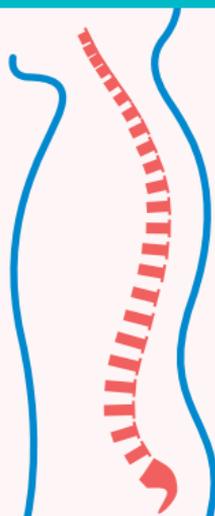
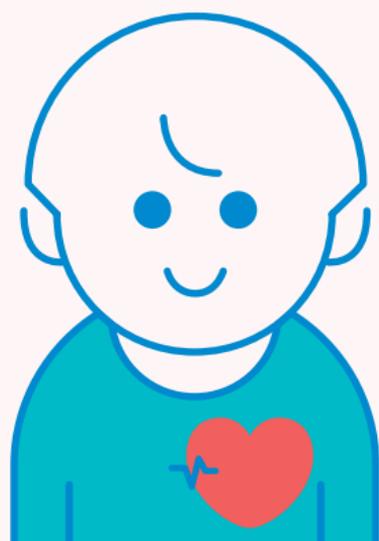
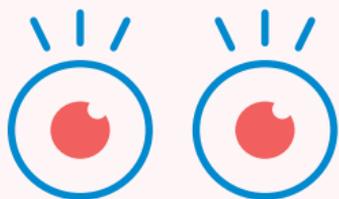


Marfan Syndrome





What is Marfan syndrome?

Marfan syndrome (MFS) is a genetic disorder of the connective tissue, which helps to support many parts of the body. MFS particularly affects the heart, blood vessels, skeleton and eyes.

How common is MFS?

It is estimated that **one in 5,000 to 10,000** people are born with MFS. Occurrences of MFS can occur in all races and affect both genders equally.

What are the features of MFS?

While MFS may be present at birth, some symptoms develop gradually over a number of years. The severity of symptoms varies from person to person, even among affected family members.

The main features include:



Cardiovascular (heart and blood vessels).

Weakening and stretching of the blood vessels can occur. This applies in particular to the aorta (the main blood vessel carrying blood away from the heart) and increases the risk of aortic aneurysm, dissection or rupture (bursting).

The heart's valves may be affected, especially the mitral valve. The valve leaflets become floppy and do not close tightly, causing leakage of blood backwards across the valve (mitral valve prolapse). If this progresses, the valve leaks and the condition is called mitral valve regurgitation. If left untreated, this can eventually cause heart failure.



Lungs. Asthma, emphysema, pneumothorax (collapsed lung)



Skeleton. Tall and thin with long arms, legs, fingers and toes. Flat feet, protruding or indented chest bone, loose joints, scoliosis and skin stretch marks.



Eyes. Dislocation of lenses, myopia (short-sightedness), retinal detachment, glaucoma



A **family history** of MFS in a parent, sibling or child

Can MFS be cured?

While it is not possible to cure MFS, much can be done to make sure your child has the best possible outcome.



How is MFS managed?

The multidisciplinary medical team looking after your child will be able to address specific medical concerns and routine MFS-related health issues.

Management measures may include:

- ★ **Regular echocardiograms** to assess the heart and width of the aorta. Medications and/or surgery may be required if the width of the aorta gets too wide.
- ★ **Antibiotic prophylaxis** may be required before dental surgery for children with involvement of the heart valves to prevent infections.



- ★ **Careful monitoring of the skeleton** to detect problems with the spine or chest bone.
- ★ **Regular eye examinations** to monitor for myopia and lens dislocations.

There are also important lifestyle considerations for a child with MFS:

- ★ Ensure a balanced and healthy diet and avoid smoking. These measures are also good for general health.
- ★ Engage in gentle exercise which is good for the heart, blood vessels and joints.
- ★ Discuss with your child's doctor about recommendations for exercise and activities.

With proper management of the cardiovascular manifestations, the life expectancy of someone with MFS approximates that of the general population.

When should your child seek medical attention?

Seek medical attention if there is:



**Chest pain or
breathlessness**



**Sudden blurring
of vision**



**Joint
pain**

What causes MFS?

MFS is caused by changes in the *FBN1* gene located on chromosome 15. Genes are instructions for cells

to make proteins in the body. MFS is the result of a change (mutation) in the *FBN1* gene.

This gene controls the production of fibrillin-1, which is a very fine fibre that is found in connective tissue. Fibrillin fibres come together to form an elastic mesh which helps to support certain structures in our body, such as blood vessel walls and the lens of the eye.

