

Congenital Partial Hemihypertrophy, Low Set Ears, Hypertelorism, and Epicanthi Folds: A Novel Syndromic Association

Aamir Jalal Al Mosawi

Advisor in Pediatrics and Pediatric Psychiatry, Children Teaching Hospital of Baghdad Medical City Head, Iraq Headquarter of Copernicus Scientists International Panel Baghdad, Iraq.

***Corresponding author:** Aamir Jalal Al Mosawi, Advisor in Pediatrics and Pediatric Psychiatry, Children Teaching Hospital of Baghdad Medical City Head, Iraq Headquarter of Copernicus Scientists International Panel Baghdad, Iraq.

Received date: January 30, 2020; **Accepted date:** February 5, 2020; **published date:** February 7, 2020

Citation: Aamir Jalal AM (2020). Congenital Partial Hemihypertrophy, Low Set Ears, Hypertelorism, and Epicanthi Folds: A Novel Syndromic Association. J Clinical Research Notes, 1(1); DOI: 10.31579/crn.2020/003

Copyright: © 2020 Aamir Jalal AM. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Abstract

Background: Congenital hemihypertrophy is a very rare condition that can be isolated or occurs in association with other congenital abnormalities and neoplasms, and well-recognized syndromes. Well-known syndromes that are associated with congenital hemihypertrophy include Klippel-Trenaunay-Weber syndrome, Beckwith Wiedemann syndrome, Goldenhar syndrome, Silver-Russell's syndrome. Partial hemihypertrophy affecting a limb is an extremely rare condition, and was probably first reported in 1949 by web, and very few cases have been reported in the literature.

Patients and methods: Ten month old infant with partial hemihypertrophy, delayed development and facial dysmorphism who was observed at the pediatric neuropsychiatry clinic of Baghdad Medical City was studied.

Results: The boy was hypotonic with developmental delay and has not been able sit yet. He had low set ears and facial dysmorphism consisting of hypertelorism and epicanthic folds. His right lower limb was obviously larger than the left. Parents were consanguineous, and family history was negative for similar condition. The rest of the examination was normal. Brain CT-scan, echocardiography, abdominal ultrasound, and chromosomal karyotype showed normal finding.

Conclusion: Hemihypertrophy has not been reported in Iraq before. A novel syndromic association consisting of congenital partial hemihypertrophy, low set ears, hypertelorism, epicanthi folds, and developmental delay is reported in this paper.

Key words: congenital partial hemihypertrophy; low set ears; hypertelorism; epicanthi folds; and developmental delay; new syndrome

Introduction

Congenital hemihypertrophy is a very rare condition that can be isolated or occurs in association with other congenital abnormalities and neoplasms including hepatoblastom (Geiser et al; 1970; Rattan et al; 1995); Wilms tumor (Sauer and Wemmer; 1977; Mohanna and Sallam; 2008); embryonal rhabdomyosarcoma (Samuel; Tsokos; and DeBaun; 1999); epithelioid haemangioendothelioma (Miller et al; 1999); congenital mesoblastic nephroma (Abosoudah et al; 2008) [1-29]; and well-recognized syndromes. Well-known syndromes that are associated with congenital hemihypertrophy include Klippel-Trenaunay-Weber syndrome; Beckwith Wiedemann syndrome; Goldenhar syndrome; Silver-Russell's syndrome [30-33].

Partial hemihypertrophy affecting a limb is an extremely rare condition; and was probably first reported in 1949 by web [34]; and very few cases have been reported in the literature.

Patients and methods

Ten month old infant with partial hemihypertrophy; delayed development and facial dysmorphism who was observed at the pediatric neuropsychiatry clinic of Baghdad Medical City was studied.

Results

The boy was hypotonic with developmental delay and has not been able sit yet. He had low set ears and facial dysmorphism consisting of hypertelorism and epicanthic folds (Figure-1). His right lower limb was obviously larger than the left (Figure-2). Parents were consanguineous; and family history was negative for similar condition. The rest of the examination was normal. Brain CT-scan; echocardiography; abdominal ultrasound; and chromosomal karyotype showed normal finding.

