

The Study of Bioinformatics Application for Von Hippel -Lindau Disease

RABINDRA KUMAR MISHRA^{1*}, PRANJALI POTDAR², SHILPA WAKHARE³GAJANAN SONAWANE⁴, PADMALAYA MISHRA⁵

¹Department of Basic Science and humanities, GIET University, Gunupur, Rayagada, Odisha, India, 765022
^{2,3,4,5} Department of Biotechnology, GIET University, Gunupur, Rayagada, Odisha, India, 765022

Abstract:

This article gives an overview of neurodegenerative illnesses, a genetic defect that causes Von Hippel –Lindau disease. This article also provides the concept of various forms of tumors in their body. In this study, Genetic testing is executed to check for the anomalous gene in own circle of relatives A case history of von Hippel-Lindau sickness and a minimum of one characteristic neoplasm within the eyes, brain, spine, adrenal glands, kidneys, or duct gland are present. Therefore, developing drug molecules could help researchers compare early and late-stage forms of the disease. This could offer new pharmacological targets for treatment as well as processes particular to late-onset von Hippel -Lindau disease.

Keywords: Lindau Syndrome, central nervous system, tumor, angiogenesis

Date of Submission: 08-09-2022

Date of Acceptance: 24-09-2022

I. Introduction

Von Hippel-Lindau Disease is autosomal dominant inheritance also known as VHL. Angiomas of retinae, and Familial Cerebello-Retinal Angioma. It is a very uncommon genetic condition characterized by the growth of tumors and cysts (fluid-filled sacs) in a variety of bodily organs, including the skin, eyes, and central nervous system (CNS). VHL disease is caused due to genetic alternation (mutation iteration of the alleles of the VHL gene situated on third chromosomes) (1). Through its tumors the VHL protein, gene acts as a key regulator of cellular hypoxia signaling (pVHL). Increased levels of growth factors like platelet-derived growth factor, transforming growth factor-alpha, and vascular endothelial factor are inadvertently caused by pVHL. Regulate factor-alpha complex does not occur in the case of a non-functioning gene, such as in VHL disease. As a result, the concentrations of various growth factors increase, increasing the efficacy of angiogenesis and tumor development. VHL affected people having various types of tumors in their body i.e. tumors in the brain, inner ear, spinal cord, kidneys, eyes, pancreas and adrenal glands, reproductive tract, breast (2). Some tumors are cancerous (malignant) and grow rapidly and spread throughout the body and others are non-cancerous (non-cancerous is a rare genetic disorder and it affects 1 person out of 36,000 people).

Traits of VHL:

- Migraine
- Hearing loss or ringing in the ears (tinnitus)
- High blood pressure
- Loss of balance
- Loss of muscle strength or coordination
- Vomiting
- Vision problems

Clinical Features:

Hallmark depending upon the location of the tumor in organs

1. Hemangioblastomas-tumors associated with brain and spinal cord
- Migraine
 - Weakness
 - Ataxia
 - Nausea
 - Vomiting

- Retinal-blindness
- 2. Pheochromocytomas-Tumors found in adrenal glands
 - An acute increase in blood acupressure
 - Migraine
 - Fear strikes
 - Profuse sweating
- 3. Renal Cell Carcinoma-Tumors present in kidney
 - hematuria
 - lower back pain
 - anemia
 - loss of appetite
 - weight loss
 - Fatigue
 - fever
 - Development of a lump on one side.
- 4. Endolymphatic Sac Tumors-tumors formed the in inner ear i.e.benighthen in Nature
 - Hearing loss
 - Tinnitus (ringing/buzzing in the ears)
 - Problems with maintaining balance while standing and/or walking.
- 5. PancreaticNeuroendocrinein Tumors-tumors associated with islet cell Tumor
 - Hypoglycemia (low blood sugar)
 - Stomach ulcers
 - Gallstones
 - Severe diarrhea.

Diagnosis of VHL:

1. Imagine g tests
2. Eye examination
3. Genetic testing

Doctors perform a physical examination and verify for von Hippel-Lindau disease in any family and friends(3). Various tests are conducted to look for tumors and other abnormalities if findings point to the disorder:the spine and brain using magnetic resonance imaging (MRI) or computed tomography (CT) an ophthalmoscopy-based eye examination abdominal MRI, CT, or ultrasonography audio tests a blood test.

A DIAGNOSIS OF VON HIPPEL-LINDAU DISEASE IS MADE WHEN ANY OF THE FOLLOWING CONDITIONS EXIST:

Doctors examine patients who have two or more typical von Hippel-Lindau disease tumors but no known von Hippel-Lindau family history. Once one tumor is discovered, they search for more. To check for the anomalous gene in one's own family tree, genetic testing is done(4). A case history of von Hippel-Lindau disease and at least one distinctive neoplasm in the kidneys, adrenal glands, eyes, brain, spine, or duct gland. Molecular diagnostic testing is used by doctors to identify the abnormal VHL gene and confirm the diagnosis if they are still unsure of the condition(5). Genetic testing is carried out to check for abnormal citron in family members if the abnormal VHL gene is found in one particular person(6)(7).

