

Developmental Biology: Frontiers for Clinical Genetics

Limb development: molecular dysmorphology is at hand!

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We present a review of limb development integrating current molecular information and selected genetic disorders to illustrate the advances made in this field over the last few years. With this knowledge, clinical geneticists can now begin to consider molecular mechanisms and pathways when investigating patients with limb malformation syndromes.

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Developmental biology is now making astounding advances. The increasing correlation of specific embryological events with gene expression/function studies is providing clues to the fundamental cellular pathways that build animals and pattern organs. Connections to human disorders are made possible because of the remarkable functional conservation of many key patterning molecules and mechanisms between model systems and human development (1–5). It is now possible to explain in some detail how malformations occur, utilizing molecular models. From a clinical standpoint, it could be said that we have firmly begun the field of molecular dysmorphology. As stated by Wilson (6), ‘a molecular biology of malformations would be greatly aided if the clinical science of dysmorphology could draw upon basic embryology for a clear set of rules’. These rules are now becoming clearer with the construction of molecular models (5, 7, 8).

Significant advances in the identification of genetic determinants for limb morphogenesis have been made in model systems, which has accelerated progress in elucidating the genetic causes for several heritable limb malformations in humans. Table 1 lists numerous genes involved in human and/or mouse limb malformation syndromes, including 25 human syndromes, nine spontaneous mouse mutants, and 20 mouse knockouts. The knowledge of the patterning mechanisms and genes involved in limb development is illustrative of the

impact of contemporary biology and genetics on our understanding of clinical genetic dysmorphology.

General principles of limb development

Much of what we know about the general mechanisms underlying limb development is the result of research using chickens and amphibians over the last 50 years; however, this work has shown that important tissue domains, and signaling molecules emanating from them, are functionally conserved across species (2–5, 9). The apical ectodermal ridge (AER), zone of polarizing activity (ZPA), the mesenchyme within the progress zone (PZ), and epithelial-mesenchymal inductive interactions between these cellular domains are necessary for normal morphogenesis (Figs. 1 and 2). The limb can be divided into three axes: proximal–distal (P–D), anterior–posterior (A–P), and dorsal–ventral (D–V). Development along these axes is mediated by the asymmetric expression of specific molecular triggers in the AER, ZPA, ectoderm, and mesenchyme. Growth of the limb bud mesenchyme is followed by formation of precartilaginous condensations which form in a defined order, beginning first in proximal regions through the processes of *de novo* aggregation, bifurcation or segmentation (Fig. 2; (10)). The regulated expression of downstream target genes of these key molecules modulates growth, death, adhesion and

Table 1. Genes involved in limb development, as revealed by characterized mutations in humans or mice

