

# Reverse Slanting of Split Eyebrows and Palpebral Fissures: A New Dysmorphic Syndrome

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## Abstract

A dysmorphic syndrome is suspected in the presence of more than three minor anomalies which are variations of normal morphological features that are considered of little or no known medical, surgical, or cosmetic significance; more than one major anomaly which is an abnormality that has major medical, surgical or cosmetic significance; and one major anomaly with two or more minor anomalies are also suggestive of congenital syndrome. Many congenital syndromes are associated with different combinations of hypertelorism (with or without flat mid-face), epicanthic folds, convergent squint, low set ears, upward and downward slanting of the palpebral fissures, and eyebrows abnormalities occurring in association with hypotonia and developmental delay. The aim of this paper is to describe the occurrence of a new congenital syndrome with the novel association of unique eyebrows abnormalities (splitting with a relatively thick upward slanting medial parts and thin non-slanting lateral parts) with downward slanting palpebral fissures, bilateral convergent squint, hypertelorism with flat mid-face, epicanthic folds, large ears, developmental delay, and infantile hypotonia mostly attributed to congenital myopathy.

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## *Index terms*—

## 1 Reverse Slanting of Split Eyebrows and

Palpebral Fissures: A New Dysmorphic Syndrome

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## 2 I. Introduction

dysmorphic syndrome is suspected in the presence of more than three minor anomalies which are variations of normal morphological features that are considered of little or no known medical, surgical, or cosmetic significance; more than one major anomaly which is an abnormality that has major medical, surgical or cosmetic significance; and one major anomaly with two or more minor anomalies are also suggestive of congenital syndrome. Many

43 congenital syndromes are associated with different combinations of hypertelorism (with or without flat midface),  
44 epicanthic folds, convergent squint, low set ears, upward and downward slanting of the palpebral fissures, and  
45 eyebrows abnormalities occurring in association with hypotonia and developmental delay [1,2,3, ??].

46 The aim of this paper is to describe the occurrence of a new congenital syndrome with the novel association  
47 of unique eyebrows abnormalities (splitting with a relatively thick upward slanting medial parts and

48 **3 EMG and nerve conduction studies were performed at the**  
49 **age of seven months (Table-1).**

50 Nerve conduction study (Table ??

51 **4 Needle electromyography (EMG) stud showed:**

52 No spontaneous activity.

53 No myotonic discharges.

54 **5 The average duration of 20 motor units:**

55 Right deltoid= 5.1 msec (n=8.3 msec). Right biceps = 4.8 msec (n=8.1 msec). Right vastus medialis = 4.1 msec  
56 (n=8.3 msec). Right tibialis anterior = 5.3 msec (n= 10.2 msec). Left tibialis anterior = 5.2 msec (n= 12.5  
57 msec). 30-40% polyphasia of short duration low amplitude was observed.

58 EMG and nerve conduction studies suggested chronic diffuse non dystrophic myopathic of moderate severity  
59 mostly resulting from congenital myopathy.

60 The proximal lower limb muscles were more severely involved.

61 **6 Summarizes the clinical features of the new syndrome**



Figure 1: FFigure 1 :

thin non-slanting lateral parts) with downward slanting palpebral fissures, bilateral convergent squint, hypertelorism with flat mid-face, epicanthic folds, large ears, developmental delay, and infantile hypotonia mostly attributed to congenital myopathy.

### II. Case Report

1. Highly specific unique eyebrows abnormalities consisting of splitting with a relatively thick upward slanting medial parts and thin non-slanting lateral parts.
2. Downward slanting palpebral fissures.
3. Epicanthic folds.
4. Hypertelorism.
5. Depressed nasal bridge.
6. Large ears.
7. Convergent squints of both eyes.

Brain MRI was performed at the age of one month showed normal findings.

Screening for several inborn errors of metabolisms has already revealed no abnormality.

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Figure 2:

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Sporadic occurrence  
Non consanguineous parents  
Splitting of eyebrows with a relatively thick upward slanting medial parts and thin non-slanting lateral parts  
Downward slanting palpebral fissures  
Epicanthic folds  
Hypertelorism  
Depressed nasal bridge  
Large ears  
Convergent squints of both eyes.  
Infantile hypotonia attributed to congenital myopathy

Figure 3: Table 2 :

1

Nerve	Latency msec/cm	Sensory Amplitude ?V	SNCV m/sec	Muscle	DML Msec /cm	Motor MNCV msec /cm	F-wave Latency
Right me- dian	2.1	26.6	56.2	ABP	3.1	50.2	16.5
Right ul- nar	1.9	27.3	56.6	ADM	2.9	51.2	17.2
	Right common peroneal			Tibialis Ant. EDB	3.3 4.2	40.2	35.3
	Left common peroneal			Tibialis Ant. EDB	3 4.1	40.3	36.3
Left sural	2	15.3	44.6				

Figure 4: Table 1 :

4

Figure 5: Table 4 .



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