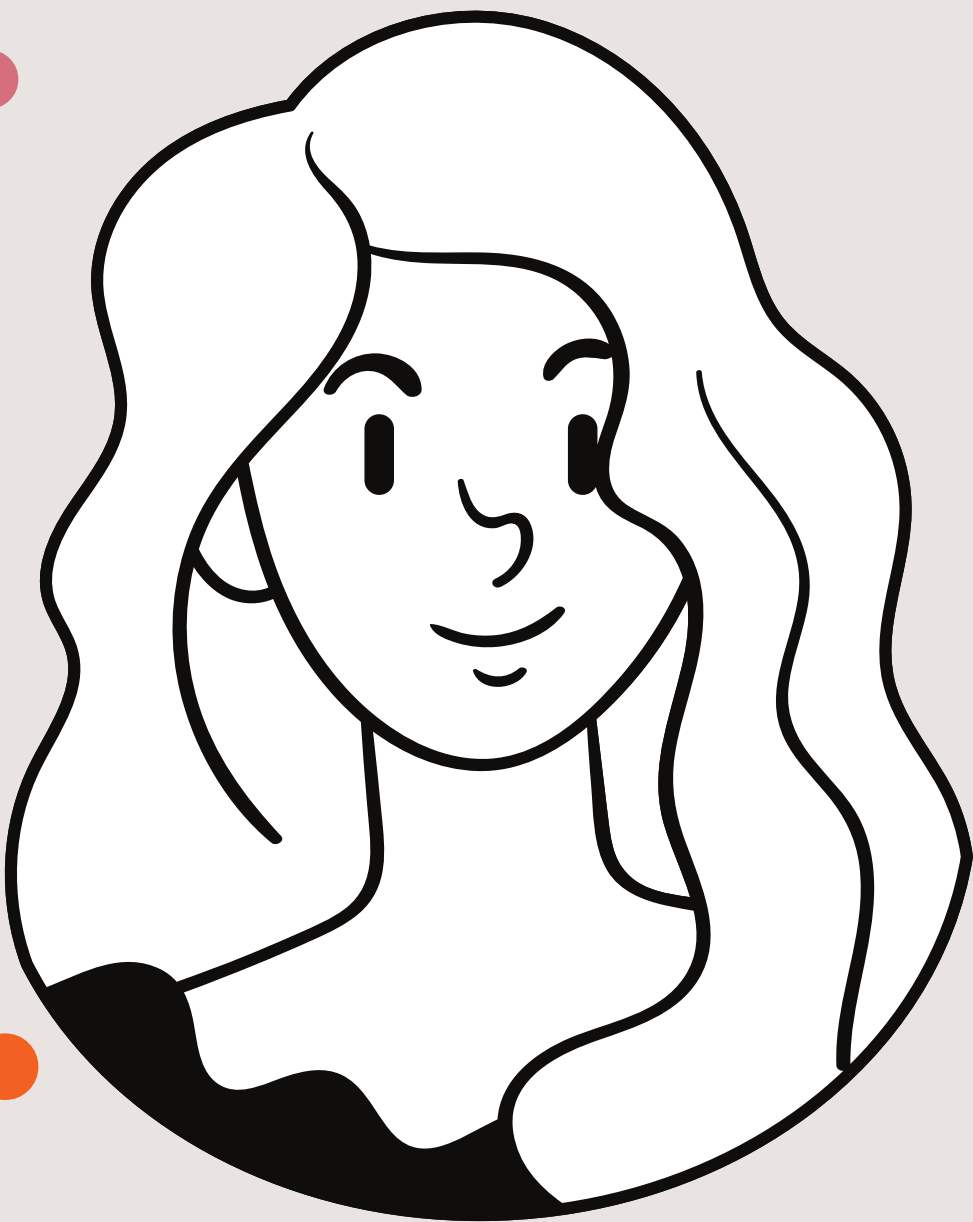


# Raja and Neil's FASD Book Club

## It Isn't All About the Facial Features



Miguel del Campo is a physician and specialist in how the bodies of people with conditions like FASD develop. He is based at the University of California San Diego.



