Genetic Spectrum of Autosomal Recessive Non-Syndromic Hearing Loss in Pakistani Families

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Abstract

The frequency of inherited bilateral autosomal recessive non-syndromic hearing loss (ARNSHL) in Pakistan is 1.6/1000 individuals. More than 50% of the families carry mutations in GJB2 while mutations in MYO15A account for about 5% of recessive deafness. In the present study a cohort of 30 ARNSHL families was initially screened for mutations in GJB2 and MYO15A. Homozygosity mapping was performed by employing whole genome single nucleotide polymorphism (SNP) genotyping in the families that did not carry mutations in GJB2 or MYO15A. Mutation analysis was performed for the known ARNSHL genes present in the homozygous regions to determine the causative mutations. This allowed the identification of a causative mutation in all the 30 families including 9 novel mutations, which were identified in 9 different families (GJB2 (c.598G>A, p.Gly200Arg); MYO15A (c.9948G>A, p.Gln3316Gln; c.3866+1G>A; c.8767C>T, p.Arg2923* and c.8222T>C, p.Phe2741Ser), TM1C (c.362+18A>G), BSND (c.97G>C, p.Val33Leu), TMPRSS3 (c.726C>G, p.Cys242Trp) and MSR83 (c.20T>G, p.Leu7Arg)). Furthermore, 12 recurrent mutations were detected in 21 other families. The 21 identified mutations included 10 (48%) missense changes, 4 (19%) nonsense mutations, 3 (14%) intronic mutations, 2 (9%) splice site mutations and 2 (9%) frameshift mutations. GJB2 accounted for 53% of the families, while mutations in MYO15A were the second most frequent (13%) cause of ARNSHL in these 30 families. The identification of novel as well as recurrent mutations in the present study increases the spectrum of mutations in known deafness genes which could lead to the identification of novel founder mutations and population specific mutated deafness genes causative of ARNSHL. These results provide detailed genetic information that has potential diagnostic implication in the establishment of cost-efficient allele-specific analysis of frequently occurring variants in combination with other reported mutations in Pakistani populations.


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X-linked and mitochondrial non-syndromic deafness contribute to 18%, 1–3% and <1% of the cases, respectively [4]. In Pakistan, hearing impairment is severe and congenital in 70% of the cases and the increased occurrence of these conditions is due to a high rate of consanguineous marriages (60%); profound bilateral deafness occurs at 1.6 per 1000 individuals [5].

The genes most frequently involved in ARNSHL are those encoding gap junction protein beta 2 (GJB2, MIM# 12011), myosin XVA (MYO15A, MIM# 602666), transmembrane channel-like 1 (TMEM16A, MIM# 300796), solute carrier family 26 (anion exchanger) member 4 (SLC26A4, MIM# 603564), ototeflin (OTOF, MIM# 603681) and cadherin-related 23 (CDH23, MIM# 605516), each of which has been found to contain more than 20 different mutations, most of which have been reported in consanguineous families [6]. Mutations in GJB2 are the most common cause of ARNSHL and explain up to 50% cases in the Mediterranean regions [7,8,9] while mutations in multiple genes account for 5% of the remaining cases in the Pakistani population mutations in MYO15A account for 5% of the recessive deafness [10].

In the present study a panel of 30 unrelated consanguineous Pakistani families was initially tested for involvement of GJB2 and MYO15A followed by whole genome homozygosity mapping and candidate gene sequencing. This approach resulted in defining the mutation spectrum of the disease in the current panel.

Materials and Methods

Ethics statement

The current study conformed to the tenets of the Helsinki declaration and was approved by the Department of Biosciences Ethics Review Board of the COMSATS Institute of Information Technology, Islamabad, Pakistan. All patients, their normal hearing family members and 89 ethnically matched control individuals were informed about the purpose of the study and written consent was taken before recruitment and sampling. Informed written consent of minors was obtained from their guardians.