Treatment:

Person ring from VHL either opts to get tumored through surgery or sometimes radioradiotherapy our removal is not possible before it getsexgetsating radiation are targeted on tumor instead Optical device medical aid such laser as therapy or utmost cold application is employed forangias of the retina(8,9).

Belzutifan drug which is approved is quite frequently used for adults to reduce neoplasm in various organ liorgansmors in the kidney, brain, or spine, or tumors in the pancreas that doesnot reseed to be immediately surgically removed(10,11). This medication reduces tumor size and halts tumor growth. It may be used up until the disease gets worse or the side effects get too bad. severe who have adrenal gland tumors may also require medication to regulate their blood pressure. Advanced kidney cancer patients might also receive other drug therapies(12-15).

Related drugs:

Drugs
utifan
Tivozanib
Osilodrostat
Indium In 111 pentetretotide
Serpil B5
Plasminogen
Neocarzinostatin
Rhein
Pazopanib Hydrochloride (clinical trial)
Fucoxanthin
Abivertinib
E3 ubiquitin-protein ligase TRIM13

ACKNOWLEDGEMENTS:

We would like to show our gratitude to Dr.N.V.J.Rao, Registrar GIET University, Gunupur ,Rayagada, Odisha 765022 for sharing their pearls of wisdom with us during the course of this research.

II. CONCLUSION:

This article gives an overview of the causes of Von Hippel –Lindau disease. , the levels of various growth factors rise, allowing for increased blood vessel growth (angiogenesis) and tumor formation.

REFERENCES

- [1]. Original articles Von Hippel-Lindau disease : J Med Genet. 1991;28:443–7.
- [2]. Schmid S, Gillissen S, Binet I, Brändle M, Engeler D, Greiner J, et al. Management of von Hippel-Lindau disease: An interdisciplinary review. *Oncol Res Treat.* 2014;37(12):761–71.
- [3]. Ben-Skowronek I, Kozaczuk S. Von hippel-lindau syndrome. *Horm Res Paediatr.* 2015;84(3):145–52.
- [4]. Yuan G, Liu Q, Tong D, Liu G, Yi Y, Zhang J, et al. A retrospective case study of sunitinib treatment in three patients with Von Hippel-Lindau disease. *Cancer Biol Ther* [Internet]. 2018;19(9):766–72. Available from: <https://doi.org/10.1080/15384047.2018.1470732>
- [5]. Binderup MLM. Von Hippel-Lindau disease: Diagnosis and factors influencing disease outcome. *Dan Med J.* 2018;65(3):1–29.
- [6]. Maher ER, Neumann HPH, Richard S. Von Hippel-Lindau disease: A clinical and scientific review. *Eur J Hum Genet.* 2011;19(6):617–23.
- [7]. Boratto SDF, Cardoso PAS, Priolli DG, Botelho RV, Goldenberg A, Bianco B, et al. von Hippel-Lindau Syndrome: Genetic Study of Case With a Rare Pathogenic Variant With Optic Nerve Hemangioblastoma, a Rare Phenotypic Expression. *Front Oncol.* 2020;10(February):1–6.
- [8]. O'Brien FJ, Danapal M, Jairam S, Lalani AK, Cunningham J, Morrin M, et al. Manifestations of von hippel lindau syndrome: A retrospective national review. *Qjm.* 2014;107(4):291–6.
- [9]. Sundaram M, Song Y, Freimark J, Berman R, Nguyen H, Signorovitch J, et al. Real-world treatment patterns in von Hippel-Lindau (VHL) disease-associated renal cell carcinoma (RCC): Costs of tumor reduction procedures and their complications. *J Clin Oncol.* 2022;40(16_suppl):4539–4539.
- [10]. Maher ER, Sandford RN. von Hippel-Lindau Disease : an Update. 2019;54:227–35.
- [11]. Jonasch E, Donskov F, Iliopoulos O, Rathmell WK, Narayan VK, Maughan BL, et al. Belzutifan for Renal Cell Carcinoma in von Hippel–Lindau Disease. *N Engl J Med.* 2021;385(22):2036–46.
- [12]. Chittiboina P, Lonser RR. Chapter 10 – Von Hippel–Lindau disease [Internet]. Vol. 132, *Handbook of Clinical Neurology.* 2015. 139–156 p. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/26564077%0Ahttp://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=PMC5121930>
- [13]. Khanduri S, Khan N, Malik S, Katara S, Fatima M. Von Hippel-Lindau Disease: A Rare Radiological Case Report of a Symptomatic Patient and His Asymptomatic Genetic Counterpart. *Cureus.* 2021;13(1):3–7.
- [14]. Gläsker S, Vergauwen E, Koch CA, Kutikov A, Vortmeyer AO. Von Hippel-Lindau Disease : Current Challenges and Future Prospects. 2020;5669–90.
- [15]. Maher ER, Sandford RN. von Hippel-Lindau Disease : an Update. 2019;227–35.

RABINDRA KUMAR MISHRA, et. al. “The Study of Bioinformatics Application for Von Hippel -Lindau Disease.” *International Journal of Humanities and Social Science Invention (IJHSSI)*, vol. 11(09), 2022, pp 72-74. Journal DOI- 10.35629/7722