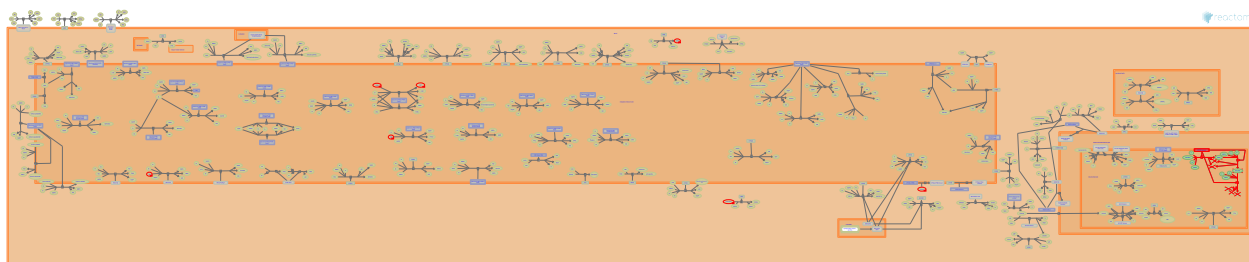


Defective CYP11B2 causes CMO-1 deficiency



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This is just an excerpt of a full-length report for this pathway. To access the complete report, please download it at the [Reactome Textbook](https://reactome.org/textbook/).

30/04/2024

Introduction

Reactome is open-source, open access, manually curated and peer-reviewed pathway database. Pathway annotations are authored by expert biologists, in collaboration with Reactome editorial staff and cross-referenced to many bioinformatics databases. A system of evidence tracking ensures that all assertions are backed up by the primary literature. Reactome is used by clinicians, geneticists, genomics researchers, and molecular biologists to interpret the results of high-throughput experimental studies, by bioinformaticians seeking to develop novel algorithms for mining knowledge from genomic studies, and by systems biologists building predictive models of normal and disease variant pathways.

The development of Reactome is supported by grants from the US National Institutes of Health (P41 HG003751), University of Toronto (CFREF Medicine by Design), European Union (EU STRP, EMI-CD), and the European Molecular Biology Laboratory (EBI Industry program).

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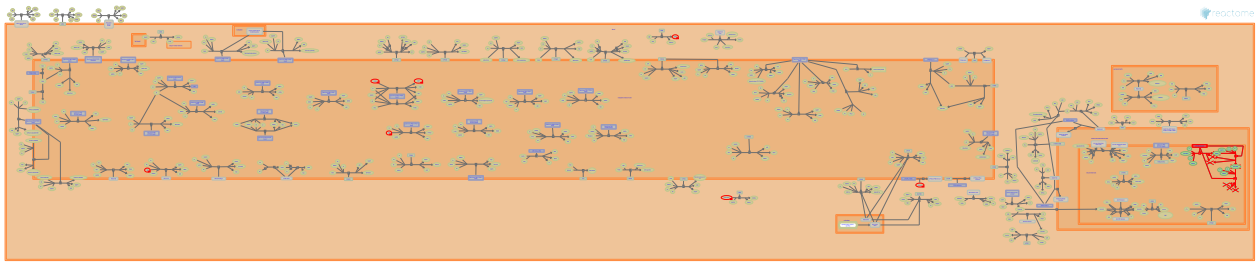
Reactome database release: 88

This document contains 1 pathway and 3 reactions ([see Table of Contents](#))

Defective CYP11B2 causes CMO-1 deficiency ↗

Stable identifier: R-HSA-5579009

Diseases: steroid inherited metabolic disorder



Cytochrome P450 11B2, mitochondrial (CYP11B2 aka aldosterone hydroxylase) is an enzyme necessary for aldosterone biosynthesis via corticosterone (CORST) and 18-hydroxycorticosterone (18HCORST). Defects in CYP11B2 results in disorders of aldosterone synthesis. Corticosterone methyloxidase 1 and 2 deficiencies (CMO-1; MIM:203400 and CMO-2 deficiency; MIM:61060) are autosomal recessive disorders of aldosterone biosynthesis (Mitsuuchi et al. 1993, Bureik et al. 2002). In CMO-1 deficiency, aldosterone is undetectable in plasma, while its immediate precursor, 18HCORST, is low or normal. In CMO-2 deficiency, aldosterone can be low or normal, but at the expense of increased secretion of 18HCORST. Patients with CMO-2 deficiency have elevated plasma 18-hydroxycorticosterone/aldosterone ratios.

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Editions

2014-06-06	Authored, Edited	Jassal, B.
2014-11-03	Reviewed	Nakaki, T.