Genotyping

A total of 30 consanguineous families with ARNSHL were ascertained from different regions of Punjab, Pakistan. Audiometry was performed on a few members from each family to determine the level of hearing loss. Blood samples were collected in EDTA containing vacutainers. DNA extraction from these samples was carried out using a standard phenol-chloroform/organic method [11]. Microsatellite markers were analyzed as described previously [12] and Sanger sequencing was performed according to Schraders et al. [13]. Primers were designed using Primer3 software (URL: http://www.bioinformatics.nl/cgi-bin/primer3plus/primer3plus.cgi/; [14]). Primers are available upon request. PCR was performed using standard conditions.

Prior to whole genome single nucleotide polymorphism (SNP) mapping all families were pre-screened for mutations in GJB2 by Sanger sequence analysis. For the MYO15A locus, microsatellite markers (D17S1843, D17S2196, D17S783 and D17S1824) were genotyped and in families in which haplotype analysis showed compatibility with genetic linkage, Sanger sequence analysis was performed for MYO15A. For family 11DF, microsatellite markers (D9S186, D9S1806 and D9S1876) were used for exclusion of the TMEM16A locus. For families with no identified mutation in GJB2 and MYO15A further genotyping was performed using the Illumina HumanOmniExpress whole genome single nucleotide polymorphism (SNP) microarray (>700 K SNPs) or the Illumina Human Linkage-12 panel according to the manufacturer’s protocols. Homozygosity mapping was performed using an online tool Homozygosity Mapper (URL: http://www.homozygositymapper.org; [15]). The logarithm of odds (LOD) score for the homozygous regions identified in family DFR18 was calculated using the Gene Hunter v2.1r5 program in the easyLINKAGE plus v5.08 software package [16].

The exons and exon-intron boundaries of the known candidate genes (BND2 (NM_0010045), BSND (NM_000601), MYO15A (NM_004004.5), HGF (NM_000661), OTOF (NM_0016239), MSRB3 (NM_0010168152), SLC26A4 (NM_000441.1), TMEM16A (NM_138691.2), TMPRSS3 (NM_024922.2) and TMC1 (NM_14716) present in the homozygous regions were sequenced in the proband of the families. Segregation analyses for identified mutations in the corresponding families were performed by Sanger sequencing except for family DFR24 and DFR18. In these families, the segregation of TMPRSS3 and MSRB3 mutations was analyzed with restriction digestion with the enzymes AciI and TciI, respectively (New England Biolabs Inc., UK).

Eighty nine ethnically matched controls were sequenced for the novel mutations identified in the current study. Control panel screening of GJB2 (c.598G>A); MYO15A (c.9946G>A), (c.866+1G>A), (c.8767G>T), (c.8222 T>C); TMEM16A (c.362+18A>G) and BND2 (c.97G>C), variants was done by sanger sequencing. While for TMPRSS3 (c.726C>G) and MSRB3 (c.207T>G) variants AciI and TciI PCR-RFLP were performed, respectively.

In silico prediction of the identified variants

In silico prediction of the identified variants was performed using online prediction tools. Sorting intolerant from tolerant (SIFT: http://sift.jcvi.org; [17]) and Polymorphism Phenotyping v2 (PolyPhen-2: http://genetics.bwh.harvard.edu/pph2; [18]) were used for analyses of missense changes. Effects on splicing were evaluated with NetGene2 (http://www.cbs.dtu.dk/services/NetGene2/; [19]). SignalP 4.0 (http://www.cbs.dtu.dk/services/SignalP-4.0/) was employed to predict the presence and location of the signal peptide/non-signal peptide cleavage sites [20]. In addition, the online tool, Have your Protein Explained (HOPE) (http://www.cmbi.ru.nl/hope/input) was used to predict the three dimensional structural changes at the protein level [21]. The exome variant server (EVS) and an in-house exome database (Human Genetics, Radboud University Medical Centre) were also searched for the presence of putative pathogenic variants.

