European Journal of Molecular & Clinical Medicine
ISSN 2515-8260 Volume 07, Issue 10, 2020

Klippel-FielSyndrome – A Review

Bhaskaran Sathyapriya, Chandrakala B, Govindarajan Sumathy,

Abstract

In Klippel Feil syndrome, classically there is a triad of short neck, a low posterior hairline and a limited range of neck movements especially of lateral bending. In fewer than 50% of cases have all the three elements.Klippel-Feil (KF) syndrome was first described by Maurice Klippel and Andre Feil in 1912 in patientwith congenital fusion of cervical vertebrae. Klippel-Feil syndrome occurs inone of every 42,000 births, and 60% of cases are female.KF syndrome is group of deformities that result due to failure of segmentation of cervical spine.This syndrome is associated with Sprengel deformity, high scapula, scoliosis, urinary tractanomalies, congenital heart disease & hearing lost in 30% of cases. Usually in Sprengeldeformity there is loss of abduction & forward flexion after 90 deg. In 30% of cases withSprengel deformity, the scapula is bound to cervical spine by fibrous tissue, cartilage or bone which restrict abduction of shoulder after 90 degrees