





TUBEROUS SCLEROSIS PART 2





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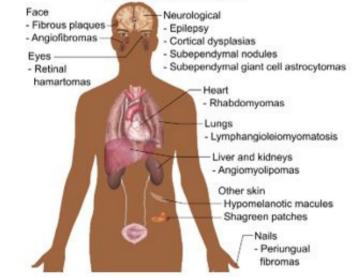
Histological Findings

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- Hypomelanotic Macules:
- Show a decreased number of melanocytes or melanin, resulting in the lighter appearance of the skin.
- Angiofibromas:
- Consist of fibrous tissue, blood vessels, dilated blood-filled spaces
- Shagreen Patch:
- Characterized by dermal collagen bundles arranged in a whorled pattern
- Ungual Fibromas:
- Composed of fibrous tissue with thin-walled blood vessels

Other Clinical Features

Tuberous sclerosis





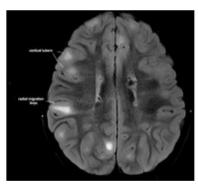


OTHER CLINICAL FEATURES

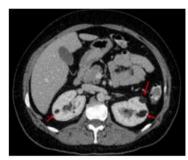
• Neurological:

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• Cortical Tubers: Hamartomas in the brain's cortex, leading to seizures (often the first sign in infancy)



- Subependymal Nodules: Calcified nodules along the ventricles, which can progress to subependymal giant cell astrocytomas
- Intellectual Disability: Common, varying from mild to severe.
- Renal:
- Angiomyolipomas: Benign tumours made up of blood vessels, muscle, fat, often found in the kidneys







OTHER CLINICAL FEATURES

- Cysts: Simple renal cysts can also occur
- Cardiac:

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- Rhabdomyomas: Benign tumours of the heart muscle, often present at birth, can cause obstructive symptoms in severe cases.
- Pulmonary:
- Lymphangioleiomyomatosis: A lung condition seen primarily in women, characterized by cysts and smooth muscle growth leading to respiratory issues.

Diagnosis

- Diagnosis of TSC is based on the presence of major and minor criteria.
- The presence of two major features or one major and two minor features confirms the diagnosis.

Criteria	Major	Minor
Skin Lesions	Hypomelanotic macules, facial angiofibromas, shagreen patch, ungual fibromas	Confetti skin lesions, dental enamel pits, intraoral fibromas
Neurological Lesions	Cortical tubers, subependymal nodules, SEGAs	White matter migration lines
Renal Lesions	Angiomyolipomas	Renal cysts
Cardiac Lesions	Rhabdomyomas	0 - 1
Pulmonary Lesions	Lymphangioleiomyomatosis (LAM)	-
Ophthalmic Lesions	Retinal hamartomas	Retinal achromic patches

• Genetic Testing: Identification of mutations in TSC1 or TSC2 genes can confirm the diagnosis





TREATMENT

- Seizure Management:
- Antiepileptic drugs are commonly used
- Surgical intervention may be necessary for refractory seizures due to cortical tubers.
- Tumour Treatment:
- Everolimus (an mTOR inhibitor) is used for the treatment
- Surgical removal of symptomatic or large tumours
- Skin Lesion Treatment:
- Laser therapy
- Topical rapamycin for reducing the size and redness of facial angiofibromas
- Regular Monitoring:
- MRI scans for brain and renal tumours
- Regular eye exams to check for retinal hamartomas
- Cardiac evaluations for children with TSC