Minigene Construction and Splicing Assay (for c.362+18A>G mutation in TMCM1 and c.9946G>A mutation in MYO15A)

A plasmid containing the genomic region encompassing exons 3–5 of RHO inserted at the EcoRI/Sall sites in the pCI-NEO vector was used for in vitro splicing assays [22]. The plasmid was adapted from the Gateway cloning technology (Life technologies) according to the manufacturer’s protocol. PCR amplified fragments of wild-type and mutant TMCM1 exon 8, along with flanking intronic sequences were generated with the following primers, 5′-GGGAGCAAGTTTGTTCATAAAAAGAGCGAGCTTCCgggccctaagtgtctg-3′ and 5′-GGGAGCCACTTGGTTGAGCAAAAGCTGGGCTCgggtaggaaaatcaatatcaggg-3′, that contain the attB1 and attB2 sites necessary for Gateway cloning. Similarly, amplified fragments of wild-type and mutant MYO15A exon 61 were generated using primers, 5′-GGGAGCGAAGTTTGTTCATAAAAAGAGCGAGCTTCCgggccctaagtgtctg-3′ and 5′-GGGAGCCACTTGGTTGAGCAAAAGCTGGGCTCgggtaggaaaatcaatatcaggg-3′.
The normal splicing (Figure 2). NetGene2 predicted the abolition of c.8767C>T, while the c.9948G>A mutation reduced to a score of 24% in the mutant. To determine the effect of the reference sequence, the 6 recurrent mutations (c.9948G>A) used. This showed correct splicing of the wild-type PLOS ONE | www.plosone.org 3 June 2014 | Volume 9 | Issue 6 | e100146

**Results**

All families in this study were consanguineous (Table S1) and all patients in these families were diagnosed with severe to profound congenital hearing loss. Causal mutations were identified in all 30 families and the 9 novel mutations identified in the current study were not present in any of the 89 ethnically matched control individuals.

Sequence analysis of *GJB2* in the current cohort identified 16 families with mutations in this gene (Table 1; Table 2) segregating with hearing loss. A recurrent nonsense mutation c.71G>A (p.Trp24*) was the most common and was found in 5 families (31%), followed by another nonsense variant, c.231G>A (p.Trp77*) that was identified in 4 families (25%; Table 1). In addition to the 6 recurrent *GJB2* mutations, a novel homozygous change c.598G>A (p.Gly200Arg) was found in one consanguineous family DFR10 (Table 2); as predicted by the HOPE server the larger side chain of the mutant residue arginine might well affect the proper folding of the cysteine rich domain. In addition, the residue resides in the conserved region of the protein (Figure 1; Figure S1A).

Out of the 9 novel mutations (Table 2) identified in the current study, 4 were present in *MT0154*, of which 2 were splice site mutations (c.9948G>A and c.3866+1G>A), one was a nonsense (c.8767C>T) and one a missense mutation (c.8222 T>G). The c.9948G>A variant changes the last nucleotide of exon 61 and is predicted to affect the splice donor site. The splice donor site in the reference sequence has a highly confident score of 94%, which is reduced to a score of 24% in the mutant. To determine the effect of the c.9948G>A mutation on splicing, a minigene approach was used. This showed correct splicing of the wildtype *MT0154* exon 61, while the c.9948G>A mutation almost completely abolished the normal splicing (Figure 2). NetGene2 predicted the abolition of the splice donor site of exon 5 as a result of the c.3866+1G>A mutation in intron 5 of *MT0154*. The nonsense mutation c.8767C>T (p.Arg2923*) was novel and predicted to lead to the synthesis of a truncated protein, while the missense mutation c.8222 T>G, leads to the substitution of serine for phenylalanine (p.Phe2741Ser) at amino acid position 2741 that resides in the conserved region of the protein (Figure 1; Figure S1B). This missense change was predicted to be deleterious by SIFT and Polyphen2 (Table 2).

