UTILIZATION OF THE DERMAL CONFIGURATIONS IN THE CLINICAL DIAGNOSIS OF SEQUELARY INFANTILE ENCEPHALOPATHIES (IEP)

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The author develops – from a pathological perspective – an ample dermatoglyphic study on a number of 200 children and teenagers with various infantile encephalopathy (IEP) sequelae (such as hemiplegia, paraplegia, tetraplegia, etc.), with ages ranging between 2 and 17 years, from whom a total number of 400 finger and palmary prints were taken over between 1995–2003. Among the complex clinical symptoms evidenced by several of the affected people, mention should be made of the presence of epilepsy, autism and ocular affections, which were further utilized, along with the reference sample from Moldavia, wherefrom all the affected persons actually came, in the comparative analysis of the results obtained.

One of the first observations to be made is that the dermatoglyphic picture of the patients with sequelary IEPs shows multiple anomalies or distortions with deep clinical significance, the frequency of which at the level of the batch exceeds by far that of the reference sample, being instead much closer to, or even exceeding, the value recorded by us in the three above-mentioned congenital maladies. Present in both boys and girls, and on the both hands of the affected ones, such "malformative sketches" support the assumption that, from an etiological viewpoint, among the factors responsible for causing the disease, one should not leave aside the genetic or teratogenic ones, which intervened in the first 3–5 months of intrauterine life (during the final establishment of the papillary ridges), the lesions of the central nervous system (CNS) produced in the last 3 months of pregnancy and the first two years of postnatal life being possibly considered only as releasing factors of the symptoms and of their amplification as well.

However, if having in mind that the present study is the first of this type initiated at a national level, although developed on a statistically well represented number of subjects, it is the author's belief that the investigations of this type should be necessarily continued and extended, to support and corroborate the present investigations.

INTRODUCTION

Defined as early as 1976 by Hagberg (cited by Arseni) as **"syndroms with motive handicap, characterized by deficit of mobility and disorders of posture, as caused by the immature brain's lesion"**, the sequelary IEPs or cerebral paralyses [1, 5,