Clin. Lab. 2023;69:1-5 ©Copyright

## CASE REPORT

# **Phenotypic Spectrum of Trisomy 18 Mosaicism:** a New Patient and Literature Review

Weijia Sun<sup>1, 2, 3</sup>, Linlin Wang<sup>1, 2, 4</sup>, Tiansheng Liu<sup>1, 2, 3</sup>, Luping Ouyang<sup>1, 2, 3</sup>, Wangshang Qin<sup>1, 2, 3</sup>, Jingsi Luo<sup>1, 2, 3</sup>, Zailong Qin<sup>1, 2, 3</sup>

<sup>1</sup> Guangxi Key Laboratory of Reproductive Health and Birth Defects Prevention, Maternal and Child Health Hospital of

Guangxi Zhuang Autonomous Region, Nanning, China <sup>2</sup> Guanexi Health Commission Key Laboratory of Precise Medicine for Genetic Diseases. Maternal and Child Health Hospital of

Guangxi Zhuang Autonomous Region, Nanning, China

<sup>3</sup> Genetic and Metabolic Central Laboratory, Guangxi Birth Defects Research and Prevention Institute, Maternal and Child Health Hospital of Guangxi Zhuang Autonomous Region, Nanning, China

<sup>4</sup> Department of Clinical Genetics, Maternal and Child Health Hospital of Guangxi Zhuang Autonomous Region, Nanning, China

#### SUMMARY

Background: Trisomy 18 syndrome, also called Edwards syndrome, is the second most common autosomal trisomy after trisomy 21 that is caused by the presence of an extra copy of chromosome 18. Approximately 50% of infants with trisomy 18 cannot survive for more than 1 week and about 5 - 10% of children die within 1 year after birth. The aim of this study is to describe a 4-year-old female patient of mosaic trisomy 18 with normal prenatal ultrasound findings and maternal serum markers and to investigate the relationship between the percentage of trisomic cells and the major clinical phenotypes combined with other nine patients through a review of the literature.

Methods: The patient's peripheral blood was examined by cytogenetic G-banding technique.

Results: The cytogenetics results reported following the ISCN 2020 guideline as mos 47.XX.+18[87]/46.XX[13]. Conclusions: There is little correlation between various phenotypes of mosaic trisomy 18 and the percentage of trisomy cells in the patient's peripheral leukocytes. Although most of fetuses with mosaic trisomy 18 have abnormal ultrasound findings, it is necessary to highlight the possibility of normal findings during the pregnancy. (Clin. Lab. 2023;69:xx-xx. DOI: 10.7754/Clin.Lab.2022.220610)

#### **Correspondence:**

Zailong Qin Guangxi Key Laboratory of Reproductive Health and **Birth Defects Prevention** Maternal and Child Health Hospital of Guangxi Zhuang Autonomous Region NO. 59 Xiangzhu Road Nanning 530000 China Phone: +86 15277105208 Email: qinzailong@hotmail.com

Jingsi Luo Guangxi Key Laboratory of Reproductive Health and Birth Defects Prevention Maternal and Child Health Hospital of Guangxi Zhuang Autonomous Region NO. 59 Xiangzhu Road Nanning 530000 China +86 1348108686 Phone: Email: Jingsi\_Luo@hotmail.com

Case Report accepted June 13, 2022

## Supplementary Data

Table S1. Phenotypic spectrum of trisomy 18 mosaicism.

	This case	A. Perrin, 2009	Siddharth Banka, 2011 CASE 1	Siddharth Banka, 2011 CASE 2	Elaine Maria Pereira, 2012	Ana Laura Fitas, 2013	Serena Motta, 2015	Neidin Bussmann 2015 F1	Neidin Bussmann 2015 F2	Naveed Ahmad 2016	
Gender	Femal	Male	Femal	Male	Femal	Femal	Male	Femal	Femal	Male	
Age (years)	4	31	11	5	10	5 months	17			18 months	
Gestation (weeks)	41		37	38	32	41	37	29 + 5	29 + 5	38	
Cytogenetic Findings											
Karyotype (blood)	47,XX, +18[87]/ 46,XX [13]	47,XY, +18[13]/ 46,XY [16]	47,XX, +18[44]/ 46,XX [6]	47,XY, +18[12]/ 46,XY [18]	47,XX, +18[60]/ 46,XX [140]	47,XX, +18[26]/ 46,XX [3]	47,XY, +18[10]/ 46,XY [15]	47,XX, +18[8]/ 46,XX [42]	47,XX, +18[4]/ 46,XX [46]	47,XY, +18[6]/ 46,XY [24]	
Karyotype (skin)		3%	47,XX, +18[15]/ 46,XX [35]			47,XX, +18[5]/ 46,XX [24]	47,XY, +18[5]/ 46,XY [95]	46,XX			
Karyotype (buccal smear)		L-65%, R-50%						46,XX	47,XX, +18[51]/ 46,XX [35]		
Karyotype (tumor)					46,XX					47,XY, +18[22]/ 46,XY [23]	
Karyotype (bone marrow)							47,XY, +18[4]/ 46,XY [19]				
	•	•	L	Prenatal 1	nanifestatio	ns	•	L	L	L	
Intrauterine growth retardation	no		yes	yes	yes	no	yes				
Decreased fetal movements	no				yes	no					
Polyhydramnios	no		yes			no					
				G	rowth						
Birth length - cm (% tile)						46 (normal)					
Birth weight - g (% tile)	2,550 (< 3%)		2,030 (< 3%)	1,850 (< 3%)	680 (< 3%)	2,650 (< 10%)	1,680 (< 3%)	1,250 (< 10%)	1,090 (< 10%)	1,800 (< 3%)	
Birth OFC - cm (% tile)			34,5	31.5 (0.4%)							
Height at evaluation - cm (% tile)	90 (< 3%)		9%			57 (< 3%)					
Weight at evaluation - g (% tile)			25%			3,850 (< 3%)					
OFC at evaluation - cm (% tile)	45.3 (< 3%)		50% - 75%	0,40%							

