Cri Du Chat Support Group of Australia

Supporting those affected by Cri Du Chat Syndrome

Information. Friendship. Support.

Connecting families with others to share experiences and extend a hand of friendship and support.

Donations

We encourage donations and involvement in fundraising activities as the group cannot function without your help. You can make a donation to Cri Du Chat Support Group of Australia by completing the details below.

All donations of $2.00 and over are tax deductible.

I wish to donate: (tick box)
☐ $25    ☐ $50    ☐ $100    ☐ Other

☐ By Cheque/Money Order
Please find enclosed my cheque (payable to the Cri Du Chat Support Group of Australia)

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Please debit my: (tick box)
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Name on Card:

Card Number: ____________________________

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Please send my donation tax receipt to:

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Address: ____________________________

State: ____________________________ Postcode: ____________________________

Phone: ____________________________ Email: ____________________________

I am: (tick box)  ☐ Parent  ☐ Relative
☐ Friend  ☐ Professional  ☐ Student

Please return to:

Att: Wendy
Cri Du Chat Support Group of Australia
104 Yarralumla Drive, Langwarrin, VIC, Australia 3910

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What is Cri Du Chat?

Cri Du Chat Syndrome is a relatively rare genetic condition with an estimated incidence of 1 in 37,000 to 1 in 50,000 births. More common in girls than boys, it results from the deletion of a significant portion of the genetic material from the short arm of one of the pair of number five chromosomes. In most cases, the deletion is spontaneous with no specific cause. However, in a few cases it may be the result of a problem with a number five chromosome in either parent. Diagnosis requires confirmation by genetic testing but it is not possible to determine at birth how an individual child will be affected.

Syndrome Characteristics

The most distinctive characteristic, and the one for which the syndrome was originally named in 1963 by geneticist Jerome Lejeune, is the unique high-pitched, monotone, cat-like cry. “cri du chat” is French for “cat’s cry”. Although the voice will naturally lower as the child grows, the characteristic monotone, high voice often persists into adulthood.

In addition to the cry, there are a number of distinguishing characteristics present in infancy typical of the syndrome: a small head (microcephally); a high palate; round face; small receding chin (micrognathia); widely-spaced eyes; low nasal bridge; low-set ears and folds of skin over the upper eyelid (epicanthic folds).

These features change as the child reaches adolescence with the face becoming elongated, the nasal bridge high and the epicanthic folds less distinct.

Babies with this syndrome often have difficulty with sucking and swallowing resulting in feeding problems. Gastric reflux is a serious condition in some babies. Upper respiratory infections, ear infections and other relatively minor health problems are also common in infancy but usually improve from the second year. Later in childhood, constipation will be a problem for many however, it can be successfully managed in most cases.

Physical problems such as mild visual impairments, slight hearing loss and minor skeletal abnormalities are not uncommon but it is rare for children with CDCS to have more serious physical problems. These include heart and kidney abnormalities, scoliosis, cleft lip and/or palate and hernia.

Development

The effects of CDCS on the child’s development are extremely variable and unpredictable but almost all children with this syndrome have intellectual disability, delayed speech and language acquisition, and slow development of motor skills. Problematic behaviours are not uncommon but children with Cri Du Chat have unique personalities and they are generally bright, loving and sociable children with a great sense of humour.

The major problem in CDCS is intellectual disability varying from mild to severe. The other major characteristic is delayed speech development. Speech therapy and the early introduction of a sign language such as Makaton are therefore critical aspects of the child’s early intervention program. Physiotherapy and occupational therapy are also vital introduced early.

Although a small percentage of children with CDCS are very severely intellectually disabled, and may have serious medical problems and a shortened lifespan, the majority have moderate to severe intellectual disability and in spite of a number of persistent minor health problems, thrive and have a relatively normal lifespan. They usually walk between the ages of 2 and 6 years and communicate sufficiently well for family and those familiar with them to understand them most of the time.

A growing number of children are now being identified who are very mildly affected, with less obvious facial features, a less distinctive cry, and few health problems. In some the cry is absent. This is called atypical cri du chat syndrome. These very mildly affected children achieve many of their developmental milestones at the expected times, learn to speak well, to read and write and may eventually work in supportive environments.

For further information:

www.criduchat.asn.au
www.criduchat.co.uk
www.fivepminus.org

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