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A Review of Comprehensive Study Oncongenital Insensitivity to Pain with Anhidrosis

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Abstract: *In this article, we have demonstrated the signs and symptoms of children that refer to the pediatrics and assay about their complications with this disease. The current study's goals are to confirm the anti-inflammatory properties. Congenital insensitivity to pain with anhidrosis (CIPA), also known as hereditary sensory and autonomic neuropathy type IV, is a relatively rare illness. Just a few hundred instances of CIPA have been documented globally, affecting 1 in 125 million infants. The bulk of cases are documented in Asian countries. Now, three clinical characteristics—mental retardation, a lack of perspiration, and pain sensitivity—were used to describe the illness. The human TRKA gene (NTRK1) is located on chromosome 1q21-q22 and is responsible for producing the nerve growth factor receptor tyrosine kinase. CIPA is caused by the TRKA gene. When a young female youngster with CIPA and a tibia fracture attended our centre for consultation, it served as inspiration for us to thoroughly review the literature and assess the therapeutic possibilities. The therapeutic approach is the only therapy strategy for CIPA that is yet unproven. In our research, we found that staphyloccus aureus is the most prevalent pathogen and that the skin and bones are the main sites of infection in children with CIPA. Here, we review the condition, including its history, case studies and treatment*

Keywords: CIPA Syndrome, Congenital Pain Insensitivity, pseudoarthrosis, Arthropathy, HSAN type 4

REFERENCES

[1]. Dearborn G. A case of congenital pure analgesia. *J Nerv Ment Dis.* 1932; 75:612–5.
[2]. Rasmussen P. The congenital insensitivity-to-pain syndrome (analgesia congenita) *Int J Paediatr Dent.* 1996; 6:117–22.
[3]. Hall KH. *Paediatric Orofacial Medicine and Pathology*. 3rd ed. London: Chapman & Hall Medical; 1994. pp. 330–5.
[4]. Narayanan V. Oral and maxillofacial manifestations of hereditary sensory neuropathy. *Br J Oral Maxillofac Surg.* 1996; 34:446–9.
[5]. Nagasako EM, Oaklander AL, Dworkin RH. Congenital insensitivity to pain: An update. *Pain.* 2003; 101:213–9.
[6]. Dick PJ. Neuronal atrophy and degeneration predominantly affecting peripheral sensory and autonomic neurons. In: Dick PJ, Thomas PK, Griffin JW, Low PA, Podreslo JC, editors. *Peripheral Neuropathy*. 17th ed. Philadelphia: Saunders; 1993. pp. 1065–93.
[7]. Emad MR, Raissi GR. Congenital insensitivity to pain with anhidrosis. *Electromyogr Clin Neurophysiol.* 2003; 43:409–41.
[8]. Mardy S, Miura Y, Endo F, et al. Congenital Insensitivity to pain with anhidrosis (CIPA): effect of TRKA (NTRK1) missense mutations on autophosphorylation of the receptor tyrosine kinase for nerve growth factor. *Hum Mol Genet.* 2011; 10(3):179–88
[9]. Kosmidis I, Krallis P, Tsiamasfirou D, Filiopoulos K. *Congenital insensitivity to pain with anhidrosis: A case report of a 33-year-old patient.* J Pediatr Orthop B. 2013;22:70-5.
[10]. Udayashankar C, Oudeacoumar P, Nath AK. *Congenital insensitivity to pain and anhidrosis: A case report from South India.* Indian J Dermatol. 2012;57:503.

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[11]. Dyck PJDick PJ, Thomas PK, Griffin JW, Low PA, Podreslo JC. *Neuronal atrophy and degeneration predominantly affecting peripheral sensory and autonomic neurons* In: Peripheral Neuropathy. Philadelphia, PA: WB Saunders; 1993. p. :1065-93.

[12]. Pinsky L, DiGeorge AM. *Congenital familial sensory neuropathy with anhidrosis.* J Pediatr. 1966;68:1-13.

[13]. Li N, Sun J, Guo S, Liu Y, Wang C, Zhu C, et al. *Phenotypic and genotypic features of a pair of Chinese identical twins with congenital insensitivity to pain and anhidrosis: A case report.* Medicine (Baltimore). 2018;97:e13209.

[14]. Navya MK, Pramod GV, Sujatha GP, Ashok L. *Congenital insensitivity to pain in a 1-year-old boy.* J Indian Soc Pedod Prev Dent. 2019;37:308-10.

[15]. Guidera KJ, Multhopp H, Ganey T, Ogden JA. *Orthopaedic manifestations in congenitally insensate patients.* J Pediatr Orthop. 1990;10:514-21.

[16]. Sasnur AH, Sasnur PA, Ghaus-Ul RS. *Congenital insensitivity to pain and anhidrosis.* Indian J Orthop. 2011;45:269-71.

[17]. Hartono F, Tanjung C, Besinga KE, Marpaung D, Ananditya T, Budisantoso AB. Catastrophic results due to unrecognizing of congenital insensitivity to pain with anhidrosis in children with multiple long bones fractures: A case report of 27 years follow-up of two siblings. Int J Surg Case Rep. 2020;73:213-7.

[18]. Jacob A, Sarada C, Thomas SV. Painless injuries in a child; hereditary sensory and autonomic neuropathy. Ann Indian Acad Neurol. 2006; 9:39-41.