WHEN TO CONSIDER FABRY DISEASE

There are two main phenotypes: the classic form with multiorgan involvement, comprising symptoms that may appear in childhood, then organ lesions in adulthood, and the phenotype referred to as "non-classic" or "late onset" where symptoms and organ damage appear later, and can be restricted to a single organ[1]

Clinical signs

SYMPTOMS THAT MAY START IN CHILDHOOD

Pain syndrome
Recurrent pain in the extremities: fingers, hands and/or toes, feet (acroparaesthesia) exacerbated by fever or physical exercise and heat

Thermoregulatory dysfunction
Problems with adapting to sun exposure, heat and physical exercise

Hypohidrosis

Gastrointestinal involvement
Abdominal pain, nausea, diarrhoea

Ophthalmic involvement
Cornea verticillata

Cataract

Retinal vascular tortuosity

Skin involvement
Angiokeratomas (especially in genital areas and mucus membranes)

Other
Unexplained tiredness

School absenteeism

Exercise intolerance

LATER ONSET (OVER THE AGE OF 20)

Kidney involvement
Microalbuminuria[2] then proteinuria and chronic kidney failure

Cardiac impairment
Hypertrophic cardiomyopathy

Heart rhythm +/- conduction disorders,

Advanced heart failure

Unilateral or bilateral
cochlear-vestibular impairment

Hearing loss, dizziness, tinnitus

Neurological impairment
Transient ischemic attack or stroke
with no risk factors

Respiratory involvement
Obstructive syndrome

Specialist workup

Fabry disease
(α-galactosidase A deficiency)?

Specialist workup
in collaboration with a Centre of Excellence and at the same time as looking for other potential differential diagnoses

Blood measurement of α-galactosidase A activity (leucocytes and/or blotting paper)[3] + **plasma LysoGb3,** especially in female patients

Confirmatory genetic analysis (*GLA* gene)

Specialist advice from a Centre of Excellence:
Centre of Excellence: Rare Disease Centre of Reference / Competence: https://www.filiere-g2m.fr/annuaire/

Initial assessment, specialist care, specific treatments (indication, initiation) coordinated by the Centre of Excellence

Genetic counselling, family screening in a specialist centre

For more information:
PNDS French National Authority for Health - Fabry disease (has-sante.fr) and

Centre of Reference for Lysosomal Diseases - CETL: http://www.cetl.net/

Specialist medical opinion and reference laboratory

[1] Pathology linked to the X chromosome, hence women have a more variable clinical phenotype ranging from asymptomatic or paucisymptomatic forms to severe forms.
[2] Kidney disease with possible onset under 20 years of age (microalbuminuria).
[3] Discuss workup with a centre of excellence. A deficit of activity supports the diagnosis, but enzyme activity may be normal in women (hence LysoGb3 is useful).

Maladies rares Héréditaires du Métabolisme
Filière nationale de santé