



A newborn with a missing cerebrum

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Received: January 01, 2015

Accepted: February 01, 2015

Published: ???

ABSTRACT

Hydranencephaly is an extremely rare anomaly of cerebral structures that occurs in-utero. Cerebral hemispheres are destroyed with transformation into a membranous sac with cerebrospinal fluid and parts of cortex and white matter. The disorder has an incidence of 0.2% in children. Clinical symptoms in neonates are seizures, respiratory failure, flaccidity or decerebrate posturing. Complete absence of the cerebral hemispheres and falx is present. We present a case of a male newborn with hydranencephaly. A possible correlation with in utero exposure to vasoactive drugs will be discussed.

KEY WORDS: Child, drug abuse, hydranencephaly

INTRODUCTION

Hydranencephaly is an extremely rare condition in which the brain's cerebral hemispheres are completely absent and replaced by sacs filled with cerebrospinal liquid [1]. A child with hydranencephaly may appear like a normal newborn at birth. The head size and spontaneous reflexes may all seem normal. After a few weeks of birth, the child becomes irritable and has higher muscle tonus.

Seizures and hydrocephalus may develop [2]. Other symptoms such as visual impairment, growth delay, amaurosis, quadriplegia and intellectual deficits may occur. Hydranencephaly is an extreme type of porencephaly and may be caused by vascular disorders after the 12th week of pregnancy [1-3]. Some infants may have additional abnormalities at birth including seizures, myoclonus, and respiratory problems. The prognosis for children with hydranencephaly is bad, and many children with this disorder die before age 12 months. However, in some cases, infants with hydranencephaly may survive for several years [1-5].

CASE REPORT

We report of a male newborn with a birth weight of 3200 g. Surprisingly, pregnancy was not mentioned by the mother. She went to the gynecologic department due to lower abdominal

pain. APGAR-score was 10 in 5 min. Spontaneous delivery was performed in the 40th week, birth length was 52 cm and head circumference 34.5 cm. Umbilical postnatal arterial pH was 7.22. Marijuana and cigarette abuse (10/day) during pregnancy by the mother was described. Unknown status of hepatitis b of the mother leads to simultaneous vaccination of the child. Postpartially adaption was good, Spontaneous reflexes were normal initially. 2/6 heart murmur was found at the 3rd day of life. Examination revealed a small muscular ventricle septal defect. A marmorated skin color and muscular rigidity were also found. Magnetic resonance imaging (MRI) revealed a hydranencephaly with normal primary branches of arteria carotis interna bilaterally. More distal of these arterial branches no vessels were found, so a closure of the distal parts of the arteria carotis interna was discussed. A ventriculoperitoneal shunt with rickham reservoir without pressure valve was inserted. Postoperative course was uneventful. Cytomegalovirus, rubella and toxoplasmosis-antibodies were not found. Blood specimen, blood sugar, and blood gas analysis were normal. To date of publication, aged 4 months, the child is in a good condition.

DISCUSSION

Hydranencephaly is an extreme rare congenital defect. It can occur after meningitis, intracerebral infarction, ischemia,

and injury of the brain. Hydrancephaly is classified as porencephaly, where cerebrum and falx are completely absent. Differential diagnosis includes schizencephaly, severe hydrocephalus, and holoprosencephaly. When destruction of the brain is complete, the cerebellum, midbrain, thalami, basal ganglia, and choroid plexus typically remain preserved to varying degrees. In most cases, the fetal head remains enlarged due to the continued production by the choroid plexus of cerebrospinal fluid [1]. The exact cause of hydrancephaly remains unclear in most cases, the most often found cause is vascular insult such as stroke or injury, intrauterine infections, or traumatic disorders after the first trimester of pregnancy.

Intrauterine infections are also described as causing factors. Toxoplasmosis and viral infections such as enterovirus, adenovirus, parvovirus, cytomegalic, herpes simplex, Epstein-Barr, and syncytial viruses are possible infectious causes. Another cause factor is described to be monozygotic twin pregnancies, involving the death of one twin in the second trimester, which in turn causes vascular exchange to the living twin through placental circulation through twin-to-twin transfusion, causing hydrancephaly in the surviving fetus [1]. An accurate, confirmed diagnosis is generally impossible until after birth. Prenatal diagnosis by fetal ultrasonography can identify characteristic physical abnormalities. Clinical evaluation with detailed patient history, and advanced imaging techniques, such as angiogram, computed tomography and MRI are the most accurate diagnostic techniques [1,2]. Medical text identifies that hydrancephalic children simply have only their brain stem function remaining [1] thus leaving formal treatment options as symptomatic and supportive. Severe hydrocephalus causing

macrocephaly can easily be managed by placement of a shunt and often displays a misdiagnosis of another lesser variation of cephalic condition [1]. Plagiocephaly, the asymmetrical distortion of the skull, is another typical associated condition that is easily managed through positioning and strengthening exercises to prevent torticollis, a constant spasm or extreme tightening of the neck muscles [5]. Medical research exclusive to hydrancephaly is limited. There are research efforts in the realm of neural tube defects and prevention of congenital neurological conditions [3].

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Source of Support: Nil, Conflict of Interest: None declared.