Table 1: Multisystem features of 22q11.2 deletion syndrome (used with permission, Basset et al 2011)

| Common features* | Relevant age groups |  |  | Selected rarer features ${ }^{\dagger}$ | Management |  | Specialties commonly involved (in addition to family medicine, paediatrics, general internal medicine, radiology) |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Prenatal | Infant to child | $\begin{gathered} \hline \hline \text { Teen } \\ \text { to } \\ \text { adult } \end{gathered}$ |  | Standard ${ }^{\ddagger}$ | Special considerations or attention |  |
| General genetics <br> - Dysmorphic features ( $>90 \%$ of cases) ${ }^{\S}$ <br> - Multiple congenital anomalies <br> - Learning disability/mental retardation/developmental delay (90\%) Poly-hydramnios (16\%) | $\checkmark$ | $\checkmark$ | $\checkmark$ | - Fetal loss or infant death | $\checkmark$ | - Genetic counselling <br> - Medical management <br> - Gynaecological and contraceptive services | - Medical genetics <br> - Obstetrics and gynaecology |
| Cardiovascular (conotruncal/other) <br> - Any congenital defect (including minor) (50\%-75\%) <br> - Requiring surgery ( $30 \%-40 \%$ ) | $\checkmark$ | $\checkmark$ | $\checkmark$ | - Vascular ring <br> - Dilated aortic root <br> - Arrhythmias | $\checkmark$ | - Echocardiogram <br> - Irradiated blood products for infant surgeries Calcium level | - Cardiovascular surgery <br> - Cardiology |
| Palatal and related (75\%) <br> - Hypernasal speech (crying) and/or nasal regurgitation (>90\%) <br> Velopharyngeal insufficiency $\pm$ submucous cleft palate (overt cleft palate/cleft lip is less common) <br> - Chronic and/or secretory otitis media <br> - Sensorineural and/or conductive hearing loss ( $30 \%-50 \%$ ) | $\checkmark$ | $\checkmark$ | $\checkmark$ | - Laryngeal web <br> - Tracheo-esophageal fistula <br> - Esophageal atresia <br> - Preauricular tags/pits <br> - Microtia/anotia | $\checkmark$ | - Speech therapy <br> - Palatal surgery | - Speech pathology <br> - Plastic surgery/Cleft palate team <br> - Otorhinolaryngology <br> - Audiology |
| Immune-related ${ }^{\text {II }}$ <br> - Recurrent infections (35\%-40\%) <br> - T-cells low and/or impaired function <br> - Autoimmune diseases |  | $\checkmark$ | $\checkmark$ | - Immunoglobulin A deficiency <br> - Severe immunodeficiency (0.5\%-1\%) | $\checkmark$ | - Influenza vaccinations <br> - Special protocol ${ }^{\text {II }}$ for infants | - Immunology <br> - Rheumatology <br> - Otolaryngology <br> - Allergy <br> - Respirology |
| Endocrine <br> - Hypocalcemia and/or hypoparathyroidism (>60\%) <br> Hypothyroidism (20\%), hyperthyroidism (5\%) <br> Obesity (35\%, adults) |  | $\checkmark$ | $\checkmark$ | - Growth hormone deficiency <br> - Type 2 diabetes | $\checkmark$ | - Vitamin D and calcium supplementation <br> - Growth hormone <br> - Dietary/exercise counselling | - Endocrinology <br> - Dietician |


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| Gastroenterological <br> - Gastro-esophageal reflux <br> - Dysmotility/dysphagia (35\%) <br> - Constipation <br> - Cholelithiasis (20\%) <br> - Umbilical/inguinal hernia | $\checkmark$ | $\checkmark$ | $\checkmark$ | - Aspiration <br> - Imperforate anus <br> - Intestinal malrotation <br> - Hirschsprung's <br> - Diaphragmatic hernia | $\checkmark$ | - Tube feeding <br> - (Gastrostomy Nissen) | - Gastroenterology <br> - General surgery <br> - Feeding team <br> - Respirology |
| Genitourinary <br> - Structural urinary tract anomaly (31\%) <br> - Dysfunctional voiding (11\%) <br> - Unilateral renal agenesis (10\%) <br> - Multi-cystic dysplastic kidneys (10\%) | $\checkmark$ | $\checkmark$ | $\checkmark$ | - Echogenic/ hypoplastic kidneys <br> - Duplex kidney <br> - Hydronephrosis <br> - Hypospadias <br> - Cryptorchidism <br> - Absent uterus <br> - Nephrocalcinosis | $\checkmark$ | - Ultrasound <br> - Transplant | - Urology <br> - Nephrology <br> - Gynaecology <br> - Radiology |
| Ophthalmology <br> - Strabismus (15\%) <br> - Refractory errors <br> - Posterior embyrotoxon, tortuous retinal vessels" |  | $\checkmark$ |  | - Sclerocornea <br> - Coloboma <br> - Ptosis | $\checkmark$ | - Eye exam | - Ophthalmology |
| Skeletal <br> - Scoliosis (45\%; 6\% requiring surgery) <br> - Cervical spine anomalies/thoracic butterfly vertebrae <br> - Idiopathic leg pains in childhood <br> - Sacral sinus | $\checkmark$ | $\checkmark$ | $\checkmark$ | - Cervical cord compression <br> - Craniosynostosis <br> - Upper/lower extremity pre and post axial polydactyly | $\checkmark$ | - Radiographs <br> - Orthotics | - Orthopaedics <br> - Neurosurgery <br> - Radiology <br> - General surgery <br> - Hand surgery <br> - Physiotherapy |
| Hematology/Oncology <br> - Thrombocytopenia (30\%) <br> - Splenomegaly ( $10 \%$ ) |  | $\checkmark$ | $\checkmark$ | - Idiopathic thrombocytopenia <br> - Bernard-Soulier <br> - Autoimmune neutropenia <br> - Leukemia, lymphoma, hepatoblastoma | $\checkmark$ | - Surveillance |  |