Haplotypic analysis of STR-markers flanking *TMC1* showed compatibility with genetic linkage for family 11DF. Since sequence analysis of *TMC1* revealed a novel intronic mutation, c.362+18A>G, this family was not further analyzed by SNP-array genotyping. The variant segregated with the hearing loss in the family (Figure 1) and was predicted to create a novel splice donor site with a similar confidence score as the original splice donor site. To determine the effect of the c.362+18A>G mutation on splicing, a minigene approach was used. This revealed correct splicing of the wild-type TMC1 exon 8, while the c.362+18A>G mutation resulted in a 17 bp extension of exon 8 (Figure 3). This leads to a frameshift and a premature stop codon (p.Glu1222Tyrfs*10).

A novel homozygous missense mutation was identified in *TMPRSS3* (MIM_605511), c.726C>G (p.Cys242Trp) that co-segregated with hearing impairment in family DFR24 (Figure 1) and was predicted to be probably damaging by Polyphen2 and deleterious by SIFT (Table 2). This mutation is located in the peptidase S1 domain and the HOPE server predicted the abolition of the catalytic activity of TMPRSS3. In addition the amino acid substitution is present in a region of the protein that is conserved across different species (Figure S1D) and therefore probably affects the core structure of the peptidase domain (Figure 4).

In family DFR18 SNP microarray data analysis revealed a 17.6 Mb homozygous region on chromosome 12 flanked by SNPs rs7973831 and rs7976886, a LOD score of 2.7 was calculated for this region. The known deafness gene, *MSRB3* (MIM_613719), in the region was subsequently sequenced, revealing a novel homozygous nucleotide substitution c.20T>G (p.Leu7Arg) in exon 4 (Figure 1; Table 2). The leucine at position 7 is located in the signal peptide of the MSRB3 protein and as a result of the substitution by arginine this signal peptide loses its function as predicted by SignalP 4.0. Furthermore, the Leu7 residue is conserved across species (Figure S1E). The mutation abolishes a Tsd restriction site, which allowed the segregation of this variant in the family to be checked by restriction digestion. By using the same analysis, this variant was also found heterozygously in 3 out of 178 ethnically matched control alleles.

The novel *BSND* (MIM_606412) missense mutation c.97G>C (p.Val33Leu) in family 7DF (Figure 1) was predicted to be deleterious by SIFT and Polyphen2 (Table 2) and Val33 is conserved across species (Figure S1C).

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**Table 1.** Spectrum of recurrent GJB2 mutations in Pakistani families with autosomal recessive non-syndromic hearing loss (ARNSHL).

<table>
<thead>
<tr>
<th>Mutation identified (Protein change)</th>
<th>Type of mutation</th>
<th>No. of families</th>
<th>No. of affected members</th>
<th>Frequency in EVS</th>
</tr>
</thead>
<tbody>
<tr>
<td>c.71G&gt;A (p.Trp24*)</td>
<td>Nonsense (homozygous)</td>
<td>5</td>
<td>26</td>
<td>Absent</td>
</tr>
<tr>
<td>c.231G&gt;A (p.Trp77*)</td>
<td>Nonsense (homozygous)</td>
<td>4</td>
<td>14</td>
<td>AA = 0/AG = 1/GG = 4299</td>
</tr>
<tr>
<td>c.35delG (p.Gly12Valfs*2)</td>
<td>Frameshift (homozygous)</td>
<td>2</td>
<td>8</td>
<td>Absent</td>
</tr>
<tr>
<td>c.35delG (p.Gly12Valfs*2) c.439G&gt;A (p.Glu147Lys)</td>
<td>Frameshift (homozygous)</td>
<td>1</td>
<td>3</td>
<td>Absent</td>
</tr>
<tr>
<td>c.380G&gt;A (p.Arg127His)</td>
<td>Missense (compound heterozygous)</td>
<td>2</td>
<td>4</td>
<td>AA = 0/AG = 26/GG = 4274</td>
</tr>
<tr>
<td>c.377-378insATGGGGA (p.Arg127Cysfs*85)</td>
<td>Frameshift (homozygous)</td>
<td>1</td>
<td>2</td>
<td>Absent</td>
</tr>
</tbody>
</table>

