## Clinical manifestations of Morquio A (MPS IVA)

| Organ system                      | Complications  |                       |
|-----------------------------------|--|-----------------------|
| Cardiovascular <sup>1,7-9</sup>   | Severe thickening of mitral and aortic valves is common and leads to   |                       |
|                                   | Valve regurgitation  | Valve stenosis        |
|                                   | • Left ventricular hypertrophy   | • Death               |
| Pulmonary <sup>1,6,7,10,11</sup>  | Multifactorial etiology occurs as a result of prominent GAG accumulation throughout the airways, chest wall restriction, respiratory muscle weakness, and cervical myelopathy leading to |                       |
|                                   | Sleep-disordered breathing (eg, obstructive sleep apnea)   | Respiratory failure   |
|                                   | Recurrent respiratory infections   | • Death               |
|                                   | Collapse of the upper airway   |                       |
| Neurological <sup>6,12</sup>      | Severe upper cervical spinal cord compression resulting from soft-tissue thickening and odontoid hypoplasia is common and leads to   |                       |
|                                   | Cervical myelopathy  |                       |
|                                   | • Tetraplegia  |                       |
|                                   | • Death  |                       |
| Musculoskeletal 1,6               | Significant and well-characterized skeletal and connective tissue involvement resulting in   |                       |
|                                   | Short stature  | Odontoid hypoplasia   |
|                                   | Neck/cervical spine compression  | • Protrusion of chest |
|                                   | Bone deformity   | Kyphoscoliosis        |
|                                   | Dysostosis multiplex   | Joint laxity          |
| Rheumatologic <sup>5,13</sup>     | Multiple rheumatologic manifestations including  |                       |
|                                   | Hypermobility of joints  |                       |
|                                   | • Degradation of connective tissue   |                       |
|                                   | Weak grip, progressive difficulties with dressing, personal hygiene, and writing   |                       |
| Ophthalmologic <sup>1,14,15</sup> | GAG and lipid accumulations in keratocytes and endothelial cells le  | ading to              |
|                                   | Diffuse corneal clouding   |                       |
|                                   | • Cataracts  |                       |
|                                   | • Reduction in visual acuity   |                       |
| Ear, nose, and throat             | Sensorineural GAG accumulation, recurrent upper respiratory tract infections, and deformity of ossicles lead to  |                       |
|                                   | Mixed hearing loss   |                       |
|                                   | Severe, progressive hearing loss by second decade of life  |                       |
| Aldowinal 13                      | Henstemanlı  |                       |
| Abdominal 13                      | Hepatomegaly Splenomegaly  |                       |
| D . 16                            |  |                       |
| Dental <sup>6</sup>               | Severe dental signs and symptoms   | 147: J.J J. 6 6 l.    |
|                                   | • Poor dentition   | Widely spaced teeth   |
|                                   | Dental caries  | Fracture risk         |
|                                   | Abnormally thin enamel   |                       |