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|  | Prenatal | Infant to child | $\begin{aligned} & \text { Teen } \\ & \text { to } \\ & \text { adult } \end{aligned}$ |  | Standard ${ }^{\ddagger}$ | Special considerations or attention |  |
| Neurologic <br> - Recurrent (often hypocalcemic) seizures (40\%, adults) <br> Unprovoked epilepsy (5\%) |  | $\checkmark$ | $\checkmark$ | - Polymicrogyria <br> - Cerebellar abnormalities <br> - Neural tube defects <br> - Abdominal migraines | $\checkmark$ | - Calcium, magnesium levels <br> - Electroencephalogram <br> - Magnetic resonance imaging | - Neurology |
| Growth and development <br> - Failure to thrive <br> - Motor and/or speech delays (>90\%) <br> - Learning disabilities (>90\%); mental retardation (~35\%) <br> Short stature (20\%) | $\checkmark$ | $\checkmark$ | $\checkmark$ |  | $\checkmark$ | - Early intervention <br> - Sign language <br> - Educational supports <br> - Vocational counselling | - Developmental paediatrics <br> - Speech language pathology <br> - Occupational/physical therapy <br> - Neuropsychology <br> - Educational psychology |
| Neuropsychiatric disorders <br> - Psychiatric disorders (60\%, adults) <br> - Childhood disorders (eg, attentiondeficit, autism spectrum disorders) <br> - Anxiety and depressive disorders <br> - Schizophrenia and other psychotic disorders (>20\%) |  | $\checkmark$ | $\checkmark$ |  | $\checkmark$ | - Surveillance <br> - Standard treatments | - Psychiatry <br> - Developmental pediatrics |
| Other <br> - Non-infectious respiratory disease (10-20\%) <br> - Seborrhea or dermatitis (35\%); severe acne (25\%) <br> - Patellar dislocation (10\%) <br> - Dental problems-enamel hypoplasia/chronic caries <br> Varicose veins (10\% |  | $\checkmark$ | $\checkmark$ |  | $\checkmark$ |  | - Respirology/Pulmonary/ Anaesthesia <br> - Dermatology <br> - Rheumatology <br> - Orthopaedics <br> - Dentistry <br> - Vascular surgery |
| Rates are estimates only of lifetime prevalence of features for 22q11DS and will vary depending on how cases are ascertained and age of the patient. Features included have prevalence $>1 \%$ in 22q11DS and significantly higher than general population estimates. <br> ${ }^{\dagger} \mathrm{A}$ a selected (and to some extent arbitrary) set of rarer features of note in 22q11DS, emphasizing patients needing active treatment. <br> ${ }^{\ddagger}$ Standard surveillance, investigations, and management according to involved condition(s). <br> ${ }^{\text {s }}$ Characteristic facial features include long narrow face, malar flatness, hooded eyelids, tubular nose with bulbous tip, hypoplastic alae nasae, nasal dimple or crease, small mouth, small protuberant ears with thick overfolded/crumpled helices, and Asymmetric crying facies. <br> 'Infants only: minimize infectious exposures; initially withhold live vaccines; cytomegalovirus-negative irradiated blood products; influenza vaccinations; respiratory syncytial virus prophylaxis. <br> "All patients should have vitamin D supplementation; patients with documented hypocalcemia, relative or absolute hypoparathyroidism, or both may have to have prescribed hormonal forms (eg, calcitriol) supervised by endocrinologist. <br> "May be important for diagnostic purposes. <br>  332-9.e1. doi:10.1016/j.jpeds.2011.02.039 |  |  |  |  |  |  |  |

