

A Case Report of Congenital Hydrocephalus

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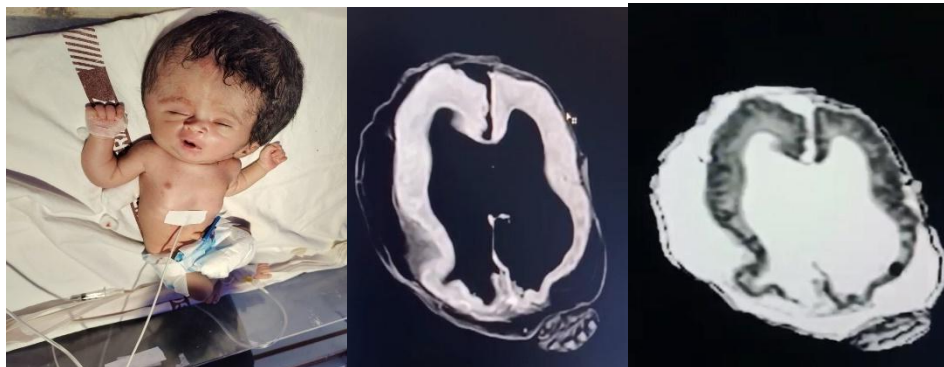
Abstract: *Hydrocephalus is a condition where there is an excessive accumulation of CSF under pressure and or at times under no pressure resulting due to impaired circulation and absorption of CSF or increased production.*

Keywords: Hydrocephalus, convulsions, cranial USG, ventriculomegaly

1. Introduction

A Day 1 term female newborn was born with big head to P2L2 mother through emergency LSCS with an APGAR of 8 at 1min and 9 at 5min admitted in SNCU at 2 hours of birth. On examination, anterior and posterior fontanelle were wide open, impaired upgaze (sunset sign), dilatation of scalp veins and hypertonic lower extremities, face appears to be

broadened. No other abnormal features were observed. Anthropometric measurements were OFC: 50cms, length: 50cms, weight: 3.85kgs. Systemic examination: **CNS:** Baby was alert, sucking, rooting, Moro's reflex present. Other systems were normal. **Cranial USG** showed huge hydrocephalus with bilateral ventriculomegaly. On D4 of admission baby had 2 episodes of convulsions and baby was operated on D12 of life, VP Shunt placed over right side



IMPRESSION:

- Small acute infarct in right anterior watershed zone.
- Gross hydrocephalus with dilated supra tentorial ventricular system.
- Mild to moderate volume loss noted in bilateral cerebral hemispheres.
- Subacute extradural hemorrhage along right fronto-parietal convexity.
- Deformed appearance of cranial vault bones with thinning.
- Diffuse subcutaneous scalp tissues edema at skull.

-- For clinical correlation & follow up.

2. Discussion

Hydrocephalus is a condition where there is an excessive accumulation of CSF under pressure and or at times under no pressure resulting due to impaired circulation and absorption of CSF or increased production. It is of 2 types 1) communicating

Non communicating

Congenital hydrocephalus is capable of producing brain atrophy hence poor prognosis due to compression of brain parenchyma and may be associated with severe mental retardation. CT brain and cranial USG are the most important diagnostic tools. We should monitor complications which are associated with shunt like infections, hematoma, thromboembolism, plugging of shunt.

References

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