

# HOW TO SUSPECT EDS TYPE III PATIENTS. VISUAL AIDS



**Jaime F. Bravo MD**

Clinical Professor. University of Chile, Medical School.  
Rheumatologist, San Juan de Dios Hospital. Santiago, Chile



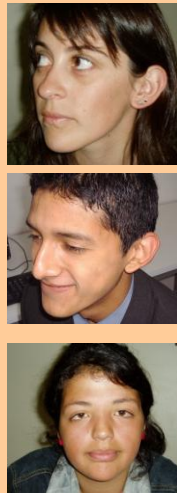
**Background/Purpose:** Ehlers-Danlos Syndrome type III (EDS-III), also known as EDS Hypermobile (EDSH), is a very frequent and usually undiagnosed condition. The purpose of this presentation is to give tools and information to help physicians make the diagnosis.

**Method:** These pictures have been obtained after 17 years of seeing over 4000 patients by the author.

## Material:

### Typical EDS-III Facies

- Triangular face (pointed jaw).
- Atypical ears: prominent “winged”; small, round and without lobule; lobule attached to the face; Different shapes: kidney shape, “Dumbo” ears, pointed “Mr. Spock” ears, soft ears, bent upper helix, prominent ante helix; question mark shape ears; operated ears.
- Light blue sclera, more noticeable in women.
- Atypical nose: nodule between the bone and the cartilage; deviated nasal septum; operated nose.
- Antimongolic slant



Ref. Bravo JF. Arthritis Rheum 2006; 54 (2): 515-23

### Skin Alterations



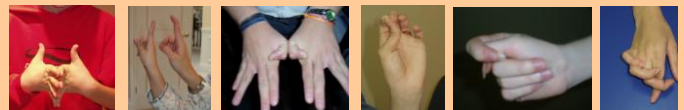
### Hand and Wrist signs



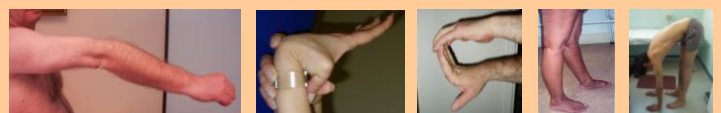
### Lenticular moles



### Party tricks



### Beighton Score

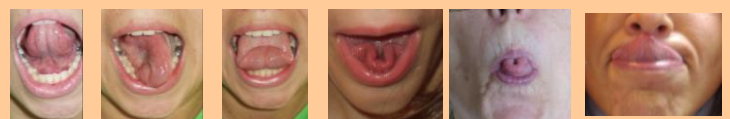


### Marfanoid Habitus



15 y/o with mother. Model from magazine

### Hypermobility of the tongue



### Important Note:

Remember that 50% of EDS-III have little or no hypermobility (Beighton 3/9 or less)

For more details see the web page,

[www.reumatologia-dr-bravo.cl](http://www.reumatologia-dr-bravo.cl)

## Conclusions:

Ehlers-Danlos Syndrome type III is a very frequent disease, with dominant inheritance, that usually goes undiagnosed, due to lack of knowledge of the disease by physicians. In this poster we present the most usual clinical signs that will enable doctors to suspect the diagnosis.