As reference sequence NM_004004.5 was employed. EVS, exome variant server;

The pathogenicity of this mutation is controversial.

doi:10.1371/journal.pone.0100146.t001

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gac-3’. Recombinant vectors were employed for transfection of HEK293T cells that were incubated at 37°C for 24 hours. RNA was then isolated from the transfected cells and reverse transcribed into cDNA and sequenced. Forward primer 5’-ccgaggtgtaggggatgg-3’ and reverse primer 5’-aggtaggggagggagc-3’ were used to amplify and sequence the amplified cDNA fragments along with flanking *RHO* sequences as present in the vector.

---
<table>
<thead>
<tr>
<th>Family ID</th>
<th>Size of homozygous regions (Mb)</th>
<th>Chr.</th>
<th>Flanking SNPs</th>
<th>Chr. position (in hg19)</th>
<th>Candidate gene (Acc. No.)</th>
<th>Mutation (Predicted protein change)</th>
<th>PhyloP; SIFT; Polyphen</th>
<th>NetGene2</th>
<th>Frequency in EVS</th>
</tr>
</thead>
<tbody>
<tr>
<td>DFR10</td>
<td>ND</td>
<td>13</td>
<td>ND</td>
<td>ND</td>
<td>GJB2 (NM_004004.5)</td>
<td>Ex-2: c.598G&gt;A (p.Gly200Arg)</td>
<td>3.43; Deleterious; Damaging</td>
<td>NA</td>
<td>Absent</td>
</tr>
<tr>
<td>DFR23</td>
<td>ND</td>
<td>17</td>
<td>ND</td>
<td>ND</td>
<td>MYO15A (NM_016239.3)</td>
<td>Ex-61: c.9948G&gt;A (p.Gln3316Gln)</td>
<td>NA</td>
<td>Abolition of splice site</td>
<td>Absent</td>
</tr>
<tr>
<td>13DF</td>
<td>ND</td>
<td>17</td>
<td>ND</td>
<td>ND</td>
<td>MYO15A (NM_016239.3)</td>
<td>In-5: c.3866+1G&gt;A (p.?)</td>
<td>NA</td>
<td>Abolition of splice site</td>
<td>AA = 0, AG = 1, GG = 6051</td>
</tr>
<tr>
<td>DFR28</td>
<td>ND</td>
<td>17</td>
<td>ND</td>
<td>ND</td>
<td>MYO15A (NM_016239.3)</td>
<td>Ex-50: c.8767C&gt;T (p.Arg2923*)</td>
<td>NA</td>
<td>NA</td>
<td>TT = 0, TC = 1, CC = 6266</td>
</tr>
<tr>
<td>DFR3</td>
<td>ND</td>
<td>17</td>
<td>ND</td>
<td>ND</td>
<td>MYO15A (NM_016239.3)</td>
<td>Ex-45: c.8222T&gt;C (p.Phe2741Ser)</td>
<td>4.97; Deleterious; Damaging</td>
<td>NA</td>
<td>Absent</td>
</tr>
<tr>
<td>11DF</td>
<td>ND</td>
<td>9</td>
<td>ND</td>
<td>ND</td>
<td>TMC1 (NM_138691.2)</td>
<td>In-8: c.362+18A&gt;G (p.Glu122Trpfs*10)</td>
<td>NA</td>
<td>NA</td>
<td>Absent</td>
</tr>
<tr>
<td>7DF</td>
<td>8.40</td>
<td>1</td>
<td>rs1242330; rs7521242</td>
<td>53,396,842–61,803,889</td>
<td>BSND (NM_057176.2)</td>
<td>Ex-1: c.97G&gt;C (p.Val33Leu)</td>
<td>1.09 Deleterious; Damaging</td>
<td>NA</td>
<td>Absent</td>
</tr>
<tr>
<td>DFR24</td>
<td>3.49</td>
<td>21</td>
<td>rs2838063; rs881969</td>
<td>42,929,129–46,421,694</td>
<td>TMPRSS3 (NM_024022.2)</td>
<td>Ex-8: c.726C&gt;G (p.Cys242Trp)</td>
<td>−0.28 Deleterious; Damaging</td>
<td>NA</td>
<td>Absent</td>
</tr>
<tr>
<td>DFR18</td>
<td>2.92</td>
<td>12</td>
<td>rs6581511; rs11176432</td>
<td>64,278,102–67,207,064</td>
<td>MSRB3 (NM_001031679.2)</td>
<td>Ex-4: c.20T&gt;G (p.Leu7Arg)</td>
<td>3.76; Tolerated; Possibly Damaging</td>
<td>NA</td>
<td>Absent</td>
</tr>
</tbody>
</table>

