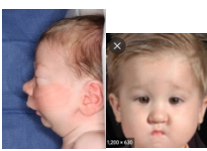
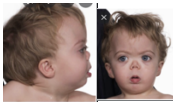


GENETIC/CHROMOSOMAL SYNDROMES

DiGeorge	Fetal alcohol spectrum disorder	Marfan syndrome	Pierre Robin sequence	Stickler syndrome	Treacher Collins syndrome
heterozygous chromosomal deletion at 22q11.2 → Defective development of the pharyngeal pouch system	prenatally exposed to alcohol (time, amount)	autosomal dominant CT disorder of fibrillin gene	hypoplasia of the mandible that occurs before 9 th week of development	Inherited CT disorder	autosomal-dominant disorder of craniofacial development
CATCH-22 • Cardiac (TOF – cyanotic + FTT) • Abnormal facies (micrognathia, inward eyes) • Thymus absent (?MG) • Cleft palate • HypoPTH = hypoCa • Chr 22 Other: • Recurrent chest infections • Larynx-trachea-oesophageal anomalies	• Macrocephaly • Intrauterine growth restriction (IUGR) • Smooth philtrum • Joint abnormality • inattentive • Lung hypoplasia • Altered surfactant production • Poor academics, impulse control	• Marfanoid habitus (tall, long limbs + high arched palate) • Hypermobility • Arachnodactyly (test) • Tricuspid valve prolapse • Murmur = MVP, AR • Aortic dissection • Pneumothorax • Chest wall deformities (kyphoscoliosis, pectus excavatum) • Upward lens dislocation	• Cleft palate • Micrognathia • Glossoposis (tongue back in mouth)	• Flat face • Upturned nose • Prominent eyes • Hypotonia • Hypermobility • Feeding/ breathing difficulties • Scoliosis	• Malar hypoplasia • Down slanting palpebral fissures • Lower lip defect • Ear + eye abnormality • Cleft palate • Underdevelopment of the facial bones + airway can lead to airway obstruction • Colobomas (defect in iris)
		Rx: ➤ BB and ARB for HTN ➤ PT = strengthen joints ➤ Genetic counsel ➤ Yearly ECHO and ophthal review			

Cause	Physical dysmorphia	Assoc	Mx
Down's	Trisomy 21	• ENT –conductive hearing loss (recurrent otitis media, glue ear) • Vision loss (<i>myopia, cataracts, strabismus</i>) • CVS: AVSD (ASD, VSD), PDA, TOF, aberrant SCA • Resp: small nose → OSA, Recurrent chest infections • GIT: Duodenal atresia, Hirschsprungs disease • Endo: hypothyroidism (10-20%) • Cancers = <i>leukaemia</i>	Ante-natal screening • NIPT • NT scan • Biochemical (B-HCG, PAPP-A) • CVS or amniocentesis
Patau	Trisomy 13	• structural brain defect → learning delay • cardiac and renal malformations	
Edward	Trisomy 18	• LBW • cardiac and renal malformations	
Turner	45XO	• Recurrent AOM and UTI • Aortic Coarctation • Hypothyroidism • HTN, DM, OP, obesity • Ovary dysgenesis = amenorrhoea, early miscarriage	• GH therapy (for short stature) • E2 + PG (for 2 nd sex characteristics and regulate periods) • Fertility support
Klinefelter	46XXY	• Tall thin men o XS central adiposity • Wide hips + less facial/body hair • small testes + gynecomastia	• TT injections • Breast reduction surgery • MDT – speech path, OT, PT, educational support
Noonan	AD mutation	• Short stature • Broad forehead • webbed neck + widely spaced nipples • hypertelorism (wide space between eyes) • Downsloping eyes + ptosis • Lymphodema	MDT and supportive Rx: • ECHO referral for CHD • Audiology assessment • FBC + APTT • Yearly check up • Plot growth curves – need GH supplementation
Velocardiofacial syndrome	AD mutation	• Cleft palate • High-arched palate • Broad nose ridge	• FISH to diagnose • CMP – (check for hypoCa) • FBC + complement
Williams syndrome	Chr 7 deletion	• Broad forehead, short nose, • Starburst eyes (star-like pattern on iris) • WIDE MOUTH + big smile	No cure → MDT approach • BP monitor • ECHO • Low Ca diet
Cri du chat	Chr 5 deletion (part only)	• Developmental, delay	• MDT
Fragile X syndrome	Tri-repeat FMR1	• Big head + big testes (macro-orchid) • Long face + large everted ears (mickey mouse) • Large testes after puberty	• Genetic test – measure # of CGG repeats > 50 • MDT approach → e.g. Speech path • OCD = SSRI • ADHD = Stimulants
Charcot-Marie-Tooth	Chr 17 duplicate	• Pes cavus (high foot arch)	• Sensory and motor neuropathy
Angelman syndrome (UBE3A gene) MALE	Chr 15 – both copies from father	• Blond hair, blue eyes and fair skin • Microencephaly, sunken nasal ridge • Widely spaced teeth • Prominent lower lip and small chin • Fascination with water	No cure- MDT approach • Parental education • PT, OT, psychology, social worker • Anti-epileptics if needed
Prader-Willi syndrome (FEMALE)	Chr 15 – both copies from mother	• Narrow forehead + almond shaped eyes • Triangular mouth • Short stature and small hands/feet • Underdeveloped genitals= infertility	No cure – supportive care (control wt) • Give GH – for muscle development • Dietician (control diet) • Social workers • PT, OT, psychologists
Beckwith-Wiedemann syndrome	Overgrowth disorder	Macroglossia Hypoglycemia	•
Alagille syndrome	JAG1 mutant gene	• Prominent forehead, bulbous nose tip • Pointed chin, deep set eyes	• Biliary atresia – Jaundice (conj. Bilirubin) • Also: PS, ToFallot
Thalassemia	Variant globin gene	• Chipmunk face – XS bone turnover and proliferation of bone marrow	• Massive splenomegaly

*****Other chr. Issue = Translocation e.g. AML T9:22 (ph chromosome) + | Mosaicism = Chromosomal abnormality occurs after conception *****



Down's



Patau



Edward



Turner



Klinefelter



Fragile X



William's



Alagille

