HEMIHYPERTROPHY

TO THE FDITOR:

I wish to comment on Case 1 in the Photo Diagnosis that appeared in the May issue of *The Canadian Journal of Diagnosis*.

The other differential diagnoses that should have been considered are left hemiatrophy and Romberg's syndrome.

Left hemiatrophy should have been considered because the case noted the condition had been present since infancy and also because, in the photos featured, one can see a slight excess of pronation in the left upper limb. It's clear the woman does not harbour either Wilms' tumour or hepatoblastoma.

In Romberg's syndrome, there is lipodystrophy of one side of the body. The face, hand, and foot of one side are usually affected. There is usually no disparity in the length of the limb of one side of the body compared to the other.

Abayomi Ogunyemi, MD, FRCPC

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THE AUTHORS REPLY:

Hemihypertrophy can usually be distinguished from hemiatrophy without problem. The latter may be secondary to neurologic insults, cerebral palsy, poliomyelitis, spinal dysraphism, hypoplastic bones, epiphyseal trauma, and multiple enchondromas or osteochondromas.

Patients with hemiatrophy have a higher incidence of mental retardation, muscle weakness, neurologic deficit, and scoliosis.

Our patient had a normal neurologic exam and the muscle bulk on the left side of the body was normal. She did not have an internal malignancy.

Although patients with hemihypertrophy are at increased risk of internal malignancy—notably Wilms' tumour, followed by adrenal carcinoma and hepatoblastoma—the majority of these patients do not have an internal malignancy.

Our patient did not have any of the signs of Romberg's syndrome. In particular, there was no evidence of lipodystrophy. Dr. Ogunyemi is correct in pointing out that there is usually no disparity in the lengths of the extremities in patients with Romberg's syndrome. However, in our photo, such a disparity does exists. **D**_k

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