His session focused on how FASD isn't just about the facial features that used to be used to diagnose it.



There are other things that people with FASD often have on other parts of their bodies that can help doctors make a diagnosis.

# How an FASD diagnosis is made

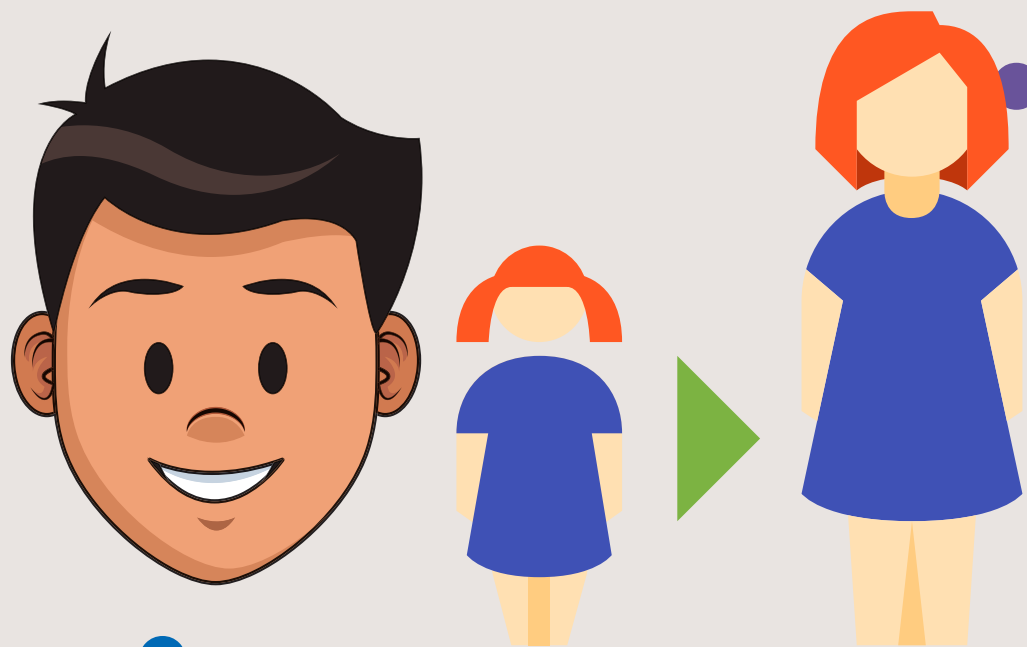


There are lots of different ways that doctors diagnose FASD.

But, most of them look for the same 3 things:



1 - Alcohol exposure in the womb



2 - The way a person looks and how they grow



3 - How their brain works and how they behave

# How faces are used in an FASD diagnosis

Thanks to Miguel del Campo for images recording possible FASD physical features.



It is now widely known that the main thing that shows whether a person has FASD or not is the way that their brain works, and not just the way they look.



The facial features that some people with FASD have are called 'sentinel facial features'.

(DHSC)



These facial features can be used to help a doctor make a diagnosis if they are not sure whether or not a person was exposed to alcohol in the womb.

