

CONGENITAL CUTIS LAXA

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A 16 days old male baby had congenital cutis laxa without family history. He had redundant and lax skin all over the body with slanting of the palpebral fissures medially and broad nasal root.

Key Words: Cutis laxa, Congenital

Introduction

Cutis laxa is characterised clinically by lax pendulous skin and histologically by loss of elastic tissue in the dermis. It is a heterogenous condition with several causes and associations. It may be inherited or acquired.¹

Congenital forms may be autosomal dominant or autosomal recessive or rarely X-linked. Both congenital and acquired forms of cutis laxa are rare. Only about 70 patients with the condition have been reported.² So far only one case of congenital cutis laxa has been reported from India.³

Case Report

A 16 days old male baby born to non-consanguineous parents presented with redundant and lax skin all over the body from the birth (Fig. 1). The laxity of skin was more pronounced in the body folds like groin, nape of the neck etc. He had depressed bridge of nose and palpebral fissures were slanting downwards and medially (Fig. 2). Examinations of the other systems revealed no apparent abnormality. His body weight, length, head circumference, chest circumference etc were within normal limits. Chest X-ray and routine haemogram were also normal. Histopathological examination



Fig. 1. Loosely hanging pendulous skin on the neck and trunk.



Fig. 2. Face showing redundant skin, broad nasal root.

showed inflammatory cells throughout the reticular dermis, papillary dermis and perivascular infiltrate. Elastic fibres were diminished throughout the dermis.

There was no family history of similar disease and his mother gave no history of any disease or drug intake, apart from folic acid and iron, during pregnancy.

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Discussion

Of the congenital forms of cutis laxa, autosomal recessive form is commoner.¹ Here in this case negative family history favours the transmission possibility of autosomal recessive pattern. Both the congenital and acquired forms may have systemic involvements in the form of pulmonary emphysema, cor pulmonale, aortic aneurysm, diverticula, hernias etc.¹ Here no such anomaly was present.

References

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