or eating anything)



# MCAD deficiency: Problems can develop if your child fasts too long



# Preventative measures for patients with MCAD deficiency



# Problems caused by increased medium-chain fatty acids and hypoglycemia in patients with MCAD deficiency

- **There is an increased risk for problems in the following situations:**

Febrile illness, especially with feeding problems (the child refused to eat or drink) or with vomiting.

General anesthesia and surgery.

- **Necessary measures:**

Reduce fasting time.

Offer a maltodextrin solution, juice or other food or beverage that will provide glucose.

An emergency room visit to start an intravenous glucose infusion may be necessary.

During fasting periods before anesthesia/surgery - always initiate an intravenous glucose infusion.

→ **Intravenous fat emulsions should NEVER be used!**

- **Symptoms to watch out for:**

Vomiting

Increased sleepiness (lethargy)

Child is more difficult to wake up

**Ask your clinic for an Emergency Protocol!**



# Chromosomes, Genes, Mutations

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A **chromosome** is like a cookbook.

A **gene** is like a recipe in a cookbook.

A **mutation** is like an error in the recipe or even a complete lack of a recipe.

The **enzyme** **MCAD** is produced constantly in the body following a specific recipe (**gene**). If the gene contains abnormal **mutations**, the **enzyme** cannot function correctly or be properly produced.

# Inheritance of MCAD deficiency

Both parents are carriers in autosomal-recessive inheritance

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Mother is carrier of  
**MCAD deficiency**