## Table S1. Phenotypic spectrum of trisomy 18 mosaicism (continued).

	This case	A. Perrin, 2009	Siddharth Banka, 2011 CASE 1	Siddharth Banka, 2011 CASE 2	Elaine Maria Pereira, 2012	Ana Laura Fitas, 2013	Serena Motta, 2015	Neidin Bussmann 2015 F1	Neidin Bussmann 2015 F2	Naveed Ahmad 2016
Gender	Femal	Male	Femal	Male	Femal	Femal	Male	Femal	Femal	Male
Head & Neck										
Dolichocephaly						yes				
Microcephaly	yes								yes	
Narrow bifrontal diameter						yes				
Frontal bossing	yes					yes				
Prominent occiput			yes			yes				
Large anterior fontanelle									yes	
Bushy eyebrows	yes			yes						
Long eyelashes				yes						
Upslanting palpebral fissures				yes						
Downslanting palpebral fissures						yes				
Downward oblique eye orientation					yes					
Ptosis					yes					
Microphthalmia									yes	
Narrow palpebral fissure									yes	
Low-set ears					left	yes				
Deformed ears	yes				right					
Dysplastic ears								yes		
Retrognathia						yes				
High-arched palate						yes				
Micrognathia									yes	
				Net	irologic					
Developmental delay	yes			yes	yes		yes			yes
Speech delay	yes			yes						yes
Febrile seizures							yes			
				C	ardiac					
Ventricular septal defect			yes	yes		yes	yes	yes	yes	yes
Atrial septal defect	yes			yes		yes		yes	yes	
Patent ductus arteriosus				yes				yes	yes	yes
Pulmonary artery stenosis						yes				
Bicuspid aortic valve						yes				

## Table S1. Phenotypic spectrum of trisomy 18 mosaicism (continued).

	This case	A. Perrin, 2009	Siddharth Banka, 2011 CASE 1	Siddharth Banka, 2011 CASE 2	Elaine Maria Pereira, 2012	Ana Laura Fitas, 2013	Serena Motta, 2015	Neidin Bussmann 2015 F1	Neidin Bussmann 2015 F2	Naveed Ahmad 2016
Gender	Femal	Male	Femal	Male	Femal	Femal	Male	Femal	Femal	Male
Hypertrophic cardiomyopathy				yes						
				Gastro	ointestinal					
Tracheoesophageal fistula			yes					yes		
Necrotising enterocolitis										
Constipation			yes							
Vomiting						yes				
Feeding difficulties	yes			yes	yes	yes				yes
				Resp	oiratory					
Recurrent respiratory infections	yes		yes			yes	yes			
Dyspnea						yes				
Asthma			yes							
				Genit	ourinary					-
Horseshoe kidney			yes							
Micropenis									yes	
Oligoastheno- teratozoospermia		yes								
				Skeletal/Mu	scular Findi	ngs				
Short sternum			yes							
Joint laxity	yes			yes						
Scoliosis	yes				yes					
Hypotonia	yes			yes	yes	yes				
				Arms	s/Hands					
Flexed fingers			yes							
Adducted thumbs			yes							
Distal phalangeal crease hypoplasia	yes				yes					
Fifth digit camptodactyly					yes					
Clenched hands									yes	
Single transverse palmar creases									yes	
				Le	gs/feet					
Hypoplastic nails			yes							
Short dorsiflexed great toes			yes							
Overriding toes				yes						
Syndactyly			yes							
Rocker bottom feet	no			yes	right	yes				
Restricted motion of the hip					yes					

## Table S1. Phenotypic spectrum of trisomy 18 mosaicism (continued).

	This case	A. Per- rin, 2009	Siddharth Banka, 2011 CASE 1	Sidd- harth Banka, 2011 CASE 2	Elaine Maria Pereira, 2012	Ana Laura Fitas, 2013	Serena Motta, 2015	Neidin Buss- mann 2015 F1	Neidin Buss- mann 2015 F2	Naveed Ahmad 2016
Gender	Femal	Male	Femal	Male	Femal	Femal	Male	Femal	Femal	Male
	Asymmetry									
Facial asymmetry			yes							yes
Hands asymmetry			yes							
Kidney asymmetry				yes						
Hemihypotrophy						yes				
Hemihypertrophy										yes
				Ot	hers					
Inguinal hernia				yes				yes		yes
Skin pigmentation	following Blaschko's lines		following Blaschko's lines	yes	following Blaschko's lines	following Blaschko's lines				
Tumor					hepato- blastoma		Hodgkin lym- phoma			hepato- blasto- ma