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KLIPPEL - TRENAUNAY SYNDROME

To the Editor,

A one-year-old boy a product of consanguinous marriage, presented with an abnormally large left foot since birth. There was no positive family history of similar disease. There was grotesque enlargement of the left lower limb with increased length and girth. Hypertrophy of the left foot with macrodactyly and normal movements at the subtalar and ankle joints were seen. Single port-wine stain with irregular margins was present over the right lumbar region. There was no evidence of varicose veins, abnormal pulsations or bruit over the left lower limb.

Routine haemogram, urinalysis, liver enzymes estimation, serum calcium and phosphate levels and ultrasonography of abdomen were normal. There was nothing abnormal in X-rays of the skull and chest, while X-ray of left foot showed evidence of soft tissue overgrowth and increased transverse diameter of phalanges suggestive of macrolipomatosis dystrophy.

The association of varicose veins, soft tissue and bony hypertrophy, and cutaneous haemangioma of the port-wine variety confined to one extremity was first reported in 1900 by Klippel and Trenaunay.[1] However, not all patients have all the abnormalities of the triad.[2]

The interesting and unusual features of this rare case were the coincidental history of consanguinity in the parents, presence of a single port-wine stain on the contralateral side of the body away from the affected limb, absence of varicosity and bruit over the left lower limb, and associated macrodactyly, in addition to the bony and soft tissue hypertrophy of the left lower limb.

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BLEPHAROCHALASIS

To the Editor,

A 25-year-old man gave a history of repeated transient attacks of painless swelling, of eyelids of both eyes since the age of 15 years. Such episodes progressively become more frequent with age. There was no history of similar disease in family members, or any preceding emotional or physically traumatic event. There was no evidence of eyelid trauma, infection, contact eczema, angioneurotic oedema, cutis laxa or lip swelling. Investigations for evidence of tracheobronchomegaly, goitre and renal disease were negative. Bilaterally symmetrical lid laxity, predominantly of the lower eyelids, with thinning, atrophy, wrinkling and prolapse of the orbital fat was present giving the patient an appearance of tiredness and premature aging.

Blepharochalasis is laxity of the eyelid skin due to a defect in the elastic tissue. It occurs in young people around puberty.[1] Its cause is unknown. Most cases are sporadic, but some pedigrees show autosomal dominant inheritance.[2] Many develop blepharochalasis after an emotionally or physically traumatic