

Letter to the Editor

## Infantile tremor syndrome masquerading as Menkes kinky hair disease with long-term follow-up

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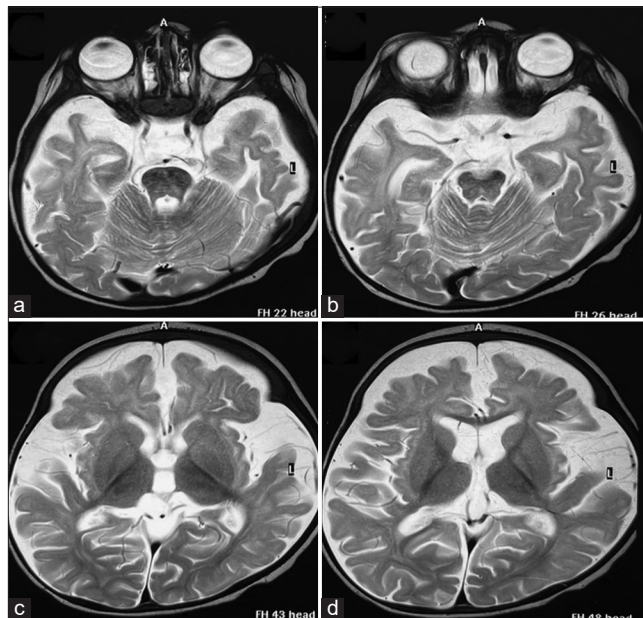
**Quick Response Code:**



Dear Editor,

Infantile tremor syndrome is characterised by anaemia, developmental delay, hair changes and tremors.<sup>[1]</sup> Menkes disease (MD) is an X-linked recessive disorder due to mutations in the ATP7A gene manifest with developmental delay, seizures, subdural effusion and hair changes (pili torti).<sup>[2]</sup>

A 12-month boy presented with developmental delay, followed by regression. The child attained neck holding by 6 months, reaching out for objects by 10 months and bisyllables by 1 year. At around 12 months, he developed a fever and subsequently had a regression in all domains. On examination, pallor, hyperpigmented knuckles, hand tremors, weight - 6.59 kg (-5.34 WHO Z), head circumference - 41 cm (-5.64 WHO Z), hypotonia in all limbs with 3/5 power and brisk deep tendon reflexes were noted. Investigations revealed haemoglobin of 5.1 g/dL, a total count of 8200/ $\mu$ L, platelet



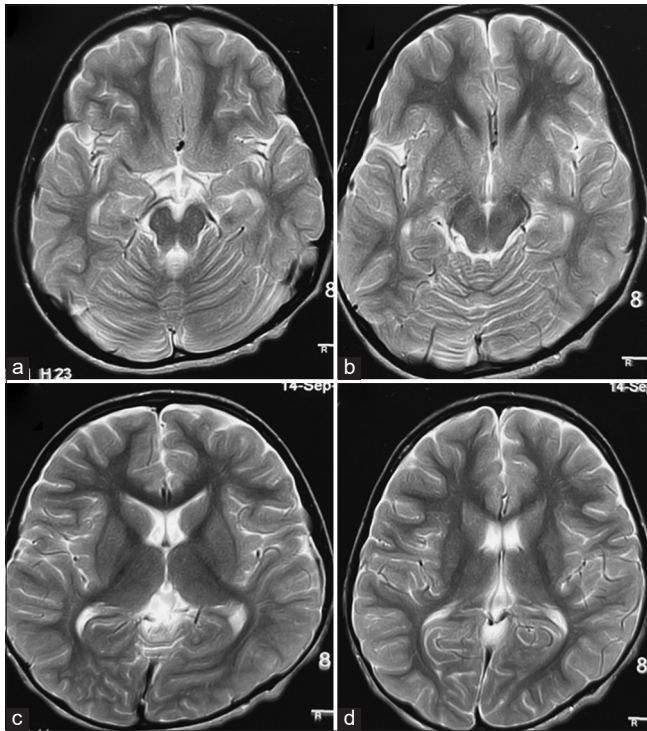
**Figure 1:** (a-d) Magnetic resonance imaging brain-T2W axial sections at 1 year of age show diffuse cerebral atrophy, widened Sylvian fissure with prominent subdural spaces.

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**Figure 2:** (a and b) Clinical photograph of a child at 6 years of age showing a bright, active and alert child with normal hair and skin.



**Figure 3:** (a-d) Magnetic resonance imaging of the brain-T2W axial sections at 6 years of age shows a complete reversal of cerebral atrophy.

of 1.62 L/ $\mu$ L, mean corpuscular volume of 103 fL, low Vitamin B12 of 85 (normal: 156–672 pg/mL), normal serum copper of 18 ( $17.50 \pm 4.10$   $\mu$ mol/L) and ceruloplasmin of 30 (31.5  $\pm$

8.0 mg/dL) levels. Magnetic resonance imaging (MRI) brain showed diffuse cerebral atrophy, widened Sylvian fissure with prominent subdural spaces [Figure 1a-d]. Magnetic resonance angiography showed a tortuous left middle cerebral artery. The hair examination was normal. The child was treated with injectable Vitamin B12 and showed improvement.

During the last follow-up at 6 years, he has normal motor and cognitive development, a weight of 14 kg ( $-2.04$  WHO Z), a head circumference of 47 cm ( $-2.50$  WHO Z), mild spasticity, and brisk deep tendon reflexes. The hair and skin changes had resolved [Figures 2a and b] with the reversal of MRI changes [Figure 3a-d].

We considered MD as a child who had a developmental delay with regression, hair changes and MRI changes; however, the hair examination was normal. The neuroimaging feature of tortuous intracranial vessels forms a typical diagnostic feature and is a handle in MD.<sup>[3]</sup>

#### Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent.

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Nil.

#### Conflicts of interest

There are no conflicts of interest.

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