Gene	Function	Human disorder(s)	Limb phenotype	Mouse mutant(s)	References
ZPA signaling and/or A-P patterning					
<i>Shh</i>	Secreted signal		Hemimelia	Knockout	(72)
<i>PTC</i>	Shh receptor	BCNS	Short digital elements, polydactyly	Knockout	(70, 73, 74)
7-cholesterol reductase		Smith-Lemli-Opitz	polydactyly, various defects		(75-77)
<i>Bmp7</i>	Secreted signal		Preaxial polydactyly	Knockout	(78, 79)
<i>GLI2</i>	TF		Upper and middle limbs shortened	Knockout	(80)
<i>GLI3</i>	TF	Greig cephalopolysyndactyly Pallister-Hall Postaxial polydactyly type A	Polydactyly, syndactyly, short limbs	<i>Xt (extra toes)</i> , <i>add (anterior digit deformity)</i> , <i>bph (brachyphalangy)</i> , <i>pcn (polydactyly Nagoya)</i>	(81-89)
AER/Mesenchymal signaling					
<i>FGFR1</i>	FGF receptor	Pfeiffer	Brachydactyly, syndactyly		(90)
<i>FGFR2</i>	FGF receptor	Apert Pfeiffer Jackson-Weiss	Syndactyly, brachydactyly		(91-94)
<i>Formin</i>	cytoskeleton		Syndactyly, oligodactyly	<i>ld (limb deformity)</i>	(95, 96)
Dorsal/ventral patterning					
<i>Wnt-7a</i>	TF		Distal limbs ventralized	Knockout	(69)
<i>En-1</i>	TF		Distal limbs dorsalized, syndactyly, postaxial polydactyly, digital reductions	Knockout	(97, 71)
Patterning and growth of cartilagenous condensations					
<i>SOX9</i>	TF	Campomelic dysplasia (CMPD1)	Short, bent femurs and tibiae; phalangeal defects		(98, 99)
<i>TBX3</i>	TF	Ulnar-Mammary	Ulnar ray defects		(28)
<i>TBX5</i>	TF	Holt-Oram	Radial ray defects		(29, 30)
<i>TWIST</i>	TF	Saethre-Chotzen	Brachydactyly, syndactyly		(100, 101)
<i>CRABP1</i>	TF		Postaxial polydactyly	Knockout	(102)
<i>Hoxa10</i>	TF		Upper limb defects	Knockout	(103, 104)
<i>Hoxa11</i>	TF		Middle limb defects	Knockout	(105, 106, 48)
<i>Hoxa13</i>	TF	Hand-foot-genital (HFG)	Digital reductions	<i>Hd (Hypodactyly)</i> , knockout	(107, 59, 108, 49)
<i>Hoxd10</i>	TF		Minor hindlimb defects	Knockout	(109)
<i>Hoxd11</i>	TF		Middle limb defects	Knockout	(48, 110, 111)
<i>Hoxd12</i>	TF		Digital reductions	Knockout	(50)
<i>Hoxd13</i>	TF	Synpolydactyly (SPD)	Syndactyly, polydactyly, brachydactyly	Knockout	(50, 56, 57, 54, 112, 58)
HoxD locus	†		Ulnar dysplasia	<i>Ul (Ulnaless)</i>	(61, 62)
<i>ΔEF1</i>	TF		Short bones, carpal and tarsal fusions	Knockout	(113)
<i>Aix-4</i>	TF		Polydactyly	Knockout	(114)
<i>p107</i>	Rb-like TF		Slightly short, thickened bones	Knockout	(115)
<i>PAX3</i>	TF	Waardenburg type III	digital defects		(116)
<i>SALL1</i>	TF	Townes-Brocks	preaxial polydactyly		(117)
Bone/cartilage maturation and growth					
<i>smCDMP1</i>	Secreted signal	Hunter-Thompson Grebe AD brachydactyly type C	Short bones, phalangeal segmentation defects	<i>bp (brachypodism)</i>	(118-121)

Table 1. (Continued)

Gene	Function	Human disorder(s)	Limb phenotype	Mouse mutant(s)	References
<i>CBFA1</i>	TF	Cleidocranial dysplasia (CCD)	Brachydactyly [§]	Knockout; <i>Ccd</i>	(122–126)
<i>FGFR3</i>	FGF receptor	Achondroplasia Thanatophoric dysplasia I, II	Short bones	Knockout (bone overgrowth)	(127–129)
<i>FGD1</i>	RAS signalling	Aarskog (FGD)	Brachydactyly		(130)

The genes have been grouped according to general developmental processes for organizational clarity, though some genes have roles in more than one category. Limb phenotype refers to the general category of defects, in humans and/or mice, caused by the spectrum of known mutations in the gene. For the sake of a cogent summary, specific correlations between phenotypes and individual mutations are not presented. In some syndromes, defects are often variable or incompletely penetrant. TF, transcription factor. 'Knockout', targeted mutagenesis.

* Humans and mice that are heterozygous for *Shh* deficiency generally have holoprosencephaly without limb defects, while mice that are homozygous for *Shh* deficiency have severe embryonic defects including limb truncations.

** Defective cholesterol metabolism may impair normal post-translational processing of *Shh*.

† *Ulnaless* may be a regulatory mutation within the *HoxD* gene complex.

§ Brachydactyly was reported in one CCD family that had an unusual alanine repeat expansion in *CBFA1*.

differentiation, as well as the subsequent growth of the cartilage and bone. Evolutionary or pathological differences in skeletal shape and size can be attributed to alterations in these signals.

