

# Positive Result:

## Blood Spot Screen Result Notification



### Elevated Methionine

#### Next Steps

This week, you should take the following recommended actions:

- **Review** hospital birth records (if possible) to see if newborn received any amount of total parenteral nutrition (TPN).
- **Consult** with a metabolic specialist. Contact information for the metabolic specialists can be found on the resource list provided.
- **Contact** family to notify them of the newborn screening result and assess symptoms. In most cases, the infant will be asymptomatic.
- **Arrange** referral to a metabolic specialist for further diagnostic work-up.

If you have questions about the newborn screening result or your next steps, an on-call Newborn Screening Program genetic counselor is available at (651) 201-3548.

#### Review with Family

Discuss this result with the family as MDH has **not** notified them. Share the follow-up plan with them. Educate family about need for infant to avoid protein. Discuss signs, symptoms, and when to contact you with concerns.

#### False Positives

Screening result can be impacted by specimen collection before 24 hours, prematurity, and total parenteral nutrition (TPN).

#### Differential Diagnosis

Elevated methionine is primarily associated with:

- Hyperalimentation (e.g., TPN)
- Liver immaturity, dysfunction, or disease
- Classical homocystinuria — Incidence of 1 in 200,000

Other disorders to consider:

- Hypermethioninemia
- Methionine adenosyltransferase I/III (MAT I/III) deficiency
- Glycine n-methyltransferase (GNMT) deficiency
- Adenosylhomocysteine hydrolase deficiency

#### Clinical Summary

Classical homocystinuria is an amino acid disorder characterized by the inability to break down the amino acid, methionine, from protein leading to a toxic buildup.

Affected neonates are typically asymptomatic. If untreated, these children can develop intellectual disabilities, ectopia lentis, skeletal abnormalities, and thromboembolism.

Treatment requires a lifelong protein restricted diet. Medication and supplements may be prescribed. If treated early, most disease sequelae can be prevented. Even with treatment, some children still experience ophthalmic complications.