

KLINEFELTER SYNDROME



Klinefelter syndrome is a genetic condition in males characterized by an extra X chromosome (47, XXY), resulting from meiotic non-disjunction. It leads to reduced testosterone production and abnormal sexual development. The condition is not inherited and affects ~ 1 in 500 to 1,000 newborn males.



CLINICAL FEATURES

Growth:

- Infants appear normal at birth
- Tall stature
- Long limbs
- Low upper-to-lower segment ratio

Genitourinary:

- Hypogonadism
 - Micro-orchidism
 - Micropenis
 - Hypospadias

MSK:

- 5th finger clinodactyly
- Cubitus valgus

Neurologic:

- IQ below average to average
- Intention tremor





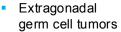
- Difficulties forming peer relationships
- Poor judgement
- Immaturity
- Insecurity
- Shyness



Endocrinology:

- Delayed puberty
- Inadequate testosterone production
- Gynecomastia
- Osteoporosis
- Infertility

Oncological:



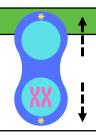
 Increased risk of breast



DIAGNOSIS



- Karyotype: confirms an extra X chromosome (47,XXY).
- Hormonal testing: measures testosterone, LH, and FSH to assess testicular and pituitary function.
- Imaging studies: ultrasound may assess testicular size and structural abnormalities.



MANAGEMENT

- Hormone replacement therapy: can help address low testosterone levels, improving physical development, energy levels, and mood.
- Psychological support: counseling and support groups can help with emotional and psychological challenges.
- Educational support: for learning difficulties.
- Physical therapy: may help with muscle strength and coordination.
- Regular monitoring: routine follow-ups to monitor health issues, including metabolic syndrome and osteoporosis.
- **Fertility treatment**: assisted reproductive technologies, such as intracytoplasmic sperm injection (ICSI), may be considered later in adolescence or early adulthood.



February 2025