

Novel *PAX9* compound heterozygous variants in a Chinese family with nonsyndromic oligodontia and genotypephenotype analysis of PAX9 variants

Abstract

Jiabao REN¹ (ID



Ya ZHAO¹ (ID

Yunyun YUAN¹

Jing ZHANG¹ Yulin DING¹

Meikang LI1

Yilin AN1

Wenjing CHEN²

Li ZHANG²

Boyu LIU1

Shushen ZHENG³

Wenjing SHEN⁴ ID

Studies have reported that >91.9% of non-syndromic tooth agenesis cases are caused by seven pathogenic genes. Objective: To report novel heterozygous PAX9 variants in a Chinese family with non-syndromic oligodontia and summarize the reported genotype-phenotype relationship of PAX9 variants. Methodology: We recruited 28 patients with non-syndromic oligodontia who were admitted to the Hospital of Stomatology Hebei Medical University (China) from 2018 to 2021. Peripheral blood was collected from the probands and their core family members for whole-exome sequencing (WES) and variants were verified by Sanger sequencing. Bioinformatics tools were used to predict the pathogenicity of the variants. SWISS-MODEL homology modeling was used to analyze the three-dimensional structural changes of variant proteins. We also analyzed the genotype-phenotype relationships of PAX9 variants. Results: We identified novel compound heterozygous PAX9 variants (reference sequence NM_001372076.1) in a Chinese family with non-syndromic oligodontia: a new missense variant c.1010C>A (p.T337K) in exon 4 and a new frameshift variant c.330_331insGT (p.D113Afs*9) in exon 2, which was identified as the pathogenic variant in this family. This discovery expands the known variant spectrum of PAX9; then, we summarized the phenotypes of non-syndromic oligodontia with PAX9 variants. Conclusion: We found that PAX9 variants commonly lead to loss of the second molars.

Keywords: Tooth agenesis. Non-syndromic oligodontia. Paired Box 9 Protein. Whole-exome sequencing. Genotype-phenotype.

Corresponding address: Wenjing Shen Hebei Key Laboratory of Stomatology - Hebei Clinical Research Center for Oral Diseases - School and Hospital of Stomatology - Hebei Medical University -Shijiazhuang 050017 - PR - China. e-mail: wenjingshen2020@hebmu.edu.cn

> Received: October 31, 2022 Revised: January 09, 2023 Accepted: January 13, 2023

Editor: Linda Wang Associate Editor: Renato Menezes Silva ¹Department of Prosthodontics, Hebei Key Laboratory of Stomatology, Hebei Clinical Research Center for Oral Diseases, School and Hospital of Stomatology, Hebei Medical University, Shijjazhuang 050017, PR China.

²Department of Orthodontics, Hebei Key Laboratory of Stomatology, Hebei Clinical Research Center for Oral Diseases, School and Hospital of Stomatology, Hebei Medical University, Shijiazhuang 050017, PR China.

³Xingtai Medical College, Xingtai 054000, Hebei, China.

⁴Hebei Key Laboratory of Stomatology, Hebei Clinical Research Center for Oral Diseases, School and Hospital of Stomatology, Hebei Medical University, Shijiazhuang 050017, PR China.



Introduction

Hypodontia, oligodontia, and anodontia are forms of selective tooth agenesis, which refers to the reduction in the number of teeth caused by gene variants or environmental interference during tooth development. This condition can be further subdivided into non-syndromic tooth agenesis and syndromic tooth agenesis according to the presence or absence of developmental abnormalities of other organs and systems. Non-syndromic oligodontia (NSO) refers to the congenital absence of six or more permanent teeth (excluding the third molar) without abnormal development of other organs. The incidence of NSO varies from 0.1% to 0.5% depending on race and region.

Dental organogenesis involves a series of complex epithelial-mesenchymal interactions,³ involving more than 200 genes^{4,5} and predominantly the TGF-β/BMP, Wnt/β-catenin, Eda/Edar/NF-κB, and SHH signaling pathways.⁶ PAX9, AXIN2, EDA, LRP6, MSX1, WNT10A, and WNT10B have been identified as the most common genes responsible for non-syndromic tooth agenesis. EDAR, EDARADD, KRT17, NEMO, and KDF1 are also associated with non-syndromic tooth agenesis.^{7,8}

PAX9 is a member of the paired box (PAX) family of transcription factors, which play key regulatory roles in embryonic development and organogenesis. The gene is located on chromosome 14q13.3, consists of four exons (NM_001372076.1), and encodes a protein composed of 341 amino acids. The protein contains a paired-domain (PD),⁹ which consists of two structurally different helix-turn-helix motifs (the N-terminal subdomain and the C-terminal subdomain),¹⁰ and an octapeptide motif (OP) of unknown function. Mouse model studies have shown that the transcription factor *PAX9* is expressed in the dental mesenchyme during the initial stages of tooth development and is critical for the transfer of odontogenic potential from the odontogenic epithelium to the dental mesenchyme.¹¹

In this study, we screened 28 NSO families by whole exon sequencing (WES) and identified and characterized the novel *PAX9* compound heterozygous variants in a Chinese family with non-syndromic oligodontia. Furthermore, we summarized the reported genotypes and phenotypes of *PAX9* variants to provide a theoretical basis for inferring genotypes from clinical phenotypes.

