tor Dysfunction (OMD) is the primary cause of both feeding problems and speech difficulties in some children with SRS.

The role of Growth Hormone (GH) secretion in the pathogenesis of growth retardation in SRS is not fully understood. Most individuals have normal serum concentration of GH; however, rare instances of SRS with GH deficiency have been described. Abnormalities of pulsatile GH secretion have been reported and GH treatment has some positive effect on the growth pattern.\(^{11}\)

The management of SRS requires the cooperation of a team of specialists with the parents. A pediatric endocrinologist should consider the use of GH therapy. A pediatric gastroenterologist is needed to deal with gastrointestinal problems. Pediatric dentists, orthodontists and orthognathic surgeons can manage the craniofacial anomalies. The orthopaedics are responsible for the correction of asymmetry and related dislocated hip and consequent scoliosis. Those with developmental delay should be referred for physical therapy and/or for speech and language therapy. Finally, psychologic counselling is needed for children and parents.

Three features of this case merit attention: the cardiac malposition, the asymmetric enlargement of the clitoris and the occurrence of SRS after \textit{in vitro} fertilisation. As to the cardiac malposition, our case corresponds to the definition of mesocardia in situs solitus as described by Van Praagh et al,\(^{12}\) while according to the electrocardiographic and echocardiographic findings, it can also be attributed to a variant of dextroversion in situs solitus.\(^{12}\) Although structural anomalies of the heart have been reported with some frequency in SRS, to our knowledge mesocardia has not been previously described. In males with SRS, hypospadias and cryptorchidism have been reported in several instances.\(^{3}\) We found only one report of a girl with SRS features and a large clitoris. This was a girl who also had absence of ovaries and a hypoplastic uterus.\(^{7}\) However, to our knowledge, this is the first time that asymmetric external genitalia and a large clitoris are reported. In \textit{vivo} fertilization has been described as being associated with an increased risk for the birth of small for gestational age babies. Recent reports suggest that the possibility of imprinting diseases, such as Angelman’s, Prader-Willi’s and Beckwith-Wiedemann’s syndrome, is increased in cases with assisted reproductive technology. Recent reports also suggest that \textit{in vitro} fertilization is associated with a higher prevalence of SRS than it is observed with natural fertilisation.\(^{14}\) Our case constitutes another paradigm of SRS which could be related to \textit{in vitro} fertilization.

\textbf{REFERENCES}