Fibrillin-1 also regulates the activation of transforming growth factor beta (TGF- β) binding protein, which takes part in the regulation of many different cell functions and affects connective tissues throughout the body.

Everyone carries two copies of each gene, one inherited from each parent. MFS follows a **dominant inheritance pattern**, which means the presence of one faulty *FBN1* gene can cause MFS.

How is MFS diagnosed?

MFS is diagnosed based on a full evaluation by a doctor familiar with the disorder. This involves the following:



Thorough physical examination



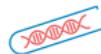
Complete family history



Full eye examination



**Echocardiogram
(ultrasound of the heart)**



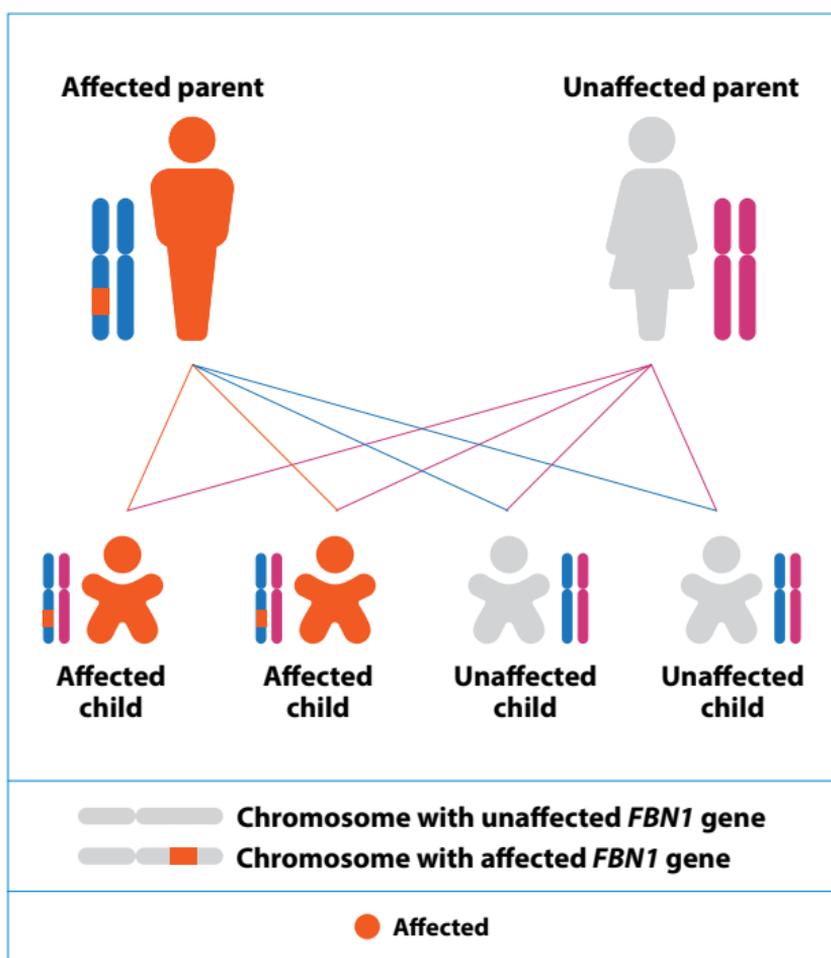
Genetic testing for a causative mutation in the *FBN1* gene can also provide helpful information in some cases

Is MFS inherited?

If either parent has MFS, a child has a 50% chance of inheriting the disease.

Among people with MFS, about 75% of them would have inherited the genetic change from one of their parents. As some people with MFS may have a mild form of the disorder, the parent may not have been previously recognised as having MFS.

The other 25% of people with MFS have it because of a new mutation in the gene.



How likely will I have another child with MFS if neither my spouse nor I have it?

In about 25% of cases, MFS is the result of a spontaneous change (mutation) in the genetic material of the sperm or egg at conception in families with no previous history of the disease.

In such cases, the risk of having another child with MFS is low (< 1%).

MFS is a lifelong condition. Should you require financial assistance or emotional support, please approach your doctor for referral to a medical social worker.

Support Groups

Club Rainbow Singapore

Club Rainbow Singapore supports and empowers children with chronic illnesses and their families by providing relevant compassionate services in their journey.

Tel: 6377 1789

Email: contact@clubrainbow.org

www.clubrainbow.org

The Marfan Foundation

www.marfan.org

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Genomic Medicine Centre

KK Women's and Children's Hospital

6294 4050
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Find out more about the Centre at:

www.singhealth.com.sg/genomic-medicine-centre



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