Methodology

Subjects

A cohort of 28 unrelated patients with NSO (average age 23.7 years old; 16 females and 12 males) was recruited in this study by referral from the Department of Prosthodontics in Hebei Medical University Hospital of Stomatology (China) during the period from 2018 to 2021. These patients confirmed that their missing permanent teeth were not due to extraction or injury. Phenotypic characterization of all patients included intraoral examination and panoramic radiographs to verify the number and pattern of missing teeth. In addition, 100 healthy volunteers were used as control. The inclusion criteria for healthy conditions (control) were: adults (22-55 years old) with a complete permanent dentition (28 teeth without third molars or 28-32 teeth, including third molars), without extra teeth or congenital tooth deficiency. They had a healthy physical condition, without organ or system diseases. This study was approved by the Ethics Committee of the School and Hospital of Stomatology, Hebei Medical University (NO: [2016] 004) and written informed consent was obtained from all patients.

Peripheral blood sample collection and DNA extraction

Peripheral venous blood samples (2 ml) were collected from the probands, their available family members, and 100 unrelated healthy control volunteers. Genomic DNA was extracted using a blood genomic DNA extraction kit [Beijing Tiangen Biochemical Technology] following the manufacturer's instructions and, then, stored at -20°C for future use.

Whole-exome sequencing, Sanger sequencing and pathogenicity prediction

The genomic DNA of the proband was sent for WES sequencing by iGeneTech (Beijing, China). This process involved the establishment of a DNA library, and sequencing of the exons of the target region using the Nova6000 platform (Illumina. Inc., USA) after quality inspection and quantification. Sequencing yielded more than 25,600 Mb original bases; the sample reached an average target depth of 137×, exceeding 99.8% coverage. Clean readings from each sample were aligned with the human reference genome sequence (GRCh37/HG19) using Burrows-Wheeler Aligner (BWA V0.7.15). Single nucleotide polymorphisms (SNPs)

and insertions and deletions (indels) were identified by SAMtools and the genome analysis tool GATK V3.7, and then annotated by ANNOVAR to determine the genetic information, functional information, possible detrimental effects, and so on corresponding to the variant site.

Candidate variants were identified according to the following criteria: (1) Known pathogenic genes; (2) Minor Allele Frequency (MAF) <0.01 in ExAC or 1000 genomic data; (3) Predicted to be pathogenic by Sorting Intolerant from Tolerant (SIFT), PolyPhen-2 or MutationTaster. Bidirectional primers of *PAX9* gene containing the predicted pathogenic *loci* were designed and verified by Sanger sequencing and TA cloning sequencing. The reference sequence of *PAX9* is NM 001372076.1.

Conservation and structural modeling of the *PAX9* variants

For conservation analysis, the amino acid sequences of *PAX9* in six different species human (>NP_006185.1), cattle (>NP 001179298.1), chicken (>NP 990243.3), dog (>XP 03852 9399.1), house mouse (>NP 035171.1), and rhesus monkey (>NP 001035507.2) were obtained from the UniProtKB database (https://www.ncbi.nlm.nih.gov/). Clustal Omega (https://www.ebi.ac.uk/Tools/msa/clustalo/) was used to conduct the multiple sequence alignment and sequence logos were performed with WebLogo V2.8.2 (http://weblogo.berkeley.edu/).

For tertiary structural analysis, the *PAX9* protein structure was obtained from the Protein Data Bank (http://www.rcsb.org/). PyMol v2.1 (Molecular Graphics System, DeLano Scientific, CA, USA) was used to visualize the three-dimensional structure and analyze the structural changes.

Genotype-phenotype analysis

A literature review was performed through searching PubMed from 1993 to 2022 using the search terms "PAX9 variants" or "PAX9 mutations". Reports without detailed phenotype information were discarded. Finally, phenotype data of 157 nonsyndromic tooth agenesis patients from articles plus the three patients in the present study were gathered for genotype-phenotype analysis. The phenotype composition of the 160 patients was analyzed. We found that PAX9 variants mainly correlated with NSO. Therefore, the missing pattern of 132 patients of NSO was further characterized. The number and rate of

missing teeth were estimated.

Results

Pedigree analysis and clinical findings

Pedigree analysis was constructed (Figure 1a) based on family histories provided by the proband's mother and maternal grandmother. The proband and his family members had no signs of syndromes, no birth defects, and no ectodermal abnormalities correlating with facial appearance, hair, skin, nails, or sweat glands.

The proband (Figure 2 a-d) was a 9-year-old Chinese Han male who was diagnosed with NSO based on the examination results. The proband (III:1) had congenitally loss of 12 permanent teeth (excluding third molars) and five deciduous teeth (55, 65, 74, 75, and 85); The proband's mother (II:2) had congenital loss of six permanent teeth (Figure 2 e-h). The proband's younger sister had congenital loss of four deciduous teeth (all second deciduous molars), and 11 permanent teeth (Supplementary Figure). The proband's grandmother (I:2) and maternal uncle and cousin were also affected by congenital tooth agenesis; however, their medical records were not accessible to verify their tooth phenotype.

A novel compound heterozygous PAX9 variant

A novel compound heterozygous variant of *PAX9* was found in this family consisting of a new frameshift variant c.330_331insGT (p.D113Afs*9) in exon 2 and a new missense variant c.1010C>A (p.T337K) in exon 4 (Fig.1b). Both the proband and his sister had *PAX9* variants inherited from their mother in an autosomal-dominant inheritance pattern. In addition, these two variants were not found in the 100 healthy controls, ExAC nor 1000G. The c.330_331insGT (p.D113Afs*9) variant resulted in termination of *PAX9* protein translation at position 121, whereas the c.1010C>A (p.T337K) variant resulted in an amino acid at position 337 that is not present in the truncation. Therefore, c.330_331insGT (p.D113Afs*9) was predicted to be the main pathogenic locus in the family.

