

Shprintzen-Goldberg syndrome: a case report

Kilijánová D¹, Kulovaný E¹, Smetanová D¹, Hlavová E¹, Hynek M¹, Prosová B², Zemková D³, Fencel F³, Balaščíková M⁴, Stejskal D¹

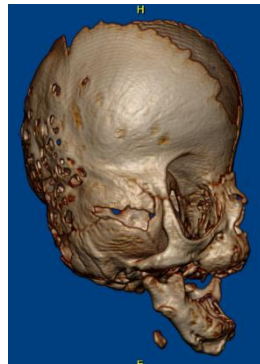
¹Gennet, Center for Fetal Medicine and Reproductive Genetics, Prague, Czech Republic

²Department of Radiology, ^{2nd} Faculty of Medicine, Charles University and Motol University Hospital, Prague, Czech Republic

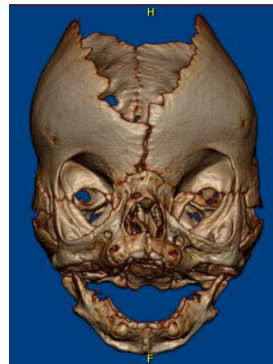
³Department of Pediatrics, ^{2nd} Faculty of Medicine, Charles University and Motol University Hospital, Prague, Czech Republic

⁴Department of Biology and Medical Genetics, ^{2nd} Faculty of Medicine, Charles University and Motol University Hospital, Prague, Czech Republic

Objective: Shprintzen-Goldberg syndrome (SGS) is an extremely rare disease with the incidence of 1 in 1,000,000. SGS is autosomal dominant and was first described in 1979. A common features of SGS include premature fusion of skull bones, long and narrow face, hypertelorism, exophthalmos, broad nose bridge, micrognathia, marfanoid habitus, skeletal malformations, hypotonia, arachnodactyly, omphalocele and cardiovascular abnormalities. It is caused by mutation in the SKI gene located on 1p36.33-p36.32 and FBN1 gene located on 15q21.1. Diagnosis is based on clinical findings and confirmed if mutation is found. The aim of the case report is to present this extremely rare condition.



**3D CT of head
in the third month**



Results: A boy with the weight of 3360 g was born at 40 weeks. He presented with craniosynostosis, turricephaly, microcephaly, skeletal anomalies, marfanoid habitus, hypotonia and kryptorchism. He underwent calvarial remodeling and shunting of the hydrocephalus at the age 4 and 5 months, respectively. Molecular genetic examination found a known pathogenic mutation c. 95T>C (p. Leu32Pro) in SKI gene. The boy died at the age of 10 month.

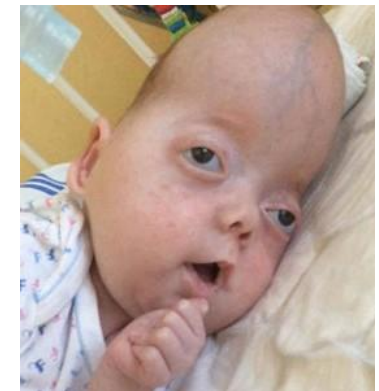


**Second trimester ultrasound
image (20 weeks)**



**Third trimester ultrasound
image (30 weeks)**

Methods: An 18-year-old primigravida underwent the first trimester combined test with the risk for T21 1/32, T18 1/257 and T13 1/159 (PAPPA-a 0.23 MoM, free β -hCG 0.81 MoM and NT 2 mm). No ultrasound anomalies were found. CVS was performed with normal array results. Subsequent ultrasound scan at 16 and 20 weeks revealed normal fetus with no organ anomalies. However, an ultrasound scan at 30 weeks found abnormal shape of fetal head (turricephaly), flat fetal profile, hypertelorism, a 9-mm dilatation of cavum septi pelucidi and asymmetric lateral ventricles. MRI confirmed the findings with the dominant turricephaly and hypertelorism. In addition to known anomalies MRI suspected a cleft palate.



At the age of five month