Discussion

Congenital hemihypertrophy is well known to be associated with multiple congenital anomalies (Table-1). Partial hemihypertrophy affecting a limb is an extremely rare condition; and was probably first reported in 1949 by web [34]; and very few cases have been reported in the literature [12; 35; 36; 37].

Kasantikul et al (1994) reported a rare case of adrenocortical adenoma in a 7-month-old female infant with congenital hemihypertrophy of left leg [35].

Gönül et al (2009) from Turkey report a very rare case of giant melanocytic naevus with lipomatosis; Dandy-Walker malformation occurring in association with hemihypertrophy of the leg [36].

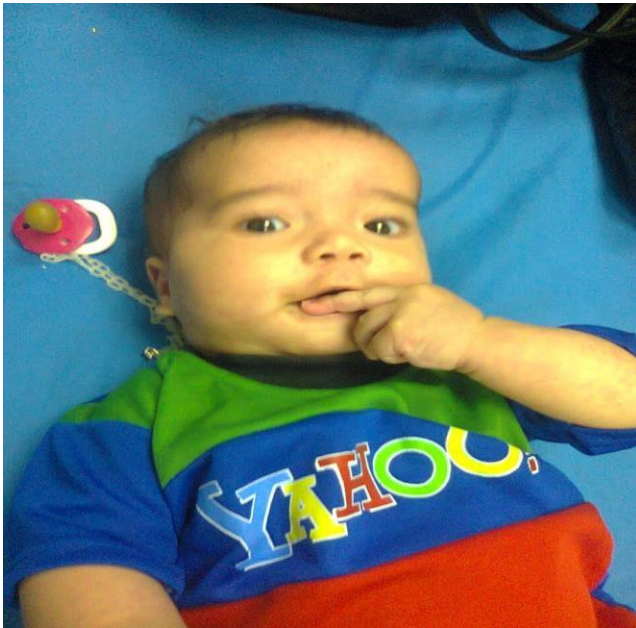


Figure-1: The boy had low set ears and facial dysmorphism consisting of hypertelorism and epicanthic folds