Bioinformatics analyses and structural modeling

Multi-species conservation analysis showed that amino acids 113 and 337 were highly conserved in protein sequences of normal human, cattle, chicken, dog, house mouse, and rhesus monkey (Fig. 3b). In the WebLogo diagram, the overall height of the stack indicates the sequence retention at this position, whereas the height of symbols within the stack indicates the relative frequency of each amino acid or nucleic acid at this position. WebLogo analysis also showed that amino acids 113 and 337 were highly conserved (Figure 3c).

The homology modeling analysis of the *PAX9* protein showed that p.D113Afs*9 is a frameshift

variant at the linker of a5 and a6 in the paired domain (PD), which leads to change in amino acid 113 from aspartic to alanine acid, and termination of translation at position 121. Structural modeling showed that the p.D113AFs*9 variant changed the conformation of the PD domain (Figure 3 d-e).

PAX9 genotype-phenotype analysis

We summarized 67 $\it PAX9$ variant sites (160 patients) reported previously up to July 2022 $^{10,12-51}$

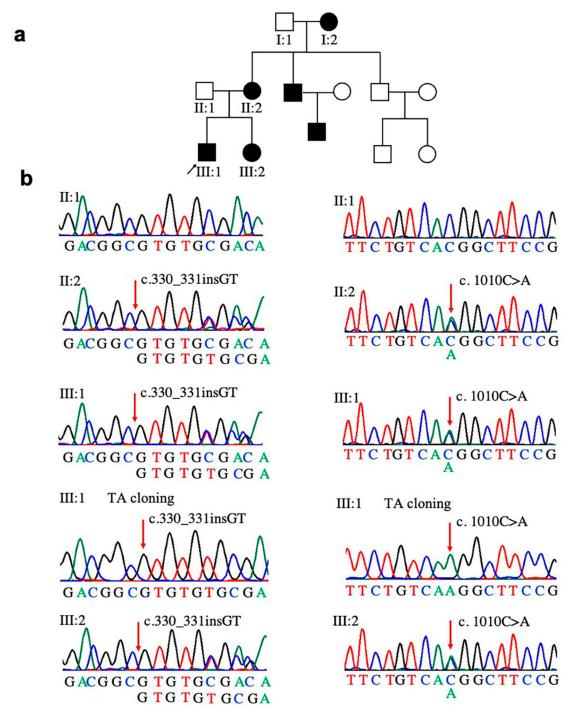


Figure 1- Identification of a compound heterozygous *PAX9* variant in a Chinese family with non-syndromic oligodontia. (a) The pedigree of the Chinese family. The black arrow indicates the proband. (b) DNA sequencing chromatograms of the family and TA cloning sequencing of the proband showing a new frameshift variant c.330_331insGT (p.D113Afs*9) in exon 2 and a new missense variant c.1010C>A (p.T337K) in exon 4 (reference sequence NM_001372076.1)

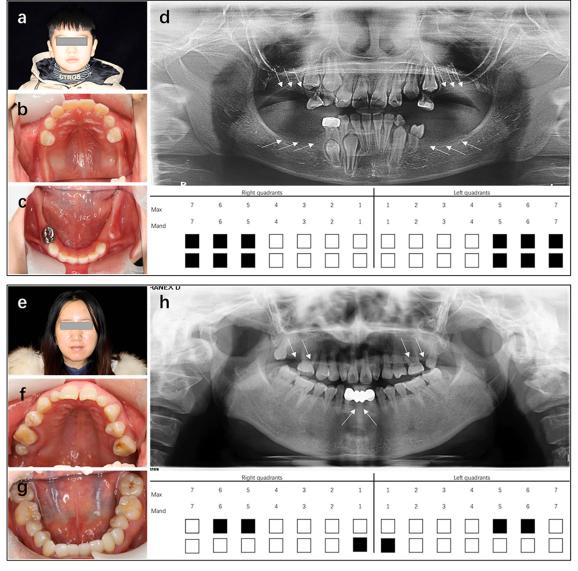


Figure 2- Dental characteristics of a Chinese family with non-syndromic oligodontia. a-d: (a) Facial characteristics of the proband; (b-c) Intraoral images; (d) Panoramic radiographs and schematic diagram of missing teeth; (e) Facial characteristics of the proband's mother; (f-g) Intraoral images; (h) Panoramic radiographs and schematic of missing teeth. Black squares indicate missing teeth; Max, maxillary; Mand, mandibular

and those identified in this study (Supplementary Table 1). We found that PAX9-related NSO accounted for 82.5% of the 160 patients. Of these, 15.6% had non-syndromic hypodontia and 1.9% had syndromic tooth agenesis (Figure 4). Furthermore, evaluation of the characteristics of the PAX9-related NSO phenotype revealed that all types of permanent teeth can be missing, with a trend of left-right and up-down symmetry. In addition, the rate of maxillary tooth loss was slightly higher than the rate of mandibular tooth loss, with the exception of central incisors (Figure 5). In descending order, the most likely teeth to be congenitally missing (>50%) were upper second molars (94.3%), lower second molars (89.4%), upper first molars (84.5%), and upper second premolars (69.7%) (Figure 5 and Table 1).

