

## Light and Electron Microscopy in a Case of Myophosphorylase Deficiency (Glycogenosis V or McArdle Disease)

M.Gary Hadfield\*, Juan Perez-Berenguer\* and Edwina Westbrook\*\*

\*Department of Pathology, Medical College of Virginia Campus, Virginia Commonwealth University, Box 17, Richmond, VA 23298

\*\*Virginia State University, P.O. Box 9061, Petersburg, VA 23806

We are presenting the light and electron microscopic findings in a 27 year-old female with McArdle disease who presented with exercise induced myalgia and cramps.

Myophosphorylase deficiency is a rare skeletal muscle disorder that produces weakness, pain and cramping in skeletal muscles upon exertion (exercise intolerance), often with temporary paralysis. This is sometimes associated with myoglobinuria due to muscle fiber breakdown [1].

The disease results from a genetic abnormality that produces an incomplete expression of myophosphorylase activity. Specifically, the gene responsible for human myophosphorylase deficiency is found on chromosome 11. Inheritance is autosomal recessive, with a male preponderance [1].

In fact, several disease-associated mutations may occur in the myophosphorylase gene, but in Caucasians a nonsense mutation at codon 49 accounts for three fourths of the cases. [2]. The disease usually expresses itself before age twenty but may occur later in life [3]. A fatal infantile form also exists [4].

As a result of myophosphorylase deficiency, glycogen cannot be broken down as a needed energy source to fire muscle fibers. Symptoms occur upon exercise when myophosphorylase is reduced to 30%-50% [5]. Glycogenosis V is the specific type for mature skeletal muscle [1].

In the present patient, the most important microscopic findings consisted of lack of myophosphorylase staining in the sarcolemma of myofibers using light microscopic histochemical techniques (See Fig. 1) and the accumulation of rich subsarcolemmal and intracytoplasmic deposits of glycogen on electron microscopy (See Fig. 2). Additionally, a few fibers were atrophic, some displayed central nucleation and scattered ones showed subsarcolemmal vacuoles. The intensity of the PAS stain was diffusely increased, consistent with the glycogen deposits. These features are classic for myophosphorylase deficiency (Glycogenosis V or McArdle disease).

### References:

- [1] S. Carpenter, G Karpati, *Pathology of Skeletal Muscle*, Oxford University Press, 2001.
- [2] S. Tsunio et al., *Muscle Nerve* Suppl 3 (1995) 523.
- [3] K. Engel et al., *N. Engl. J. Med.* 268 (1963) 135
- [4] S. DiMauro et al., *Handbook of Clinical Neurology*, Vol. 62, Myopathies (1991) Elsevier, Amsterdam, 479.
- [5] G. Manfredi et al., *J. Neurol. Sci.* 115 (1993) 91.

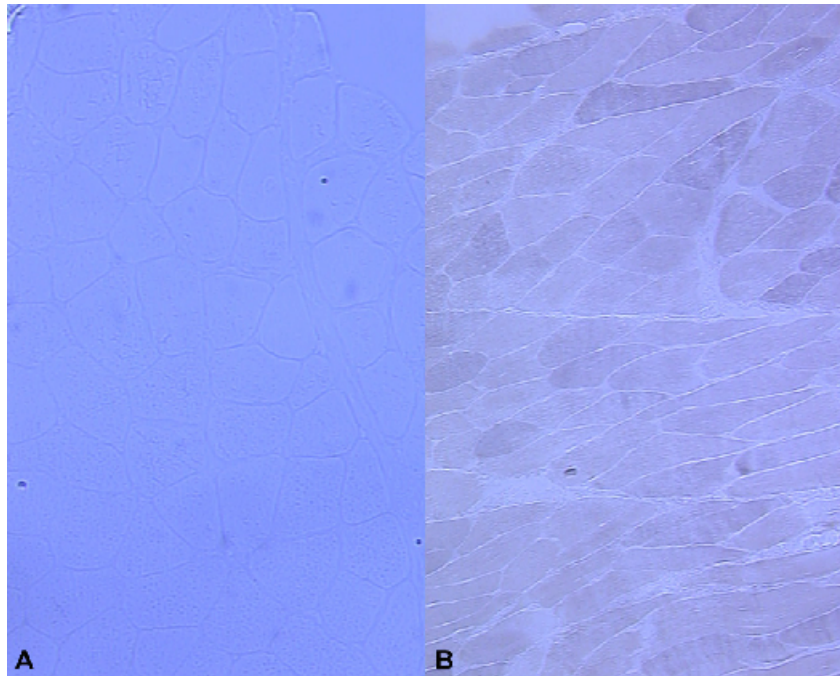


FIG. 1. Light microscopy showing phosphorylase activity in muscle fibers A=Case, phosphorylase absent; B=Control, phosphorylase present

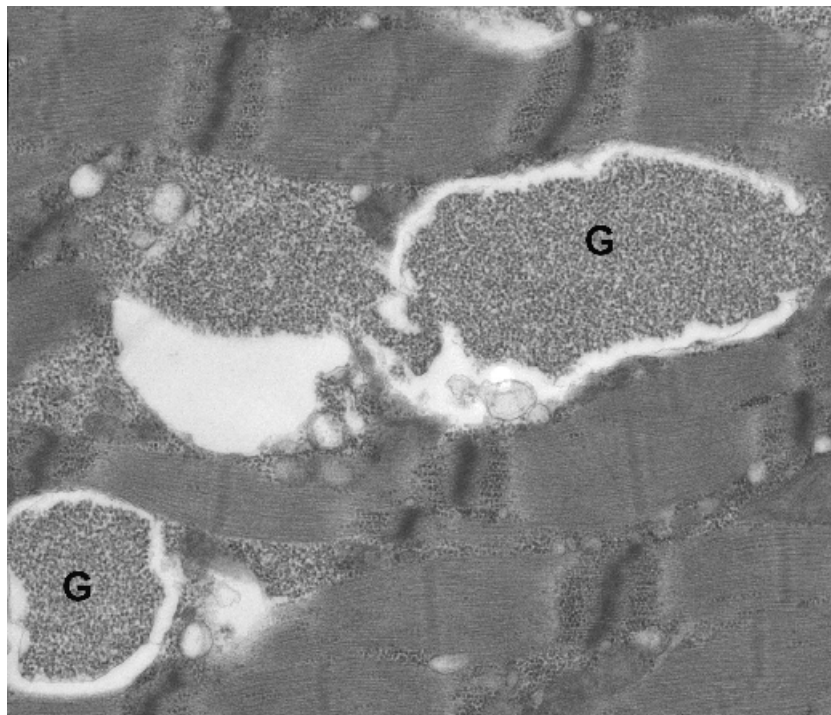


FIG. 2. Electron Micrograph showing glycogen accumulation (G) in muscle