International Journal of General Medicine and Pharmacy (IJGMP) ISSN(P): 2319-3999; ISSN(E): 2319-4006 Vol. 3, Issue 5, Sep 2014, 25-28 © IASET



"A CASE REPORT OF POTTER SYNDROME"

SUNANDA BAI G & DEEPASHREE G

Department of Obstetrics and Gynecology, Bengaluru Medical College & Research Institute, Bangalore, Karnataka, India

ABSTRACT

The Potter syndrome has been estimated that 1 in 40 or 2.5 percent of new borns have recognizable malformation (fifty percent single malformation & other fifty percent multiple malformations). In 2001, birth defects accounted for 1 in 5 infant deaths in United States, which is higher than other causes such as Preterm labour/ low birth weight/sudden infant death syndrome/maternal complication of pregnancy and respriratory distress syndrome ⁽⁸⁾. The birth malformations may be the following reasons-Malformation syndrome due to recognizable genetic causes i.e.trisomy, Teratogenes, dysplasia sequence. i.e., Neurocutenous melonosis, Dysruption sequence i.e., Amniotic membrane rupture, Deforamtion sequence i.e., Uterine forces combined with oligohydromnios causing deformation of limbs, face, chest, etc. and malformation sequence i.e., DiGeorge sequence. Human Malformation and dysplasias are caused by the combination effects of genes and environmental factors. About 33% malformations are genetic and about 6 – 7% of malformations are due to known environmental factors such as maternal diseases, infections and teratogenic genes. About 60-70% of malformations are of unknown etiology ⁽⁸⁾. A comprehensive and rational diagnostic approach can be derived from etiological principles. Hence a rare case of "POTTER SYNDROME" is discussed here.

KEYWORDS: Pregnancy, Potter Syndrome, Genetics, Oligohydromios