Acc. No., accession number of reference sequence; Chr, chromosome; Ex, exon; EVS, exome variant server; hg19, human genome assembly 19; In, intron; NA, not applicable; ND, not determined; SNPs, single nucleotide polymorphisms; PhyloP, phylogenetic P-values; Polyphen, polymorphism phenotyping; SIFT, sorting intolerance from tolerance.
Figure 1. Pedigrees and the segregation of novel mutations in known deafness genes. Unfilled circles indicate unaffected females, unfilled squares indicate unaffected males, filled circles indicate affected females, filled squares indicate affected males, double lines represent consanguineous marriages, slashed line across the symbols indicate deceased individual, + indicates wild type allele, M indicates mutant allele. doi:10.1371/journal.pone.0100146.g001
Recurrent mutations in TMC1 (c.1114G>A; p.Val372Met [23] and c.100C>T; p.Arg34* [24]), HGF (c.482+1991_2000delGATGATGAAA and c.482+1986_1988delTGA [25]), SLC26A4 (c.1337A>G; p.Gln446Arg [26]) and TMIE (c.241C>T; p.Arg81Cys [27]) also segregated in the respective families and most likely are the disease causing mutations (Table 3).

Figure 2. Effect of MYO15A c. 9948G>A using a minigene approach. An agarose gel containing RT-PCR products detected from HEK293T cells transfected with the wildtype and mutant minigene construct and a schematic representation of the identified splicing products. The RT-PCR products were verified by sequence analysis. The c.9948G>A mutation leads to skipping of exon 61.

doi:10.1371/journal.pone.0100146.g002

Figure 3. Effect of TMC1 intronic mutation c.362+18A>G using a minigene approach. Electropherogram of the partial cDNA sequence of RNA derived from cells transfected with the pCI-NEO with either the mutant or wildtype TMC1 exon 8. The mutation leads to the insertion of 17bp at the 3' end of exon 8, which can be predicted to result in a premature stop codon in exon 9 (p.Glu122Tyrfs*10).

doi:10.1371/journal.pone.0100146.g003
In a cohort of 30 ARNSHL families the genetic defects were identified in 9 known deafness genes: GJB2, MYO15A, TMC1, BSND, TMPRSS3, MSRB3, HGF, SLC26A4 and TMIE. In the current panel recurrent as well as novel mutations were detected, the novel mutations were identified in GJB2, MYO15A, TMC1, BSND, TMPRSS3 and MSRB3.

GJB2 was the most frequently mutated gene in these families. In this gene the novel mutation c.598G>A (p.Gly200Arg) affects a residue in the cysteine-rich domain that is involved in the formation of intramolecular disulphide bonds [28,29]. Although the effect of glycine on the intramolecular disulphide bond formation cannot be predicted, the mutant residue arginine may affect the proper folding of the cysteine-rich domain because of the larger size of the arginine side chain.