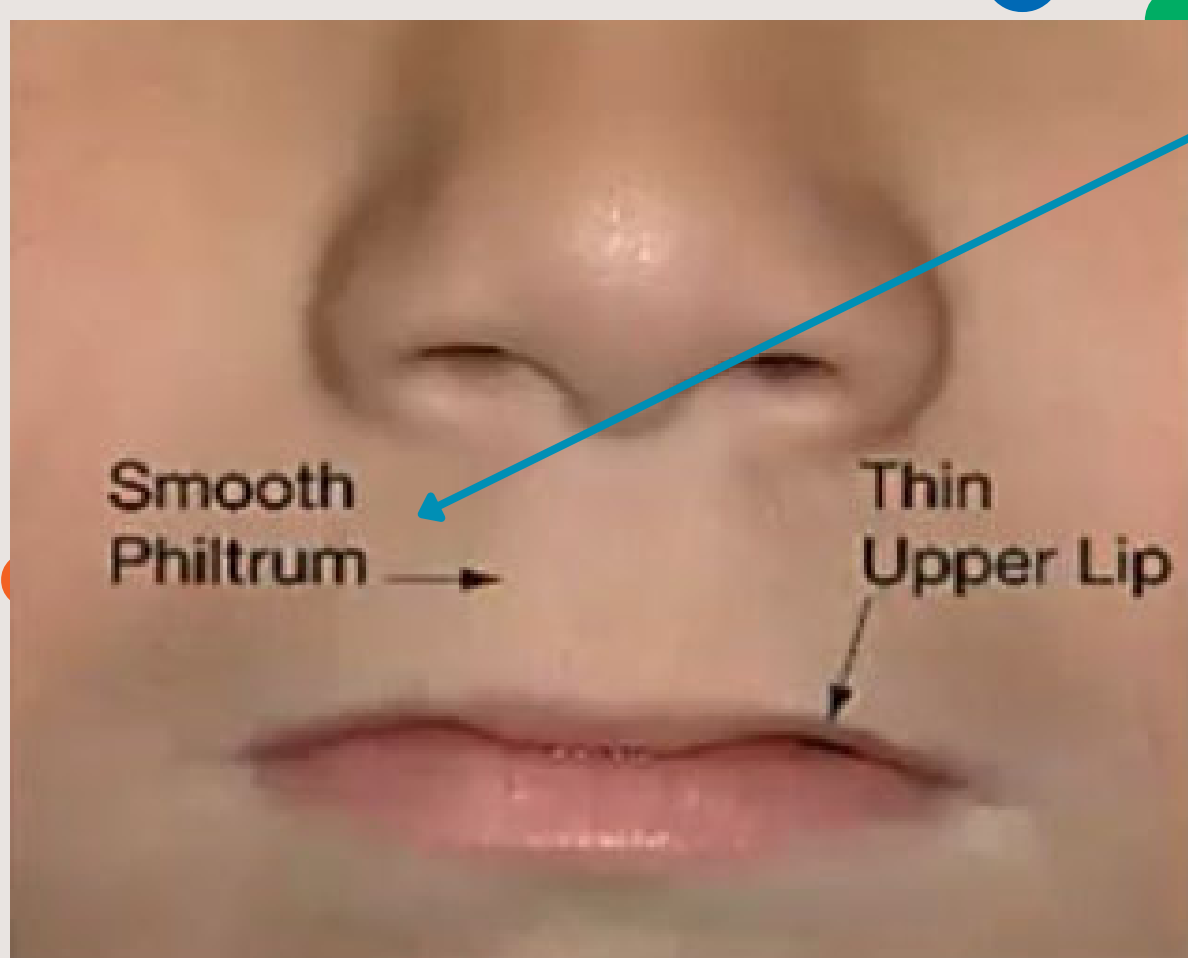
# Sentinel facial features



There are 3 main facial features that doctors will look for when deciding whether or not someone has FASD:



1) Where the person's eyes aren't as wide as expected (Short palpebral fissures)



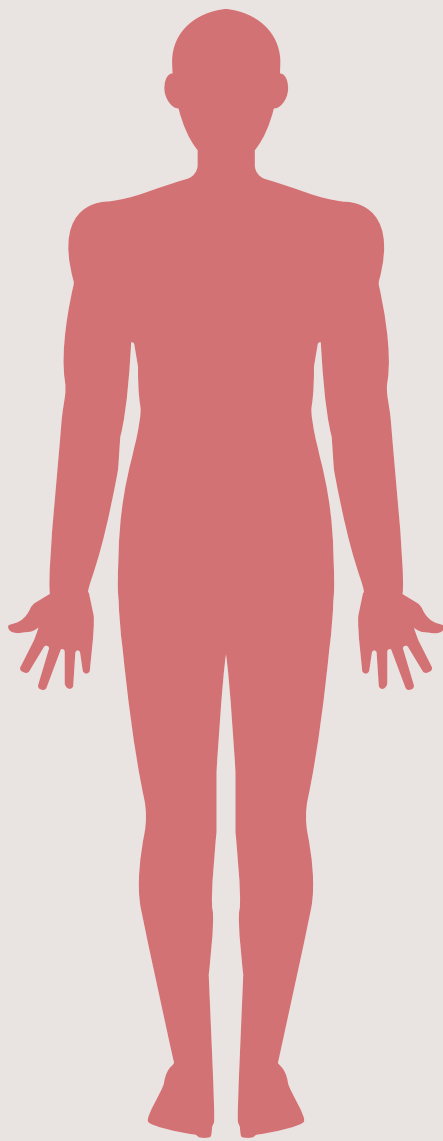
2) Where the area above the person's upper lip is mostly smooth (Smooth philtrum)