Defective CYP11B2 does not oxidise 11DCORST ↗

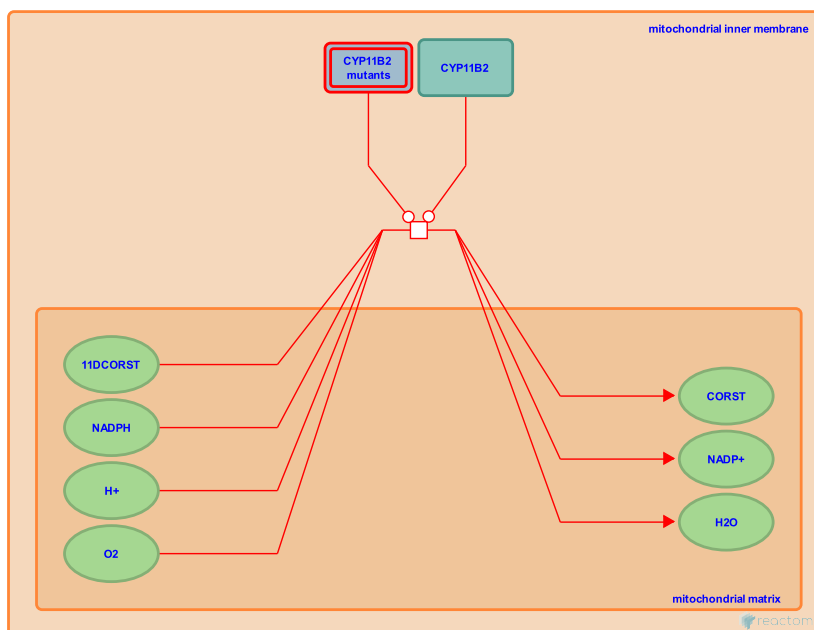
Location: Defective CYP11B2 causes CMO-1 deficiency

Stable identifier: R-HSA-5600598

Type: transition

Compartments: mitochondrial inner membrane, mitochondrial matrix

Diseases: steroid inherited metabolic disorder



Cytochrome P450 11B2, mitochondrial (CYP11B2 aka aldosterone hydroxylase) is an enzyme necessary for aldosterone biosynthesis via corticosterone (CORST) and 18-hydroxycorticosterone (18HCORST). Defects in CYP11B2 result in disorders of aldosterone synthesis. Corticosterone methyloxidase 1 and 2 deficiencies (CMO-1; MIM:203400 and CMO-2 deficiency; MIM:61060) are autosomal recessive disorders of aldosterone biosynthesis. In CMO-1 deficiency, aldosterone is undetectable in plasma, while its immediate precursor, 18HCORST, is low or normal. Mutations causing CMO-1 deficiency include L461P, E255* and a 6bp duplication resulting in Arg and Leu insertion at codon 142 (Nomoto et al. 1997, Peter et al. 1997, Kayes-Wandover et al. 2001 respectively). In CMO-2 deficiency, aldosterone can be low or normal, but at the expense of increased secretion of 18HCORST. Patients with CMO-2 deficiency have elevated plasma 18-hydroxycorticosterone/aldosterone ratios. Missense mutations causing CMO-2 deficiency include T185I, T498A, T185I, R181W and V386A (Peter et al. 1998, Dunlop et al. 2003, Pascoe et al. 1992).

Literature references

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Editions

2014-06-12	Authored, Edited	Jassal, B.
2014-11-03	Reviewed	Nakaki, T.

Defective CYP11B2 does not oxidise 18HCORST ↗

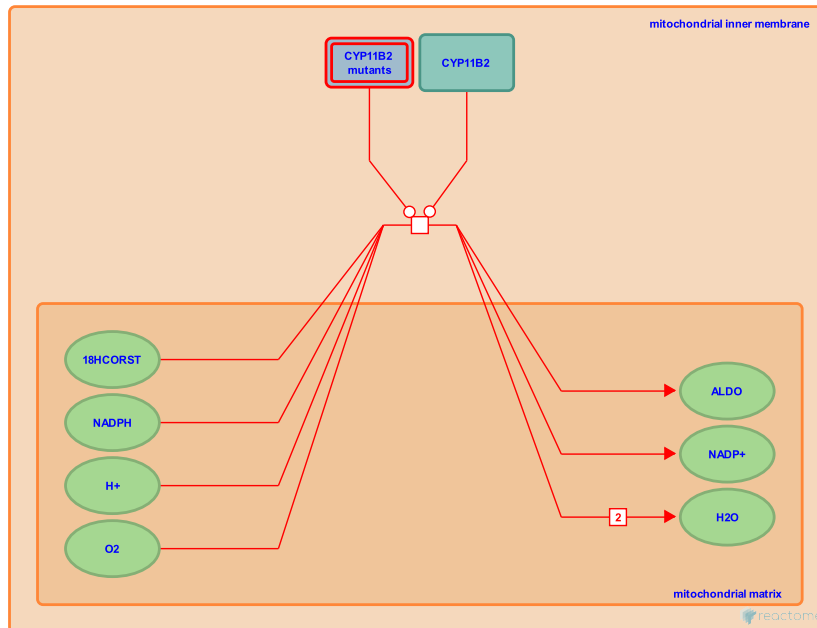
Location: Defective CYP11B2 causes CMO-1 deficiency

