



UPDATED REPRINT

H63D: The Other Mutation (2021 Version)

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Abstract

In 2010, the Iron Disorders Institute published the first seminal article on the underestimated risk of a homozygous HFE gene H63D mutation. This short but important article has lost none of its relevance. Since it is in danger of being forgotten and disappearing from more and more websites, we are publishing a reprint of the still seminal article, expanded with some new findings.

What we know

Homozygous mutations of HFE Gene H63D has been taken not seriously enough for many decade. This although homozygous mutation of HFE Gene H63D is Pandora's box. It has been associated with liver disease, bone and joint disease, diabetes mellitus, heart disease, hormone imbalances, porphyria cutanea tarda (PCT), infertility, stroke, severe neurodegenerative disorders, cancer, venous peripheral artery disease and H63D syndrome.

In the years since discovery of HFE and its mutations, researcher shave focused studies primarily on the C282Y mutation because of its prominence in people with elevated iron levels. About 85% of individuals with abnormally high iron possess two copies of C282Y, therefore this mutation has been more extensively studied. Other mutations such as S65C or H63D have not garnered the attention of researchers. The S65C mutation may lead to mild to moderate hepatic (liver) iron overload, especially when in combination with other mutations. C282Y/ S65C compound heterozygotes have demonstrated elevated se- rum iron indices and iron overload.

When examined, H63D stands out as a significant modifier of disease onset, progression and even response to therapy. H63D is associated with arterial stiff- ness, pro-oxidation, higher total and low-density lipoprotein cholesterol when alcohol is consumed; acute lymphoblastic leukemia (ALL); decreased sperm production; higher risk of type II diabetes mellitus. Being a carrier of the H63D hemochromatosis mutation is a risk factor for ear- lier onset and longer duration of kidney disease in type II diabetic patients.

Alcoholic liver disease is more prominent in the H63D homozygote. Being a carrier (heterozygote) of H63D mutation is associated with a higher risk of liver cancer in cirrhotic patients regardless of their underlying liver disease. H63D was present in 42% of in patients with alpha-1-antitrypsin deficiency who had cirrhosis. H63D mutation was an independent factor associated with viral response to therapy for chronic hepatitis C patients.

The most striking risk associated with H63D is for the neurodegenerative diseases. Connor, et al were among the first investigators to consider the role of H63D in brain iron accumulation, oxidative stress and neurotransmitter performance. Connor reported that the H63D HFE variant contributes to many of the processes associated with Alzheimer's Disease (AD). These processes include increased cellular iron, oxidative stress (free radical activity), glutamate dyshomeostasis (abnormal balance), and an increase in tau phosphorylation (abnormal levels of tau proteins can result in dementias such as Alzheimer's).

As Jacobs, Papadopoulos Kaufmann, and colleagues (2012, 2015, 2017, 2019, 2020, 2021) impressively demonstrated using solid patient data, the numerous damages in parenchymal tissue and the brain (substantia nigra and basal ganglia) can be explained by insidious poisoning with non-transferrin-bound iron (NTBI) as a consequence of chronic transferrin saturation of >50%. This constellation (H63D

syndrome) is similar to Wilson's disease, except that NTBI iron, rather than copper, is the culprit here. In addition, the damage caused by H63D syndrome is more widespread in the body, affecting not only the liver but also the heart, brain and, in men, the testes. Synucleinopathies are a major problem in H63D syndrome, but other forms of cognitive decline are also common.

Connor continues that HFE H63D cells were shown to have more oxidative stress, further supporting their role as neurodegenerative disease modifiers. Connor found that patients homozygous for H63D had earlier signs of mild cognitive impairment and earlier onset of Alzheimer's compared to those with normal HFE or H63D heterozygotes.

Conflicts of interest

None.

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