



- Most common chromosomal condition
- ~1/800 live births
- Leading genetic cause of intellectual disability
- Every child with Down syndrome is **unique!**

ETIOLOGY
<ul style="list-style-type: none"> <li>• <b>Trisomy 21 (94%)</b> <ul style="list-style-type: none"> <li>▪ Meiotic nondisjunction</li> </ul> </li> <li>• <b>Robertsonian translocation (3.3%)</b> <ul style="list-style-type: none"> <li>▪ Potentially heritable</li> </ul> </li> <li>• <b>Mosaicism (2.4%)</b> <ul style="list-style-type: none"> <li>▪ Milder phenotype</li> </ul> </li> </ul>

RISK FACTORS
<ul style="list-style-type: none"> <li>• Maternal age &gt; 35 years</li> <li>• Previous pregnancy with chromosomal condition</li> <li>• Pre-natal screening           <ul style="list-style-type: none"> <li>▪ Nuchal translucency</li> <li>▪ Absent nasal bone</li> <li>▪ Biochemical markers</li> </ul> </li> </ul>

**Diagnosis** can be either **pre-natal** (chromosomal karyotype via CVS or amniocentesis) or **post-natal** (chromosomal karyotype if ≥ 2 dysmorphic features seen)

PRESENTATION	
CLASSIC FEATURES	COMPLICATIONS
<ul style="list-style-type: none"> <li>• <b>Craniofacial</b> <ul style="list-style-type: none"> <li>▪ Brachycephaly, upslanted palpebral fissures, epicanthal folds, Brushfield spots, midface hypoplasia, flat/short nose, macroglossia, dental hypoplasia, protruding helix, short neck</li> </ul> </li> <li>• <b>Hands</b> <ul style="list-style-type: none"> <li>▪ Single transverse palmar crease, broad fingers, clinodactyly, small 5<sup>th</sup> mid-phalanx</li> </ul> </li> <li>• <b>Feet</b> <ul style="list-style-type: none"> <li>▪ ↑ space between 1<sup>st</sup> + 2<sup>nd</sup> toes</li> </ul> </li> <li>• <b>General</b> <ul style="list-style-type: none"> <li>▪ Hypotonia, hyperflexibility</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>OPT:</b> cataracts (✓ red reflex), strabismus</li> <li>• <b>HEENT:</b> hearing loss, recurrent AOM</li> <li>• <b>DENT:</b> periodontal disease</li> <li>• <b>CV:</b> cardiac anomaly (50%)           <ul style="list-style-type: none"> <li>▪ AVSD &gt; VSD, ASD, TOF</li> </ul> </li> <li>• <b>RESP:</b> OSA, pulmonary HTN</li> <li>• <b>GI:</b> duodenal atresia, Hirschsprung, Celiac</li> <li>• <b>GU:</b> cryptorchidism, male sterility</li> <li>• <b>MSK:</b> C1/2 instability, hip dysplasia</li> <li>• <b>CNS:</b> development delay, ASD, early Alzheimer's</li> <li>• <b>ENDO:</b> hypothyroid, obesity, short stature</li> <li>• <b>HEME:</b> leukemia (AML, ALL, transient)</li> </ul>

MANAGEMENT	
SURVEILLANCE	HOLISTIC CARE
<ul style="list-style-type: none"> <li>• <b>GENERAL:</b> T21 specific growth charts, routine immunizations + RSV (1<sup>st</sup> yr of life)</li> <li>• <b>OPT:</b> newborn test by 3mo, then yearly</li> <li>• <b>HEENT:</b> newborn hearing screen + behavioral test q6mo until 3yo, then yearly</li> <li>• <b>DENT:</b> consult by 2yo, then every 6mo</li> <li>• <b>CV:</b> newborn echo + peds cardio consult</li> <li>• <b>RESP:</b> OSA monitoring, PSG by 4yo</li> <li>• <b>GI:</b> constipation Tx, Celiac screen at 2yo</li> <li>• <b>MSK:</b> observe for spinal cord compression</li> <li>• <b>ENDO:</b> newborn TSH/T4, then yearly</li> <li>• <b>HEME:</b> newborn CBCd, then CBC yearly</li> </ul>	<ul style="list-style-type: none"> <li>• Early lactation support</li> <li>• Referral to allied health services by 3yo           <ul style="list-style-type: none"> <li>▪ PT/OT/SLP</li> </ul> </li> <li>• Consult teachers to support individualized learning needs</li> <li>• Mental health support</li> <li>• Parental support           <ul style="list-style-type: none"> <li>▪ Community resources</li> <li>▪ Advocacy groups</li> <li>▪ Financial assistance</li> </ul> </li> </ul> <div style="border: 1px solid orange; padding: 5px; margin-top: 10px;"> <p><b>Use Appropriate Language</b></p> <ol style="list-style-type: none"> <li>1. Down <i>not</i> "Down's"</li> <li>2. Use person-first language</li> <li>3. Be positive</li> <li>4. End the R-word</li> </ol> </div>

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