Stable identifier: R-HSA-6785244

Type: transition

Compartments: mitochondrial inner membrane, mitochondrial matrix

Diseases: steroid inherited metabolic disorder



Cytochrome P450 11B2, mitochondrial (CYP11B2 aka aldosterone hydroxylase) is an enzyme necessary for aldosterone biosynthesis via corticosterone (CORST) and 18-hydroxycorticosterone (18HCORST). Defects in CYP11B2 result in disorders of aldosterone synthesis. Corticosterone methyloxidase 1 and 2 deficiencies (CMO-1; MIM:203400 and CMO-2 deficiency; MIM:61060) are autosomal recessive disorders of aldosterone biosynthesis. In CMO-1 deficiency, aldosterone is undetectable in plasma, while its immediate precursor, 18HCORST, is low or normal. Mutations causing CMO-1 deficiency include L461P, E255* and a 6bp duplication resulting in Arg and Leu insertion at codon 142 (Nomoto et al. 1997, Peter et al. 1997, Kayes-Wandover et al. 2001 respectively). In CMO-2 deficiency, aldosterone can be low or normal, but at the expense of increased secretion of 18HCORST. Patients with CMO-2 deficiency have elevated plasma 18-hydroxycorticosterone/aldosterone ratios. Missense mutations causing CMO-2 deficiency include T185I, T498A, T185I, R181W and V386A (Peter et al. 1998, Dunlop et al. 2003, Pascoe et al. 1992).

Literature references

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- Sólyom, J., Bünger, K., Peter, M., Sippell, WG. (1998). Mutation THR-185 ILE is associated with corticosterone methyl oxidase deficiency type II. *Eur. J. Pediatr.*, 157, 378-81. ↗

Editions

2014-06-12	Authored, Edited	Jassal, B.
2014-11-03	Reviewed	Nakaki, T.

Defective CYP11B2 does not oxidise CORST ↗

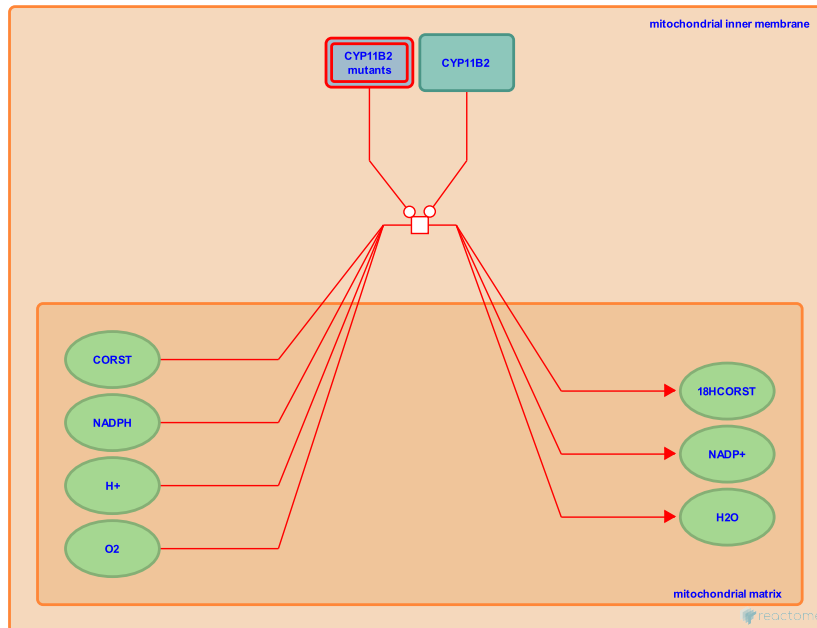
Location: Defective CYP11B2 causes CMO-1 deficiency

Stable identifier: R-HSA-6785245

Type: transition

Compartments: mitochondrial inner membrane, mitochondrial matrix

Diseases: steroid inherited metabolic disorder



Cytochrome P450 11B2, mitochondrial (CYP11B2 aka aldosterone hydroxylase) is an enzyme necessary for aldosterone biosynthesis via corticosterone (CORST) and 18-hydroxycorticosterone (18HCORST). Defects in CYP11B2 result in disorders of aldosterone synthesis. Corticosterone methyloxidase 1 and 2 deficiencies (CMO-1; MIM:203400 and CMO-2 deficiency; MIM:61060) are autosomal recessive disorders of aldosterone biosynthesis. In CMO-1 deficiency, aldosterone is undetectable in plasma, while its immediate precursor, 18HCORST, is low or normal. Mutations causing CMO-1 deficiency include L461P, E255* and a 6bp duplication resulting in Arg and Leu insertion at codon 142 (Nomoto et al. 1997, Peter et al. 1997, Kayes-Wandover et al. 2001 respectively). In CMO-2 deficiency, aldosterone can be low or normal, but at the expense of increased secretion of 18HCORST. Patients with CMO-2 deficiency have elevated plasma 18-hydroxycorticosterone/aldosterone ratios. Missense mutations causing CMO-2 deficiency include T185I, T498A, T185I, R181W and V386A (Peter et al. 1998, Dunlop et al. 2003, Pascoe et al. 1992).

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Editions

2014-06-12	Authored, Edited	Jassal, B.
2014-11-03	Reviewed	Nakaki, T.

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