# Genetics

## *Factor V Leiden*

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Factor V Leiden is the most common inherited risk factor associated with thrombophilia. Risk of venous thromboembolism (VTE) is moderated by complex gene-gene and gene-environment interactions.

***Bottom line.*** Genetic testing for factor V Leiden can identify those at increased risk of VTE and allow for individual risk assessment and risk avoidance. Testing is recommended for those with VTE at younger than 50 years of age; recurrent VTE; venous thrombosis at an unusual site; VTE while pregnant or while taking oral contraceptives; a first incidence of VTE, with strong family history of VTE; and for asymptomatic relatives of individuals with a factor V Leiden mutation considering oral contraceptive use or pregnancy; and others. General population screening is not recommended, given the low absolute thrombotic risk in heterozygotes.

The complete *Gene Messenger—Factor V Leiden* by the GenetiKit research team is available on **CFPlus.*** Past Gene Messenger articles can be accessed online at **www.cfp.ca.** On the home page, click on **Collections** in the left-hand menu, then click on **Genetics.**

**Competing interests**
None declared

The **GenetiKit** research team, a group of family physicians, genetic counselors and geneticists, designed the Gene Messenger series to provide practical information to help family physicians and their patients make informed choices about rapidly emerging genetic discoveries. The series is a collection of up-to-date, definitive, short reviews on genetics topics that have made headlines, and offers recommendations regarding referral for genetic services or testing.

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GENE MESSENGER

For more information on genetics topics, see www.mtsinai.on.ca/FamMedGen/

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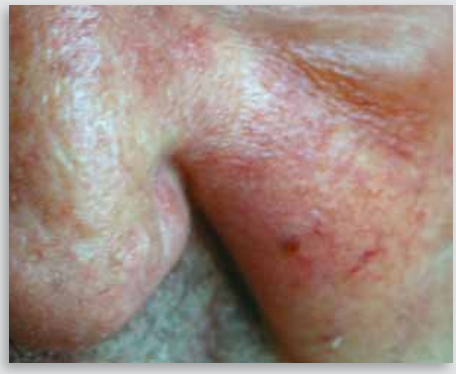
*The Gene Messenger on factor V Leiden is available at **www.cfp.ca.** Go to the full text of this article online, then click on **CFPlus** in the menu at the top right-hand side of the page.

# Dermacase



## Can you identify this condition?

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A 58-year-old man presents with a 4-month history of facial erythema. He complains of progressive pain and weakness in his shoulder and lumbar girdle, and he has difficulty swallowing food. His medical history is remarkable for diabetes mellitus and hypertension over the past 20 years. When explored, his symptoms reveal malar erythema and telangiectasia with infraorbital edema. Both hands show red papules, mostly over the bony prominences.

### The most likely diagnosis is

1. Dermatomyositis
2. Systemic lupus erythematosus
3. Polymorphous light eruption
4. Seborrheic dermatitis
5. Contact dermatitis

*Answer on page 354*