

Clinical Quiz

What is the Diagnosis?

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Case History

A three-year-old girl was referred to the Genetics Clinic due to bilateral bow legs since infancy. She was also noted to have poor height velocity in the past 2 years, as her

healthy DCDA twin sister is considerably taller than her. She complains of pain when she walks and has increased lumbar lordosis. Her standing height and sitting height are 88.9 cm and 53.9 cm respectively, corresponding to growth on the 3rd percentile (Figure 1). She has a measured intercondylar distance of 7 cm; radiographs showed bilateral bowing of femur and tibia, with widening of growth plate and irregularities of bilateral distal femoral metaphyses. Her blood chemistry (including ALP, electrolytes, PTH, 25-hydroxy vitamin D) is normal.

Patient's clinical photo is shown in Figure 2.

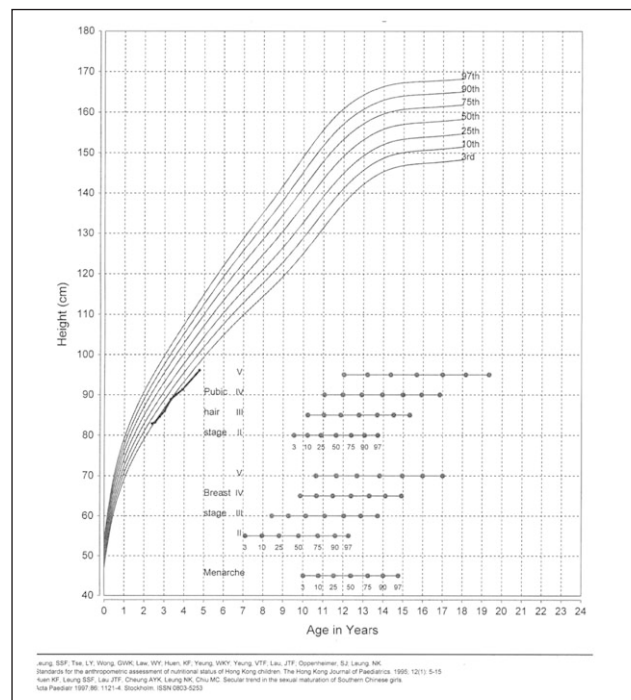


Figure 1 Growth curve of the patient, with height-for-age percentiles.



Figure 2 Clinical photo of the patient (with consents for publication by parents).

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N.B. The Editors invite contributions of illustrative clinical cases