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Chromosome Studies in 2 Patients with Suspected “Cri du Chat” Syndrome1),2)

By

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(With 2 Text-figures and 2 Tables)

Rapid advances in cytological techniques of late years have surprisingly promoted the development of human cytogenetics, and established a series of significant associations between chromosomal changes and congenital or hereditary disorders. Current literature refers to a variety of autosomal as well as sex-chromosomal abnormalities in association with disease conditions.

Lejeune and his coworkers (1963) have reported a new syndrome associated with partial deletion of the short arm of one of B chromosomes. Clinical features of this syndrome are characterized by growth failure, mental retardation, microcephaly, epicanthal folds, antimongolian slants, hypertelorism, and a cat-like cry, the most outstanding character, based on which the term “cri du chat” syndrome was applied. Since then on, a variety of this syndrome, different in degree of clinical character, has been subjected to chromosome studies (Book et al., 1963; Dumars et al., 1964; Lejeune et al., 1964a, b; Macintyre et al., 1964; Punnet et al., 1964; Bergman et al., 1965; Dyggyve and Mikkelsen, 1965; Genest et al., 1965; Grouchy and Gabilan, 1965; Hijmans and Shearin, 1965; Kajii et al., 1965; Lejeune et al., 1965; McCracken and Gordon, 1965; Urano et al., 1965).

In the course of a chromosomal survey conducted by Professor Makino the authors have had an opportunity to study the chromosomes of two patients with the suspected “cri du chat” syndrome. This paper deals with some karyological features of these patients.

The authors wish to express their gratitude to Professor Sajiro Makino for his expert direction and improvement of the manuscript. Further they are also grateful to Dr.

1) Contribution No. 721 from the Zoological Institute, Faculty of Science, Hokkaido University, Sapporo, Japan.
2) This paper is dedicated to Professor Sajiro Makino, Zoological Institute, Hokkaido University, Sapporo, in honor of his sixtieth birthday, June 21, 1966.


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Motomichi Sasaki for his invaluable advice, suggestion and encouragement. Clinical
advice was given by Dr. Tadashi Kajii to whom the authors are much grateful.

Clinical records: Case 1 is a baby boy, aged 12 months, born to his parents who are
physically and mentally normal. The delivery was 4 weeks earlier than expected, and at birth
he weighed 2.7 kg. The mother has had no other conceptions. The mother’s and father’s
ages at the birth of the patient were 26 and 29 years, respectively. No familial or congenital
diseases were known to occur in the relatives other than the propositus. The patient
exhibited the characteristic mewing cry. Other abnormal clinical findings were severe
mental retardation, hypotonia, microcephaly, low-set ears, growth failure and ventricular
septal defect. Antimongolian slant, epicanthus and strabismus were not detected.
Moonface was inconspicuous. The dermal patterns of hands and soles were within normal
limits, unlike the most “cri du chat” cases so far recorded (Table 1). On the basis of the
above clinical findings, this patient was diagnosed as “cri du chat”-like syndrome.

Case 2 is a 28-year-old man. He is the fourth child of the parents who are normal in
phenotype. The second elder brother of the propositus has hoarseness as well as failure
to thrive. The third elder brother has a skin cancer, and younger sister is congenitally
infirm. Two other brothers are healthy. At the time of birth of the propositus the ages of his
mother and his father were 27 and 35, respectively. Birth weight was 3.95 kg. He is
now complaint of hoarseness, blurred vision with cataract and growth failure, being 149
cm in height and 42 kg in weight. Clinical examinations revealed dermatrophy, moonface,
hypertelorism, microcephaly, slightly malformed low-set ears, epicanthus and slight mental
retardation. Based on these clinical features the patient was initially diagnosed as either
Werner’s syndrome or “cri du chat” syndrome. Further examinations failed to detect any
positive evidence for the presence of hypotonia, congenital heart defects, micrognathia,
strabismus, antimongolian slant, and short neck. Dermatoglyphic analysis furnished
no significantly abnormal findings (Table 1).