3) Where the person has a very thin upper lip (Thin upper lip)

# Other features that can be used in FASD diagnosis



The sentinel facial features are already used quite often by doctors to help them diagnose FASD.



But there are 12 other physical features on other parts of the body that can help doctors make an FASD diagnosis.



Researchers like Miguel are trying to find out how often these features show up on people with FASD, to help make giving an FASD diagnosis easier and more accurate.

# 12 other physical features



1) Where the person has straight lines in the top part of their ears (Railroad track ears).



2) Where the person can't open their eyes fully or they have droopy eyes (Blepharophymosis/ptosis).



3) A small fold of skin over the edge of the person's eye near their nose, which is also common in new-borns and Asian babies (Epicanthal folds).

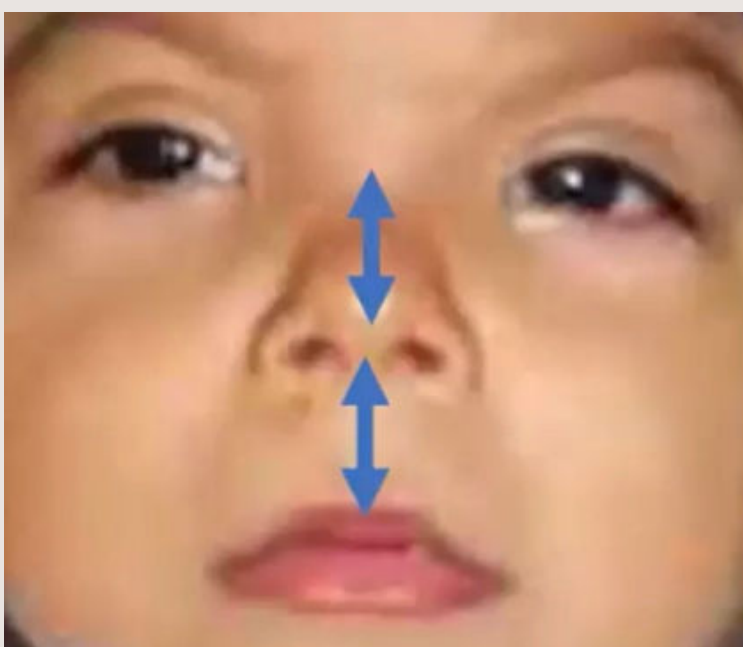


4) Where a person's eyes do not both focus in the same direction. This can be linked to a lot of other conditions though, and doesn't just affect people with FASD (Strabismus/disconjugate gaze).

