WHAT IS SOTOS SYNDROME?



Sotos Syndrome is a genetic overgrowth condition that was first decribed in 1964 by Dr Juan Sotos. In 2002, a team of Japanese scientists discovered that it is caused by a change in the gene known as NSD1.

Frequency

Approximately

1 IN 14,000 PEOPLE

both male and female.

CLINICALLY

How is Sotos Syndrome diagnosed?

Sotos Syndrome can be identified from birth:

Clinically – by recognising distinctive physical signs Genetically – with a simple genetic test

Often, getting a diagnosis will involve both.

What are the signs?

Sotos Syndrome is a variable condition – different people can be affected in different ways, and to different degrees.

COMMON THINGS TO LOOK OUT FOR

Rapid growth in childhood: tall stature, large head, long limbs and

large hands and feet.

Distinctive facial features, including a broad, prominent forehead, flat nasal bridge, downward-slanting eyes with a wide distance in between, and a prominent chin.

Learning difficulties, ranging from mild to moderate, with associated cognitive challenges affecting memory, verbal and social skills.

Less frequent indications in babies and children

- Neonatal jaundice
- Recurrent ear, respiratory, and/or urinary infections
- Impaired motor skills or poor muscle tone (hypotonia)
- Epilepsy
- Curvature of the spine (scoliosis)
- Heart or kidney problems
- Behavioural difficulties



How do you get it?

Sotos Syndrome is most often the result of a random (de novo) mutation soon after the egg is fertilised. This means that non-Sotos parents who have a child with Sotos Syndrome are no more likely to have future children with the condition than anyone else.

50%

A person with Sotos Syndrome has a 50% chance of passing it on to their children.

NEED MORE INFORMATION, ADVICE OR SUPPORT?

Call 020 8995 0257 Visit www.childgrowthfoundation.org