

Isolated Hemifacial Hypertrophy-A Rare Case Report



Medical Science

KEYWORDS : Hemifacial hypertrophy, hyperostosis, abortifacient

Dr Suhas Kondreddy	Associate professor, Department of General Surgery, Alluri Sitarama Raju Academy of Medical Sciences, Eluru, West Godavari District - 534005, Andhra Pradesh.
Dr Lavanya Sanaboina	Senior Resident, Department of General Surgery, Alluri Sitarama Raju Academy of Medical Sciences, Eluru, West Godavari District - 534005, Andhra Pradesh
Dr Rigved Nittala	Senior Resident, Department of General Surgery, Alluri Sitarama Raju Academy of Medical Sciences, Eluru, West Godavari District - 534005, Andhra Pradesh
Dr Vidya Kiran B	Post Graduate, Second Year, Department of General Surgery, Alluri Sitarama Raju Academy of Medical Sciences, Eluru, West Godavari District - 534005, Andhra Pradesh

ABSTRACT

True Hemifacial hypertrophy is a rare disease exhibiting asymmetric overgrowth of one or more body parts with a prevalence reported as approximately 1 in 86,000. We report one such case of 19 years old female with Hemifacial hypertrophy and investigations revealing hemi hypertrophy of right half of face and skull bones. There was history of usage of abortifacient by the mother.

INTRODUCTION

True Hemifacial hypertrophy is a rare disease exhibiting asymmetric overgrowth of one or more body parts. The overgrowth may involve an entire half of the body, a single limb, and/or one side of the face or combinations thereof. There may be accompanying asymmetric visceromegaly (1). The prevalence for hemi hyperplasia was reported as approximately 1 in 86,000 (2). This is a case of 19 years old female with Hemifacial hypertrophy. (A proper informed consent has been obtained from the patient for presenting this case report).

IMAGE 1



HISTORY

Patient came with a chief complaint of deformed face and discoloration over right side of face since birth which were gradually increasing in size and attained present size. There was history of usage of ABORTIFACIENT by the mother during 1st trimester of pregnancy. Patient attained milestones normally. IQ was normal. No other significant abnormalities detected.

CLINICAL FINDINGS

Gross hypertrophy of right half of face. Right pinna enlarged. Nevus on the right cheek, neck and pinna. Hypertrophy of tongue. Malocclusion of teeth.

No bony abnormalities of upper or lower limbs. No apparent or true limb lengthening or hypertrophy. No other bony deformities detected elsewhere in the body other than the skull.

IMAGE 2



IMAGING

Localised hemi hypertrophy of right half of face and skull bones.

IMAGE 3



ULTRASONOGRAPHY

Ultrasound of the face: Increase in thickness of soft tissues of the right half of the face. No obvious abnormal colour flow on Doppler.

Ultrasound of the abdomen: no significant sonological abnormality.

MRI

No intracranial abnormality detected. Remarkable hypertrophy of subcutaneous tissue on right side of face. Gross facial asymmetry with hyperostosis of frontal bone, maxilla, and zygoma of the right side.

IMAGE 4

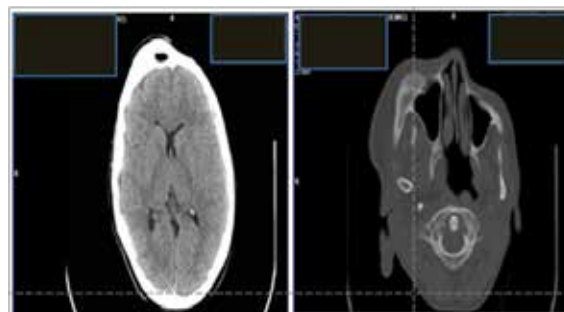
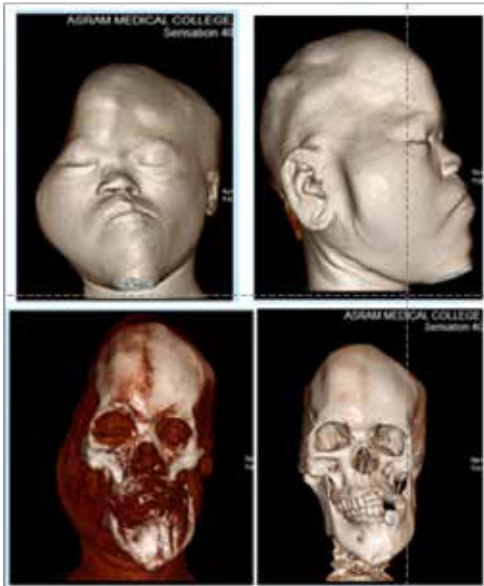


IMAGE 5



DISCUSSION

True hemifacial hypertrophy is a rare disease exhibiting asymmetric overgrowth of one or more body parts involving an entire half of the body, a single limb, and/or one side of the face or combinations thereof. There may be accompanying asymmetric visceromegaly (1) . with prevalence reported as approximately 1 in 86,000 (2) .

It may be an isolated finding, or it may be associated with a variety of multiple malformation syndromes. Rowe et al in 1962 (3) proposed a classification system for hemihyperplasia, based on anatomic site of involvement:

- a) complex hemihyperplasia – involvement of half of the body (at least one arm and one leg), in which the affected parts may be contra or ipsilateral;
- b) simple hemihyperplasia – involvement of a single limb;
- c) hemifacial hyperplasia – involvement of one side of the face.

The incidence of isolated hemihyperplasia has been report to be approximately 1:86,000 live births (4,5) and increased birth weight has been observed (mean of 3.8 kg) (6) . Hoyme et al in 1998 (5) reported an increase in the incidence of certain abdominal tumors in children with isolated hemihyperplasia (5.9%), in comparison with the general population.

REFERENCE

1. Cohen MM. A comprehensive and critical assessment of overgrowth and overgrowth syndromes. *Adv Hum Genet* 1989;18:181-303,373-6.
2. Ringrose RE, Jabbour JT, Keele DK. Hemihypertrophy. *Pediatrics*. 1965;36(3):434-48. | 3. Rowe NH. Hemifacial hypertrophy: review of the literature and addition of four cases. *Oral Surg* 1962;15:572-6. | 4. Tomooka Y, Onitsuka H, Goya T, et al. Congenital hemihypertrophy with adrenal adenoma and medullary sponge kidney. *Br J Radiol* 1988;61(729):851-3. | 5. Hoyme HE, Seaver LH, Jones KL, et al. Isolated hemihyperplasia (hemihypertrophy): Report of a prospective multicenter study of the incidence of neoplasia and review. *Am J Med Genet* 1998;79(4):274-8. | 6. Leisenring WM, Breslow NE, Evans IE, et al. Increased birth weights of National Wilms' Tumor Study patients suggest a growth factor excess. *Cancer Res* 1994;54(17):4680-3. |