**Editor’s Comment:**

The present study aims to shed light on the diagnostic challenges of DiGeorge syndrome,

advising clinicians to think of it as a multifaceted condition rather than focusing on just one

symptom. The author presents the case of a 6-month-old girl born after an uncomplicated

pregnancy and with a normal prenatal ultrasound who began to show signs of heart failure. After

a series of tests and surgeries, she was eventually diagnosed with DiGeorge syndrome at 9

months. The fact is that DiGeorge syndrome (also known as velo-cardio-facial syndrome) is a

rare genetic disorder that affects approximately 1 in 4,000 to 6,000 live births. Prenatal screening

typically involves ultrasound and routine checkups, but the syndrome is difficult to detect with

ultrasound alone, especially since it often does not manifest in obvious ways during pregnancy.

Genetic testing is usually performed when doctors suspect a genetic problem, but it can be

missed or delayed, especially when features are subtle. The author has provided an accurate and

comprehensive look at the challenges of diagnosing DiGeorge syndrome, especially in areas with

limited access to genetic testing. It highlights how the condition often goes undetected during

pregnancy and the importance of a more holistic approach to diagnosis. The case study

effectively highlights the need for early recognition and awareness to ensure timely treatment.

The manuscript is ready for publication as it is current and covers key aspects of DiGeorge

syndrome, including its genetic causes, immunological aspects and clinical management.

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