Table 1. Dermatoglyphics of two cases under study

<table>
<thead>
<tr>
<th>Case no.</th>
<th>Digital patterns</th>
<th>Axial trimidum in t' position</th>
<th>Simian line</th>
<th>Ulnar area</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Right</td>
<td>UL</td>
<td>UL</td>
<td>UL</td>
</tr>
<tr>
<td></td>
<td>Left</td>
<td>UL</td>
<td>UL</td>
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<td>2</td>
<td>Right</td>
<td>W</td>
<td>W</td>
<td>UL</td>
</tr>
<tr>
<td></td>
<td>Left</td>
<td>W</td>
<td>U</td>
<td>L</td>
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</tbody>
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Cytological findings

Short-term cultures of leucocytes derived from peripheral blood provided
specimens for chromosome preparations. Slides were made according to the
modified method of Moorehead et al. (1960). Leucocytes of 3 or 4 days in culture
were treated with colchicine (10^-7M) for about 90 minutes. The specimens were
then treated with a 0.5 per cent sodium citrate solution for 20 minutes, fixed with
Carnoy’s fixative, air-dried on slides and stained with Giemsa.

The results of chromosome counts in the two cases here considered indicated that they had a normal diploid number, 46 (Table 2). Two representative karyotype analyses from 10 well-spread metaphase plates in each case, are as shown in Figures 1 and 2. In both cases there were no identifiable chromosomal abnormalities: all cells analyzed had 22 normal autosomal sets with an XY sex-chromosome constitution. There was no sign of the deletion in the short arm of any one of four B chromosomes.

Table 2. Chromosomeal findings in two patients studied

<table>
<thead>
<tr>
<th>Case no.</th>
<th>Chromosome counts</th>
<th>No. of cells</th>
<th>No. of cells</th>
<th>Chromosome constitution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>44 45 46 47</td>
<td>26</td>
<td>10</td>
<td>46, XY</td>
</tr>
<tr>
<td>2</td>
<td>0 1 22 0</td>
<td>23</td>
<td>10</td>
<td>46, XY</td>
</tr>
</tbody>
</table>

Remarks

Following the first description in three cases with “cri du chat” syndrome by Lejeune et al. (1963), some twenty cases with the same syndrome have been reported to date. It was reported that these cases showed a consistent karyotype anomaly characterized by the deletion of the short arm of one of group B chromosomes. Referring to the literature it is apparent that the magnitude of the deletion vary in more or less degree from case to case (German et al., 1964). No clinically typical case of “cri du chat” syndrome with a normal chromosomal complement has yet been reported so far. Particularly case 1 of the present study showed many clinical symptoms characteristic to this syndrome, while he possessed a normal karyotype. The situation is quite similar to some cases of Down’s syndrome: they showed characteristic symptoms of the syndrome, but their karyotypes were apparently normal. (Schmied et al., 1961; Hall 1962; Makino et al., 1962; Muramoto and Takagi, 1964; Makino, 1965). Hall (1962), working on a typical case of Down’s syndrome with a normal karyotype, stated that, although trisomy 21 is a reliable sign of Down’s syndrome, the correlation may not be an absolute one. A similar explanation may also be applicable to the present cases. Since the deletion is variable in degree from case to case in reported cases, a variety of symptoms may occur in the “cri du chat” syndrome. Further, a possibility can not be neglected that a minute deletion, undetectable by current techniques, have occurred on the short arm of one of B chromosomes. Furthermore, mosaicism would not be overlooked in the “cri du chat” syndrome.

The aberrant chromosome of the “cri du chat” syndrome has generally been described as of a No. 5 by many authors since Lejeune et al. (1963). German et al. (1964), by the application of autoradiographic techniques, showed that the
abnormal chromosome is one of the pair in B group characterized by relatively early completion of DNA synthesis in the long arms. On the other hand, a de-

Figs. 1-2. Karyotypes of the patients showing a normal chromosome complement in each. 1: case 1. 2: case 2.
letion of short arm of No. 4 chromosome identified by autoradiographic studies was reported by Wolf et al. (1965). It is thus apparent that further chromosome survey with a variety of materials is requested in this syndrome.

Summary

Two patients, 12 months and 28 years of age, and clinically suspected as "cri du chat" syndrome, were screened for chromosomal abnormality. It was shown that both cases had an apparently normal karyotype, without evidence for the deletion in the short arm of four chromosomes in group B.

References

Chromosomes of 2 Suspected “Cri du Chat” Syndrome Patients


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