WOLF'S SYNDROME IN TWINS. BALANCED TRANSLOCATION IN THE MOTHER

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A description of monozygotic twins born from a translocated mother of subnormal look but low intellectual level. The children born with a weight and size much below the average possess a very special morphotype that catches the eye immediately: a hook-nose, an abnormal conformation of the back edge of the nostrils (a protrusion in the shape of a horn overhanging the filtrum), hypertelorism, microcephaly. There exists great asynchronism of maturation of the bones and a somatoschisis of the body of the cervical vertebrae. Deletion of the short arm of chromosome 4 is juxtacentromeric. The study of blood and tissue groups corroborates monozygosity. Dermatoglyphs are little abnormal and identical in the two children. The mother's family is phenotypically normal.

The children are now eighteen months old: their development is still retarded; psychomotor progress is extremely weak and convulsions are frequent.

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A CASE OF MONGOLISM (DOWN'S SYNDROME) IN BOTH MEMBERS OF A PAIR OF DZ FEMALE TWINS WHO WERE STUDIED AT TEN AND AT FORTY-THREE YEARS OF AGE

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A pair of female mongoloid twins were studied when they were ten years old and, again, some thirty years later. A careful comparison was made of the similarities and differences between them in features or traits which have proved to be useful in determining the zygosity of normal like-sexed twins.

Though some of those characters can be, and frequently are, considerably modified in the presence of mongolism and so lose part of their value as indicators of zygosity, the differences noted in these twins, both as children and as middle-aged adults, are thought to outweigh their similarities and so warrant the conclusion that they are, indeed, dizygotic. This diagnosis was supported, also, by the differences found in the patterns of their palmar dermatoglyphics and, especially, in their MNS and P_1 blood antigens.

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DOWN'S SYNDROME IN TWINS

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Studies of twins with Down's syndrome might be expected to give useful evidence for etiology determination. Some 500 pairs of twins have been known so far in the literature where one or both of the twins were afflicted with the syndrome.

In the past five years we examined 454 newborns with Down's syndrome in our genetic unit in Hungary. Of these, 13 regular trisomy 21 originated from twin pregnancies. In only one case was concordance experienced, while 11 diseased children's cotwins were healthy. Of the 12 twin pairs, 7 were in all probability MZ (including the concordant pair).

Our results show, in agreement with the literature, that MZ twins show concordance for trisomy 21 to a lesser extent than expected.

No deviation was found in the distribution of maternal age of newborns with Down's syndrome originating from twin pregnancy when comparing them with cases of single births. Their birth-weight percentile values were lower than 25.

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