



CHECKLIST: FABRY DISEASE?

FOCUS ON GASTROENTEROLOGY

COULD IT BE FABRY DISEASE? Focus on Gastroenterology

Symptoms/Findings	Diagnostics	Patient's Medical History	Fabry Diagnosis
<p><input type="checkbox"/> Cramp-type stomach pain (mostly after eating)</p> <p><input type="checkbox"/> Diarrhoea</p> <p><input type="checkbox"/> Nausea</p> <p><input type="checkbox"/> Vomiting</p> <p><input type="checkbox"/> Constipation</p> <p><input type="checkbox"/> Feeling of fullness/ premature satiety</p> <p><input type="checkbox"/> Bloating</p> <p><input type="checkbox"/> Anorexia</p> <p><input type="checkbox"/> Delayed gastric emptying</p>	<p><input type="checkbox"/> Medical history/ physical examination</p> <p><input type="checkbox"/> Ultrasound scan</p> <p><input type="checkbox"/> Gastroscopy (EGD with biopsies)</p> <p><input type="checkbox"/> Colonoscopy (with biopsies)</p> <p><input type="checkbox"/> H₂ breath test, if necessary</p> <p><input type="checkbox"/> Video capsule endoscopy, if necessary</p>	<p>Fabry disease possible →</p> <p>Any signs of kidney failure such as uraemia or hypocalcaemia?</p> <p>Family Medical History</p> <p>Any signs of kidney failure such as uraemia or hypocalcaemia in relatives?</p> <p>Unexplained incidents of death in the family?</p>	<p>Fabry disease probable →</p> <p>Dry blood test determining:</p> <ul style="list-style-type: none"> • The genetic mutation • The level of α-galactosidase A (α-Gal A) activity • The biomarker lyso-Gb₃ <p>and/or</p> <p>Molecular genetic/cytogenetic Fabry diagnosis from:</p> <ul style="list-style-type: none"> • EDTA blood test • Serum • Buccal swab

EDTA, ethylenediaminetetraacetic acid; EGD, endogastroduodenoscopy; lyso-Gb₃, globotriaosylsphingosine.

Engagement of an expert centre for conclusive diagnosis.

In the event of confirmed Fabry disease diagnosis, further monitoring of progress and organ screening is recommended.

Note: this listing of symptoms/findings and diagnostic tests may not be all-inclusive.



SIGNS AND SYMPTOMS OF FABRY DISEASE ACROSS ORGAN SYSTEMS

Kidneys	Eyes	Heart	Skin	Nervous System	Differential Diagnosis
<ul style="list-style-type: none"> • (Micro-) albuminuria • Proteinuria (>300 mg/day) • GFR decrease (GFR <60 mL/min/1.73 m²) • Oedemas in the hands and feet → Note relationship between leg oedema and protein excretion • Parapelvic renal cysts • Progressive renal failure • Dialysis • Rare: renal tubular acidosis and nephrogenic diabetes insipidus 	<ul style="list-style-type: none"> • Cornea verticillata • Fabry cataract • Corneal opacity • Vascular anomalies of the conjunctiva • Vascular tortuosity of the retina • Optic neuropathy with visual field loss <p>Ears</p> <ul style="list-style-type: none"> • Hearing loss (often high frequencies) • Tinnitus • Dizziness 	<ul style="list-style-type: none"> • Cardiomyopathy/left ventricular hypertrophy (without/mild hypertension) • Myocardial infarction • Congestive heart failure • Intramyocardial fibrosis • Cardiac arrhythmia • Valvular disorder (mitral valve, aortic valve) • Dyspnoea 	<ul style="list-style-type: none"> • Angiokeratomas • Dyshidrosis • Telangiectasias <p>Quality of Life</p> <ul style="list-style-type: none"> • Reduced physical capacity • Psychological problems • Fatigue • Pain 	<ul style="list-style-type: none"> • TIA, stroke • Acroparaesthesia → Burning pain in hands and feet • Small fibre neuropathy • Pain crises • Dyshidrosis • Temperature intolerance • Basilar ectasia/ectatic vessels (vertebrobasilar) • White matter lesions • Depression/fatigue • Headaches • Reduced lacrimation and salivation 	<ul style="list-style-type: none"> • Gastritis • Duodenal ulcer • Celiac disease • Gastrointestinal bleeding • Crohn's disease • Ulcerative colitis • Diverticulitis • Functional dyspepsia • Irritable bowel syndrome 

GFR, glomerular filtration rate; TIA, transient ischaemic attack.

References

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