When, where, how many and what type?

The central problem in the developing embryo is to promote appropriately-timed development of a certain number of limbs in specified positions each with a particular morphology (forelimb versus hindlimb). It has been demonstrated that the initial outgrowth of the limb buds results from reduced mesenchymal proliferation on either side of the future limb bud territory, which continues to proliferate (9, 11), suggesting that only mesoderm at the appropriate levels receives key signals that stimulate limb bud growth. The position of the presumptive limb field is prefigured prior to limb bud outgrowth (Fig. 1) and almost certainly involves signals from the *Hox* genes (9, 12). In different vertebrates, somite position is not correlated with limb position, but is correlated closely with *Hox* gene expression (13). An ectopic mouse forelimb can be induced by changing the anterior extent of expression of *Hoxb8* (14), and, anterior displacement of the position of the endogenous forelimb bud can be induced by inactivating mouse *Hoxb5* (15).

FGF10: the best candidate limb inducer

The intermediate mesoderm (IM) is important in the initiation and positioning of the early limb bud (Fig. 1; (16–19)). Critical signals for D–V and A–P patterning and growth induction are present long before a morphological limb bud is apparent

(4, 20–25). A strong candidate for the inducer is FGF10, based on correlative expression and misexpression experiments. FGF10 is expressed early in the intermediate and lateral plate mesoderm limited to the presumptive limb territories, and is capable of inducing expression of FGF8 in the undifferentiated surface ectoderm overlying the lateral plate mesoderm prior to AER formation, and sonic hedgehog (*Shh*) expression in the mesoderm (20). The entire lateral flank has the capacity to form limbs and several fibroblast growth factors (FGFs) can initiate a signalling cascade that results in fully-formed limbs when applied to non-limb forming mesoderm in the flank (1, 20, 23, 26).

Once organized, the limb bud is able to self-organize itself, since transplantation of limb buds to ectopic locations results in fully-formed normal limbs (9). Cells derived from the initial proliferation from the lateral plate mesoderm will give rise to cartilage, blood vessels and connective tissue in a specific pattern. Nerves, neural crest cells and the somitic cells which will develop into muscles enter the limb secondarily (Fig. 2; (27)).

Holt–Oram and Ulnar–Mammary syndromes: disorders of T-box genes

Other factors are involved in the determination of limb type. The isolation of the T-box family of genes and the elucidation of defects in these genes in Holt–Oram (TBX5) and Ulnar–Mammary (TBX3) syndromes has been particularly instructive in the elucidation of the basis for radial and ulnar ray defects (28–32). T-box genes, so-called because of a highly homologous DNA binding region shared with the brachyury gene or T (for tail) gene in mice, are transcription factors that are

