

1 ☐ **Skeletal Dysplasias**

Michelle Wilson Ed.D, RDMS, RDCS, FSDMS

2 ☐ **Indications**

- 2 ☐ **Positive family history**
 - > Prior affected sibling or parent
 - > Consanguineous parents
- ☐ **Appearance of bones on prior study**

3 ☐ **Extremity measurements**

- 1 ☐ **Femur**
 - > Longest dimension
 - > Abnormal below 2 standard deviations
- ☐ **Tibia lateral, Fibula medial**
- ☐ **Humerus**
 - > Longest dimension
- ☐ **Ulna-longer proximal to fifth digit distally**
- ☐ **Foot**
 - >
- 2 ☐ **Evaluate for:**
 - > Bowing angulations
 - > Fractures
 - > Thickening
 - > Decreased mineralization
 - Absent acoustic shadowing

4 ☐ **Extremities: Hands and Feet**

- ☐ **Club foot (talipes)**
- ☐ **Rocker bottom foot**
- ☐ **Polydactyly**
- ☐ **Sindactyly**
- ☐ **Arthrogryposis (joint contractures)**

5 ☐ **Head and Face**

- 1 ☐ **Head**
 - > Size
 - > Shape
 - Frontal bossing
 - Cloverleaf
 - Brachycephaly
 - craniosynostoses

- 2 ☒ Mineralization
- 2 ☒ Eyes
 - > Interorbital distance
 - > Hyper vs hypotelorism
- ☒ Chin
 - > Micrognathia
- ☒ Ears
 - > Abnormally shaped
- ☒
- 6 ☐ **Thorax**
 - 2 ☒ Thorax
 - > Measure at 4ch plane
 - > Length- neck to diaphragm
 - > Assess ribs
 - ☒
- 7 ☐ **Spine**
 - ☒ Relative total length
 - ☒ Correct curvature
 - ☒ Mineralization
 - > Echogenic with acoustic shadowing
 - ☒ Three ossification centers should be seen
 - ☒ Platyspondyly
 - > Flattened vertebral body shape
 - > Reduced distance between endplates
- 8 ☐ **RADIAL RAY DEFECTS**
 - ❖ This is associated with a wide variety of syndromes
 - ❖ Absence of the distal radius
 - ❖ Radial deviation or clubbed hand
 - ❖ Often bowing of the ulna
 - ❖ Hypoplastic or absent thumb
- 9 ☐ **Lethal Skeletal Dysplasias**
 - Severe micromelia
 - Decreased thoracic circumference
 - Pulmonary hypoplasia
 - Associated findings:
 - Polyhydramnios
 - Thick redundant skin folds
- 10 ☐ **Thanatophoric Dysplasia**

- ⊙ Most common lethal dysplasia
- ⊙ Short extremities
 - › Often bowed
- ⊙ Normal trunk length
- ⊙ Platyspondyly
- ⊙ Thorax is narrow
- ⊙ Large Head-protruding eyes
 - › Cloverleaf looking cranium

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- 1 ⊙ 2nd most common
- ⊙ Severe micromelia
- ⊙ Macrocranium
- ⊙ <Thoracic circ.
- ⊙ <Trunk length
- ⊙ <Mineralization

12 ☐ **Osteogenesis Imperfecta Type II**

- ⊙ Micromelia
- ⊙ Decreased thoracic circumference
- ⊙ Decreased trunk length
- ⊙ Decreased bone mineralization
 - › Absent acoustic shadowing
 - › Compression of calvarium
 - › See cerebral cortex very well
- ⊙ Multiple bone fractures
 - › Often bowed and angulated

13 ☐ **Congenital Hypophosphatasia**

- 1 ⊙ Lethal form of hypophosphatasia
- ⊙ Deficiency of alkaline phosphatase
- ⊙ Sonographic:
 - › Micromelia
 - › Decreased thorax
 - › Normal trunk length
 - › Decreased mineralization
 - › Occasional fractures

