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

Common features	Relevant age groups			1	Management			Specialties commonly involved	
	Prenatal	Infant to child	Teen to adult	Selected rarer features [†]	Standard [‡]	Special considerations or attention		(in addition to family medicine, paediatrics, general internal medicine, radiology)	
General genetics Dysmorphic features (>90% of cases) Multiple congenital anomalies Learning disability/mental retardation/developmental delay (90%) Poly-hydramnios (16%)	>	>	~	Fetal loss or infant death	>	 Genetic counselling Medical management Gynaecological and contraceptive services 	•	Medical genetics Obstetrics and gynaecology	
Cardiovascular (conotruncal/other) Any congenital defect (including minor) (50%-75%) Requiring surgery (30%-40%)	~	✓	√	Vascular ringDilated aortic rootArrhythmias	~	 Echocardiogram Irradiated blood products for infant surgeries Calcium level 	-	Cardiovascular surgery Cardiology	
Palatal and related (75%) Hypernasal speech (crying) and/or nasal regurgitation (>90%) Velopharyngeal insufficiency ± submucous cleft palate (overt cleft palate/cleft lip is less common) Chronic and/or secretory otitis media Sensorineural and/or conductive hearing loss (30%–50%)	✓	*	✓	 Laryngeal web Tracheo-esophageal fistula Esophageal atresia Preauricular tags/pits Microtia/anotia 	✓	Speech therapyPalatal surgery		Speech pathology Plastic surgery/Cleft palate team Otorhinolaryngology Audiology	
Immune-related ¹¹ Recurrent infections (35%–40%) T-cells low and/or impaired function Autoimmune diseases		>	√	 Immunoglobulin A deficiency Severe immunodeficiency (0.5%–1%) 	✓	 Influenza vaccinations Special protocol¹ for infants 	•	Immunology Rheumatology Otolaryngology Allergy Respirology	
Endocrine Hypocalcemia and/or hypoparathyroidism (>60%) Hypothyroidism (20%), hyperthyroidism (5%) Obesity (35%, adults)		✓	√	Growth hormone deficiencyType 2 diabetes	✓	 Vitamin D and calcium supplementation Growth hormone Dietary/exercise counselling 	•	Endocrinology Dietician	

Common features	Relevant age groups					Management	Specialties commonly involved
	Prenatal	Infant to child	Teen to adult	Selected rarer features [†]	Standard [‡]	Special considerations or attention	(in addition to family medicine, paediatrics, general internal medicine, radiology)
Gastroenterological Gastro-esophageal reflux Dysmotility/dysphagia (35%) Constipation Cholelithiasis (20%) Umbilical/inguinal hernia	>	>	>	 Aspiration Imperforate anus Intestinal malrotation Hirschsprung's Diaphragmatic hernia 	>	Tube feeding(Gastrostomy Nissen)	 Gastroenterology General surgery Feeding team Respirology
Genitourinary Structural urinary tract anomaly (31%) Dysfunctional voiding (11%) Unilateral renal agenesis (10%) Multi-cystic dysplastic kidneys (10%)	~	~	✓	 Echogenic/ hypoplastic kidneys Duplex kidney Hydronephrosis Hypospadias Cryptorchidism Absent uterus Nephrocalcinosis 	>	UltrasoundTransplant	UrologyNephrologyGynaecologyRadiology
Ophthalmology Strabismus (15%) Refractory errors Posterior embyrotoxon, tortuous retinal vessels		>		SclerocorneaColobomaPtosis	>	■ Eye exam	Ophthalmology
Skeletal Scoliosis (45%; 6% requiring surgery) Cervical spine anomalies/thoracic butterfly vertebrae Idiopathic leg pains in childhood Sacral sinus	~	~	√	 Cervical cord compression Craniosynostosis Upper/lower extremity pre and post axial polydactyly 	~	RadiographsOrthotics	 Orthopaedics Neurosurgery Radiology General surgery Hand surgery Physiotherapy
Hematology/Oncology Thrombocytopenia (30%) Splenomegaly (10%)		~	√	 Idiopathic thrombocytopenia Bernard-Soulier Autoimmune neutropenia Leukemia, lymphoma, hepatoblastoma 	~	Surveillance	

	Relevant age groups				Management		Specialties commonly involved
Common features	Prenatal	Infant to child	Teen to adult	Selected rarer features [†]	Standard [‡]	Special considerations or attention	(in addition to family medicine, paediatrics, general internal medicine, radiology)
Neurologic Recurrent (often hypocalcemic) seizures (40%, adults) Unprovoked epilepsy (5%)		~	>	 Polymicrogyria Cerebellar abnormalities Neural tube defects Abdominal migraines 	>	 Calcium, magnesium levels Electroencephalogram Magnetic resonance imaging 	 Neurology
Growth and development Failure to thrive Motor and/or speech delays (>90%) Learning disabilities (>90%); mental retardation (~35%) Short stature (20%)	~	~	>		>	 Early intervention Sign language Educational supports Vocational counselling 	 Developmental paediatrics Speech language pathology Occupational/physical therapy Neuropsychology Educational psychology
Neuropsychiatric disorders Psychiatric disorders (60%, adults) Childhood disorders (eg, attention-deficit, autism spectrum disorders) Anxiety and depressive disorders Schizophrenia and other psychotic disorders (>20%)		~	>		~	SurveillanceStandard treatments	PsychiatryDevelopmental pediatrics
Other Non-infectious respiratory disease (10–20%) Seborrhea or dermatitis (35%); severe acne (25%) Patellar dislocation (10%) Dental problems—enamel hypoplasia/chronic caries Varicose veins (10%)		✓	✓		✓		 Respirology/Pulmonary/ Anaesthesia Dermatology Rheumatology Orthopaedics Dentistry 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.

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A selected (and to some extent arbitrary) set of rarer features of note in 22q11DS, emphasizing patients needing active treatment.

[‡]Standard surveillance, investigations, and management according to involved condition(s).

SCharacteristic 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 symmetric crying facies.

Infants only: minimize infectious exposures; initially withhold live vaccines; cytomegalovirus-negative irradiated blood products; influenza vaccinations; respiratory syncytial virus prophylaxis.

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. May be important for diagnostic purposes.