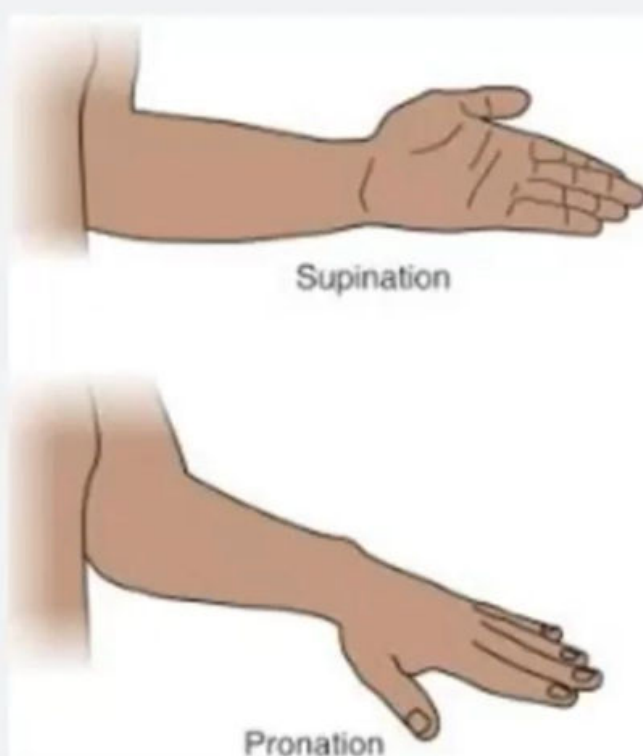
# 12 other physical features



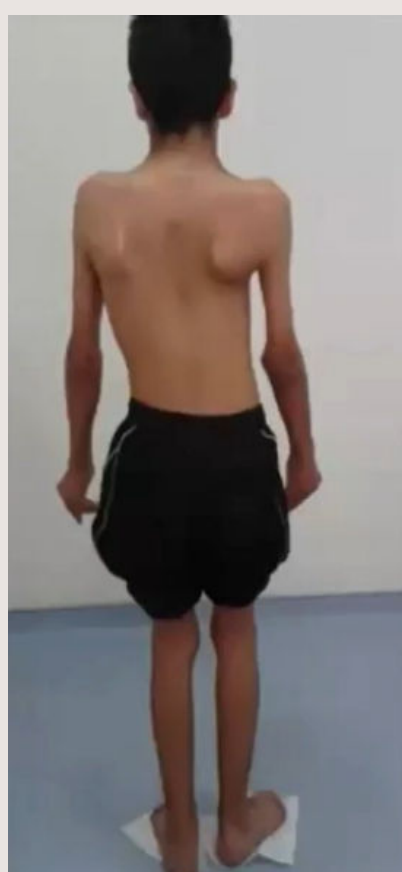
5) Where the middle part of a person's face grows slower than their chin. This can change a lot with age (Midface hypoplasia).



6) Where a person has a nose that is shorter than the gap between the nose and the top lip, and that is turned up at the end (Short nose with anteverting nares, long philtrum).



7) Where the person can't bend their elbow joints fully (Incomplete pronosupination of the elbow).



8) Where a person cannot move their major joints fully (Other major joint contractures, multiple arthrogriposis).