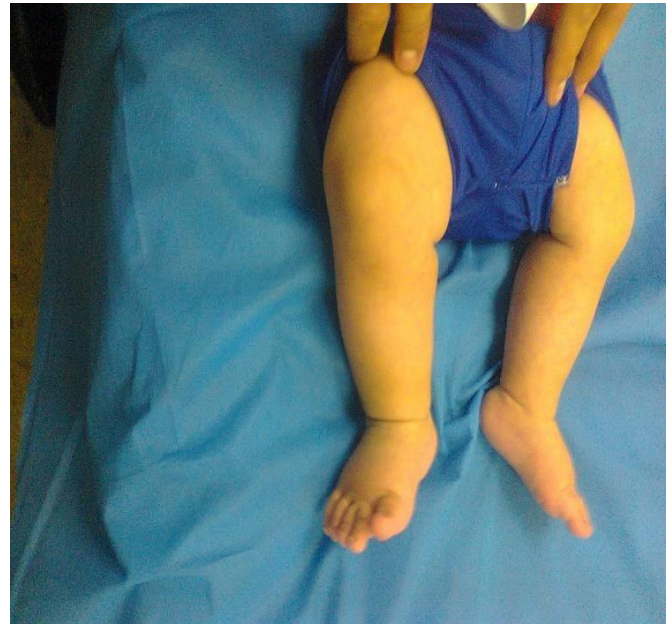


Figure-2: The boy had partial hemihypertrophy affecting right lower limb

Author (s)	Congenital anomalies
Walia et al (1971) [13]	Congenital heart disease
Paré and Elhilali (1972) [14]	Hydrometrocolpos and polydactyly
Eisenberg and Pfister (1972) [15] Indridason ; Thomas ; and Berkoben (1996) [25] Kusz et al (2019) [29]	Medullary sponge kidney
Henry et al (1973) [16]	Abnormalities of the aortic arch; and of the skeletal; cutaneous and ocular systems.
Temtamy and Rogers (1976) [17]	Macrodactyly; and connective tissue nevi
Fischer ; Strand ; and Shapiro (1984) [18]	Abnormalities of the cerebral vasculature : giant aneurysm; capillary hemangioma; and arteriovenous malformation
Hidano and Arai (1987) [19]	Syndactyly ; scoliosis; short forth metacarpus; hypoplastic mandible; peroneal exostosis ;multiple faint nevi flammei ; telangiectasis; nevus anemicus ; fibromatous tumors of the tip of the tongue; mitral prolapse; and vascular; cerebral; abnormalities
Agarwal et al (1988) [20] Giani ; Lapi ; Pezzati (1991) [21]	Benign nephromegaly and duplex ureter
Dawn et al (1995) [22]	Nevus depigmentosus
Sabry et al (1995) [23]	Right upper limb triplication; polythelia; ; congenital hip dislocation; facial dysmorphism; congenital heart disease; and scoliosis
Calzolari et al (1996) [24]	Hemimegalencephaly
Memon et al (2005) [26]	Renal dysplasia and benign nephromegaly
Akarsu et al (2005) [27]	Congenital hemihypertrichosis
White et al (2018) [28]	Café au lait spots; left-sided cryptorchidism; and albinotic spots of the retinal pigment epithelium

Table-1: Abnormalities associated with congenital hemihypertrophy

Mohanna and Sallam (2008) from Yemen reported a case presented with partial hemihypertrophy of the right leg and foot with polydactyly; a right sided abdominal mass caused by an ureteropelvic junction stricture with hydronephrosis; and absent left kidney [12].

Deyrup et al (2011) from USA reported a very rare association of cutaneous angiosarcomas with congenital hemihypertrophy of the contralateral limb [37].

Conclusion

Hemihypertrophy has not been reported in Iraq before. A novel syndromic association consisting of congenital partial hemihypertrophy; low set ears; hypertelorism; epicanthi folds; and developmental delay is reported in this paper.

Acknowledgement

The author would like to express his gratitude for the parents of the patient; who willingly accepted publishing his photo;

