

# Diagnostic de SAF

- Pas de test biologique
- Confirmer exposition prénatale : outils pédagogiques, interrogatoire, équipes pluridisciplinaires (« addictologie »)
- Diagnostic clinique : RCIU, microcéphalie, agénésie du corps calleux et dysmorphie (écho 3D et surtout examen néonatal)

# Diagnostic possible en écho 3D



# Le visage est particulier



## Les signes caractéristiques

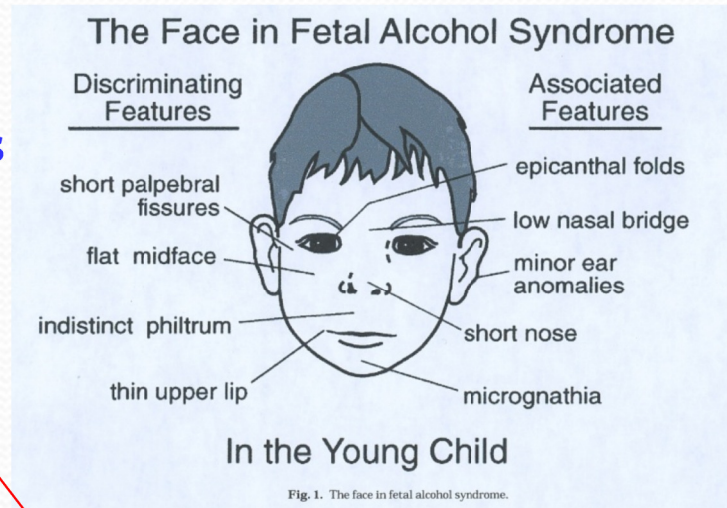


Lip-Philtrum Guide

Le raccourcissement des fentes palpebrales

L'aplatissement ou lissage du sillon naso-labial

L'amincissement du vermillon de la lèvre supérieure



*Recognition of facial features of fetal alcohol syndrome in the newborn*  
 J M STOLER, LB HOLMES  
 American Journal of Medical Genetics Part C 2004  
 127C:21-27



# Measuring Individual Features

## Racial Contrasts



Lip-Philtrum Guide



African American Examples

Upper lip thickness varies naturally across races. An often asked question is "Should the diagnostic interpretation of upper lip thinness be adjusted for race?" In other words, if a Likert rank # 5 lip is considered thin for Caucasians, should a Likert rank # 3 or # 4 lip be considered thin for an African American? The answer to this question lies in the mechanism by which in utero alcohol exposure causes the upper lip to be thin. This mechanism, to date, is unknown.

The Washington State FAS DPN measures upper lip thinness without adjustment for race because:

1. Diagnostic guidelines have always described the upper lip as thin on an absolute, not a relative scale.
2. The underlying teratogenic mechanism is currently unknown.
3. Relaxing the criteria for races with thick upper lips could result in substantial over diagnosis of FAS.
4. As demonstrated in the adjacent photos, African Americans with FAS do present with upper lips as thin as those seen in Caucasians with FAS (# 5 photos).

Pictorial Scale

Direct Measurements

Photo Measurements

Circularity Scale

Facial Expression

Rotation

**Racial Contrasts**

Main Menu









# SAF : description

- Dysmorphie : retard raccourcissement des fentes palpébrales, aplatissement ou lissage du sillon naso labial, amincissement du vermillon de la lèvre supérieure
- Malformations: cardiaques (CIV, CIA), rénales, oculaires, auditives, squelettiques, angiomes
- Anomalies neuro comportementales précoces (succion...)