# 12 other physical features



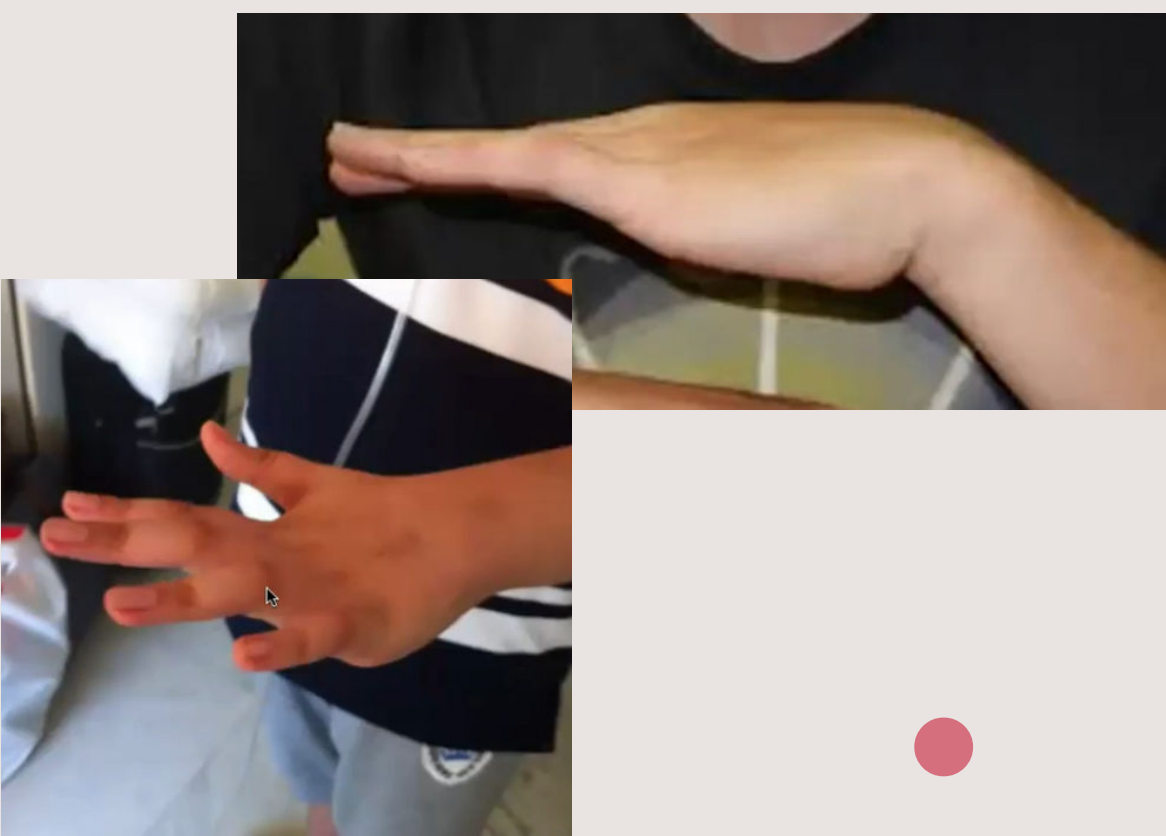
**9)** Where a person has very obvious hockey stick-shaped creases in the palms of their hands (Hockey stick creases in hands).



**10)** Where a person has other very large creases in the palms of their hands, or doesn't have any creases in their palms (Other palmar and digital crease abnormalities).



**11)** Where the ends of a person's little fingers curve inwards a lot (Clinodactyly of the 5th fingers).



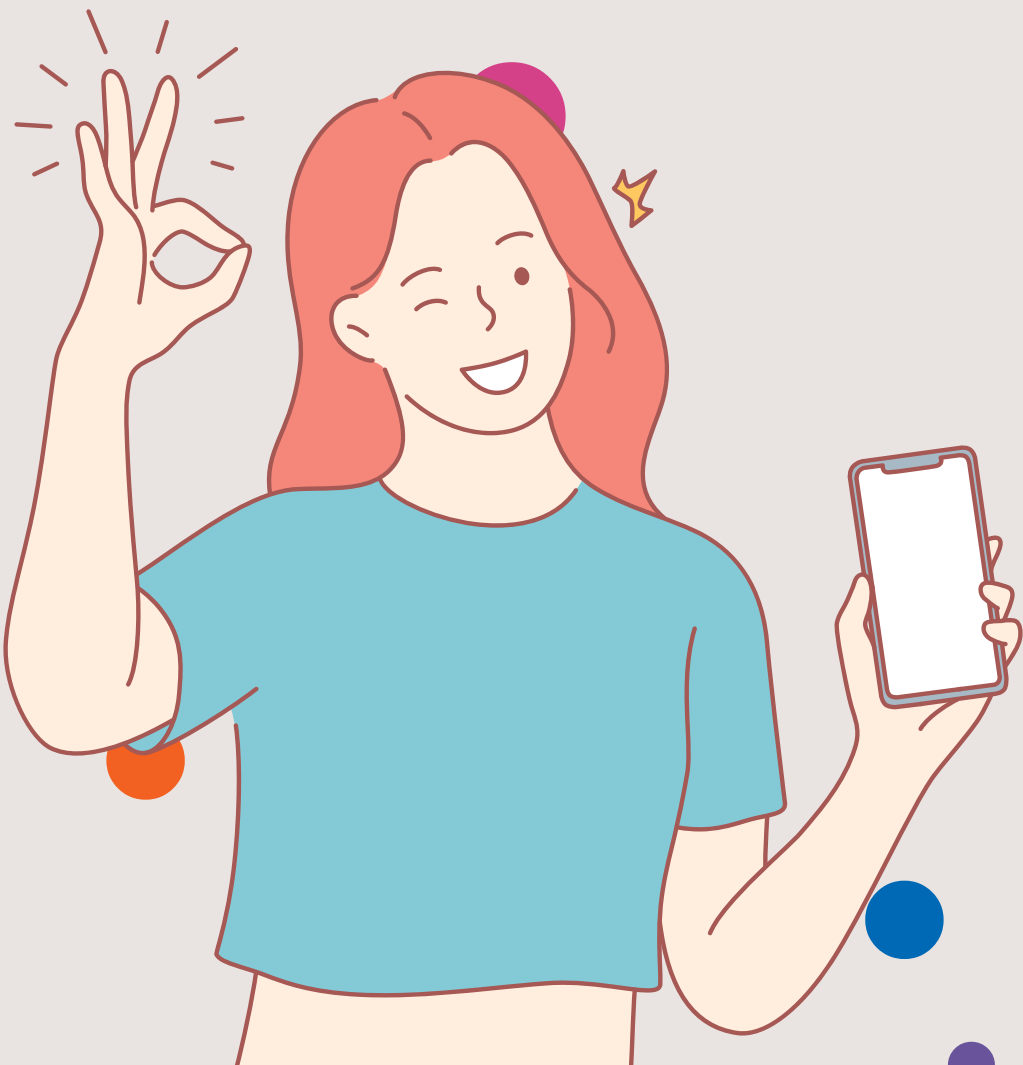
**12)** Limited movement in a person's fingers (Camptodactyly of one or more fingers).



