

COLLODION ICHTHYOSIS WITH TRISOMY – 21: A CASE REPORT

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ABSTRACT

Collodion Ichthyosis is a rare disorder presenting at birth with visible scaling/ hyperkeratosis of the skin. The severity of ichthyosis and expression of associated features may be variable. The ichthyosis is known as Mendelian Disorder of cornification (MeDOC). Inborn types have different genetic background like Autosomal Dominant (AD), Autosomal Recessive (AR) and X – linked inheritance. [1] Collodion baby is a very rare form of skin disorder with an estimated incidence of 1 in 50,000 to 100,000 birth. [2] The mortality rate is around 11% in early life due to Dehydration, Electrolyte Imbalance, Sepsis because of severe skin damage. [3, 4]

KEYWORDS : Collodion baby, Ichthyosis, Trisomy – 21, Sepsis.**CASE REPORT:**

I present a collodion male baby whose karyotype study revealed 47XY + 21. 25 years old mother delivered the boy baby [fig. 1] at 36 weeks gestational age via normal vaginal delivery at a private nursing home. His birth weight was 2.4 kg and the baby cried immediately after birth. The parents are in consanguinity and they have one healthy child.



Fig. 1: Baby on day 2

The neonate was brought at my OPD for dry, thick and scalded skin with deep fissures associated with feeding difficulties. Meconium and urine was passed within 24 hrs of birth. He had wide open mouth, absent eye-brows and eye-lashes with sparse scalp hair. My clinical diagnosis was Collodion Ichthyosis. The parents were counseled regarding the outcome and the baby was referred to the tertiary care hospital for NICU management. The baby was treated on the humidified incubator with intravenous fluid, antibiotic and skin-care with moisturizer, topical keratolytic agent as suggested by Dermatologist. Karyotyping was done and it was found that the child have Trisomy – 21. The mother was instructed for proper skin – care and regular follower. The baby is now 8 months old having seborrhea of scalp and erythematous dry scaly skin. [fig. 2, 3]



Fig. 2: 8 Months Old



Fig. 3: 8 months old

In this study I reported collodion baby with Down Syndrome (Trisomy – 21). Skin manifestation with Trisomy – 21 are soft and velvety skin in early childhood and dry skin, secondary lichenification, ichthyosiform changes in late childhood. [5, 6] Extensive literature search I did not find Collodion Ichthyosis with Trisomy – 21.

DISCUSSION:

Hallopeau in 1884 coined the term “Collodian Baby”. [7] Collodian baby is a spectrum of disorder which include Autosomal recessive congenital ichthyosis, lamellar ichthyosis, harlequin ichthyosis (most severe form) or less commonly self healing. In 20% - 25% collodian baby evolves into normal child with mild scaling in later life. [8] There is a scoring system to assess the outcome. [9] Autosomal recessive inheritance with consanguinity is seen in most of the cases of collodion baby syndrome but exact cause is unknown. [10] Harlequin ichthyosis is rare and associated with poor outcome. Trans – epidermal water loss in collodion babies are 6 – 7 times higher than normal skin's baby. [11] The baby was initially managed in a humidified incubator and skin care with emollients.

CONCLUSION:

Despite a rare disease and limited knowledge survival may be improved by providing basic care and supportive management. As a non – communicable disease psychological components like depression, anxiety and suicidal ideation involving both the patient and the parents to be managed properly.

Conflict Of Interest:

No conflict of interest.

REFERENCES:

- Schmuth M, Gruber R, Elias PM, Williams ML: Ichthyosis Update: towards a

- function – driven moded of pathogenesis of the disorder of the cornification and the role of corneocyte protein in these disorder. *Adv Dermatol* 2007; 23: 231 – 256. Article Pub Med, Pub Med Central, Google Scholar.
2. Dyer J A, Sparker N, William M. Care of newborn of ichthyosis. *Dermatol ther.* 2013; 26 (1):1 – 15. [Pub Med] [Google Scholar]
 3. Bangal V B Gangapurwala S, Garvhane SP, Gupta K (2014) Rare Case Report – Neonatal Lamellar Ichthyosis in Collodion Baby. *Int J Biomed Adv Res.* 5:120 – 2.
 4. Simalti AK, Sethi H (2017) Collodion Baby, *Med J Armed Forces India* 73:197 – 9.
 5. Carfi A, Vetrano DL, Mascia D, Meloni E, Villani ER, Acamporn N, et al. Adults with Down Syndrome: A comprehensive approach to manage complexity. *J Intellect Disable Res.* 2019 June. 66(6): 624 – 629 [QXMD Medline Link].
 6. Folster – Holst R, Rohrer T, Jung AM. Dermatological aspect of the S2K Guidelines on Down Syndrome in childhood and adolescence. *J Dt ch Dermatol Ges.* 2018 October. 16(10). 1289 – 1295. [QXMD Medline Link].
 7. Van Gysel D, Linjen R L P Lijnen, Moekti S S, de Laat P C J, Oranje A P (2003) Collodion baby: a follow – up study of 17 cases. *J Eur Acad Dermatol Venereol.* 2002 Sep; 16(5):472 – 5.
 8. *Color Atlas & Synopsis of Pediatric Dermatology.* Sandipan Dhar, Sahana M 4th edition pg 93.
 9. Diciovanna Robinson – Boston L. Ichthyosis etiology diagnosis amd management – *Am J Clin Dermatol* 2003;4(2):821 – 95. [Pub Med] [Google Scholar]
 10. Moslehi R, Signore C, [...], and KH Kraemer et al. Adverse effects of trichothiodystrophy DNA repair and transcription gene disorder on human fetal development. *Clin Genet.* 2010 Apr; 77(4): 365 – 373. [PMC free article] [Pub Med] [Google Scholar]
 11. L. Buyse, C Graves, R. Marks, M. Alfaham, A.K. Finlay, K. Wijeyesekera Collodion baby dehydration: The danger of high tarsepidermal water loss, *British Journal of Dermatology*, volume 129, no 1, PP 86 – 88, 1993.