Discussion

The genetic heterogeneity of tooth agenesis is quite extensive, whereas non-syndromic oligodontia may have a certain genetic background and could aggregate in the family. According to Yu, et al. ⁵² (2019) more than 91.9% of non-syndromic tooth agenesis cases are caused by seven pathogenic genes (*PAX9*, ⁵³⁻⁵⁵ *AXIN2*, ⁵⁶ *EDA*, ⁵⁷ *LRP6*, ^{58,59} *MSX1*, ^{54,60-62} WNT10A, ^{59,63-65} and *WNT10B*^{12,66,67}). The non-syndromic oligodontia caused by *PAX9* variant is inherited in an autosomal dominant manner. In this study, we identified novel *PAX9* variants in a Chinese family with NSO.

In this Chinese family with NSO, the proband's causative gene variant was inherited in an autosomal dominant pattern from the maternal pedigree.

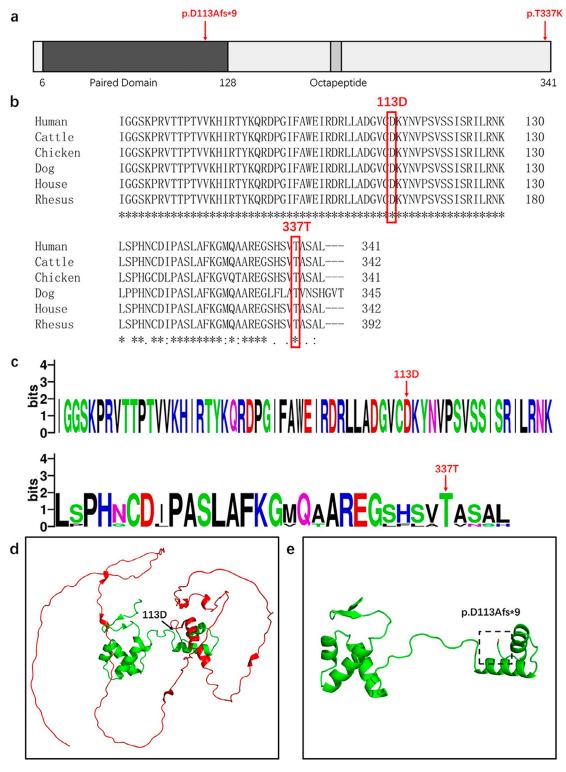


Figure 3- Conservation and bioinformatics analysis and structural modeling of *PAX9*. (a) Schematic diagram of the wild-type *PAX9* protein and the localization of the novel compound heterozygous *PAX9* variant identified in this study. (b) Conservation analysis of *PAX9* amino acid sequences in six species. (c) WebLogo analysis of *PAX9* amino acid sequences in six species. (d) Structural modeling of the wild-type *PAX9* protein (the amino acids encoded by the 113Afs are shown in red). (e) Structural modeling of the PAX9 p.D113Afs*9 variant (the changed amino acids are shown in orange)

WES showed that the proband carried a compound heterozygous variant *PAX9* c.330_331insGT (p.D113Afs*9) with *PAX9* c.1010C>A (p.T337K) that co-segregates with congenitally missing teeth in the family; this was confirmed by Sanger sequencing. According to SIFT, Poly-Phen2, and MutationTaster, the

two variants were predicted to be pathogenic. Analysis of multi-sequence species showed that the two variant sites were highly conserved. The three-dimensional structure reconstruction of the protein showed that the c.330_331insGT (p.D113Afs*9) variant caused a frameshift in the a5 and a6 linker regions of the

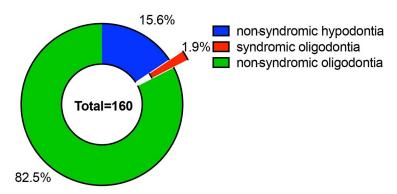


Figure 4- Phenotype composition of the 160 patients reviewed

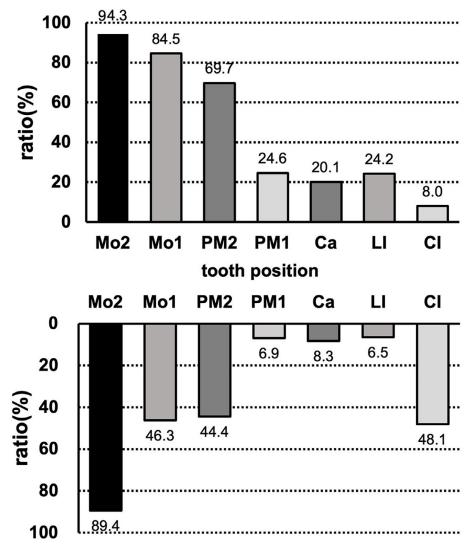


Figure 5- Permanent tooth loss rate of the upper and lower jaws of NSO patients with PAX9 variants (n=132)

PD, resulting in protein truncation (Figure 3a). PAX9 is an important transcription factor; the binding of PAX9 protein to target DNA is achieved through the N-terminal subdomain of the PD, whereas the C-terminal subdomain cooperates with the N-terminal subdomain to play a role in pathway regulation. Thus, this protein plays an important role in activating the odontogenic potential of the dental mesenchyme and, subsequently, in the process of tooth morphogenesis

and formation.6

The PAX9 c.1010C>A (p.T337K) variant is located at the carboxy terminus of exon 4, and results in a change of the corresponding position in the PAX9 protein from a polar uncharged threonine with a relatively small sidechain to a polar positively charged lysine with a longer sidechain. This variation affects interactions with surrounding amino acid residues and causes three-dimensional conformational changes.

Although *PAX9* c.1010C>A (p.T337K) variant was found to be inherited among the patients in the pedigree, the truncated *PAX9* protein played a role in its pathogenicity. Thus, the pathogenic mechanism in this pedigree was protein truncation caused by the *PAX9* c.330_331insGT (p.D113Afs*9) variant.