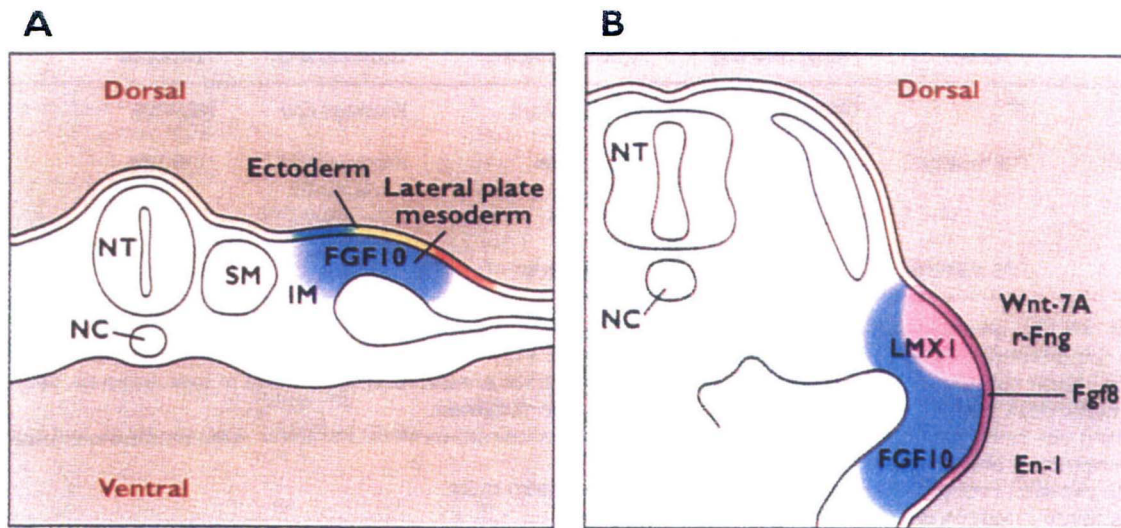


Fig. 1. Early stages in limb bud formation. A) Schematic diagram depicting a transverse section through an early stage embryo at the somite level where a limb bud will form. The shading depicts FGF10 expression within the mesoderm that will contribute to limb bud mesenchyme, including the lateral plate mesoderm (LPM) and part of the intermediate mesoderm (IM). FGF10 may be a key signal initiating limb bud growth. Cells that will contribute to the dorsal limb ectoderm (green) are closer to the neural tube, while those that will contribute to the ventral ectoderm (orange) are more lateral. Between these regions is a rather broad domain of ectoderm (yellow) that will give rise to the AER (see text). NT, neural tube; NC, notochord; SM, somitic mesoderm; IM, intermediate mesoderm. B) The same transverse level of section at a slightly later stage in development. FGF8 is now expressed in the bud ectoderm prior to AER formation, perhaps induced by the FGF10 signal from the LPM. Wnt-7a and r-Fng are expressed in the dorsal bud ectoderm, while En-1 is expressed in the ventral ectoderm. Wnt-7a expression triggers Lmx-1 in the underlying dorsal mesenchyme.

expressed in many regions of the developing embryo (31). Regional restriction of expression of these genes in the developing limb buds probably plays a role in the defects observed for these disorders (32). Differ-

ential expression of *Tbx* genes (T-box genes) *Tbx5* and *Tbx4* may be involved in the distinction between forelimb and hindlimb, probably regulated in part by region-specific *Hox* gene expression (32, 33).

Fig. 2. How to make a limb. Panels 1–4 depict the growth of the bud through time, while 5–8 show the phases of HOX gene expression during the same time points as panels 1–3. Note the orientation of the proximal-distal and anterior-posterior axes. Schematic expression domains of various genes are shown. Examples of malformations caused by stage-specific defects are also given. 1) Early limb budding. Early FGF10 expression in the LPM probably stimulates this process. The onset of *Hox* gene expression also occurs at this stage. Failure of limb bud formation at this stage could result in amelia. 2) The AER has formed along the anterior-posterior axis of the bud ectoderm; secreted FGFs stimulate mitosis in the underlying mesenchyme (PZ). Cells that are proximal to the PZ are condensing to form the humerus. A region of posterior mesenchyme (ZPA) secretes *Shh*, which is sensed by the surrounding mesenchyme and the AER and provides an anterior-posterior patterning signal. The limb bud is now an independent, self-organizing domain. A failure of AER or ZPA function at this stage could also prevent further bud growth, resulting in distal limb truncation. Neural and muscle precursors are migrating into the limb field. 3) The distal bud has enlarged and flattened, and the ZPA has moved distally along the bud. The radius and ulna are forming as cells aggregate in a branching pattern at the distal end of the cartilagenous humerus, which is maturing and lengthening. FGF4 is expressed in the posterior two-thirds of the AER. While the *TBX5* and *TBX3* genes have wide and complex expression patterns, defects in *TBX5* or *TBX3* function cause primarily anterior or posterior defects in the Holt–Oram and Ulnar–Mammary syndromes, respectively. 4) Late limb bud development. The AER and ZPA are no longer active. All the major cartilage elements of the limb skeleton have condensed and their basic shapes and relative orientations are apparent. Cell death between the digits allows them to separate. Achondroplasia and Grebe syndrome are examples of defective limb bone maturation. 5) *Hox* gene expression: In the limb, there are three major phases of *Hox* gene expression where multiple *Hox* genes are expressed. These roughly correlate with the growth and differentiation of the proximal, middle and distal limb skeleton. A particular *Hox* gene can be expressed in more than one phase. Phase 1 of *Hox* expression occurs early in a crescent pattern just underlying the ectoderm. 6) Phase 1 still persists, while phase 2 has begun in the posterior mesenchyme. 7) Phase 1 has shut off. Phase 2 has extended anteriorly but does not follow the distal growth of the bud, where phase 3 develops. Phases 2 and 3 are well correlated with the growth and differentiation of the radius/ulna and digits, respectively. Hand–foot–genital (HFG) and synpolydactyly (SPD) are examples of syndromes, caused by defective *Hox* genes, that involve hand/foot defects. Dorsal–ventral patterning. Panel 8 depicts a view looking at the distal tip of the limb bud toward the body wall. Compare with Fig. 1. LPM, lateral plate mesoderm; AER, apical ectodermal ridge; ZPA, zone of polarizing activity; PZ, progress zone; M, myoblasts; N, neural precursors; H, humerus; R, radius; U, ulna.