14 ☐ **Camptomelic Dysplasia**

- 2 ⊙ Bent limb dysplasia
- ⊙ Short and ventrally bowed tibia and femur
 - › May affect upper extremities as well
- ⊙ Club foot

- ⊙ Facial abnml
 - › Micrognathia and cleft palate
- 15 ☐ **Chondrodysplasia Punctata**
 - ⊙ Craniofacial dysmorphism
 - ⊙ Ocular abnormalities
 - ⊙ Asymmetric limb shortening
 - ⊙ Joint contractures
- 16 ☐ **Short Rib Polydactly Syndrome**
 - 2 ⊙ Severe micromelia
 - ⊙ <Thoracic circumference
 - ⊙ Polydactly
 - ⊙ Often have cardiac and GI issues
 - ⊙ Normal-cranial vault, bone mineralization
- 17 ☐ **Nonlethal or Variable Prognosis Skeletal Dysplasias**
 - Heterogenous achondroplasia
 - Osteogenesis Imperfecta types I, III, and IV
 - Elleis van Creveld Syndrome
 - Caudal Regression Syndrome
 - Vacterl Association
 - Hand and Foot Syndromes
- 18 ☐ **OI Types I, III, IV-Non Lethal**
 - ⊙ Type I
 - › Generalized connective tissue disorder
 - › Bone fragility, blue sclera
 - › Most fractures from childhood to puberty
 - ⊙ Type II
 - › Progressively deforming
 - › Often spares humeri, vertebrae, pelvis
 - ⊙ Type IV
 - › Mildest form
 - › Isolated fractures
- 19 ☐ **Campomelic Dysplasia**
 - Shortening and bowing of long bones
 - Narrow chest
 - Hypoplastic scapula
 - Large calvarium
 - Disproportionately small face
 - Some males show a female phenotype

20 ☐ **Caudal Regression Syndrome**

- 2 ☐ Partial or complete agenesis
 - > Lumbar
 - > Pelvis
 - > Lower limbs
- ☐ Associated with maternal diabetes
- ☐ Sirenomelia
 - > Absent sacrum
 - > Fusion of lower ext.
 - > Anorectal atresia
 - > Renal dysgenesis

21 ☐ **Vacterl Association**

- 2 ☐ Vertebral Defect
- ☐ Anal Atresia
- ☐ Cardiac Anomalies
- ☐ Tracheo-esophageal fistula
- ☐ Renal Anomalies
- ☐ Limb dysplasia
- ☐ Must have at least three

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- ☐ Mild to Moderate Micromelia
- ☐ Ribs that are short and horizontal
- ☐ Polydactyly of the hands
- ☐ Congenital heart disease
 - > Atrial septal defects

23 ☐ **Holt Oram Syndrome**

- ☐ Congenital heart defect
- ☐ Large variety of upper limb anomalies
 - > Asymmetrically affected
 - > Typically the left affected

24 ☐ **ASHPHYXIATING THORACIC DYSPLASIA
"JEUNES SYNDROME"**

- ☐ Respiratory issues
- ☐ Renal dysplasia and cysts
- ☐ Small thorax
- ☐ Shortened extremities
- ☐ Long and abnormally small thorax
- ☐ Limbs with variable micromelia

☐ Polydactyly in about 14%

25 ☐ **Amniotic Band Syndrome**

- ⊙ First trimester rupture of the amnion
 - › Amniotic band extending from the chorionic surface to the fetal tissue
- ⊙ May cause
 - › Amputations of limbs/digits
 - › Facial or cranial clefting
 - › Protrusion of uncovered bone
- ⊙ Restriction of motion

26 ☐ **Sonographic evaluation**

- ⊙ Limb shortening
- ⊙ Bone contour
- ⊙ Degree of ossification
- ⊙ Thoracic circumference and shape
- ⊙ Hand and foot anomalies
- ⊙ Evaluate fetal face and head
- ⊙ Survey for other anomalies

27 ☐ **Summary**

Difficult to diagnose
 Require systematic imaging
 Often requires multiple disciplines to correctly diagnose
 Often fetuses die in utero or are stillborn

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