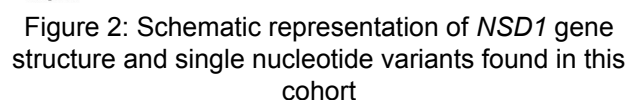


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INTRODUCTION

Our molecular data were consistent with the profile of SS, with a clear predominance of *NSD1* nonsense variants amongst single-nucleotide variants (50%) (Figure 2) and only one patient harboring a 5q35 microdeletion, aligning with the molecular profile of non-Japanese SS patients.



OBJECTIVES

Table 1 summarizes the clinical and molecular findings.

METHODS

Table 1: Molecular data and clinical features of the patients

Patient number (n)	6	7	8	9
Sex	F	M	M	F
Age at first consultation	1y5m	10y3m	14y7m	8y9m
Stature	91 cm (>p99)	151 cm (>p97)	175 cm (p85)	143cm (< p97)
Weight	14 kg (p95)	37 kg (p75-90)	89 kg (>p97)	39 kg (p95)
OFC	53.5 cm (>p99)	57.5 (>p98)	57cm (p97)	53.5 cm (p50-98)
Birth length	51 cm	49 cm	55 cm	49cm
Birth weight	3448g	3135g	3800g	3355g
OFC at birth	36.5 cm	35 cm	nd	34.5 cm
Dolichocephaly	-	-	-	-
Prominent forehead	+	+	+	-
Frontoparietal sparse hair	+	+	+	-
Long face	+	+	+	+
Downslanted palpebral fissures	+	-	+	-
Strabismus	-	+	-	-
Prognathism	-	-	-	-
Pointed chin	-	+	+	+
Dental abnormalities	-	-	-	-
Large hands and feet	+	+	+	+
Joint hyperlaxity	+	-	-	-
Scoliosis	-	-	-	-
DD/ID	mild	mild	moderate	Moderate
Behavioral abnormality	+	+	+	+
Seizures	-	+	-	-
Tumor	-	-	-	-
Advanced bone age	nd	-	-	nd
Cardiac abnormality	-	+	+	+
Renal abnormality	-	+	+	-
Abnormal neuroimaging	+	+	+	-
NSD1 variant	c.1831C>T	c.5740C>G	c.1726_1727del	c.6359_6364del
Protein change	p.(Arg5114Cys)	p.(Arg5114Cys)	p.(Asn56His>?)	p.(Glu2120_2122delinsVal)
Classification	Pathogenic	Likely Pathogenic	Likely Pathogenic	VUS

+: present; -: absent; DD/ID = developmental delay / intellectual disability; F = female; M = male; nd = no data; OFC = occipitofrontal circumference; VUS = variant of uncertain significance.

Key: + = present; - = absent; DD/ID = developmental delay / intellectual disability; F = female; M = male; nd = no data; OFC = occipitofrontal circumference; VUS = variant of uncertain significance

RESULTS AND DISCUSSION

The sex ratio was 6:3 (M:F), ages at first consultation ranged between 5 months and 14 years, and the mean age at molecular diagnosis was 17,1 years (2-33y). All exhibited variable degrees of intellectual disability (6 with mild, 2 with moderate ID, and 1 with severe) and long face, 8 presented with prominent forehead (88%), 6 patients with sparse frontotemporal hair (66%), and 5 with dolichocephaly (54%), findings that collectively define the *Gestalt* of SS (Figure 1).



Figure 2: Serial photos of patients 2 and 3 from childhood to adulthood.

Eight patients exhibited central nervous system anomalies (88%), four patients with congenital heart defects (44%), the most frequent defect being mitral and tricuspid regurgitation (3/9). Additionally, renal abnormalities were observed in 4 patients, all of them presenting with hydronephrosis.

CONCLUSION

This case series expands the clinical and molecular data on SS, presenting a novel variant and shedding light on uncommon manifestations, as well as a previously unreported feature in this condition associated with syndromic overgrowth that could be attributed to a multiple diagnoses scenario.

REFERENCES



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