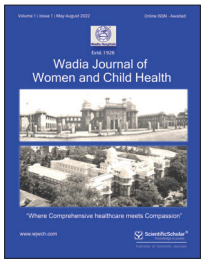
www.wjwch.com

Wadia Journal of Women and Child Health



Clinical Image

Craniosynostosis with symmetrical syndactyly (Apert syndrome)

Suma Sundararaju[1], Kiran More[1,2]

[1]Division of Neonatology, Department of Pediatric Medicine, Bai Jerbai Wadia Hospital for Children, [2]Department of Neonatology, Nowrosjee Wadia Maternity Hospital, Mumbai, Maharashtra, India.

***Corresponding author:**
Dr. Suma Sundararaju, Division of Neonatology, Department of Pediatric Medicine, Bai Jerbai Wadia Hospital for Children, Mumbai, Maharashtra, India.

suma.sund@gmail.com

Received : 10 June 2022
Accepted : 21 June 2022
Published : 01 July 2022

DOI:
10.25259/WJWCH_2022_18

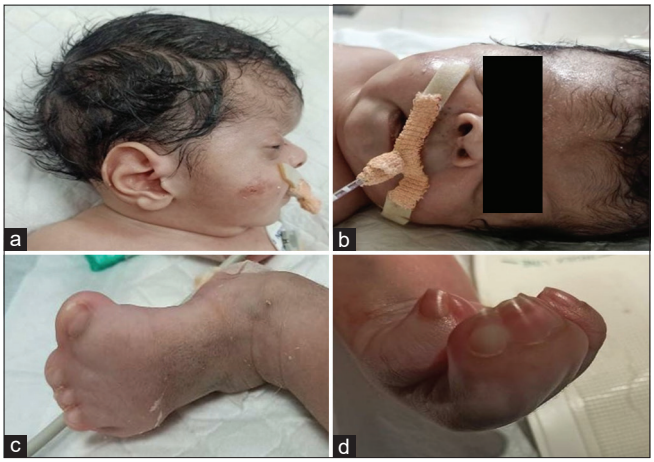


Figure 1: (a) Protruding forehead with a beaked nose, hypertelorism, (b) Bilateral orbital proptosis and midfacial hypoplasia along, (c) Syndactyly, (d) Complete fusion of the bones of the second to the fourth fingers, and one single, continuous nail, the so-called "mitten hand" syndactyly.

We report a term male infant weighing 3100 g, appropriate for gestational age, born to a 27-year-old woman out of 4th degree consanguinity by lower segment caesarean section with an uneventful gestational period and delivery.

Clinical examination revealed facial dysmorphism, brachycephaly with craniosynostosis of coronal sutures, protruding forehead with a beaked nose, hypertelorism, bilateral orbital proptosis and midfacial hypoplasia along with syndactyly [Figure 1]. Complete fusion of the bones of the second to the fourth fingers, and one single, continuous nail, the so-called "mitten hand" syndactyly.[1]

After he developed pooling of secretions and respiratory distress with stridor which increased at rest, he was operated for choanal atresia and was on room air by the 3rd post-operative day. Neurologically, neonatal reflexes, muscle tone and power were acceptable.

The baby is currently planned for surgical correction of craniosynostosis in early infancy and a genetic study for a final diagnosis (Apert syndrome, Crouzon syndrome or Pffeifer syndrome).[2]

How to cite this article: Sundararaju S, More K. Craniosynostosis with symmetrical syndactyly (Apert syndrome). Wadia J Women Child Health 2022;1(1):47-8.

Acknowledgement

Dr. Dhaval Kapadia, NICU Fellow.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

REFERENCES

1. Pehnke M, Schmieg S, Shah AS. Congenital syndactyly. In: Pediatric Hand Therapy. Amsterdam, Netherlands: Elsevier; 2020. p. 93-107.
2. Wilkie AO, Slaney SF, Oldridge M, Poole MD, Ashworth GJ, Hockley AD, *et al*. Apert syndrome results from localized mutations of FGFR2 and is allelic with Crouzon syndrome. Nat Genet 1995;9:165-72.