

Gene Section

Review

PSEN2 (presenilin 2 (Alzheimer disease 4))

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Identity

Other names: AD3L, AD4, PS2, STM2

HGNC (Hugo): PSEN2

Location: 1q42.13

DNA/RNA

Description

Twelve exons, spans approximately 26.7 kb of genomic DNA in the centromere to telomere orientation, the translation initiation codon is in exon 4 and the stop codon in exon 12.

Transcription

mRNA of approximately 2.3 kb. Two alternatively spliced transcript variants encoding different isoforms of PSEN2 have been identified.

Pseudogene

Not known.

Protein

Description

The open reading frame encodes a 448 amino acid protein, with an estimated molecular weight of 50 kDa.

It is a multi-spanning transmembrane protein with a predicted 9 transmembrane domains. Heterogeneous proteolytic processing generates N-terminal and C-terminal fragments.

Expression

Neuronal (higher levels in hippocampus and cerebellum). Isoform 1 is seen in the placenta, skeletal muscle and heart while isoform 2 is seen in the heart, brain, placenta, liver, skeletal muscle and kidney. (In isoform 2 amino-acids 263-296 are missing).

Localisation

Endoplasmic reticulum, plasma membrane, golgi apparatus.

Function

Catalytic core of the gamma-secretase complex. This complex catalyses the intramembrane cleavage of single-pass membrane proteins such as Notch and the Amyloid Precursor Protein (APP) to give intracellular signaling. The released intracellular domains of Notch or APP form complexes with other proteins to regulate gene transcription.

Homology

The PSEN2 gene is conserved in chimpanzee, dog, cow, mouse, rat, chicken, and zebrafish.



Presenilin 2 transcript, lines indicate introns and boxes exons. Untranslated regions are represented as yellow boxes and coding regions as red boxes.



Presenilin 2 protein domains, bright blue boxes are transmembrane domains (TM).

Mutations

Somatic

23 mutations.

Nucleotide change	Disease	Reference
Arg62His	AD	Cruts et al., 1998; Guerreiro et al., 2008
Arg71Trp	AD	Guerreiro et al., 2008
Thr122Pro	AD	Finckh et al., 2000; 2005
Ser130Leu	AD	Sorbi et al., 2002; Tedde et al., 2003; Tomaino et al., 2007
Val139Met	AD	Bernardi et al., 2008
Asn141Ile	AD	Levy-Lahad et al., 1995; Rogaev et al., 1995
Met174Val	AD	Guerreiro et al., 2008
Ser175Cys	AD	Piscopo et al., 2008
Gln228Leu	AD	Zekanowski et al., 2003
Met239Ile	AD	Finckh et al., 2000
Met239Val	AD	Rogaev et al., 1995; Marcon et al., 2004
Val393Met	AD	Lindquist et al., 2008; 2009
Thr430Met	AD	Lleo et al., 2002; Ezquerra et al., 2003
Asp439Ala	AD	Lleo et al., 2001; 2002
Arg62His	Breast Cancer	To et al., 2006
Arg71Trp	Breast Cancer	To et al., 2006
Tyr231Cys	FTD	Marcon et al., 2008; 2009
Ala85Val	LBD	Piscopo et al., 2008
Thr122Arg	Atypical Dementia	Binetti et al., 2003

Table. Mutations identified through genetic screening. AD: Alzheimer's Disease, FTD: Frontotemporal Dementia, LBD: Lewy Body Dementia.

Implicated in

Breast cancer

Disease

Breast cancer is the most common form of cancer for women. The cancer originates from the breast tissue where it can be a ductal carcinoma or lobular carcinoma. They can be further defined as in situ or invasive cancers.

Oncogenesis

Mutations (see above).

Alzheimer's disease

Note

Mutations (see above) taken from the Alzheimer's Disease and Frontotemporal Dementia Mutation Database. Only pathogenic mutations are included.

Disease

Alzheimer's disease is the most prevalent form of dementia. In affected individuals the disease causes a progressive and permanent decline in memory and cognitive abilities. Neuropathogenesis is proposed to be a result of the accumulation of amyloid-beta peptides in the brain together with increased oxidative stress and neuroinflammation. The presenilin proteins are central to the gamma-secretase cleavage of the amyloid precursor protein (APP), releasing the amyloid-beta peptide. Point mutations in the presenilin genes lead to cases of familial Alzheimer's disease (and some sporadic cases) by altering APP cleavage resulting in excess amyloid-beta formation.

Frontotemporal Dementia (FTD)

Note

Mutation (see above).

Disease

Frontotemporal dementia is a group of related conditions resulting from the progressive degeneration of the temporal and frontal lobes of the brain (frontotemporal lobar degeneration, FTLN), usually with the presence of abnormal intracellular protein accumulations. These areas of the brain play a significant role in decision-making, behavioral control, emotion and language. The disorder is often sporadic, familial FTD has been linked to mutations in several genes, including those encoding the microtubule-associated protein tau (MAPT), progranulin (GRN), valosin-containing protein (VCP) and charged multivesicular body protein 2B (CHMP2B).

Lewy body Dementia (DLB)

Note

Mutation (see above).

Disease

Dementia with Lewy bodies is a neurodegenerative disorder associated with abnormal structures (Lewy bodies) which are clumps of alpha-synuclein and ubiquitin protein in neurons found in certain areas of the brain. In addition to dementia, patients with dementia with Lewy bodies experience hallucinations, motor impairment, and fluctuating alertness.



Diagram taken from <http://www.molgen.ua.ac.be/ADMutations>. Coloured circles indicate mutation sites. Red: pathogenic, orange: pathogenic nature unclear, green: not pathogenic.

To be noted

Note

Truncated variant PSEN2 protein (PS2V). Variant transcript lacks exon 5 due to alternative splicing. Encodes the first 119 codons of PSEN2 plus a newly generated five amino acids SSMAG. PS2V is detected in sporadic Alzheimer's disease, bi-polar and schizophrenia cases (Sato et al., 1999; Smith et al., 2004). Cell-culture experiments indicate that this variant is upregulated under hypoxic conditions (Sato et al., 1999).

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