HUNTER SYNDROME

OFTEN PRESENTS AS A RARE COMBINATION OF COMMON CHILDHOOD COMPLAINTS

A long list of childhood illnesses and repeat visits to your pediatrician can be worrying. Finding an underlying cause can be difficult, but it may also be a relief as it can help guide appropriate care. Hunter syndrome – also called Mucopolysaccharidosis II (MPS II) – is a serious, progressive genetic disorder that mainly affects boys.

Silas, age 6

- Broad nose
- Flared nostrils
- Prominent supraorbital ridges
- Thick lips
- Large jowls
- Large head circumference

People with Hunter syndrome may appear unaffected at birth, but over time the symptoms begin to appear and worsen, many of which overlap with common childhood complaints:

AGE (median age of onset)

PREVALENCE

1-2 years

- 78% Hernia
- 74% Recurrent ear infections

2-3 years

- 95% Coarse facial features
- 89% Enlarged abdomen from enlarged liver and spleen
- 68% Enlarged adenoids or tonsils

3-4 years

- 70% Enlarged tongue
- 50% Hernia repair
- 50% Inserting ear tubes
- 47% Removing adenoids
- 84% Joint stiffness

5 years

- 39% Spine curvature
- 67% Hearing loss

Other symptoms that may be seen by age 2-4 include:

recurrent watery diarrhea, respiratory problems, including noisy breathing and snoring, and **developmental delay and/or speech delay***

Hunter syndrome affects people in different ways. Not everyone has the same symptoms or the same severity of symptoms, and they can present at different ages.

*Severe disease only.

MPS II & YOU

If you suspect Hunter syndrome, speak to your doctor.

Visit **hunterpatients.com** and talk to your doctor for more information about Hunter syndrome

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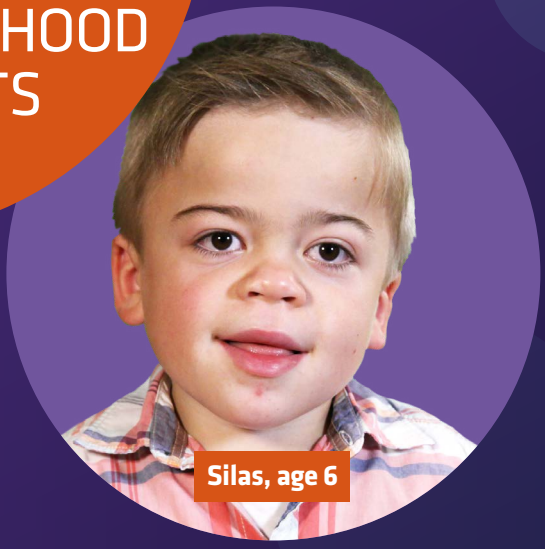

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