

Multiple Hereditary Exostoses: Genetic Overview

About 90% of cases of MHE/HME/MO are caused by mutations in one of two genes:

- **EXT1** (chromosome 8q24.11) resulting in MHE type 1 (OMIM: [133700](#))
- **EXT2** (chromosome 11p11.2) resulting in MHE type 2 (OMIM: [133701](#))

These genes produce enzymes that help make heparan sulfate (HS), a molecule that regulates bone growth and cartilage development. Mutations disrupt HS production, leading to abnormal cartilage growth.

Genotype–Phenotype Patterns

General trends observed in research include:

- **EXT1**: Tends to be more severe, with more growths, higher deformity scores, more severe forearm drift, higher lifetime surgeries, and higher risk of malignant transformation.
- **EXT2**: Usually milder on average, though variability is high.

These trends have been documented in literature, with Kim et al. (2022) finding that **people with EXT1 mutations have more growths overall**, particularly in the forearm and lower limbs, and more angular deformities compared to EXT2. Matsumoto et al. (2020) linked EXT1 mutations to more severe forearm deformity, ulnar shortening, and radial head dislocation. Even within one family, severity of how MHE presents can range from mild to severe.

Research and Future Treatments

Right now, there is no cure that can stop osteochondromas from forming, so **treatment is focused on surgery and symptom relief**. A pediatric trial of palovarotene (RAR γ agonist, NCT03442985) for MHE was terminated early, and no interventional pharmacologic trials are currently active specifically for MHE.

Family Planning and Genetic Counseling

A parent with MHE has a 50% chance of passing on the gene change that causes MHE to each child. Genetic testing can confirm a diagnosis and inform reproductive planning. Early diagnosis and genetic counseling support monitoring and intervention. Genetic testing should encompass both point mutations and large deletions/insertions (Figure 3 Bukowska-Olech et al. 2021).

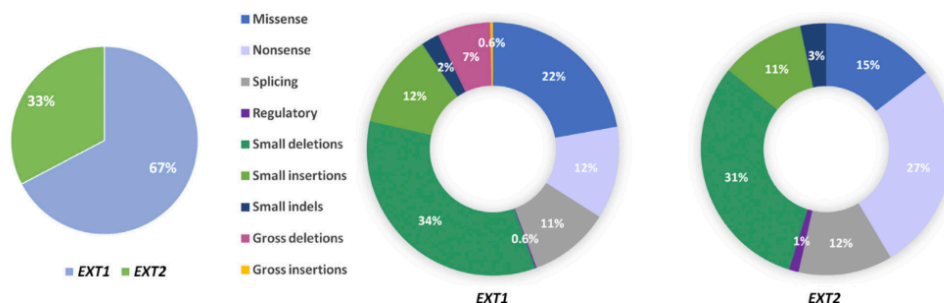


FIGURE 3 | Pie charts showing the percentage of mutation types found in the *EXT1* and *EXT2* genes in patients affected with hereditary multiple exostoses (HMEs). Data were obtained from Human Gene Mutation Database (HGMD v.2021.1; accessed on 25th of May).

References

Bukowska-Olech E, Trzebiatowska W, Czech W, et al. Hereditary multiple exostoses: a review of the molecular background, diagnostics, and potential therapeutic strategies. *Front Genet.* 2021;12:759129. doi:10.3389/fgene.2021.759129

Kim S, Lee CH, Choi SY, Kim MK, Jung ST. A genotype–phenotype study of multiple hereditary exostoses in forty-three patients. *J Clin Med.* 2022;11(13):3703. doi:10.3390/jcm11133703

Matsumoto K, Ishimaru D, Ogawa H, et al. Correlation between mutated genes and forearm deformity in patients with multiple osteochondroma. *J Orthop Sci.* 2020;25(6):1036-1042. doi:10.1016/j.jos.2020.07.008

Pacifici M. Hereditary multiple exostoses: new insights into pathogenesis, clinical complications and potential treatments. *Curr Osteoporos Rep.* 2017;15(3):142-152. doi:10.1007/s11914-017-0355-2