To verify the more detailed features of *PAX9*-related tooth agenesis phenotypes, we reviewed cases from reported articles and a Chinese Han pedigree. We found bilateral symmetry is a characteristic of *PAX9*-related tooth agenesis in NSO, with the highest rates of loss in the mandibular and maxillary second molars, upper first molars, and upper second premolars, which is consistent with the findings reported by Liu, et al. ⁴⁸ (2022). In addition, we found that upper teeth were more frequently missing than teeth in the same position of lower jaw, with the exception of central incisors. The lower central incisors were more often affected.

Conclusions

We identified novel compound heterozygous variants c.330_331insGT (p.D113Afs*9) and c.1010C>A (p.T337K) in *PAX9* in a Chinese Han family with non-syndromic oligodontia. *PAX9* c.330_331insGT (p.D113Afs*9) leads to truncation of the *PAX9* protein in the PD domain and was predicted to be the pathogenic variant in this family. This expands the variant spectrum of *PAX9* and provides a basis for genetic diagnosis of this rare congenital anomaly.

Acknowledgments

We sincerely thank all the subjects and volunteers who participated in this project for their cooperation.

Funding information

Provincial Science and Technology Plan of Hebei Province of China(203777108D). Special project of health innovation of Hebei Provincial Department of Science and Technology of China (21377716D). Medical Technology Tracking Project in Hebei Province (G2019067).

Conflict of interest

The authors declare no conflict of interest.

Data availability statement

The datasets generated and analyzed during the current study are available in the SciELO Data repository [10.48331/scielodata.OMMQEH].

Authors' contributions

Ren, Jiabao: Conceptualization (Lead); Data curation (Equal); Formal analysis (Equal); Funding acquisition (Supporting); Investigation (Equal); Methodology (Lead); Project administration (Equal); Resources (Equal); Software (Equal); Supervision (Equal); Validation (Supporting); Writing - original draft (Lead); Writing - review & editing (Supporting). **Zhao, Ya:** Conceptualization (Equal); Data curation (Lead); Formal analysis (Equal); Methodology (Equal); Resources (Equal); Software (Equal); Supervision (Equal); Visualization (Equal); Writing - review & editing (Lead). Yuan, Yunyun: Data curation (Equal); Formal analysis (Equal); Methodology (Equal); Resources (Supporting); Validation (Supporting); Writing - review & editing (Equal). Zhang, Jing: Formal analysis (Equal); Methodology (Equal); Resources (Supporting). Ding, Yulin: Data curation (Supporting); Formal analysis (Supporting); Methodology (Equal). Li, Meikang: Data curation (Supporting); Methodology (Supporting); Resources (Supporting). An, Yilin: Formal analysis (Equal); Methodology (Supporting). Chen, Wenjing: Data curation (Equal); Investigation (Supporting). Zhang, Li: Data curation (Equal). Liu, Boyu: Methodology (Supporting); Software (Supporting). Zheng, Shushen: Methodology (Supporting); Visualization (Supporting). Shen, Wenjing: Conceptualization (Lead); Data curation (Equal); Formal analysis (Equal); Funding acquisition (Lead); Investigation (Equal); Methodology (Equal); Project administration (Lead); Resources (Equal) Software (Equal); Validation (Equal); Writing - original draft (Equal); Writing review & editing (Lead).

References

1- Zhang H, Kong X, Ren J, Yuan S, Liu C, Hou Y, et al. A novel EDAR missense mutation identified by whole-exome sequencing with non-syndromic tooth agenesis in a Chinese family. Mol Genet Genomic Med. 2021;9(6):e1684. doi: 10.1002/mgg3.1684

