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A Brief Note on Behavioral Markers of Social Phobia in Cornelia de Lange Symptom

Nissi Senna*

Department of Medical, University of Paris-Saclay, Gif-sur-Yvette, France

DESCRIPTION

Cornelia de Lange Syndrome (CDLS) is a hereditary condition. This syndrome causes a variety of physical, cognitive, and medical issues ranging from mild to severe. The syndrome has a wide range of phenotypes, which means that people with the syndrome have a wide range of characteristics and challenges. CDLS is distinguished by thick or long brows, a small nose, short stature, developmental delay, a long or smooth philtrum, a thin upper lip, and a downturned mouth. Cornelia catharina de Lange, a Dutch paediatrician, described the syndrome in 1933. It is also known as Amsterdam dwarfism, Brachmann de Lange syndrome, or Bushy syndrome. The exact incidence is unknown, but it is estimated to be one in 10,000 to 30,000 people. CDLS phenotype is highly variable and described as a spectrum, ranging from classic CDLS (with a greater number of key features) to mild variations with only a few features. Some people have a small number of features but no CDLS. Eyebrows that are long and/or thick, short snout, nasal ridge concave and/or nasal tip upturned, philtrum that is long and/or smooth, vermilion upper lip and/or downturned corners of mouth, fingers or toes lacking, diaphragmatic hernia congenitaln. The term "responsibility" refers to the act of determining whether or not a person is responsible for his or her own actions. Some people will have a small number of features but don't have CDLS. Key features include: Long and/or thick brows, a short nose, a concave nasal ridge and/or an upturned nasal tip, a long and/or smooth philtrum, and a long and/or smooth philtrum. Vermilion upper lip thinning and/or downturned corners of mouth fingers or toes missing, diaphragmatic hernia congenital other suggestive characteristics include developmental delay and/or intellectual disability. Small prenatal and birth weight, petite stature microcephaly (both prenatal and postnatal), Hands and/or feet are small. Fifth finger is too short. Hirsutism, long eyelashes, bushy brows, and synophrys are common in children with this syndrome (joined eyebrows). Body hair can be excessive, and those affected are frequently shorter than their immediate family members. They have a distinct facial phenotype. Children with CDLS frequently experience gastrointestinal issues, particularly gastroesophageal reflux. Vomiting, intermittent poor appetite, constipation, diarrhoea or gaseous distention is known to be regularity in cases where the GI tract problems are acute. The severity of the symptoms can range from mild to severe. People with CDLS may exhibit "autistic-like" behaviours such as self-stimulation, aggression, self-injury, or a strong preference for a structured routine. Behaviour issues in CDLS are not unavoidable. Many behaviour issues associated with CDLS are reactive (*i.e.,* something happens within the person's body or environment to bring on the behaviour) and cyclical (comes and goes). Often, an underlying medical issue, pain, social anxiety, environmental or career stress can be associated with change behaviour. If you are in pain or have a medical problem, There is evidence for some features of premature ageing, such as the early development of Barrett's oesophagus, osteoporosis in the adolescent years, premature greying of hair, and changes to the skin of the face that cause a more aged appearance when compared to chronological age.

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Corresponding author: Nissi Senna, Department of Medical, University of Paris-Saclay, Gif-sur-Yvette, France; E-mail: senans@hotmail.com

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