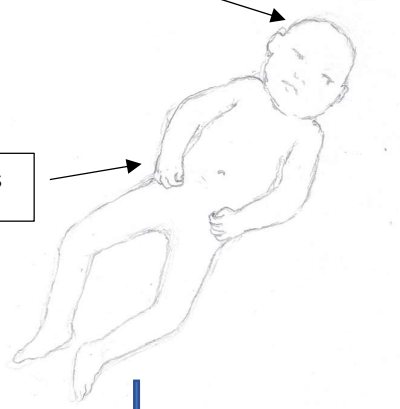
Hypotonic infant

CNS lesion

- "floppy strong"
- Poor interaction / encephalopathic
- Brisk DTR / crossed adductors
- Microcephaly (not a common early feature)
- Persistent primitive reflexes

microcephaly

fisting of hands



Supportive CNS markers

- History of hypoxic insult
- Dysmorphic
- Global developmental delay

Diagnostic approach

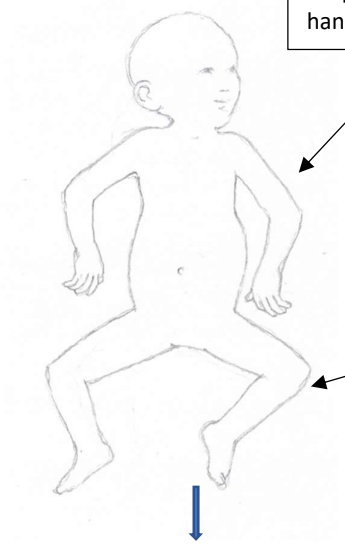
- Neuroimaging e.g. CT /MRI brain / cranial ultrasound
- Karyotype if dysmorphic, exclude syndromes such as Prader Willi Syndrome, Trisomy 21
- Exclude congenital myotonic dystrophy (maternal examination !)
- Exclude sepsis and electrolyte imbalance
- Consider metabolic screen
- CK (normal)
- TFT

PNS lesion

- "Floppy weak" – frog posture
- Bright and alert (even with myopathic facies)
- Reduced / absent DTR
- Normal HC

Weak arms in the shape of a 'jug handle'

Frog posture of legs



Supportive PNS markers

- No history of hypoxic insult
- Isolated motor developmental delay
- Marked feeding / respiratory difficulties with especially intercostal and bulbar involvement
- Contractures
- Scoliosis

Diagnostic approach

- TFT's, CK (may not be elevated very early)
- Exclude sepsis and do metabolic screen
- ECG for baseline fibrillations
- Chest Xray (bell-shaped with SMA)
- Stool for polio virus
- Collect DNA