

**Clinical form**  
**TRICHOTHIODYSTROPHY**

**Name :** ..... **Forname :** ..... **Date of birth :** ...../...../..... **Sexe :** F  / M   
**Date of analysis :** ...../...../.....  
**Name of Physician :** .....

**Join Family Tree and Pictures**

**Family history (family tree) :**

◆ Consanguinity : yes  / no  / NSP

**Geographic :**

◆ African, North Africa, Asian, Caucasian, Portoricain, other :

Father:..... Mother : .....

**Pregnancy**

Pregnancy yes  no

Intrauterine growth retardation yes  no

Other :

**Birth :**

Weigh : ..... Height : ..... Head Circumference : .....

**Age at diagnosis :** .....

**Growth delay**

Weigh : ..... Height : ..... Head Circumference : ..... yes  no

**Hair anomalies**

Sparse hair yes  no

Short, brittle hair yes  no

Low sulphur hair content yes  no

Hair loss yes  no

Other :

**Skin anomalies**

Collodion baby yes  no

Dry skin, ichthyosis yes  no

Photosensitivity yes  no

Atopic dermatitis yes  no

Thin skin yes  no

Other :

Dental anomalies yes  no

**Neurologic anomalies:**

Psychomotor delay yes  no

Tremulations yes  no

Convulsions yes  no

Behaviour sociable: yes  no

MRI yes  no

If yes : .....

**Genital Abnormalities**

Cryptorchidism yes  no

Pubertal Delay yes  no

Other :

**Immunodeficiency**

Frequent infections yes  no

Leucopenia yes  no

Hypogammaglobulinemia yes  no

**Hematologic Anomalies**

β thalassemia trait, anemia yes  no

**Osteoarticular disorder**

Bone age delay yes  no

X-Ray anomalies yes  no

Osteoporosis Osteopetrosis yes  no

Others :

**Ophtalmologic anomalies**

Photophobia yes  no

Cataract yes  no

Other :

**Deafness**

yes  no

**DNA repair studies**

DNA repair defect yes  no