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Editorial

Improvement of Results for Down Syndrome Infants

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ABSTRACT

Structured care of children with Down syndrome is highly important. Indeed, the American Academy of Pediatrics published in 2011, and reaffirmed in 2014, the clinical report, "Health Supervision for Children with Down Syndrome" to help the pediatrician provide longitudinal care for children and their families in a medical home.

KEYWORDS: Down Syndrome, Trisomy 21, Chromosome Abnormality

INTRODUCTION

Speech and language development are critical to the development of every child and provide the foundation for social interaction and learning. Hearing deficits are well recognized to affect the ability of a child to communicate, and early intervention is essential for optimal outcome. Universal hearing screening has made possible the early detection of all affected children. Completion of that evaluation by age 3 months and implementation of intervention by age 6 months is recommended. Hearing impairment is extremely common in children with Down syndrome. Hearing deficits cause problems for any child, but have even greater implications for outcome in a child with Down syndrome, who is already at baseline risk for developmental delay and communication impairment. Many challenges exist for compliance with the universal hearing screening recommendations in children with Down syndrome. Competing health problems may take priority, or many parents do not recognize how critical normal hearing is for long-term developmental outcome.

The good news is that with aggressive and consistent otolarygologic management, normal or near normal hearing can be achieved for most children with Down syndrome.

Kreicher emphasize the importance of thorough hearing evaluations by demonstrating that sensorineural and mixed hearing loss do occur in patients with conductive loss.

Additional data confirm that continued surveillance of otological and audiological status in children with Down syndrome is also essential.

Congenital heart defects occur nearly as frequently as hearing impairment in infants with Down syndrome. Early and specific screening for cardiac problems is recommended for newborns because delayed diagnosis can have catastrophic outcomes.

Pulmonary arterial hypertension (PAH) may occur with or without a congenital heart defect in children with Down syndrome and is more common than in the general population. Early detection of PAH, as emphasized in the study from Martin et al, is critical for prompt intervention and potential prevention of long-term sequelae.

Furthermore, it is important to recognize that PAH is associated with other comorbidities frequent in Down syndrome, including obstructive airway disease, gastroesophageal reflux, and obesity. Continued surveillance for PAH is indicated throughout childhood for these at-risk children. Even in the presence of Eisenmenger syndrome, which may develop earlier in patients with Down syndrome and carries a high risk of mortality, treatment modalities have been shown to be beneficial.

In summary, early detection and prompt intervention with continued surveillance of medical issues continue to be essential to minimize disability and maximize potential for all children with Down syndrome. These interventions are not only cost saving but also improve the quality of life for the child and his family. Pediatricians are well advised to pay attention to health supervision guidelines to optimize the health of children with Down syndrome.

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