SYNDROME OF RETARDED GROWTH, OBESITY, MUSCULAR HYPOTONIA AND MENTAL DEFICIENCY (PRADER-WILLI SYNDROME)*

Report of a Case

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Though the most common cause of obesity is nutritional, there are a number of rare syndromes associated with it. One of these is the Prader-Willi syndrome. It is a recently described entity of which some twenty cases have so far been reported in the world literature. To the best of our knowledge, there are no case reports from India.

Report of a Case

Hamida, age 5 years, a Muslim female child was admitted with the history of progressive obesity and delayed mental and physical development since the age of 6 months. The neonatal period was uneventful. All the mile-stones were retarded. The child started sitting at the age of 1 year and could never stand or walk. She started speaking a few words only at the age of 3 years and could speak a few short sentences by 5 years. The most remarkable symptoms was rapid gain in weight from about the age of 6 months which had since been progressively increasing. She was breast-fed till the age of two years. Solid and semi-solid food was started from the age of 1 year. There was nothing exceptional about her eating habits or caloric intake which was normal.

The patient was fourth in order of birth. Two older siblings were males 11 years and 9 years of age, alive and healthy. A female child born just prior to this patient also started becoming excessively obese from the age of 6 months onwards and by the age of 18 months had become very obese with retarded milestones. She died after an ill-defined illness. Another younger male sib, 1 year of age, was normal. The father and mother were first cousins.

On examination this patient was underdeveloped for her age, but strikingly and excessively obese. The distribution of fat was uniform all over the body including the face, neck, trunk, abdomen and extremities. She was timid and had mental deficiency (I.Q. 40). The pulse, respiration and blood pressure were all normal. Examination of the eyes and fundi were normal. There was no polydactyly and the external sex organs were

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Fig. 1.—Clinical features.