



INFANTILE TREMOR SYNDROME CASE REPORT

**Dr. N Nanda
Kishore**

Final Year Postgraduate In Department Of Pediatrics, Sri Venkateshwara Medical College, Tirupathi.

**Dr. N
Sudharamani***

2nd Year Post Graduate In Department Of Obg Sri Venkateshwara Medical College, Tirupathi. *Corresponding Author

ABSTRACT AIM: To present a rare case of infantile tremor syndrome secondary to nutritional deficiency

INTRODUCTION: Infantile tremor syndrome is rare condition caused by coarse tremor, anaemia, regression of Motor and mental milestones in children around one year of age. In india, accounts for 0.2 to 2% of Pediatric hospital admissions.

CASE REPORT: A 8 months male child brought with complaints of developmental delay and coarse tremors more during activity, decreased by sleep. On examination pallor, greying of hair and hyperpigmentation of knuckles, palms, tongue. Peripheral smear macrocytic anaemia (MCV - 110) and vitamin B12 (<50pg/ml). MRI brain shows atrophy of frontal & parietal lobes & prominent subdural space. Child was treated with vitamin B12, zinc, Mgso4, Iron. Vitamin B12 is given on alternate day for 2 weeks followed by weekly twice for 6 months, then monthly once.

CONCLUSION: In a case with developmental delay, malnutrition tremors, hyperpigmentation in age group of 6-18 months consider Infantile tremor syndrome

KEYWORDS :

INTRODUCTION

Infantile tremor syndrome is a rare clinical disorder caused by coarse tremor, anaemia, regression of motor and mental milestone in children of around one year of age. In India, it accounts for 0.2 to 2% of paediatric hospital admissions (1-2.5 in 1960s, 1.1% in mid 1990s).

Improvement in nutritional status, living conditions and better weaning practices could explain the reducing rates over the years. It has been primarily reported from other developing countries in Asia and Africa that various nutrient deficiencies (e.g., vitamin B12, magnesium, zinc, vitamin C, etc.) have been found to be associated with Infantile tremor syndrome

CASE HISTORY

A 8 months old male child born to third degree consanguineous marriage, brought from Madanapalli with chief complaints of developmental delay and coarse tremors more during activity, decreased by sleep. On examination child had pallor, greying of hair and hyperpigmentation of knuckles, palms, tongue.

INVESTIGATIONS:

Peripheral smear shows macrocytic anaemia (MCV - 110) and vitamin B12 (<50pg/ml).

MRI of brain shows atrophy of frontal and parietal lobes and prominent subareolar space

TREATMENT

Child was treated with injection vitamin B12, syrup zinc, Mgso4, Iron. Vitamin B12 is given on alternate day for 2 weeks followed by weekly twice for 6 months, then monthly once. Child is on regular follow up

DISCUSSION

A classical picture of Infantile tremor syndrome is child had developmental delay, tremors, anaemia, hyperpigmentation of hands, nail folds, feet, knee, ankle, buttock and axilla, sometimes regression of milestones. The condition is usually seen in nutritional deficient conditions like vitamin B12, zinc, magnesium, vitamin C. Low level of vitamin B12 and its transport protein transcobalamin II in CSF may be responsible for neurological features of syndrome, usually seen in exclusively breast feed for prolonged periods by vegetarian mother.

CONCLUSION

In any case with developmental delay, malnutrition tremors, hyperpigmentation Consider Infantile tremor syndrome in age group of 16-18 months

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