

A rare case of congenital fibre type disproportion causing delayed motor milestones

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Introduction

Congenital myopathies are a clinically, genetically and pathologically heterogeneous group of muscle disorders. Congenital fiber type disproportion (CFTD) is a rare type of congenital myopathy which presents with hypotonia, delayed motor milestones and dysmorphic facies [1, 2].

Case report

A two year and four month old boy who was the second child of a non-consanguineous marriage was investigated for delayed motor milestones and dysarthria. The patient had an uneventful antenatal history. He started walking at the age of two years. There was no progressive proximal muscle weakness. Examination showed long facies and a squint. Muscle tone in both upper and lower limbs was mildly reduced. Creatine phosphokinase levels were normal, 65U/L (24-195U/L). The nerve conduction study excluded spinal muscular atrophy.

A muscle biopsy of vastus lateralis was done.

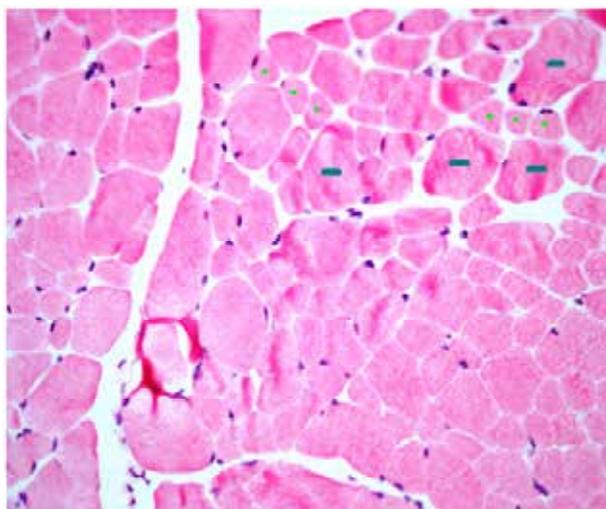


Figure 1. H & E stain to visualise small fibers with  and normal fibers with  (x400)

Enzyme histochemistry for succinic dehydrogenase showed a contrasting size difference in type 1 and 2 fibres. The mean fibre diameter of type 1 and 2 fibres was 6 μ and 10 μ respectively. The age and sex matched norm of mean fibre diameter is 10-18 μ for both type 1 and 2 fibres. The type 1 fibres occupied 64% of fibre population and type 2 fibres 36% approximately (Figures 1 and 2). No fibre necrosis, interstitial fibrosis or any other histological abnormalities were detected. Therefore a diagnosis of CFTD was made.

Discussion

The pathological criterion for determining CFTD is the predominance of type 1 fibres that are at least 12% smaller in diameter than type 2 fibres in the absence of any other pathological features [1]. In this case, the difference of mean fibre diameter of type 1 and type 2 fibres was 40%. The ratio of type 1 and 2 fibres was 2:1 (normal ratio is 1:2) with a predominance of type 1 fibres. The degree of weakness varies and some show involvement of respiratory muscles. The disease can become static or improvement can occur [1].

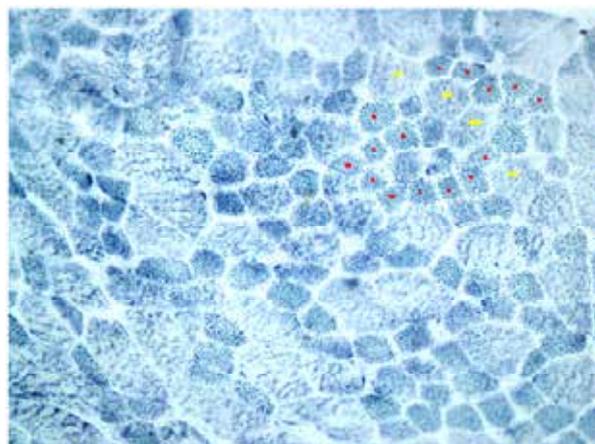


Figure 2. Succinic dehydrogenase enzyme stain to visualise darkly stained small type 1 fibres with  and lightly stained type 2 fibres with  (x400)

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Declaration of Interest

There are no conflicts of interest.

References

1. Victor Dubowitz, Caroline A Sewry, Anders Oldfors. Muscle biopsy: A practical approach, 3rd ed. Saunders 2013; 439-40
2. Mariëlle GT Bartholomeusa, Fons JM Gabreëlsa, Henk J. ter Laakb, Baziël GM van Engelenb. Congenital fibre type disproportion a time-locked diagnosis: A clinical and morphological follow-up study. *Clin Neurol Neurosurg* 2000; **102**: 97-101.