DEXTROCARDIA IN TWO BROTHERS.

Dr. Hemang Dixit & Dr. Bina Gyawali

Dinesh, now 14 years, was first seen in the out-patient's department of Bir Hospital, Kathmandu, for a chest infection about 3 years back. He was then found to have dextrocardia with situs inversus. He continued to come from time to time to the out-patient's department for repeated chest infection. About a year back his brother Raju, now 5 years old, was admitted into Bir Hospital suffering from bronchopneumonia. He was found to be also a case of dextrocardia with situs inversus. A sister of seven years was found to be normal as was the mother. The father being posted out of town and coming only occasionally to Kathmandu, has not been examined as he has failed to present himself inspite of repeated requests made through his wife or eldest son. Consanguinity does not occur in this case, nor does the possibility of first cousin or near relative marriage.

Both the X-rays show the heart to be on the right with the transposition of the abdominal viscera.

Campbell has mentioned that Cockayne in 1938 had shown that situs inversus resulted in cases of marriages between first cousins probably because of it being due to a recessive gene. He goes on to mention that in 379 families with situs inversus the parents were first cousins in 20 or 5.3% (Campbell, 1963). He suggests that a recessive autosomal gene must play an important part in the etiology of situs inversus.

In cases of recessive inheritance one would expect a ratio of 1 to 3 in children affected and those who are normal. As two brothers out of a total of three children are affected the possibility of sex-linkage cannot be ignored. Both these children have shown repeated chest infection but they cannot at this stage be classed as Kartegener's Syndrome.

Reference

Man is Looking to the Stars

The World is becoming smaller day by day.
Mutual contact and exchange of ideas absolutely necessary.
What better way of achieving this is there than by exchanging Journals.

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