- 2- Letra A, Chiquet B, Hansen-Kiss E, Menezes S, Hunter E. Nonsyndromic tooth agenesis overview. In: Adam MP, Everman DB, Mirzaa GM, Pagon RA, Wallace SE, Bean LJH, Gripp KW, Amemiya A, editors. GeneReviews®. Seattle (WA): University of Washington, Seattle; 1993.
- 3-Yu T, Klein OD. Molecular and cellular mechanisms of tooth development, homeostasis and repair. Development. 2020;147(2):dev184754. doi: 10.1242/dev.184754
- 4- Ye X, Attaie AB. Genetic Basis of Nonsyndromic and Syndromic Tooth Agenesis. J Pediatr Genet. 2016;5(4):198-208. doi: 10.1055/s-0036-1592421
- 5- Sun K, Yu M, Yeh I, Zhang L, Liu H, Cai T, et al. Functional study of novel PAX9 variants: the paired domain and non-syndromic oligodontia. Oral Dis. 2021;27(6):1468-77. doi: 10.1111/odi.13684
- 6- Balic A, Thesleff I. Tissue interactions regulating tooth development and renewal. Curr Top Dev Biol. 2015;115:157-86. doi: 10.1016/bs.ctdb.2015.07.006
- 7- Ruf S, Klimas D, Hönemann M, Jabir S. Genetic background of nonsyndromic oligodontia: a systematic review and meta-analysis. J Orofac Orthop. 2013;74(4):295-308. doi: 10.1007/s00056-013-0138-z 8- Zeng B, Lu H, Xiao X, Yu X, Li S, Zhu L, et al. KDF1 is a novel candidate gene of non-syndromic tooth agenesis. Arch Oral Biol. 2019;97:131-6. doi: 10.1016/j.archoralbio.2018.10.025
- 9- Bonczek O, Balcar VJ, Šerý O. PAX9 gene mutations and tooth agenesis: a review. Clin Genet. 2017;92(5):467-76. doi: 10.1111/cge.12986
- 10- Chen X, Li Y, Paiboonrungruang C, Li Y, Peters H, Kist R, Xiong Z. PAX9 in Cancer Development. Int J Mol Sci. 2022;23(10):5589. doi: 10.3390/ijms23105589.
- 11- Mendoza-Fandino GA, Gee JM, Ben-Dor S, Gonzalez-Quevedo C, Lee K, Kobayashi Y, et al. A novel g.-1258G>A mutation in a conserved putative regulatory element of PAX9 is associated with autosomal dominant molar hypodontia. Clin Genet. 2011;80(3):265-72. doi: 10.1111/j.1399-0004.2010.01529.x
- 12- Yu P, Yang W, Han D, Wang X, Guo S, Li J, Li F, Zhang X, Wong SW, Bai B, Liu Y, Du J, Sun ZS, Shi S, Feng H, Cai T. Mutations in WNT10B Are Identified in Individuals with Oligodontia. Am J Hum Genet. 2016;99(1):195-201. doi: 10.1016/j.ajhg.2016.05.012
- 13- Frazier-Bowers SA, Guo DC, Cavender A, Xue L, Evans B, King T, et al. A novel mutation in human PAX9 causes molar oligodontia. J Dent Res. 2002;81(2):129-33.
- 14- Das P, Stockton DW, Bauer C, Shaffer LG, D'Souza RN, Wright T, et al. Haploinsufficiency of PAX9 is associated with autosomal dominant hypodontia. Hum Genet. 2002;110(4):371-6. doi: 10.1007/s00439-002-0699-1
- 15- Nieminen P, Arte S, Tanner D, Paulin L, Alaluusua S, Thesleff I, et al. Identification of a nonsense mutation in the PAX9 gene in molar oligodontia. Eur J Hum Genet. 2001;9(10):743-6. doi: 10.1038/si.eiha.5200715
- 16- Stockton DW, Das P, Goldenberg M, D'Souza RN, Patel PI. Mutation of PAX9 is associated with oligodontia. Nat Genet. 2000;24(1):18-9. doi: 10.1038/71634
- 17- Das P, Hai M, Elcock C, Leal SM, Brown DT, Brook AH, et al. Novel missense mutations and a 288-bp exonic insertion in PAX9 in families with autosomal dominant hypodontia. Am J Med Genet A. 2003;118A(1):35-42. doi: 10.1002/ajmg.a.10011
- 18- Lammi L, Halonen K, Pirinen S, Thesleff I, Arte S, Nieminen P. A missense mutation in PAX9 in a family with distinct phenotype of oligodontia. Eur J Hum Genet. 2003;11(11):866-71. doi: 10.1038/sj.ejhq.5201060
- 19- Mostowska A, Kobielak A, Biedziak B, Trzeciak WH. Novel mutation in the paired box sequence of PAX9 gene in a sporadic form of oligodontia. Eur J Oral Sci. 2003;111(3):272-6. doi: 10.1034/j.1600-0722.2003.00036.x

