

FEATURES COMMON WITHIN NOONAN SYNDROME WHICH MAY BE MISCONSTRUED AS MALTREATMENT OR POOR PARENTING

- * Many babies with Noonan Syndrome (50%+) suffer from immature sucking and swallowing reflexes which result in slow, poor feeding and poor sucking, causing a failure to thrive. This is often seen alongside violent projectile vomiting and to combat these feeding problems naso-gastric feeding is common up to the age of one year old and occasionally even past this age. The weaning process is also commonly affected with refusal of lumpy food and chewing and swallowing techniques still being difficult to master, usually this problem has resolved itself by age 4+ but feeding can remain quite a problem with many children eating only a few different foods.
- * Many children with Noonan Syndrome appear heavily bruised. This is due to abnormal bleeding caused by a blood coagulation factor deficit which is present in (50%) of the cases - a simple blood test can detect this problem. The bruising is often abnormally severe and can last for several weeks and occurs usually without the child's knowledge - this is obviously an important area to explore in the light of any possible surgery or dental work.
- * Low immunity - these children are known to suffer from frequent colds, coughs and chest infections, requiring frequent medication and often hospitalisation, naturally attendance at school can suffer.
- * Dental decay - the Society is becoming increasingly aware of special problems affecting the decay of teeth in very young children with Noonan Syndrome, some as young as two year old have had teeth removed. The exact reason for this problem and also the instances of delayed teething and other anomalies are not known presently but may be due to a variety of influences, poor feeding as an infant (see previous paragraph - failure to thrive), frequent infections requiring the use of antibiotics, medication prescribed to treat heart defects, enamel deficiency.
- * Short stature is common due to a growth hormone deficiency and many children are assessed to receive growth hormone treatment.
- * Sleep patterns are very poor in a large number of cases with many children being very wakeful during the night.
- * Delayed development is common in many areas, such as walking, speech, simple co-ordination, potty training, etc.
- * There may be localised swelling due to lymphedema and excessive sweating is also reported.
- * The children will often appear to be frail and undernourished, this is often compounded by an abnormally distended appearance to the abdomen. More than 200 different features of the syndrome have been documented, each child being affected in a different way and to a differing degree of severity.