

Minor Anomalies for Exclusion

For EUROCAT for use from 2005

Reports of cases with the following anomalies are not to be transmitted to the EUROCAT Central Registry if the anomalies are isolated. It is however important to report all minor anomalies for cases with major malformations or syndromes.

"Minor" anomalies are excluded, when isolated, because they have lesser medical, functional or cosmetic consequences (although they may be indicators of other problems) and experience shows that their definition and diagnosis and reporting varies considerably. At the present time, it is not useful to collect data at a European level on these anomalies. We also exclude anomalies which are not always truly congenital in origin, sometimes associated with immaturity at birth. In addition, we exclude poorly specified conditions and recommend that for any such cases more specific information be sought from medical records.

Cases reported to EUROCAT should always be confirmed cases of congenital anomaly. Cases which had diagnosed ultrasound soft markers but who were found to be normal at birth or with unknown outcome should not be reported.

Note that exclusions should be made locally, where all information is available. Many minor anomalies do not have specific ICD10-BPA codes, but we give specific codes where they exist. For the codes given in the list, if any cases with only one or more of these codes has been inadvertently transmitted to Central Registry, they will be subsequently excluded from the central files on the basis of the code only. For allocation of cases to EUROCAT subgroups (see Chapter 8), only major malformations will be considered (codes for minor anomalies will be excluded).

	Specified ICD10-BPA - if present
Head	
Aberrant scalp hair patterning	
Flat occiput	
Dolichocephaly	Q67.2
Plagiocephaly - head asymmetry	Q67.3
Bony occipital spur	
Third fontanel	
Macrocephalus	Q75.3
Facial asymmetry	Q67.0
Compression facies	Q67.1
Other cong deformities of skull, face and jaw	Q67.4
Eyes	
Epicanthic folds	
Epicanthus inversus	
Upward slanting palpebral fissures	
Downward slanting palpebral fissures	
Short palpebral fissures	
Congenital ectropion	Q10.1
Congenital entropion	Q10.2
Other congenital malformations of eyelid	Q10.3
Dystopia canthorum	
Hypertelorism	Q75.2
Hypotelorism	
Stenosis or stricture of lacrimal duct	Q10.5
Blue sclera	Q13.5
Ears	
Primitive shape	Q17.3
Lack of helical fold	Q17.3
Asymmetric size	Q17.3
Posterior angulation	Q17.3
Microtia	Q17.2
Macrotia	Q17.1

Protuberant ears	Q17.3
Absent tragus	
Double lobule	Q17.0
Accesorry auricle, preauricular appendage, tag or lobule	Q17.0
Auricular pit	
Preauricular sinus or cyst	Q18.1
Narrow external auditory meatus	
Low set ears	Q17.4
Bat ear, prominent ear	Q17.5
Unspecified and minor malformation of ear	Q17.9
Nose	
Small nares	
Notched alas	
Oral regions	
Borderline small mandible	
Aberrant frenula	
Enamel hypoplasia	
Malformed teeth	
High arched palate	Q38.50
Tongue tie	Q38.1
Macroglossia	Q38.2
Macrostomia	Q18.4
Microstomia	Q18.5
Macrocheilia	Q18.6
Neck	
Mild webbed neck	
Sinus, fistula or cyst of branchial cleft	Q18.0
Preauricular sinus or cyst	Q18.1
Other branchial cleft malformations	Q18.2
Torticollis	Q68.0

Hands	
Duplication of thumbnail	
Enlarged or hypertrophic nails	Q84.5
Single/abnormal palmar crease	Q82.80
Unusual dermatoglyphics	
Clinodactyly (5)	
Short fingers (4, 5)	
Feet -Limb	
Syndactyly (2-3 toes)	
Gap between toes (1-2)	
Short great toe	
Recessed toes (4,5)	
Enlarged or hypertrophic nails	Q84.5
Prominent calcaneus	
Clicking hip, subluxation or unstable hip	Q65.3-Q65.6,
Metatarsus varus or metatarsus adductus	Q66.2
Hallux varus - other cong varus deformities of feet	Q66.3
Talipes or pes calcaneovalgus	Q66.4
Congenital pes planus	Q66.5
Metatarsus varus - other cong valgus deformities of feet	Q66.6
Pes cavus	Q66.7
Clubfoot of postural origin - other cong deformities of feet	Q66.8
Congenital deformity of feet, unspecified	Q66.9
Skin	
Hemangioma (other than face or neck)	
Pigmented naevus - cong non-neoplastic naevus	Q82.5
Neavus flammeus	Q82.50
Strawberry naevus	Q82.51
Lymphangioma	
Angioma	
Persistent lanugo	
Mongoloid spot (whites)	Q82.52

Depigmented spot	
Unusual placement of nipples	
Accessory nipples	Q83.3
Cafe-au-Lait spot	
Skeletal	
Cubitus valgus	
Prominent sternum	Q67.7
Depressed sternum	Q67.6
Shieldlike chest, other cong deformities of chest	Q67.8
Congenital deformity of spine	Q67.5
Genua valgum	
Genua varum	
Genu recurvatum	Q68.21
Congenital bowing of femur	Q68.3
Congenital bowing of fibula and tibia	Q68.4
Congenital bowing of long bones of leg, unspecified	Q68.5
Spina bifida occulta	Q76.0
Sacral dimple	
Cervical rib	Q76.5
Cardiovascular	
Absence or hypoplasia of umbilical artery, single umbilical artery	Q27.0
Functional or unspecified cardiac murmur	
Patent ductus arteriosus if GA < 37 weeks	Q25.0 if gestational age <37 weeks
Peripheral pulmonary artery stenosis	
Pulmonary	
Congenital laryngeal stridor	Q31.4
Laryngomalacia	Q31.4
Tracheomalacia	Q32.0

Gastro-intestinal	
Hiatus hernia	Q40.1
Pyloric stenosis	Q40.0
Diastasis recti	
Umbilical hernia	
Inguinal hernia	
Meckel's diverticulum	Q43.0
Functional gastro-intestinal disorders	Q40.21, Q43.20, Q43.81, Q43.82
Renal	
Vesico-urethral-renal reflux	Q62.7
Hydronephrosis with a pelvis dilatation less than 10 mm	
Hyperplastic and giant kidney	Q63.3
External genitals	
Undescended testicle	Q53
Unspecified ectopic testis	
Hydrocele of testis	
Phymosis	
Hymen imperforatum	Q52.3
Fusion of labia	Q52.5
Other	
Congenital malformation, unspecified	Q89.9

Chromosomal	
Balanced translocations or inversions in normal individuals	Q95.0, Q95.1

"Non-congenital" anomalies

Pyloric stenosis - there is controversy about the congenital nature of the majority of cases.

Patent ductus arteriosus in babies <37 weeks

Hydrocephaly where a result of preterm birth rather than congenital: all cases among preterm births should be thoroughly checked before registration.

Poorly specified anomalies

Functional or unspecified cardiac murmur

Laryngomalacia and tracheomalacia

Functional gastro-intestinal disorders

Undescended testicle. Registries may choose to record this locally if they can follow-up all babies to ascertain whether the testis descends normally.

Unspecified ectopic testis

Vesico-ureteral reflux. Registries should record and transmit to EUROCAT the underlying anomaly, if present.

Clicking hip

Clubfoot where there is no further specification of whether malformation or postural origin