

INTRODUCTION

The evolution of genetic techniques enables a better diagnostic yield of global developmental delay (GDD) and intellectual disability (ID) along with the identification and better characterization of new syndromes. Coffin Siris syndrome (CSS) is a rare, multisystem AD-transmitted disease that can be caused by mutations in different genes (most commonly in *ARID1B* - 6q25.3), which in addition to GDD/ID can include:

- Micro/macrocephaly, wide nose, macroglossia, thick eyebrows and eyelashes, hypertrichosis/hirsutism, short stature, syndactyly and/or hypoplasia of the 5th finger, anonychia, cardiac and reno-vesical malformations
- Hypotonia, feeding difficulties, frequent respiratory infections, hearing loss, epilepsy

CASES

♂, 3 YEARS (DIAGNOSIS AT 2Y)	♀, 5 YEARS (DIAGNOSIS AT 2Y)	♂, 8 YEARS (DIAGNOSIS AT 7Y)	♀, 9 YEARS (DIAGNOSIS AT 5Y)	♀, 16 YEARS (DIAGNOSIS AT 12Y)	♀, 17 YEARS (DIAGNOSIS AT 17Y)
<p>Term pregnancy without complications</p> <p>Facial dysmorphisms</p> <p>Bilateral nail hypoplasia of D5</p> <p>Hirsutism</p> <p>Recurrent respiratory infections</p> <p>Hypotonia with sucking problems</p> <p>- Failure to thrive</p> <p>GDD</p> <p>- Head control: 8M</p> <p>- Sit: 12M</p> <p>- Walking: 20M</p> <p>- 1st words: 18M</p> <p>- Does not build sentences</p> <p>Griffith's: GQ 65,3</p> <p>Gene: <i>ARID1B</i></p>	<p>Term pregnancy without complications</p> <p>Facial dysmorphisms</p> <p>Bilateral nail hypoplasia of D5</p> <p>Nystagmus</p> <p>Recurrent respiratory infections</p> <p>Hypotonia with sucking problems</p> <p>- Failure to thrive</p> <p>GDD</p> <p>- Head control: 6M</p> <p>- Sit: 14M</p> <p>- Walk: 20M</p> <p>- 1st words: 18M</p> <p>- Sentences: >24M</p> <p>Griffith's: GQ 51</p> <p>Gene: <i>ARID1B</i></p>	<p>Term pregnancy</p> <p>Facial dysmorphisms</p> <p>Surgical interventions:</p> <p>Congenital glaucoma, tracheostomy (6M to 3Y) for laryngomalacia, orchidopexy and inguinal herniorrhaphy</p> <p>Recurrent respiratory infections</p> <p>Hypotonia with sucking problems</p> <p>- Failure to thrive (needed PEG)</p> <p>GDD</p> <p>- Head control: >4M</p> <p>- Sit: >12M</p> <p>- Walk: 30M</p> <p>- 1st words: >4A ;</p> <p>- Sentences: 5A</p> <p>ID</p> <p>Gene: <i>DPF2</i> - 11q13.1</p>	<p>Term pregnancy (ventriculomegaly; 46,XX cesarean by acute fetal distress)</p> <p>Facial dysmorphisms</p> <p>Corpus callosum hypogenesis</p> <p>Surgical interventions: atrial septal defect closure at 5Y</p> <p>Recurrent respiratory infections</p> <p>Hypotonia with sucking problems</p> <p>- Failure to thrive</p> <p>GDD</p> <p>- Head control: 7M</p> <p>- Sit: 15M</p> <p>- Walk: 24M</p> <p>- 1st words: 24M</p> <p>- Sentences: 36M</p> <p>ID</p> <p>ADHD</p> <p>Gene: <i>ARID1B</i></p>	<p>Term pregnancy (cesarean by acute fetal distress)</p> <p>Facial dysmorphisms</p> <p>Recurrent respiratory infections</p> <p>Hypotonia with sucking problems</p> <p>- Failure to thrive</p> <p>GDD</p> <p>- Head control: 6M</p> <p>- Sit: 10M</p> <p>- Walk: 18M</p> <p>- 1st words: 12M</p> <p>- Sentences: 24M</p> <p>ID (WISC-III: FSIQ 45)</p> <p>ADHD</p> <p>Gene: <i>ARID1B</i></p>	<p>Term pregnancy without complications</p> <p>Facial dysmorphisms</p> <p>Recurrent respiratory infections</p> <p>Hypotonia with sucking problems</p> <p>- Failure to thrive</p> <p>GDD</p> <p>- Head control: 1,5M</p> <p>- Sit: 10M</p> <p>- Walk: 24M</p> <p>- 1st words: 18M</p> <p>- Sentences: >24M</p> <p>ID (WISC-III: FSIQ 55)</p> <p>ADHD</p> <p>Gene: <i>ARID1A</i> - 1p36.11</p>



DISCUSSION

- CSS is a very rare genetic disorder, slightly more frequent in females, caused by mutations in multiple genes. The most common is *ARID1B*, as occurred in our sample
- The identification of D5 nail hypoplasia associated with facial dysmorphism and hypotonia, with feeding difficulties, should evoke the syndrome
- There is no specific treatment. Medical follow-up and stimulation through multidisciplinary therapies is needed to improve the outcome