A 25-year-old man was referred to the nephrology clinic for assessment of recently diagnosed hypertension.

The patient was born to nonconsanguineous white Caucasian parents and had two unaffected siblings. He was delivered at 40 weeks gestation with a birth weight of 3.57 kg. His post-natal and early development was characterized by markedly poor growth, severe expressive language delay, and conductive hearing impairment. He was noted to have dysmorphic features, including a microcephaly, triangular face, wide mouth, broad nasal bridge, thin lips, short philtrum, long eyelashes, and posteriorly rotated large ears. Karyotype analysis was normal and wrist radiographs were consistent with a two and a half year bone age delay. He was treated with growth hormone therapy with a good initial response. He attended a normal school, but his progress was slow and he required intensive speech therapy. At the age of 15 years his height remained below the 3rd centile and he still displayed paucity of speech, relying more on signing to communicate. He progressed through puberty and growth hormone therapy was discontinued.

He currently lives in supervised accommodation and is employed in the retail sector.