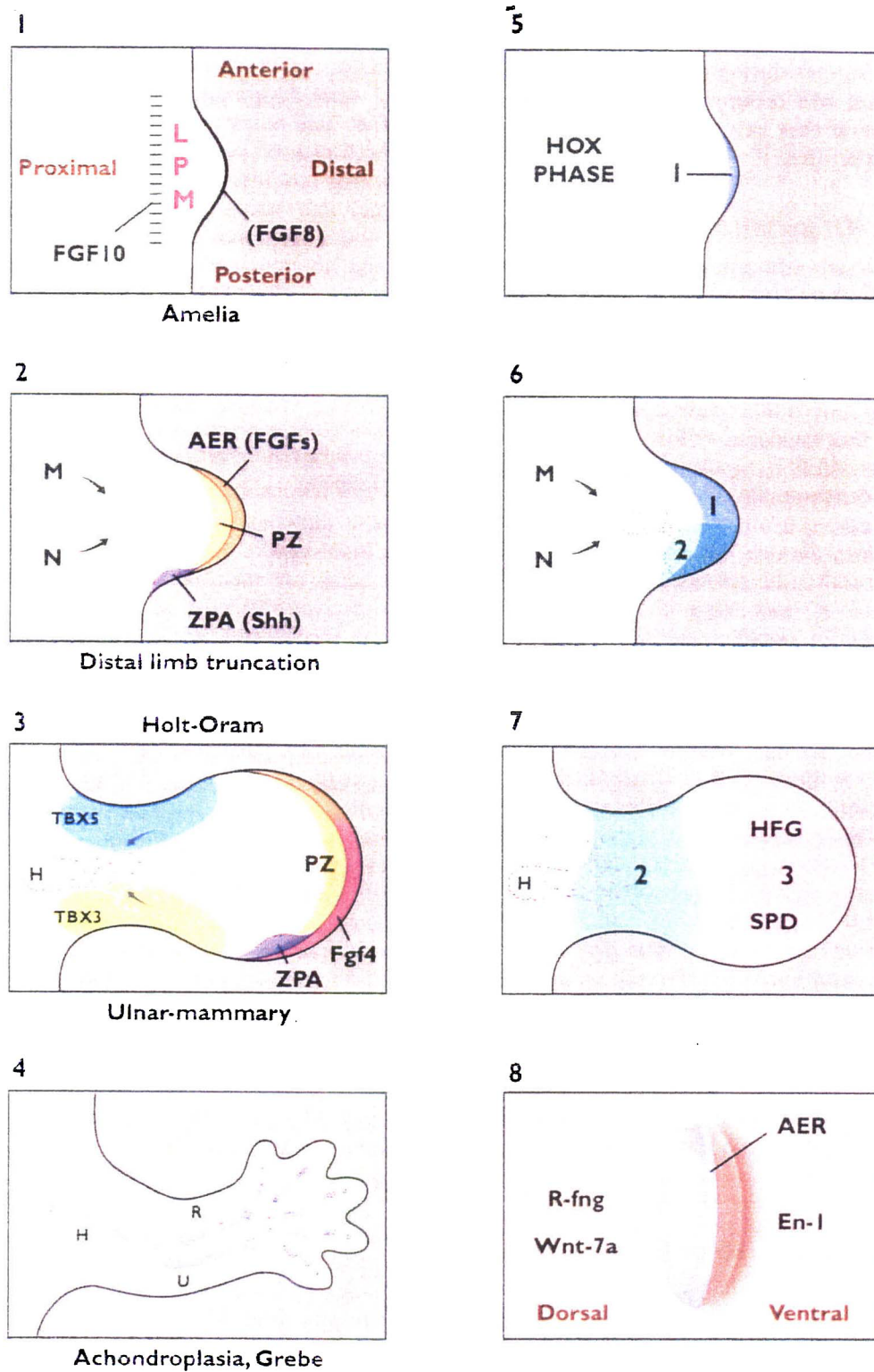


Fig. 2.

Outgrowth and proximal-distal patterning

The limb mesoderm determines limb type and orientation, and is necessary to induce the ectoderm to elongate and to form the AER, a population of cells which extend along the distal

tip of the limb bud in the A-P dimension at the boundary of the dorsal and ventral ectoderm (Fig. 2). The AER is responsible for continued distal growth of the limb and produces FGFs which stimulate the underlying mesoderm, known as the

PZ, to proliferate in an undifferentiated state (4). In the progress zone model, cells that leave the progress zone sooner during growth and extension of the limb bud will occupy more proximal positions, while those that exit the PZ later will form more distal structures.

Induction of the AER and limb truncation phenotypes

In addition to currently unknown signals from the mesoderm, another key molecular mediator of ridge formation is radical fringe (*r-Fng*) (34, 35). An ectodermal border, defined by *r-Fng*-expressing cells adjacent to non-expressing cells at the tip of the developing limb bud, creates a critical 'molecular boundary' that is necessary for the formation of the AER. If the AER is experimentally removed at any stage of development, further distal limb development ceases, causing truncations.

In experimental models, removal of a portion of the AER can result in asymmetries, such as the loss of digits; however, increasing the extent of the AER can result in polydactyly (4). In the chick mutants *limbless* and *wingless*, an AER is not properly formed, and FGF8 and other FGFs needed for early mesenchymal proliferation are not expressed (36). In the mouse mutant *legless*, hindlimbs fail to develop due to absence of the AER (37). FGF4 is normally expressed within the posterior two-thirds