

Table 2. Common major errors in case reports purportedly describing patients with Freeman-Burian syndrome from 2020-2021 and rationale.

Authors' Error	Rationale
Reference list	<ul style="list-style-type: none"> • Lack of recent references, including: articles on the genetic cause, clinical diagnosis, a meta-analysis, anesthesia recommendations, etc.
Statement of a prevalence of 1:1 million	<ul style="list-style-type: none"> • Based on one flawed study and no longer accepted
Description of the syndrome as having multiple joint contractures, characteristic facies, clubfoot, and various hand deformities	<ul style="list-style-type: none"> • Joint contractures and extremity deformities are non-specific findings. • Only the four craniofacial findings of microstomia, pursed whistling lips, deep nasolabial folds, and H or V shaped chin defect are pathognomonic for FBS.
Classification of FBS as either a distal arthrogryposis or skeletal condition	<ul style="list-style-type: none"> • FBS is primarily a craniofacial condition with frequent findings outside the craniofacial region. • FBS is a myopathy, not distal arthrogryposis or skeletal condition.
Omission of the clinical diagnostic criteria	<ul style="list-style-type: none"> • Not stating the diagnostic criteria confuses the reader unfamiliar with FBS.
Omission of photographs or a description of how the patient met the diagnostic criteria	<ul style="list-style-type: none"> • Stating the patient had FBS is insufficient, considering the false positive rate may be between 30-60%.