References

1. Mann TP. Hemihypertrophy left side of body; congenital lymphatic oedema of left arm; radiological enlargement of heart shadow. *Proc R Soc Med* 1955 May; 48(5):330-1. PMID: 14395215.
2. Dittrich J; Suta M; Vlach V. Hemihypertrophy with malformation of the spinal cord. *Cesk Neurol* 1964 Mar; 27:105-8. PMID: 14144552[Article in Czech].
3. Wright FW. Persistent axial or sciatic artery of the lower limb in association with hemihypertrophy. *Clin Radiol* 1964 Jul; 15:291-2. PMID:14191947.
4. Gerlóczy F; Schuler D; Letenyei K; Kiss S; Hervei S. Hemihypertrophy: 10 years follow-up and chromosomal study. *Acta Paediatr Acad Sci Hung* 1965; 6(3):423-8. PMID: 5857823.
5. Geiser CF; Baez A; Schindler AM; Shih VE. Epithelial hepatoblastoma associated with congenital hemihypertrophy and cystathioninuria: presentation of a case. *Pediatrics* 1970 Jul; 46(1):66-73. PMID: 4316375.
6. Johnston AW. Congenital hemihypertrophy. *Br Med J* 1973 Mar 17; 1(5854):678. PMID: 4692721.
7. Sauer O, Wemmer U. Wilms tumor in hemihypertrophy. *Fortschr Med* 1977 Apr 7; 95(13):831-4. PMID: 191342 [Article in German].
8. Samuel DP; Tsokos M; DeBaun MR. Hemihypertrophy and a poorly differentiated embryonal rhabdomyosarcoma of the pelvis. *Med Pediatr Oncol* 1999 Jan; 32(1):38-43. PMID: 9917751.
9. Rattan KN; Sharma A; Singh Y; Ahlawat K; Mathur SK. Hepatoblastoma associated with congenital hemihypertrophy. *Indian Pediatr*. 1995 Dec; 32(12):1308-9. PMID: 8772890.
10. Miller JH; Gillet PM; Hendry GM; Wallace WH. Congenital hemihypertrophy and epithelioid haemangiopericytoma in a 10-year-old boy: a case report. *Pediatr Radiol* 1999 Aug; 29(8):613-6. PMID: 10415190.
11. Abosoudah I; Ngan BY; Grant R; Weitzman S. WT1 expression and hemihypertrophy in congenital mesoblastic nephroma. *J Pediatr Hematol Oncol*. 2008 Oct; 30(10):768-71. PMID: 19011477.
12. Mohanna MA; Sallam AK. Idiopathic hemihypertrophy. *Saudi Med J* 2014 Apr; 35(4):403-5. PMID: 24749139.
13. Walia BN; Mahajan CM; Bidwai PS; Dutta BN. Congenital heart disease in congenital hemihypertrophy. *Indian J Pediatr*. 1971 Sep; 38(284):378-81. PMID: 5141736.
14. Paré C; Elhilali M. Hydrometrocolpos; polydactyly and hemihypertrophy. Case report. *Union Med Can*. 1972 Jul; 101(7):1311-5. PMID: 5042188 [Article in French].
15. Eisenberg RL; Pfister RC. Medullary sponge kidney associated with congenital hemihypertrophy (asymmetry). A case report and survey of the literature. *Am J Roentgenol Radium Ther Nucl Med*. 1972 Dec; 116(4):773-7. PMID:4643273.
16. Henry M; Hoeffel JC; Louis JP; Pernot C. Congenital hemihypertrophy with abnormalities of the aortic arch; and of the skeletal; cutaneous and ocular systems. *Australas Radiol*. 1973 Dec; 17(4):436-9. PMID: 4206715.
17. Temtamy SA; Rogers JG. Macroductyly; hemihypertrophy; and connective tissue nevi: report of a new syndrome and review of the literature. *J Pediatr* 1976 Dec; 89(6):924-7. PMID: 993918.
18. Fischer EG; Strand RD; Shapiro F. Congenital hemihypertrophy and abnormalities of the cerebral vasculature. Report of two cases. *J Neurosurg* 1984 Jul; 61(1):163-8. PMID: 6726391.
19. Hidano A; Arai Y. Congenital hemihypertrophy associated with cutaneous pigmento-vascular; cerebral; visceral and bone abnormalities. *Ann Dermatol Venereol* 1987; 114(5):665-9. PMID: 2820292 [Article in French].
20. Agarwal RK; Moudgil A; Srivastava RN; Gupta A. Congenital hemihypertrophy; contralateral benign nephromegaly and duplex ureter. *Indian Pediatr*. 1988 Sep; 25(9):902-3. PMID: 3243648.
21. Giani I; Lapi E; Pezzati M. Idiopathic congenital hemihypertrophy: a report on 6 cases. *Pediatr Med Chir* 1991 Jan-Feb; 13(1):83-9. PMID: 2052461[Article in Italian].
22. Dawn G; Dhar S; Handa S; Kanwar AJ. Nevus depigmentosus associated with hemihypertrophy of the limbs. *Pediatr Dermatol* 1995 Sep; 12(3):286-7. PMID:7501569.
23. Sabry MA; al-Saleh Q; al-Saw'an R; al-Awadi SA; Farag TI. Right upper limb bud triplication and polythelia; left sided hemihypertrophy and congenital hip dislocation; facial dysmorphism; congenital heart disease; and scoliosis: disorganisation-like spectrum or patterning gene defect? *J Med Genet* 1995 Jul; 32(7):555-6. PMID: 7562971.
24. Calzolari F; Chirico M; Tamisari L; Di Rocco C. Hemimegalencephaly associated with somatic hemihypertrophy and a malformation of the feet: case report. *Neuroradiology* 1996 May; 38(4):367-70. PMID: 8738097.
25. Indridason OS; Thomas L; Berkoben M. Medullary sponge kidney associated with congenital hemihypertrophy. *J Am Soc Nephrol* 1996 Aug; 7(8):1123-30. PMID: 8866402.
26. Memon MA; Mohanty S; Das K; Garg I; D'Cruz AL. Hemihypertrophy; renal dysplasia and benign nephromegaly. *Pediatr Nephrol*. 2005 Jun; 20(6):821-3. PMID: 15785937.
27. Akarsu S; Coskun BK; Aydin AM; Tekatli M; Aygun AD. Congenital hemihypertrophy with hemihypertrichosis. *J Dermatol*. 2005 Jun; 32(6):478-81. PMID:16043924.
28. White EC; Sengillo JD; Cho GY; Bakhoun MF; Tsang SH. Congenital grouped albinotic spots of the retinal pigment epithelium in a patient with hemihypertrophy and café au lait spots. *Doc Ophthalmol* 2018 Aug; 137(1):9-14. PMID: 29770905
29. Kusz M; Bienias B; Wieczorkiewicz-Plaza A; Brodzisz A; Wieczorek P; et al. Nephrocalcinosis in adolescent girl with medullary sponge kidney and mild hemihypertrophy: A case report. *Medicine (Baltimore)*. 2019 Feb; 98(7):e14529. PMID: 30762792.
30. Warhit JM; Goldman MA; Sachs L; Weiss LM; Pek H. Klippel-Trenaunay-Weber syndrome: appearance in utero. *J Ultrasound Med*. 1983 Nov; 2(11):515-8. PMID: 6315966.
31. Al-Mosawi AJ. Beckwith Wiedemann syndrome. 1st ed.; Saarbrücken; LAP Lambert Academic Publishing; 2016 (ISBN: 978-3-330-00759-8).
32. Agarwal PK; Luniya AK; Mathur RN; Goyal RK; Swaroop AK. Goldenhar syndrome: association with congenital hemihypertrophy. *J Assoc Physicians India* 1987 Feb; 35(2): 152-4. PMID: 3693273.
33. Balslev T; Hansen US. Silver-Russell's syndrome. *Ugeskr Laeger* 1990 Jul 9; 152(28):2053-4. PMID: 2368205[Article in Danish].

