

Information and Resources for Fletcher Descendants

Some members of the Fletcher Family of Lancashire documented on this website have/had the genetic recipe for a connective tissue disorder and this condition is heritable. It was described by the older Fletchers as being double-jointed and they were proud of the fact that it occurred in their family.

The condition is due to a collagen (a naturally occurring protein) abnormality and common characteristics include abnormalities of the skin, ligaments and in some instances, internal organs.

The "Fletcher Condition" is now known to be due to the Ehlers - Danlos Syndrome and in this family it has been identified as the Classic type with elements of the Hypermobility type. It is inherited as an autosomal dominant so that direct descendants of either sex may be at risk. However, for a variety of reasons, girls seem to be more severely affected than boys.

Many problems associated with the Ehlers-Danlos Syndrome have been identified and the Ehlers-Danlos Support Group has published a basic list reproduced below:-

SKIN

That is fragile, hyperextensible and may break, bruise easily and heals less well with thin wide scars.

JOINTS

That are lax, hypermobile, dislocate very easily and may develop early degenerative osteo - arthritis.

PAIN

Can be chronic in the joints and limbs.

TEETH

May be more prone to cavities - periodontitis can be severe.

HEART

Mitral valve prolapse may be present, as may aortic dilation and other abnormalities.

CYSTS

Ehlers-Danlos Syndrome may include a propensity for cyst formation

RUPTURE

Of arteries and organs

SURGICAL

Anaesthetics may not work and suturing may tear fragile tissues. Stitched wounds may re-open when sutures are removed. Hindered and weaker wound (injury) healing.

NEUROLOGICAL

Problems such as neuropathic pain, sciatica, poor proprioceptive function and loss of sensation on the skin. May also interfere with bladder and bowel functioning.

VISION AND HEARING

May lead to myopia (being short-sighted) and hearing problems.

SKELETAL DEFORMITIES

Manifesting in scoliosis or curvature of the spine and depressed sternum, for example. Flat feet and other deformities may occur.

The EDS Support Group also points out that a problem facing medical professionals treating people with EDS is that it occurs with varying severity, symptoms and effects and that individuals may show signs of more than one type of EDS (as demonstrated in this Fletcher family).

A number of family members have displayed characteristics of the disorder but never had problems severe enough to lead to diagnosis. Some have had conditions

not known to be connected to EDS until very recently. Others have had severe problems commencing in childhood and becoming worse at the time of puberty. In this family there is no particular “skin stretchiness” and this has confused medical professionals who lack knowledge of the variability of symptoms and the degree to which they are present. They can be convinced that a patient has not inherited the disorder if the skin is not particularly stretchy or the patient cannot contort limbs to an extreme degree. Similarly, when patients with very lax ligaments complain of joint pain some medical professionals may dismiss the likelihood of osteo-arthritis severe enough to warrant medical intervention if there is full joint movement. Unfortunately the usual scenario is that diagnosis is delayed for several years and delay increases the likelihood of complications occurring.

A positive family history and repeated dislocations, subluxations, ligament sprains and tears and other conditions known to occur in Ehlers- Danlos Syndrome should alert a family member to request a referral to a geneticist or to the nearest Hypermobility Clinic. GPs are not always able to make direct referrals and it is sometimes necessary to get a referral to a rheumatology, dermatology, cardiology or orthopaedic clinic first. It is invariably necessary to provide details of the family history and information on the condition such as that provided in the EDS Album on this website or the EDS Support Groups. The EDS Album can be accessed by clicking “Albums” in the left-hand margin of the Home Page.

Direct descendants from the Lancashire Fletchers known to have passed on the genetic makeup for the disorder are marked in the family tree as “Fletcher descendant- see Information for Fletcher Descendants.” The file can be accessed from the Fletcher Album.

FAMILY HISTORY RESOURCES

The Lancashire Fletchers Mailing List

<http://groups.yahoo.com/group/LancashireFletchers/>

The Lancashire Fletchers Database

http://www.gencircles.com/users/penna_tm/43

EHLERS-DANLOS SYNDROME RESOURCES

Ehlers-Danlos Syndrome Support Group (UK)- has a bulletin board

<http://www.ehlersdanlos.org>

Ehlers-Danlos National Foundation (USA) – has a bulletin board

<http://www.ednf.org>

EDS Today

<http://www.edstoday.org>

Contact a Family

<http://www.cafamily.org.uk/Direct/e21/html>

The Ehlers-Danlos Syndrome Album on this website

Click “Albums” in the left hand margin on the Home Page