- 20- Jumlongras D, Lin JY, Chapra A, Seidman CE, Seidman JG, Maas RL, et al. A novel missense mutation in the paired domain of PAX9 causes non-syndromic oligodontia. Hum Genet. 2004;114(3):242-9. doi: 10.1007/s00439-003-1066-6
- 21- Klein ML, Nieminen P, Lammi L, Niebuhr E, Kreiborg S. Novel mutation of the initiation codon of PAX9 causes oligodontia. J Dent Res. 2005;84(1):43-7. doi: 10.1177/154405910508400107
- 22- Zhao JL, Chen YX, Bao L, Xia QJ, Wu TJ, Zhou L. [Novel mutations of PAX9 gene in Chinese patients with oligodontia]. Zhonghua Kou Qiang Yi Xue Za Zhi. 2005;40(4):266-70. Chinese.
- 23- Kapadia H, Frazier-Bowers S, Ogawa T, D'Souza RN. Molecular characterization of a novel PAX9 missense mutation causing posterior tooth agenesis. Eur J Hum Genet. 2006;14(4):403-9. doi: 10.1038/sj.ejhg.5201574
- 24- Mostowska A, Biedziak B, Trzeciak WH. A novel mutation in PAX9 causes familial form of molar oligodontia. Eur J Hum Genet. 2006;14(2):173-9. doi: 10.1038/sj.ejhg.5201536
- 25- Hansen L, Kreiborg S, Jarlov H, Niebuhr E, Eiberg H. A novel nonsense mutation in PAX9 is associated with marked variability in number of missing teeth. Eur J Oral Sci. 2007;115(4):330-3. doi: 10.1111/j.1600-0722.2007.00457.x
- 26- Tallón-Walton V, Manzanares-Céspedes MC, Arte S, Carvalho-Lobato P, Valdivia-Gandur I, Garcia-Susperregui A, et al. Identification of a novel mutation in the PAX9 gene in a family affected by oligodontia and other dental anomalies. Eur J Oral Sci. 2007;115(6):427-32. doi: 10.1111/j.1600-0722.2007.00492.x
- 27- Zhao J, Hu Q, Chen Y, Luo S, Bao L, Xu Y. A novel missense mutation in the paired domain of human PAX9 causes oligodontia. Am J Med Genet A. 2007;143A(21):2592-7. doi: 10.1002/ajmg.a.31993
- 28- Wang Y, Wu H, Wu J, Zhao H, Zhang X, Mues G, et al. Identification and functional analysis of two novel PAX9 mutations. Cells Tissues Organs. 2009;189(1-4):80-7. doi: 10.1159/000151448
- 29- Haldeman-Englert CR, Biser A, Zackai EH, Ming JE. A 223-kb de novo deletion of PAX9 in a patient with oligodontia. J Craniofac Surg. 2010;21(3):837-9. doi: 10.1097/SCS.0b013e3181d87912
- 30- Bergendal B, Klar J, Stecksén-Blicks C, Norderyd J, Dahl N. Isolated oligodontia associated with mutations in EDARADD, AXIN2, MSX1, and PAX9 genes. Am J Med Genet A. 2011;155A(7):1616-22. doi: 10.1002/ajmg.a.34045
- 31 Suda N, Ogawa T, Kojima T, Saito C, Moriyama K. Non-syndromic oligodontia with a novel mutation of PAX9. J Dent Res. 2011;90(3):382-6. doi: 10.1177/0022034510390042
- 32 Liang J, Song G, Li Q, Bian Z. Novel missense mutations in PAX9 causing oligodontia. Arch Oral Biol. 2012;57(6):784-9. doi: 10.1016/j. archoralbio.2011.12.005
- 33- Wang SK, Chan HC, Makovey I, Simmer JP, Hu JC. Novel PAX9 and COL1A2 missense mutations causing tooth agenesis and OI/DGI without skeletal abnormalities. PLoS One. 2012;7(12):e51533. doi: 10.1371/journal.pone.0051533
- 34- Zhu J, Yang X, Zhang C, Ge L, Zheng S. A novel nonsense mutation in PAX9 is associated with sporadic hypodontia. Mutagenesis. 2012;27(3):313-7. doi: 10.1093/mutage/ger080
- 35 Arte S, Parmanen S, Pirinen S, Alaluusua S, Nieminen P. Candidate gene analysis of tooth agenesis identifies novel mutations in six genes and suggests significant role for WNT and EDA signaling and allele combinations. PLoS One. 2013;8(8):e73705. doi: 10.1371/journal.pone.0073705
- 36- Boeira BR Junior, Echeverrigaray S. Novel missense mutation in PAX9 gene associated with familial tooth agenesis. J Oral Pathol Med. 2013;42(1):99-105. doi: 10.1111/j.1600-0714.2012.01193.x
- 37- Mostowska A, Biedziak B, Zadurska M, Dunin-Wilczynska I, Lianeri M, Jagodzinski PP. Nucleotide variants of genes encoding components of the Wnt signalling pathway and the risk of non-syndromic tooth agenesis. Clin Genet. 2013;84(5):429-40. doi: 10.1111/cge.12061

- 38- Mostowska A, Zadurska M, Rakowska A, Lianeri M, Jagodziński PP. Novel PAX9 mutation associated with syndromic tooth agenesis. Eur J Oral Sci. 2013;121(5):403-11. doi: 10.1111/eos.12071
- 39- Mitsui SN, Yasue A, Masuda K, Watanabe K, Horiuchi S, Imoto I, et al. Novel PAX9 mutations cause non-syndromic tooth agenesis. J Dent Res. 2014;93(3):245-9. doi: 10.1177/0022034513519801
- 40-Thimmegowda U, Prasanna P, Athimuthu A, Bhat PK, Puttashamachari Y. A nonsyndromic autosomal dominant oligodontia with a novel mutation of PAX9: a clinical and genetic report. J Clin Diagn Res. 2015;9(6):ZD08-10. doi: 10.7860/JCDR/2015/13173.6049
- 41- Haddaji Mastouri M, De Coster P, Zaghabani A, Trabelsi S, May Y, Saad A, et al. Characterization of a novel mutation in PAX9 gene in a family with non-syndromic dental agenesis. Arch Oral Biol. 2016;71:110-6. doi: 10.1016/j.archoralbio.2016.07.009
- 42- Liang J, Qin C, Yue H, He H, Bian Z. A novel initiation codon mutation of PAX9 in a family with oligodontia. Arch Oral Biol. 2016;61:144-8. doi: 10.1016/j.archoralbio.2015.10.022
- 43- Shahid M, Balto HA, Al-Hammad N, Joshi S, Khalil HS, Somily AM, et al. Mutations in MSX1, PAX9 and MMP20 genes in Saudi Arabian patients with tooth agenesis. Eur J Med Genet. 2016;59(8):377-85. doi: 10.1016/j.ejmg.2016.06.004
- 44- Daw EM, Saliba C, Grech G, Camilleri S. A novel PAX9 mutation causing oligodontia. Arch Oral Biol. 2017;84:100-5. doi: 10.1016/j. archoralbio.2017.09.018
- 45- Wong SW, Han D, Zhang H, Liu Y, Zhang X, Miao MZ, et al. Nine novel PAX9 mutations and a distinct tooth agenesis genotype-phenotype. J Dent Res. 2018;97(2):155-62. doi: 10.1177/0022034517729322
- 46- Koskinen S, Keski-Filppula R, Alapulli H, Nieminen P, Anttonen V. Familial oligodontia and regional odontodysplasia associated with a PAX9 initiation codon mutation. Clin Oral Investig. 2019;23(11):4107-11. doi: 10.1007/s00784-019-02849-5
- 47- Zhang T, Zhao X, Hou F, Sun Y, Wu J, Ma T, et al. A novel PAX9 mutation found in a Chinese patient with hypodontia via whole exome sequencing. Oral Dis. 2019;25(1):234-41. doi: 10.1111/odi.12982
- 48- Liu H, Liu H, Su L, Zheng J, Feng H, Liu Y, et al. Four novel PAX9 variants and the PAX9-related non-syndromic tooth agenesis patterns. Int J Mol Sci. 2022;23(15):8142. doi: 10.3390/ijms23158142
- 49- Šerý O, Bonczek O, Hloušková A, Černochová P, Vaněk J, Míšek I, et al. A screen of a large Czech cohort of oligodontia patients implicates a novel mutation in the PAX9 gene. Eur J Oral Sci. 2015;123(2):65-71. doi: 10.1111/eos.12170
- 50- Rai A, Sharif MA, Chang EH, Milkman KL, Duckworth AL. A field experiment on subgoal framing to boost volunteering: the trade-off between goal granularity and flexibility. J Appl Psychol. Forthcoming 2022. doi: 10.1037/apl0001040
- 51- Pabst R, Binns RM. Heterogeneity of lymphocyte homing physiology: several mechanisms operate in the control of migration to lymphoid and non-lymphoid organs *in vivo*. Immunol Rev. 1989;108:83-109. doi: 10.1111/i.1600-065x.1989.tb00014.x
- 52- Yu M, Wong SW, Han D, Cai T. Genetic analysis: Wnt and other pathways in nonsyndromic tooth agenesis. Oral Dis. 2019;25(3):646-51. doi: 10.1111/odi.12931
- 53- Sun R, Li S, Xia B, Zhu J. Detection of novel variant and functional study in a Chinese family with nonsyndromic oligodontia. Oral Dis. Forthcoming 2022. doi: 10.1111/odi.14259

