

NEUROFIBROMATOSIS TYPE 1 (NF1)





NF1 is caused by a mutation in the NF1 tumor suppressor gene on chromosome 17. It is the most common autosomal dominant condition, affecting 1 in 3,000 people. Half of cases arise from *de novo* mutations, and all individuals with the mutation will show symptoms by age 5 (100% penetrance).

Autosomal dominant

CLINICAL FEATURES



Axillary & inguinal freckling





Positive family history

First-degree relative with a diagnosis of NF1



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Café au lait

≥ 6 macules (> 5 mm in pre-pubertal

pre-pubertal and > 15 mm in post-pubertal children)



Fibromas

≥ 2
neurofibromas
(any type) or
1 plexiform
neurofibroma

Skeletal anomalies

Sphenoid dysplasia
Scoliosis
Bowing
Tibial pseudoarthrosis



Optic

Tumor

Optic glioma



ASSOCIATED FEATURES

- Macrocephaly (50%)
- Learning disabilities (50%)
- Short stature (33%)
- ADHD, ASD
- Headaches/migraines
- Seizures
- Congenital cardiac anomalies, vascular stenosis, aneurisms
- Higher incidence of Moya Moya

DIAGNOSIS

- Clinical diagnosis: a diagnosis of NF1 can be made in a child with 2 or more of the above criteria
- Genetic Testing: mutation in the NF1 tumor suppressor gene on chromosome 17

MANAGEMENT

Developmental assessments:

Monitor for learning delays.

Cancer Surveillance:

- CNS tumors: regular MRI/CT for brain and spinal cord tumors.
- Screen for malignant peripheral nerve sheath tumors, breast cancer, leukemia, colorectal cancer, and soft tissue cancers.

Tumor Management:

- Surgery: for symptomatic tumors (e.g., large neurofibromas, optic gliomas).
- Radiation is avoided due to risk of 2° malignancies.

Complications:

- Eye exams: for optic gliomas and cataracts.
- Orthopedic care: monitor for scoliosis and bone deformities.

Genetic Counseling:

 Important for family planning and inheritance risk.

Supportive Care:

- Psychological support: address emotional and social impacts.
- Educational support: implement IEPs for learning difficulties.



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