CASE REPORTS

FALLOT'S TETRALOGY WITH MACROSTOMA, QUADRILOBULAR TRAGUS AND HYPERTROPHY OF THE CONJUNCTIVA*

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This case of Fallot's tetralogy is being reported because of associated congenital abnormalities of infrequent occurrence. Ten to twenty per cent. of individuals suffering from congenital cardiac anomalies have other congenital abnormalities coexisting, such as arachnodactyly, mongolism, hypertelorism, deformities of the chest and accessory ribs, cataract and deafness.

REPORT OF A CASE

Sushmaker (Figs. 1 and 2) one year of age, was admitted to the New Children's Ward of the S. N. Hospital, Agra, with the complaints, given by the mother of (1) becoming blue on crying since birth, (2) stunted growth, and (3) fever and cough for 10 days.

The infant was born at full term. No history of an acute infectious process in the mother during gestation was available. Repeated attacks of respiratory tract infections were present in the child.

On examination the child was found to be undernourished. Cyanosis was present. The fingers and toes were rather long and drum stick clubbing was present. The chest was pigeon-shaped and few crepitations were present in the lungs. The apex beat was palpable in the fourth intercostal space 1/2 inches from the midsternal line. A thrill was present in the pulmonary area. There was a harsh systolic murmur of grade III type. The pulmonary second sound was normal. The liver was one finger enlarged and soft below the right subcostal margin.

In addition to the cardiac lesion three other congenital defects were also present on the left side. (1) Hypertrophy of the conjunctiva of the left lower eyelid was present. The conjunctiva had a bluish tinge. Hypertrophy of the conjunctiva was most marked in the centre of the lid. The bulbar conjunctiva was normal. The blood vessels of the palpebral and bulbar conjunctiva also did not show any abnormality. Fundus examination was normal. A history of conjunctivitis was absent. The mother had noticed swelling of the left lower eyelid when the child was 3 months of age. Since then the swelling had been gradually increasing in size. There was no other abnormal findings in the eyes.

(2) A pretragus depression and four lobules instead of one tragus were present. The cartilage of the tragus was absent.

(3) Macrostoma was unilateral and the left angle of the mouth extended right up to the masseter muscle. (Figs. 1 and 2).

Investigations.—Blood: Hb. 15 gm. per cent, R. B. C. count 5.68 millions/c.mm., W. B. C. count 18,900 cells/c.mm., polymorphs 81 per cent., lymphocytes 19 per cent.

Radiological findings.—The lung fields were clear. The heart shadow was of normal size with a tip tilted apex. There was a notable gap between the aortic knuckle and ventricles (typical sabot shaped heart).

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Received for publication on January 20, 1961.
Photographs showing quadrilobular tragus with a pretragus depression, macrostoma and swelling in the lower eye lid (due to hypertrphied palpebral conjunctiva) on left side.