In two families the GJB2 variant c.380G>A (p.Arg127His) was found to segregate with the hearing loss, being present homozygously in 4 affected members. Other studies have also reported deafness patients carrying this mutation homozygously [29,30,31]. Based on the higher carrier frequency in patients as well as controls, Padma et al. [30] suggested that it is unlikely that this variant plays a pathogenic role in deafness. However, Matos et al. [32] have proposed that this mutation is likely to be pathogenic when influenced by other unknown genetic or environmental factors [32]. In the EVS, however, no homozygous occurrence of the mutated allele has been reported to date (Table S1).

Identification of 4 p.Arg127His homozygous patients out of 125 deafness patients in the current study and the previously reported cases of 9 heterozygous cases and 1 compound heterozygous case in 70 deaf patients by Bukhari et al. [31], demonstrates that this is the most frequently occurring mutation in Pakistani deafness families and therefore becomes important in genetic counseling of Pakistani deaf patients.

In the current study GJB2 mutations were found to be the most common, followed by MYO15A mutations. The overall frequency of the two most common nonsense variants c.71G>A (p.Trp24*) and c.231G>A (p.Trp77*) of GJB2 in Pakistani deafness patients was obtained from the current (n = 125) as well as previously reported studies of Santos et al. [33] (n = 430) and Bukhari et al. [31] (n = 70). Using these data, the frequency was found to be 5.9% (p.Trp24*) and 4.3% (p.Trp77*) [31,33]. The variant p.Trp24* has a high prevalence in the Indian population as well [34], Pakistan and India have a shared genetic ancestry [35], which could be the reason of the presence of this variant in both populations. The third mutation p.Gly12Valfs*2 identified in the current study has previously been reported from Northern areas of Pakistan [31] and also in Caucasians and Turks [36], thus indicating a possible founder effect of this mutation. In the current cohort, 35% (60/173) individuals were found to be carriers of GJB2 mutations. Therefore, as a preliminary screening of deaf families the sequencing of this gene is suggested in Pakistan. In the current study MYO15A was found to be the second leading cause of deafness in the Pakistani population, but still no recurrent mutation was identified in this gene.

A total of 7 nonsense mutations were identified in GJB2, MYO15A and TMC1, these nonsense mutations are likely to cause nonsense mediated decay (NMD) because they are either present in the middle or near the 5' end of the gene.

In MYO15A two splice site, a nonsense and a missense mutations were identified. The c.9948G>A (p.Gln3316Gln) mutation affects the last nucleotide of exon 61 and changes the consensus splice site sequence. Based on the results of the minigene assay the c.9948G>A mutation is expected to lead to skipping of exon 61, which would result in a frameshift and NMD can be expected to occur at least for part of the mRNAs. The second splice site mutation c.3866+1G>A is a canonical splice site change and is predicted to remove the splice donor site of exon 5. An alternative splice site is predicted at position +99 in intron 5, if this alternative site is used it would lead to a frameshift and a premature stop codon (encoded by nucleotide 2–4 of intron 5). Both splice site mutations are thus predicted to lead to a frameshift and NMD could occur for at least part of the mRNA transcripts. The two other novel mutations, c.8222T>C (p.Phe2741Ser) and c.8767C>T (p.Arg2923*), found in two different families, are located in the region of the gene that encodes the tail region of MYO15A and are likely to cause a loss of function of this region. The p.Arg2923* mutation is present in the SH3 domain, which is involved in the protein-protein interactions [37]. Most of the previously reported mutations of MYO15A causing congenital severe to profound deafness were found in the motor head and the tail domains [6,38]. Collectively these results indicate that the motor head and tail regions of MYO15A are essential in the hearing process and any mutation in these regions is thus critical [39].