of the AER. Ectopic anterior expression of FGF4 in the AER is associated with polydactyly in the chick mutant *talpid* and mouse mutants *Strong's luxoid*, *extra toes*, and *Rim4* (4). Defective 'formin' expression in *limb deformity (ld)* mice leads to insufficient FGF4 expression in the AER, and consequent reduction in *Shh* expression, resulting in a multitude of bony reductions and fusions (38, 39). Therefore, early stages in the induction of the limb bud and the formation of the AER are critical to establishment of the limb bud and instructive as to potential defects underlying human amelia (40).

Lumping or splitting in split hand-split foot malformation 1

Human ectrodactyly or split hand-split foot malformation (SHFM) is genetically heterogeneous with autosomal loci on human chromosome 7q (*SHFM1*) and 10q (*SHFM3*). On 7q, a critical interval with three genes, *DLX5*, *DLX6*, and *DSS1*, has been defined on the basis of the positions of distinct translocations and six interstitial deletion patients (41). Due to the absence of direct interruption of any of these genes by the translocations, it has been hypothesized that alterations in

the regulation of expression of these three genes, either alone or in combination, leads to SFHM1.

The mouse Dactylaplasia (*Dac*) mutation results in a semi-dominant phenotype that resembles SFHM. *Dac* maps to mouse chromosome 19, and the limb phenotype also depends on another locus, *mdac* (for modifier of *Dac*), that acts in a recessive manner and maps to chromosome 13 (42). The *Dac* locus is within a region of chromosome 19 syntenic to human chromosome 10q25 where the *Fgf8* locus resides; however, no mutations have been found in this gene (43). *Dac* mutants exhibit excessive cell death within the AER, a potential mechanism for SHFM syndromes (43).