- 54- Yao X, Zhang C, Gao P, Meng Z, Hao Y, Yan J, et al. Mutation detection and functional analysis of MSX1, PAX9, AXIN2, and BMP in nonsyndromic congenital missing teeth based on intelligent image detection. Biomed Res Int. 2022;2022:6217399. doi: 10.1155/2022/6217399
- 55- Intarak N, Theerapanon T, Porntaveetus T, Shotelersuk V. Patterns of molar agenesis associated with p.P20L and p.R77Q variants in PAX9. Eur J Oral Sci. 2022;130(2):e12855. doi: 10.1111/eos.12855
- 56- Wong S, Liu H, Bai B, Chang H, Zhao H, Wang Y, et al. Novel missense mutations in the AXIN2 gene associated with non-syndromic oligodontia. Arch Oral Biol. 2014;59(3):349-53. doi: 10.1016/j. archoralbio.2013.12.009
- 57- Al-Ani AH, Antoun JS, Thomson WM, Topless R, Merriman TR, Farella M. Common variants of EDA are associated with non-syndromic hypodontia. Orthod Craniofac Res. 2021;24(1):155-63. doi: 10.1111/ocr.12419
- 58- Massink MP, Créton MA, Spanevello F, Fennis WM, Cune MS, Savelberg SM, et al. Loss-of-Function mutations in the WNT co-receptor LRP6 cause autosomal-dominant oligodontia. Am J Hum Genet. 2015;97(4):621-6. doi: 10.1016/j.ajhg.2015.08.014
- 59- Chu KY, Wang YL, Chou YR, Chen JT, Wang YP, Simmer JP, et al. Synergistic mutations of LRP6 and WNT10A in familial tooth agenesis. J Pers Med. 2021;11(11):1217. doi: 10.3390/jpm11111217
- 60- Khasawneh RR, Kist R, Queen R, Hussain R, Coxhead J, Schneider JE, et al. Msx1 haploinsufficiency modifies the Pax9-deficient cardiovascular phenotype. BMC Dev Biol. 2021;21(1):14. doi: 10.1186/s12861-021-00245-5
- 61- Zheng J, Yu M, Liu H, Cai T, Feng H, Liu Y, et al. Novel MSX1 variants identified in families with nonsyndromic oligodontia. Int J Oral Sci. 2021;13(1):2. doi: 10.1038/s41368-020-00106-0
- 62- Yang L, Liang J, Yue H, Bian Z. Two novel mutations in MSX1 causing oligodontia. PLoS One. 2020;15(1):e0227287. doi: 10.1371/journal.pone.0227287
- 63- Zeng Y, Baugh E, Akyalcin S, Letra A. Functional Effects of WNT10A rare variants associated with tooth agenesis. J Dent Res. 2021;100(3):302-9. doi: 10.1177/0022034520962728
- 64- Safari S, Ebadifar A, Najmabadi H, Kamali K, Abedini SS. Screening PAX9, MSX1 and WNT10A mutations in 4 Iranian families with non-syndromic tooth agenesis. Avicenna J Med Biotechnol. 2020;12(4):236-40.
- 65- Grejtakova D, Gabrikova-Dojcakova D, Boronova I, Kyjovska L, Hubcejova J, Fecenkova M, et al. WNT10A variants in relation to nonsyndromic hypodontia in eastern Slovak population. J Genet. 2018;97(5):1169-77. doi: 10.1007/s12041-018-1011-z
- 66- Williams M, Zeng Y, Chiquet B, Jacob H, Kurtis Kasper F, Harrington DA ,et al. Functional characterization of ATF1, GREM2 AND WNT10B variants associated with tooth agenesis. Orthod Craniofac Res. 2021;24(4):486-93. doi: 10.1111/ocr.12462
- 67- Kantaputra PN, Hutsadaloi A, Kaewgahya M, Intachai W, German R, Koparal M, et al. WNT10B mutations associated with isolated dental anomalies. Clin Genet. 2018;93(5):992-9. doi: 10.1111/cge.13218