Could he have Barth Syndrome?



BARTH SYNDROME is an under-recognised cause of cardiac problems in boys, causing 3-5% of dilated cardiomyopathy (DCM) in a large American study.

An NHS Specialised Service at Bristol Royal Hospital for Children commenced in April 2010.

Biochemical and genetic testing performed in Bristol at NO CHARGE to users. Retrospective diagnosis should be considered in all cases of male DCM, even if this has completely resolved.

Diagnosis: elevated ratio of MLCL/CL (monolysocardiolipin / cardiolipin) on a 3ml EDTA blood sample, or blood filter paper spots, stored Guthrie spots, fibroblasts or tissue.

Barth Syndrome should be excluded in patients with any of the following cardiac features:

- •DILATED CARDIOMYOPATHY +/- ENDOCARDIAL FIBROELASTOSIS
- •LEFT VENTRICULAR NON-COMPACTION

In all **NEONATAL** or **INFANT** cases plus older boys with one or more of the following:

- •SUSPICIOUS FAMILY HISTORY: Fetal cardiomyopathy, third trimester loss, stillbirth, family history of child male death (sudden / infective / cardiac)
- MOTOR PROBLEMS: delayed motor milestones, proximal myopathy, fatigue
- •CHARACTERISTIC FACIAL APPEARANCE: deep set eyes, prominent ears
- •HYPOGLYCAEMIA / LACTIC ACIDOSIS especially in the neonatal period or infancy
- GROWTH RETARDATION during childhood; rapid growth in late adolescence
- •NEUTROPAENIA: mild to severe; intermittent, cyclical or persistent
- •GUT PROBLEMS: Feeding problems, vomiting, recurrent diarrhoea, savoury food fads
- ABNORMAL MITOCHONDRIA or respiratory chain tests
- **•UNEXPLAINED VENTRICULAR ARRHYTHMIA or SUDDEN DEATH**

Further advice about free testing and the service are available at <u>www.barthsyndromeservice.nhs.uk</u> or <u>www.barthsyndrome.org.uk</u>

or Debbie Riddiford, Clinical Nurse Specialist on 07795 507294 or for enquiries about testing Ms Ann Bowron on 0117 342 2590