TMC1 encoding a transmembrane protein is expressed in the neurosensory hair cells of the mouse cochlea [40]. The recurrent nonsense mutation in exon 7 of TMC1, c.100C>T (p.Arg34*) is
**Table 3. Recurrent mutations in known autosomal recessive non-syndromic hearing loss (ARNSHL) genes in 6 Pakistani families.**

<table>
<thead>
<tr>
<th>Family ID</th>
<th>Size of Homozygous Region (Mb)</th>
<th>Chr.</th>
<th>Flanking SNPs</th>
<th>Chr. Position (In hg19)</th>
<th>Candidate Gene</th>
<th>Mutation (Predicted protein change)</th>
<th>Frequency in EVS</th>
<th>Ref.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DFR22</td>
<td>9.23</td>
<td>9</td>
<td>rs4275319; rs2295861</td>
<td>68,513,625–77,745,424</td>
<td>TMC1, (NM_138691.2)</td>
<td>Ex-15: c.1114G&gt;A (p.Val372Met)</td>
<td>AA = 0, AG = 2, GG = 6501</td>
<td>[23]</td>
</tr>
<tr>
<td>19DFS</td>
<td>11.96</td>
<td>9</td>
<td>rs10867845; rs10867778</td>
<td>72,252,269–84,222,300</td>
<td>TMC1</td>
<td>Absent [40]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DFR37</td>
<td>37.85</td>
<td>7</td>
<td>rs13233819; rs104869</td>
<td>44,342,969–82,197,469</td>
<td>HGF, (NM_000601)</td>
<td>In-4: c.482+1986_1989delTGGA (p.?)</td>
<td>Absent [25]</td>
<td></td>
</tr>
<tr>
<td>DFR39</td>
<td>29.83</td>
<td>7</td>
<td>rs2285807; rs10253693</td>
<td>92,989,228–122,825,956</td>
<td>SL2C6A4, (NM_000441.1)</td>
<td>Ex-11: c.1337A&gt;G (p.Glu446Arg)</td>
<td>Absent [26]</td>
<td></td>
</tr>
<tr>
<td>26DF</td>
<td>2652</td>
<td>3</td>
<td>rs304838; rs536036</td>
<td>30,806,764–57,368,883</td>
<td>TMEM (NM_147196)</td>
<td>Ex-3: c.241C&gt;T (p.Arg81Cys)</td>
<td>Absent [27]</td>
<td></td>
</tr>
</tbody>
</table>

**Conclusions**

In the present study, 33% (16/30) of the families were found to carry causative mutations in **GJB2** illustrating that the most frequently involved genes in deafness in **GJB2** followed by **MYO15A** (13%, 4/30) and **TMC1** (10%, 3/30). Based on these results, it is therefore suggested that as an initial step for the genetic diagnosis of deafness, **GJB2** should be genotyped to exclude those genes or to indicate mutation analysis. Haplotype analysis using known deafness genes in consanguineous families, although a large number of mutations are still not defined, identification of novel mutations can be provided in these families. Further studies are required to determine the role of deafness genes associated with **GJB2** and to identify the full mutation spectrum in the Pakistani population. It is likely that the full mutation spectrum in **GJB2** is important to better inform couples about the risk of their offspring.
Table S1 Characteristics of 30 Pakistani families diagnosed with autosomal recessive non-syndromic hearing loss (ARNSHL).

(DOC)

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Author Contributions

Conceived and designed the experiments: S. Shafigue S. Siddiqi MS JO TMS M. Azam HK RQ. Performed the experiments: S. Shafigue S. Siddiqi MS JO HA AB M. Azam CZZS TMS AM KM STAS AH M. Ajmal. Analyzed the data: S. Shafigue S. Siddiqi MS JO HA AB M. Azam CZZS TMS AM KM STAS AH M. Ajmal HK RQ. Contributed reagents/materials/analysis tools: MS TMS HK RQ. Wrote the paper: S. Shafigue S. Siddiqi MS JO HA AB M. Azam CZZS TMS AM KM STAS AH M. Ajmal HK RQ.


