



HUBSB DAILY INFORMATION BULLETIN SERVICE

DIGEORGE SYNDROME

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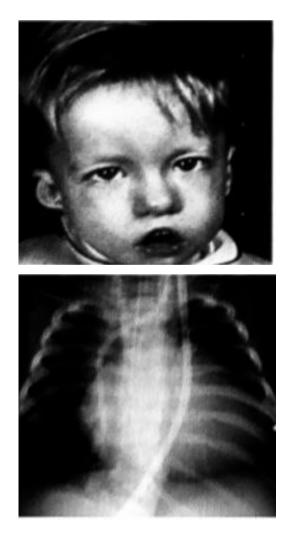
HORMATION BULLETIN SERVICE

DIGEORGE SYNDROME

It is also known as Velocardiofacial Syndrome. Heart defects may include a hole between the lower chambers of the heart (ventricular septal defect); only one large vessel, rather than two vessels, leading out of the heart (truncus arteriosus); or a combination of four abnormal heart structures (tetralogy of Fallot).



IMAGE DESCRIPTION



- The image shows abnormal facies of Digeorge Syndrome And Tetrology Of Fallot (Boot Shaped Heart).
- Hypertelorism
- Antimongoloid slant
- Short philtrum
- Mandibular hypoplasia



IMPORTANT INFORMATION

 Chromosome 22q11 microdeletion -Failure of development of 3rd & 4th pharyngeal pouches.

Triad:

- A. Hypoplasia of Thymus: Decreased T cells.
- B. Parathyroid Hypoplasia: Hypocalcemia
- C. Ultimo-brachial body: Defect in heart & great vessels



CLINICAL FEATURES

CATCH

- C Cardiac defects like TOF
- A Abnormal Facies
- T Thymic aplasia
- C Cleft palate
- H Hypocalcemia



DIAGNOSIS

- CXR: Absent thymic shadow
- Blood: Decreased CD 3 T Cells, increased B cells, decreased IgA, increased IgE.
- Lymph node: Para cortical area depletion
- It is diagnosed at birth or in infancy based on clinical observation of multiple symptoms with various organs.
- A genetic test is done to confirm the diagnosis for Chromosome 22q11 microdeletion.





Question:

A 3-year-old child presented to the OPD with failure to thrive and a developmental defect of the third and fourth pharyngeal pouches and was referred for further evaluation. The Fluorescence In Situ Hybridization was done. What is the most likely diagnosis?

A.) Williams syndrome
B.) Pitt syndrome
C.) DiGeorge syndrome
D.) Cri-du-chat syndrome

Ans - C.) DiGeorge syndrome

