

Overview

Useful For

Diagnosing Pompe disease, when used in conjunction with acid alpha-glucosidase enzyme activity assays and molecular genetic analysis of the *GAA* gene

Monitoring Pompe patients on enzyme replacement therapy

May support the diagnosis and monitoring of other glycogen storage disorders; however, glucotetrasaccharide (Glc4) excretion appears to be less consistently elevated in glycogen storage disorders other than Pompe disease

This test is **not useful** for carrier screening

Highlights

Increased accumulation of glycogen in the lysosome is a typical finding due to lack of the lysosomal enzyme acid alpha-glucosidase (*GAA*). Excess glycogen is degraded to glucotetrasaccharide, which is excreted in urine.

Most individuals with glycogen storage disorder type II (GSD II, Pompe disease) and other glycogen storage disorders excrete glucotetrasaccharides in their urine.

Measuring glucotetrasaccharide in the urine can be helpful when employed in conjunction with *GAA* enzyme activity assay and molecular genetic analysis of the *GAA* gene.

Measuring glucotetrasaccharide in the urine of GSD II patients undergoing enzyme replacement therapy (ERT) has been reported as a useful tool for monitoring the effects of treatment.

Testing Algorithm

See [Newborn Screen Follow-up for Pompe Disease](#) in Special Instructions.

Special Instructions

- [Newborn Screen Follow-up for Pompe Disease](#)

Method Name

Liquid Chromatography-Tandem Mass Spectrometry (LC-MS/MS)

NY State Available

Yes

Specimen

Specimen Type

Urine

Additional Testing Requirements

When requested for the diagnosis of Pompe disease (GSD II), glucotetrasaccharide concentrations in urine need to be interpreted in light of the clinical presentation and other laboratory tests, such as blood creatine kinase, alpha-glucosidase (*GAA*) activity, and *GAA* genotype.

Necessary Information

Patient's age and reason for referral are required.

Specimen Required

Supplies: Aliquot Tube, 5 mL (T465)

Container/Tube: Plastic, 5-mL urine tube

Specimen Volume: 3 mL

Collection Instructions:

1. Collect a random urine specimen.
2. No preservative.

Forms

If not ordering electronically, complete, print, and send an [Inborn Errors of Metabolism Test Request](#) (T798) with the specimen.

Specimen Minimum Volume

1 mL

Reject Due To

All specimens will be evaluated at Mayo Clinic Laboratories for test suitability.

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Urine	Frozen (preferred)	87 days	
	Refrigerated	28 days	
	Ambient	14 days	

Clinical and Interpretive

Clinical Information

Pompe disease, also known as glycogen storage disease type II, is an autosomal recessive disorder caused by a deficiency of the lysosomal enzyme acid alpha-glucosidase (GAA). This leads to an accumulation of glycogen in the lysosome causing swelling, cell damage, and progressive organ dysfunction. In glycogen storage diseases, excess glycogen is degraded to glucotetrasaccharide (glucose tetrasaccharide: Glc4), which is excreted in urine. Measurement of Glc4 in urine is used for both initial diagnosis and monitoring of patients with Pompe disease.

Pompe disease is caused by deleterious variants in the *GAA* gene. The classic, early infantile onset form of the disease is characterized by progressive muscle hypotonia, weakness, hypertrophic cardiomyopathy, and death due to either cardiorespiratory or respiratory failure typically by the end of the first year of life. Juvenile and adult-onset forms of Pompe disease are characterized by later onset and longer survival. Primary symptoms of later-onset Pompe disease include muscle weakness and respiratory insufficiency, with cardiomyopathy only rarely developing. Based on data from newborn screening, the incidence is approximately 1 in 20,000 live births with most patients

being affected with later onset forms of Pompe disease. The clinical phenotype depends on residual enzyme activity, with complete loss of activity causing onset in infancy.

Enzyme replacement therapy (ERT) improves outcome in many patients with either classic infantile onset or later onset Pompe disease. Early initiation of treatment improves the prognosis and makes early diagnosis of Pompe disease desirable. Because of this, newborn screening for Pompe disease has recently been added to the Recommended Uniform Screening Panel and already been implemented in some states.

Historically, diagnostic testing required a skin or muscle biopsy to measure GAA enzyme activity. Today, noninvasive enzyme assays and molecular genetic analysis of the GAA gene (GAAZ / Pompe Disease, Full Gene Analysis, Varies) are available for testing in blood and dried blood spots. In addition, Glc4 can be measured in urine to support a diagnosis of Pompe disease and other glycogen storage disorders.

Reference Values

< or =14 months: < or =14.9 mmol/mol Cr

> or =15 months: < or =4.0 mmol/mol Cr

Interpretation

An elevated excretion of glucotetrasaccharide is indicative of Pompe disease or other glycogen storage disorders.

Enzyme or molecular analysis is required to confirm suspected diagnosis.

Cautions

Elevated glucotetrasaccharide (Glc4) result may be due to dietary artifacts particularly ingestion of carbohydrates.

Clinical Reference

1. Sluiter W, van den Bosch JC, Goudriann DA, et al: Rapid Ultrapformance Liquid Chromatography-Tandem Mass Spectrometry Assay for a Characteristic Glycogen-Derived Tetrasaccharide in Pompe Disease and Other Glycogen Storage Diseases. *Clin Chem* 2012;58:1139-1147
2. Young S, Stevens RD, An Y, et al: Analysis of a glucose tetrasaccharide elevated in Pompe disease by stable isotope dilution¹³C-electrospray ionization tandem mass spectrometry. *Anal Biochem* 2003;316:175-180
3. Chien YH, Goldstein JL, Hwu WL, et al: Baseline Urinary Glucose Tetrasaccharide Concentrations in Patients with Infantile- and Late-Onset Pompe Disease Identified by Newborn Screening. *JIMD Rep* 2015;19:67-73
4. Young SP, Piraud M, Goldstein, JL, et al: Assessing disease severity in Pompe disease: the roles of a urinary glucose tetrasaccharide biomarker and imaging techniques. *Am J Med Genet C Semin Med Genet* 2012;160C:50-58

Performance

Method Description

A random urine sample is corrected per creatinine content. The creatinine-corrected urine is combined with ammonium hydroxide and internal standard in a 96-well filter plate. After centrifugation, an aliquot of the eluate is injected onto an amide column and analyzed by liquid chromatography-tandem mass spectrometry (LC-MS/MS) in negative mode. The ratio of the extracted peak area for glucotetrasaccharide to the internal standard is used to calculate the concentration of glucotetrasaccharide present.(Unpublished Mayo method)

PDF Report

No

Day(s) and Time(s) Test Performed

Wednesday; 11 a.m.

Analytic Time

7 days (Not reported on Saturday or Sunday)

Maximum Laboratory Time

14 days

Specimen Retention Time

1 month

Performing Laboratory Location

Rochester

Fees and Codes
Fees

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their Regional Manager. For assistance, contact [Customer Service](#).

Test Classification

This test was developed and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. This test has not been cleared or approved by the U.S. Food and Drug Administration.

CPT Code Information

82542

82570

LOINC® Information

Test ID	Test Order Name	Order LOINC Value
HEX4	Glucotetrasaccharides, U	53868-6

Result ID	Test Result Name	Result LOINC Value
64174	Glucotetrasaccharides, U	53868-6
BG710	Reason for Referral	42349-1
BA2896	Intepretation (HEX4)	59462-2
BA2897	Reviewed By	18771-6