

Turner Syndrome with Hypertension

Kousar Jahan Syeeda Khursheed, MSc PhD* Saad Majeed Al-Tamimi, MD FRCP FACP**
Anand Madhava Rao, BSc*** Mohammed Rahman Kaleemullah, BSc, PGDCG*** Haifa H. Alkhalifa, BSc***

A sixteen-year-old Bahraini female with a history of uncontrolled hypertension presented with amenorrhea for which ultrasound abdomen revealed rudimentary ovaries (streak gonads) with normal sized kidneys. Laboratory and diagnostic data were all normal with a blood pressure of 180/95 mmHg. However, 24-hour ambulatory BP monitor confirmed hypertension with an average BP of 177/100 mmHg.

The patient had normal IQ and a short stature with webbed neck, low-set ears with widely-spaced nipples and increased carrying angle; all these characteristics were typical of Turner syndrome. A blood sample of the patient was sent for karyotype analysis which showed an abnormal karyotype with monosomy X, such as 45,X[20%]. Chromosome analysis had confirmed the diagnosis of Turner syndrome which correlates with the other test results since over 50% of young females with Turner syndrome experience abnormal blood pressure similar to that of adult patients with secondary hypertension.