HOX mutations in hand-foot-genital syndrome and synpolydactyly

Growth and patterning along the P-D and A-P axes also require the products of the Hox genes. Hox genes are members of a highly conserved set of transcription factor genes that are found in all animal species (44, 45). They are expressed very early in embryonic development along the body axis, in specific spatial domains and in a temporal succession that correlates with the relative order of the genes in a particular complex, a feature termed colinearity. Colinearity of Hox expression is an ancient regulatory mechanism that distinguishes animals from other multicellular living organisms.

Several *Hoxa* and *Hoxd* genes are expressed within the developing limb buds in a complex, dynamic pattern, with three phases of expression roughly correlating with the appearance of the stylopod (humerus/femur), zeugopod (radius/ulna or tibia/fibula), and the autopod (digital arch) (Fig. 2; (5, 46, 47)). The construction of putatively null alleles of these *Hox* genes by homologous recombination in mice, followed by creation of compound mutants of several *Hox* genes, has been very instructive for understanding their role in limb development (48-53). These results suggest that the Hox genes influence the growth rates of mesenchymal condensations within their respective regions of expression, and can have effects at more than one stage of development in the timing of cartilage growth and differentiation. In addition, *Hox* genes mutated in combination were observed to have synergistic effects, implying that they have overlapping as well as unique functions in the specification of body morphology or growth (50, 54, 51, 55, 52, 5, 53).

Mice are not the only mammals to have mutated *Hox* genes. Recently, two human syndromes have been identified to be the result of mutations within genes of the *HOXD* and *HOXA* complexes. One of

these, synpolydactyly (SPD), primarily affects the digit pattern due to a gain-of-function mutation in *HOXD13* (56–58). In this syndrome, syndactyly involving the third and fourth fingers (and occasionally the fourth and fifth toes) with partial or complete duplication of individual fingers and toes, is observed. The hand–foot–genital syndrome (HFG) affects both digital and genitourinary organ development, due to a premature stop codon mutation in the homeodomain of *HOXA13* (59). The identification of these mutations reveals the importance of these genes for human morphogenesis, which was predicted based on studies in mice and flies. Their digital arch malformations are consistent with the roles of these genes in controlling growth rates and allocation of mesenchyme in selected regions, since alterations in these processes would be expected to result in additional digits or deleted or hypoplastic elements. Genitourinary anomalies in HFG are consistent with the expression of this gene in developing caudal trunk structures and parallel those observed in *Hoxa13* knockout mice (49). The occurrence of similar combined malformations in other human syndromes is compelling for potential alteration of Hox gene expression (44, 60).

Hox genes expressed in the wrong place: a case of superiority

Misexpression of Hox genes in places where they are not normally expressed can also result in deficiencies. For example, in the mouse mutant *Ulnaless*, severe truncation of the radius/ulna and tibia/fibula is associated with aberrant proximal expression of *Hoxd13* in the mesenchymal territories that give rise to these bones (61, 62). These effects have parallels in flies and illustrate the principle of posterior prevalence: Hox genes normally active in more posterior regions are dominant if misexpressed in more anterior domains. Other limb misexpression studies with retroviruses in chick and mice support these observations and have revealed an ‘early’ role for Hox genes in mesenchymal proliferation and a ‘late’ role in growth of the proliferating cartilage of long bones (55, 63–65). This information teaches us that intercalary deficiencies or deletion malformations may result from regulatory mutations or induced misexpression of Hox genes, and not necessarily from deficient or abnormal HOX proteins.

A–P patterning: what's all this about a hedgehog?

