case of partial trisomy 14q an adolescent girl had precocious puberty. In our case normal puberty occurred in a severely mentally and physically retarded male, approximately 10 years later than normal. He would appear to be the oldest case reported.

The main medical problem is the establishment of an adequate anticonvulsant medication regimen without causing undue sedation.

Arabella Smith*, L S Ong†, and Roy G Beran‡
*Cytogenetics Unit, Oliver Latham Laboratory, Department of Health, NSW; †Macquarie Developmental Disability Service; and ‡Macquarie Hospital, Sydney, Australia.

References

Correspondence and requests for reprints to Dr A Smith, Cytogenetics Unit, Oliver Latham Laboratory, Macquarie Hospital, PO Box 169, North Ryde, NSW 2113, Australia.

Familial transmission of autosomal whole arm translocation

Centric fission followed by centromeric fusion of either heterologous or homologous non-acrocentric chromosomes is a very rare chromosome rearrangement leading to whole arm translocations in man.1 Familial transmission has been reported by Breg et al2 and Schober and Fonatsch.3 Breg et al2 reported an apparently balanced t(11p17q;11q17p) in a five year old girl with 18q deletion and her phenotypically normal mother. Schober and Fonatsch3 described seven balanced carriers of a t(1p19q;1q19p) in a large family without any evidence of reproductive failure or chromosomal imbalance.

We recently studied another type of heterologous whole arm translocation, t(6p19q;6q10p) (fig 1), in a 24 year old normal female (II.1, fig 1) who had three first trimester spontaneous abortions after the birth of a normal daughter. Chromosomal analysis was normal in her two sisters, but the same type of translocation was found in a maternal cousin (II.4) whose second and third pregnancies ended in spontaneous abortion. Prenatal diagnosis was performed in the fourth pregnancy and showed a male fetus with a normal chromosome complement.

The present family is the first in which a heterologous whole arm translocation was detected by the occurrence of

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recurrent fetal wastage in the translocation carriers. As in
the two other reported families, the balanced transmission
of the heterologous whole arm translocation appeared to
be harmless for the carrier offspring in the present family.

J P Fryns, A Kleczkowska, and H Van Den Berghe
Centre for Human Genetics,
University of Leuven,
Herestraat 49,
B-3000 Leuven, Belgium.

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Correspondence and requests for reprints to Dr J P Fryns, Centre for Human Genetics, University of
Leuven, Herestraat 49, B-3000 Leuven, Belgium.