Trisomy 14 (Edward syndrome)

- ► Fewer than 1.% reach her first birthday
- Small for gestational age
- Hypertonia
- Rocker bottom feet
- Prominent occiput





Trisomy 15 (Patau syndrome)

- Usually fatal before the age of \(\)
- Small for gestational age
- Aplasia cutis of scalp
- Microcephaly
- Cleft lip and palate

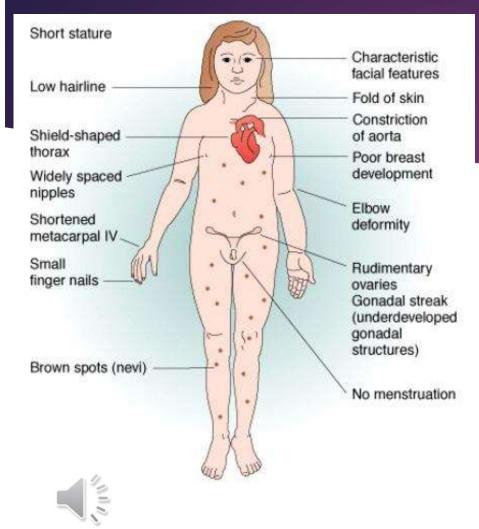




Turner syndrome

- ▶ FaxO, female with normal intelligence and life expectancy
- Relatively mild phenotype
- Short stature is a cardinal feature
- Fam cardiac involvement (coarctation of the aorta, bicuspid aortic valve, aortic aneurysm)
- ► △·% renal anomalies (horseshoe kidney)
- ▶ △ fold risk of acquired hypothyroidism
- Gonadal dysgenesis and amenorrhea









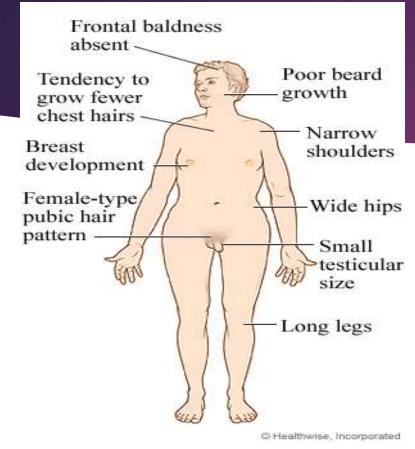




Klinefelter syndrome

- ▶ The most common cause of **infertility in men**
- *YXXY, diagnosis at the age of adolescence
- ▶ Tall stature, long limbs, infantile testes, gynecomastia
- Failure of secondary sexual characteristics
- Osteopenia and osteoporosis











Cri du chat syndrome

- ▶ Deletion of short arm of chromosome △
- Catlike cry in infancy
- Low birth weight
- ▶ Failure to thrive
- Microcephaly
- Developmental delay
- Cardiac involvement







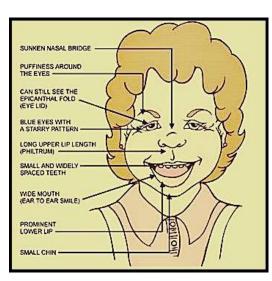




William syndrome

- Deletion of long arm of chromosome \(\gamma \)
- ^\% cardiac involvement (supravalvular aortic and pulmonic stenosis)
- ▶ \ \% autistic, moderate mental retardation
- Striking personality
- Growth delay and short stature
- ▶ ヾ・% hypercalcemia







Aniridia Wilms tumor association

- Deletion of short arm of chromosome \(\)
- WAGR syndrome (<u>Wilms tumor</u>, <u>Aniridia</u>, <u>Genitourinary anomalies</u>, <u>Mental</u> <u>Retardation</u>)
- ▶ △·% microcephaly
- Cryptorchidism and hypospadias
- Short stature
- ► △·% Wilms tumor





DiGeorge syndrome

- Deletion of long arm of chromosome **
- Cardiac involvement (TOF, VSD, truncus arteriosus, right sided aortic arch)
- Mild mental retardation



DiGeorge's syndrome

-Congenital Thymic Aplasia-

thymic hypoplasia

DGS triad :-

- congenital heart defects
- immune deficiency secondary to a/hypo/plasia
- hypocalcemia due to small or absent parathyroid glands



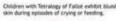
CATCH 22

- C cardiac malformation
- A- abnormal facies
- T Thymic hypoplasia
- C Cleft lip and palate
- H Hypocalcemia
- 22q11 microdeletion

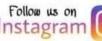




cleft lip & palate







Approach to the dysmorphic child

- Detailed history taking and physical examination
- Request some imaging and genetic tests
- Refer to clinical genetic specialist
- Offer an explanation to the family why they child have a congenital anomaly, reduce their guilt feeling
- Anticipation of medical problems associated with a particular syndrome
- ▶ Identify the **risk of another pregnancy** and plan tests



Reference

▶ Nelson essentials of Pediatrics, Eight edition, Section 1, Human genetics and dysmorphology



