

TUBEROUS SCLEROSIS COMPLEX (TSC)



A rare autosomal dominant genetic disorder that causes non-cancerous tumors to form in various organs, including the brain, skin, kidneys, and heart. Symptoms can include seizures, developmental delays, and skin abnormalities. Early diagnosis and comprehensive management are essential for improving quality of life.

AD
Autosomal

CLINICAL FEATURES

MAJOR CRITERIA

> 3 Angiofibroma (facial) or adenoma sebaceum > 3 Ash-leaf spots



Tubers (cortical, subcortical)



Mental disability (intellectual disability) Subependymal giant cell astrocytoma (SEGA)

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Hamartomas (CNS, retinal, and skin)

Mitral regurgitation



Rhabdomyoma (cardiac)

aut**O**somal dominant



Angiomyolipoma (kidney) Seizures

Shagreen patches



MINOR CRITERIA

- Confetti skin lesions
- Gingival fibromas
- Periungual fibromas
- Dental enamel hypoplasia
- Hamartomatous rectal polyps
- Cerebral white matter radial migration lines
- Retinal achromatic patches
- Bone cysts

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ASSOCIATED FEATURES

- **Seizures** (80-90%; infantile spasms, GTC)
- Developmental delay (10-15%)
- Autism spectrum disorder
- Cardiac failure (usually present in prenatal period or in infancy)
- Renal failure

DIAGNOSIS

- Clinical Diagnosis: requires 2 major features OR
 1 major and 2 minor features.
- Genetic Testing: autosomal dominant mutations in TSC1 (Chr. 9) or TSC2 (Chr. 16) are associated with tumor suppressor genes.
- Positive genetic testing in 75-80% of patients.

MANAGEMENT

- Seizure management: antiepileptic medications and surgery for refractory cases.
- Behavioral support: early intervention for developmental delays and autism therapies.
- Skin lesions: treatments may include topical therapies and lasers.
- Kidney care: regular imaging for tumors and possible surgery.
- Pulmonary monitoring: screening for lymphangioleiomyomatosis.
- Cardiac: serial echocardiograms with regular cardiology follow up for rhabdomyomas.
- Genetic counseling: for affected individuals and families.



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