17.

34. Webb JR. Partial hemihypertrophy affecting right leg. Proc R Soc Med 1949 Feb; 42(2):77. PMID: 18224912.
35. Kasantikul V; Maneesri S; Sriwatana S; Vajarapongse K. Congenital hemihypertrophy with adrenocortical adenoma. J Med Assoc Thai 1994 Nov; 77(11):612-6. PMID: 7759970.
36. Gönül M; Soyulu S; Gül U; Aslan E; Unal T; et al. Giant congenital melanocytic naevus associated with Dandy-Walker malformation; lipomatosis and hemihypertrophy of the leg. Clin Exp Dermatol 2009 Jul; 34(5):e106-9. PMID: 19438567.
37. Deyrup AT; Miettinen M; North PE; Khoury JD; Tighiouart M; et al. Pediatric cutaneous angiosarcomas: a clinicopathologic study of 10 cases. Am J Surg Pathol 2011 Jan; 35(1):70-5. PMID: 21164289.



This work is licensed under Creative Commons Attribution 4.0 License

To Submit Your Article Click Here: **Submit Manuscript**

DOI: [10.31579/crn.2020/003](https://doi.org/10.31579/crn.2020/003)

Ready to submit your research? Choose Auctores and benefit from:

- ❖ fast, convenient online submission
- ❖ rigorous peer review by experienced research in your field
- ❖ rapid publication on acceptance
- ❖ authors retain copyrights
- ❖ unique DOI for all articles
- ❖ immediate, unrestricted online access

At Auctores, research is always in progress.

Learn more www.auctoresonline.org/journals/clinical-research-notes-