

AFEBRILE SEIZURE IN A TODDLER GIRL WITH ALOPECIA: A CASE REPORT





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INTRODUCTION

- Calcium homeostasis is primarily regulated by vitamin D. In the absence of the active hormone or a functional receptor, bones are inadequately mineralized, leading to the development of rickets.
- Vitamin D dependent rickets type 2 (VDDR2) is a rare autosomal recessive disorder caused by mutations in vitamin D receptor (VDR) gene.

CASE REPORT

- 12 month-old girl
- Three-minute 1st episode of seizures: unconsciousness, hypotonia, ocular reversion, cyanosis, and sialorrhoea.
- **Ø** fever
- **Ø** trauma
- accidental drug ingestion
- Pregnancy and delivery were unremarkable.
- Parents were nonconsanguineous.
- She had alopecia since birth and yet she was not able to walk, even with support.

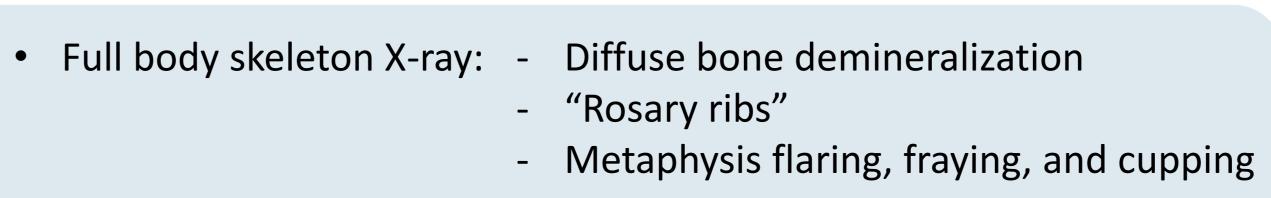
Examination showed: total alopecia, closed anterior fontanelle, dentition according to her age, enlarged wrists and bowed legs.



Photos were taken after parental consent

Capillary blood gas showed severe hypocalcaemia (ionized calcium 0,76 mmol/L)

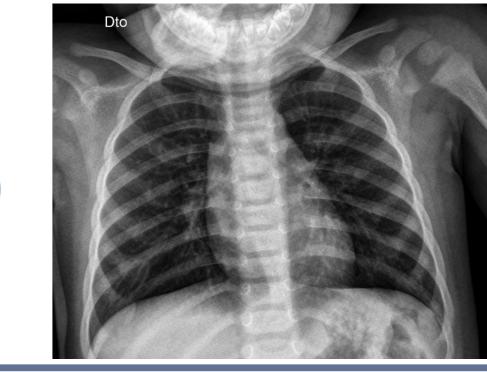
Calcium (mg/dL)	7,7 ↓	Parathyroid hormone (PTH) (pg/mL)	375 个
Phosphorus (mg/mL)	3,5 ↓	25(OH)D (ng/mL)	13,9
Alkaline phosphatase (ALP) (U/L)	860 个	1,25(OH) ₂ D (pg/mL)	> 189,0 ↑



Renal ultrasound was normal.









D15

Intravenous calcium gluconate was titrated up to a maximum of 1,15 mmol/kg/day.

Oral calcium carbonate was started (1 g/day)

Oral calcitriol was started (0,25 µg/day)

Maximum doses of oral calcium (6 g/day) and calcitriol (21 μg/day)

Discharge with:

- oral calcium 6 g/day - calcitriol (21 μg/day)

Plasma calcium stabilization (8,7-9 mg/dL)Reduction of iv calcium gluconate and parallel increase of oral calcium

Intravenous calcium was withdrawn

Vitamin D

dependent

rickets type 2?

409,5 165,7 **PTH** (pg/mL) 375 801,5 172,2 441,5 **ALP** (U/L) 860



Genetic analysis found a homozygous mutation c.133A>G p.(Lys45Glu) in VDR gene, confirming **VDDR2**.



One year after discharge, only with oral therapy (calcium carbonate 6 g/day and calcitriol 21 µg/day), plasma calcium levels are stable. PTH and ALP normalized, and she has an adequate neurodevelopment, a normal height and growth velocity, without skeletal deformities. Alopecia is persistent.



CONCLUSIONS

- Genetic mutations are the cause about 13% of rickets.
- VDDR2 secondary to Lys45Glu mutation prevents VDR from activating gene transcription.
- High levels of 1,25(OH),D and alopecia are the distinct points of this disease, and alopecia is thought to be a sign of disease severity.
- Control of secondary hyperparathyroidism is the therapeutic goal, decreasing bone demineralization.
- Intravenous calcium treatment for several months, followed by high doses of oral calcium and calcitriol, seems to be an effective approach.
- Unfortunately, alopecia is persistent and a heavy feminine psychosocial burden.

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