Del(18p) syndrome with a single central maxillary incisor

In 1991 Aughton et al. reported a case of del(18p) syndrome and a single central maxillary incisor (SCMI), stating that it was only the second report of a patient with this association. They considered that the only former report was that of Dolan et al.; however, Boudaillell et al. had already described a similar case in 1983, which deserves attention.

Prevention of Mediterranean anaemia in Latium, Italy, today

In four previous papers published in this Journal we described the continuing programme for the prevention of Mediterranean anaemia (thalassaemia major) in Latium, a region of central Italy. This work, supported by the Regional Health Authorities of Latium, has been carried out by the University of Rome and the National Institute of Immunohematology since October 1975. It consists of the following.

(1) An educational programme among school children in Latium that consists of two steps. The first is detailed information provided class by class with brief lectures and printed and audiovisual material. The second is screening of informed students who have obtained consent to be examined from their parents.

(2) Examination of thalassaemic students' families and identification of carriers of the thalassaemia trait.

(3) The provision of information and screening campaigns to young adult school leavers. In this phase, the information is imparted at meetings at the Family Health Services, in explanatory pamphlets at the marital Registry Offices in the towns and villages of the region, by information officers of the Public Health Offices and family doctors or gynaecologists, and recurrent use of the media.

Screening of school leavers evolved in 1978 through the effect of the school screening and has progressively increased. It is carried out in the outpatient department of the Institute and in the Family Health Services of the region.

The results of this continuing work are shown in the table. Young carriers of non-x thalassaemia comprise about 8% of all carriers in Latium (44,000 in a region with 2,000,000 inhabitants of childbearing age and an incidence of non-x thalassaemia of 0.02%).

The couples of childbearing age at risk identified (369) comprise 74% of the total (about 500) in Latium. All these couples are kept under surveillance by our genetic counselling service. In the last 11 years 69 homozygous fetuses have been aborted after prenatal diagnosis. The incidence of newborns affected by Mediterranean anaemia has decreased from 16.04 out of 100,000 live births in 1975-76 to 1.97 in 1989-90. In 1991 and 1992 no affected children have been born in Latium.

This programme offers young thalassaemic couples the advantage of choosing either postconceptual or preconceptional means of prevention.

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I BIANCO G BRAZIANI M D'ARCA P BORZÀ D PONZINI M C ALIQUO A AMATO E FOGLIETTA M P CAPPABIANCA E GRECO P DI BAGIO N D'ARCANGIELI S RINALDI

Associazione Nazionale per la lotta contro la Microcitassa in Italia, Centro di Studio della Microcitassa di Roma, Via Gaia Placentia 20,30, 00159 Rome, Italy.
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I Bianco, B Graziani, M Lerone, D Ponzini, M C Aliquò, A Amato, E Foglietta, M P Cappabianca, E Greco and P D Di Biagio

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