# Making FASD diagnoses using physical features better



Researchers are working on ways to make using physical features to diagnose FASD easier and more accurate.

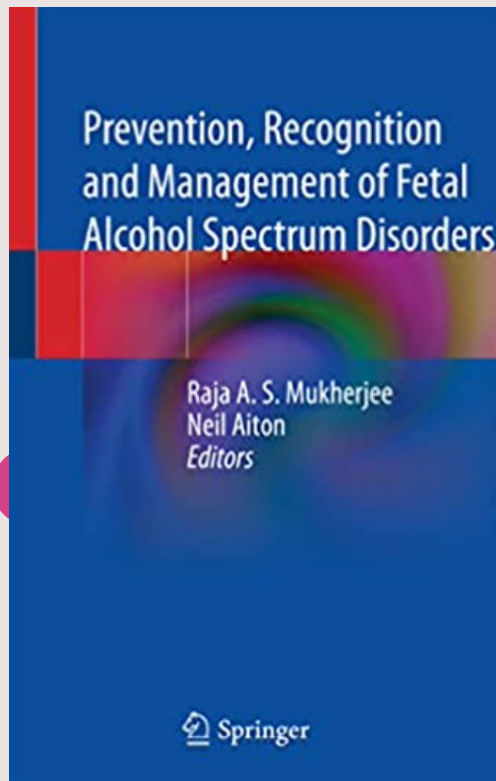


One way this could be done is by making mobile phone apps that doctors can use to help them better understand the different physical features that some people with FASD have.



If doctors are able to understand these other physical features better, they may be able to help them make an FASD diagnosis without having to rely on the sentinel facial features, which less than 10% of people with FASD have.

# What is Raja & Neil's FASD Bookclub?



Prof Raja Mukherjee and Dr Neil Aiton wrote a book for other doctors about FASD. But they hope more people can access the information.



In this online book club people who wrote chapters give 15- minute talks about what they wrote and then they answer questions.



After each book club, the talks are shared on National FASD's YouTube channel.



You don't have to read the book. It's expensive because it's for libraries and universities. But if you want to order it, it's here:

<https://tinyurl.com/RajaAndNeilFASDBook>