The ZPA within the developing limb bud is a cellular structure, located at the postero–distal

margin of the limb bud, that received its name based on its characteristics in reciprocal transplantation studies (Fig. 1; (4, 5, 9)). The ZPA directs A–P pattern formation and is formed early before substantial budding occurs. When cells from this region are excised and placed within the anterior segment of a limb bud, mirror-image duplication of the digits occurs, and the extent of the duplication depends on the number of transplanted cells, suggesting that the ZPA is the source of a secreted polarizing signal. Mirror-image digit duplications have been observed in humans, and probably result from ectopic ZPA formation. Retinoic acid signalling is essential for ZPA development since competitive inhibitors prevent *Hoxb8* expression and ZPA development (25). Digits fail to develop when the ZPA is removed. *Sonic hedgehog* (*Shh*), a vertebrate homolog of the *Drosophila* segment polarity gene *hedgehog*, can provide the ZPA polarizing signal and its effects are mediated by the action of *Patched* (*Ptc*), *cubitus interruptus* (*Gli* in vertebrates), bone morphogenetic proteins (BMPs), HOX proteins, and other *Shh* pathway effectors (5, 66). Expression of *Shh* from the ZPA is maintained by AER-specific signals; FGF-containing beads can provide these signals when the AER is removed (4). AER survival requires continued expression of *Shh*. Therefore, a feedback loop between *sonic*-expressing ZPA cells and the posterior AER is necessary for A–P patterning and distal growth of the limb. *Shh* expression is also dependent on signals from the dorsal ectoderm, which can be replaced functionally by ectopic application of Wnt-7A (4).

Gli3: an impressive allelic series

The *Gli* protein family composed of *Gli1*, *Gli2*, and *Gli3* are vertebrate homologs of the *Drosophila Ci* protein which is an important mediator of *hedgehog* signaling (5). An interesting allelic series of mutations in human *Gli3* has been discovered. Translocations or deletions interrupting *Gli3* are associated with Greig cephalopolysyndactyly (Table 1). Since these mutations likely create haploinsufficiency for this gene product, it appears that dosage is important for regulating interdigital cell death and proliferation of mesenchyme. Other human *Gli3* mutations may result in Pallister–Hall syndrome or postaxial polydactyly type A; these phenotypes may correlate with the position of the mutation in the gene relative to certain functional domains (67).

Dorso-ventral patterning: the up-side and the down-side

The formation of the AER at the dorso-ventral boundary of the limb bud tip is a process separable from that which determines the dorsal-ventral axis (5). Dorso-ventral patterning requires expression of *Wnt-7A* in the dorsal ectoderm, which induces expression of *Lmx-1* in the dorsal mesoderm (68). However, *En-1* is necessary to restrict expression of *Wnt-7A* and *r-Fng* to the dorsal ectoderm, thereby creating a D-V boundary and helping to position the AER. Failure to set up these appropriate molecular boundaries can lead to abnormally-patterned limbs. Indeed, *Wnt-7A* mouse null mutants have 'ventralized' limbs (69), and *En-1* mouse mutants have 'dorsalized' limbs (Figs. 1 and 2 (71)). In addition, *Wnt-7A* induces expression of *Lmx-1* in the dorsal mesoderm, imparting 'dorsal' specification; ectopic expression of *Lmx-1* in the ventral mesoderm is sufficient to induce dorsal characteristics (68).

Conclusions and future directions

The molecular rules for limb formation are rapidly being assembled. Critical advances have utilized animal model systems and mutants, expression methodologies *in situ*, and the ability to misexpress molecules of interest with viruses, transgenic mice, or from surgically-implanted factor-containing beads. By positional cloning and candidate gene approaches, human mutations have been identified as the basis for limb malformations and syndromes. We have learned the identification of key molecules that define functional cellular domains, and that there is a remarkable conservation of the rules between disparate species. This latter aspect is perhaps the most satisfying conclusion of the work of developmental biology over the last 10 years – model systems are indeed useful and more directly applicable to the interpretation of development and its anomalies in humans than previously believed. Over the next several years, we will learn more about the identity and function of factors that are important for positioning the limbs along the body axis through regulation of FGF expression, the mesodermal signals needed for AER induction, and the discovery of new genes involved in limb morphogenesis or malformation. It is safe to say that we have entered onto a new vista in clinical genetics where we are now capable of inferring the involvement of specific developmental pathways or genes in human malformations.

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