

Genetic Basis and Emerging Therapeutic Approaches in Tay-Sachs Disease

Amelie Rousset*

Department of Medical Genetics, Sorbonne University, Paris, France

DESCRIPTION

Tay-Sachs disease is a severe inherited neurodegenerative disorder classified under lysosomal storage diseases. It is caused by mutations in the *HEXA* gene, which encodes the alpha subunit of the enzyme beta-hexosaminidase A. This enzyme is essential for the degradation of GM2 ganglioside, a lipid predominantly found in neuronal cell membranes. When the enzyme is deficient or nonfunctional, GM2 ganglioside accumulates progressively within lysosomes, particularly in neurons, leading to cellular dysfunction and eventual cell death.

The disorder follows an autosomal recessive inheritance pattern, meaning that affected individuals inherit two defective copies of the *HEXA* gene, one from each parent. Carriers, who possess a single mutated allele, are typically asymptomatic but can pass the mutation to their offspring. The disease is notably more prevalent in certain populations, including individuals of Ashkenazi Jewish descent, although it can occur in any ethnic group.

Clinically, Tay-Sachs disease is most commonly observed in its infantile form, which presents within the first six months of life. Infants initially appear normal but gradually begin to lose previously acquired motor skills. Hypotonia, decreased attentiveness, and exaggerated startle responses are often early signs. As the disease progresses, affected children develop severe neurological impairment, including vision and hearing loss, seizures, and paralysis. At the cellular level, the accumulation of GM2 ganglioside disrupts normal lysosomal function and interferes with intracellular signaling pathways. Neurons become swollen with storage material, impairing synaptic transmission and leading to widespread neurodegeneration. The central nervous system is particularly vulnerable due to its high lipid content and limited regenerative capacity. Over time, this progressive damage results in profound cognitive and motor decline.

Molecular diagnosis of Tay-Sachs disease involves measuring beta-hexosaminidase A enzyme activity in blood or tissue samples, followed by genetic testing to identify specific *HEXA* mutations. Advances in sequencing technologies have improved the detection of both common and rare variants, enabling

accurate diagnosis and carrier screening. Prenatal testing and preimplantation genetic diagnosis are available for at-risk families, providing options for informed reproductive decisions.

Despite extensive research, there is currently no cure for Tay-Sachs disease, and treatment remains largely supportive. Management focuses on alleviating symptoms and maintaining comfort. Anticonvulsant medications are used to control seizures, while nutritional support and respiratory care address complications arising from disease progression. Multidisciplinary care involving neurologists, geneticists, and palliative care specialists is essential for optimizing patient management. In recent years, significant attention has been directed toward developing disease-modifying therapies. One approach involves enzyme replacement therapy, which aims to supplement the deficient beta-hexosaminidase A enzyme. However, delivering the enzyme across the blood-brain barrier has proven to be a major challenge, limiting the effectiveness of this strategy in treating neurological symptoms.

Substrate reduction therapy represents another avenue under investigation. This approach seeks to decrease the synthesis of GM2 ganglioside, thereby reducing its accumulation in cells. Small molecules that inhibit key enzymes in lipid biosynthesis are being evaluated for their potential to slow disease progression. While this method does not correct the underlying genetic defect, it may help balance the rate of lipid production and degradation. Gene therapy has emerged as a particularly compelling strategy for Tay-Sachs disease. Using viral vectors, functional copies of the *HEXA* gene can be delivered to affected cells, enabling the production of the missing enzyme. Preclinical studies in animal models have demonstrated encouraging results, including reduced lipid accumulation and improved neurological function. Clinical trials are ongoing to assess the safety and efficacy of these approaches in human patients. Another innovative direction involves the use of gene editing technologies such as Clustered Regularly Interspaced Short Palindromic Repeats (CRISPR)-Cas systems. These tools have the potential to correct mutations directly within the genome, offering a more permanent solution. While still in experimental stages, gene editing holds considerable potential for treating monogenic disorders like Tay-Sachs disease. Challenges related

Correspondence to: Amelie Rousset, Department of Medical Genetics, Sorbonne University, Paris, France, E-mail: amelie.rousset.genetherapy@sorbonne.fr

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to delivery, specificity, and long-term effects must be addressed before clinical application becomes feasible.

Stem cell-based therapies are also being explored as a means of delivering functional enzymes to the central nervous system. Transplanted cells may produce beta-hexosaminidase A and distribute it to neighboring neurons through a process known as cross-correction. Although early studies have shown some promise, further research is needed to determine the safety and effectiveness of this approach. The development of biomarkers is an important aspect of ongoing research. Reliable biomarkers can help monitor disease progression and evaluate the impact of experimental therapies. Imaging techniques, biochemical assays, and molecular indicators are being investigated to provide measurable outcomes in clinical trials.

CONCLUSION

Tay-Sachs disease is a devastating genetic disorder characterized by progressive neurodegeneration resulting from lysosomal dysfunction. Advances in molecular genetics have enhanced diagnostic capabilities and enabled the development of innovative therapeutic strategies. While current treatment remains supportive, ongoing research into gene therapy, substrate reduction, and other approaches offers hope for more effective interventions in the future. Continued efforts in this field are essential to improve outcomes and provide meaningful options for affected individuals and their families.