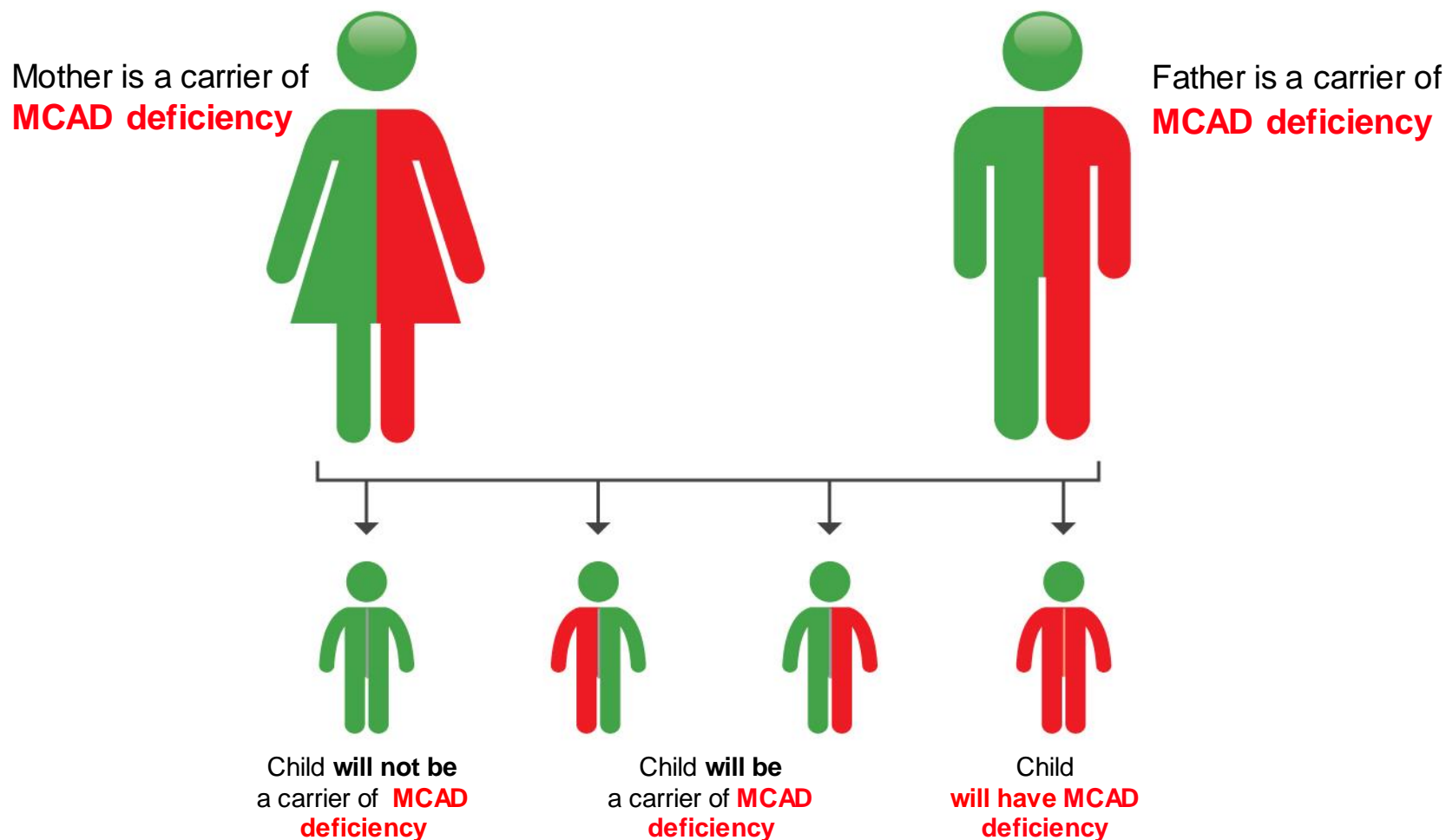


Father is a carrier of  
**MCAD deficiency**



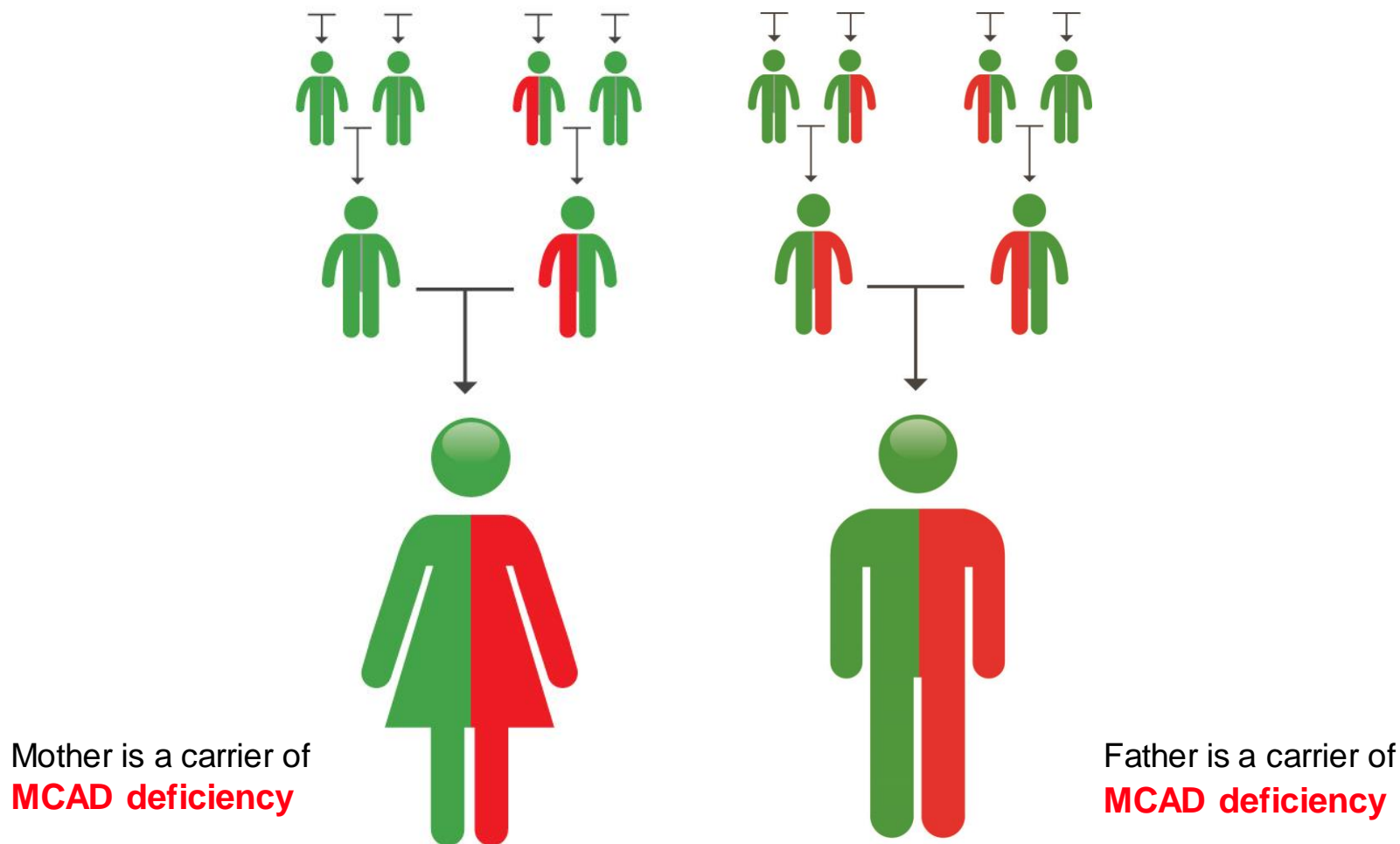
# Inheritance of MCAD deficiency

There are 4 possible combinations for any child born to parents who are carriers



# Inheritance of MCAD deficiency

How **MCAD deficiency** is inherited in families



# Prognosis of MCADD deficiency

## Optimal management

Hypoglycemia is avoided during:

1. Unusually long periods of fasting
2. Illnesses, especially with feeding problems and vomiting

## Insufficient management

**Presence** of hypoglycemia during:

1. Unusually long periods of fasting
2. Illnesses, especially with feeding problems and vomiting

## Result

- Completely normal development
- Prevention of any kind of brain damage that can cause neurological symptoms, seizures

## Result

- Acute: life-threatening hypoglycemia with unconsciousness, brain edema and coma

**Sudden death**

- Chronic: severe brain damage, severe neurological symptoms, seizures