



HEMIPLEGIA HEMICONVUSION HEMIATROPHY SYNDROME-A CASE REPORT

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ABSTRACT

Neuronal migration disorder is a rare cause of seizure, weakness and developmental delay¹. Individuals with smaller, unilateral clefts may be paralyzed on one side of the body². Outcome and presentation of schizencephaly are variable, but it typically presents with seizures, hemiparesis, and developmental delay. Here we report a case of open lip schizencephaly presenting as Hemiplegia Hemiconvulsion Hemiatrophy Syndrome.

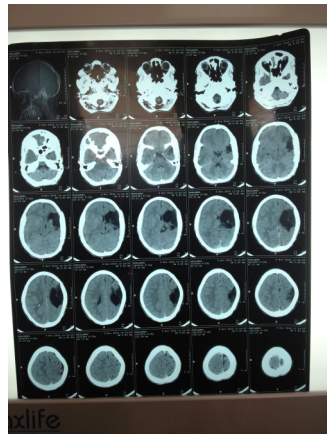
KEYWORDS : schizencephaly, Neuronal migration disorder.

INTRODUCTION

Seizures, Hemiplegia, Hemiatrophy irrespective of etiology, has been considered as HHE syndrome³. Prolonged ictal activity that act on blood-brain-barrier permeability, genetic factors and focal epileptogenic lesion predispose to this syndrome. In type I or closed-lip schizencephaly, the cleft walls are in apposition and type II or open lip schizencephaly, in which the walls are separated. Schizencephaly type II occurs more commonly than type I.

CASE REPORT

14 yr old female born of non-consanguineous marriage presented with the history of infantile hemiplegic, recurrent seizures involving right half of body, and wasting of right half of body with mental retardation. Her antenatal-perinatal-family history was uneventful. In view of diagnosis of Hemiparesis-Hemiatrophy-Hemiconvulsion syndrome, she was subjected to CT brain which showed Open lip type of schizencephaly. She was managed with physiotherapy, two anticonvulsants and is doing fine at follow up.



CT brain of patient showing open lip schizencephaly on left side.



Clinical photograph of patient showing right infantile hemiplegia and hemiatrophy.

DISCUSSION

Schizencephaly is an extremely rare congenital brain anomaly and is the most severe form of neuronal migration defect⁴. Schizencephalic clefts denote defects that occur early in the second to fifth month of gestation, prior to the end of neuronal migration. There is very scant literature on schizencephaly in Indian population.

CONCLUSION

Motor deficits are the predominant manifestations in open-lip schizencephaly. In patients of congenital hemiparesis, hemiatrophy, hemiconvulsion one should consider the presence of neuronal migration disorders like schizencephaly.

REFERENCES

1. Curry CJ, Lammer EJ, Nelson V, Shaw GM. Schizencephaly: Heterogeneous etiologies in a population of 4 million California births. *Am J Med Genet A*. 2005;137:181–9.
2. P.V. Chaitanya varma, Y. Ramesh bhatt and Sonia Bhatt. Unilateral open-lip schizencephaly: A rare cause of infantile hemiparesis. *J Pediatr neuroscience* 2012 sepdec 7(3):234–236.
3. Bhargava, et al.: Spectrum of abnormalities in Dyke Davidoff-Masson syndrome; *CHRISMED Journal of Health and Research* /Vol 1/Issue 3/ Jul-Sep 2014.
4. S. Velusamy, Sindhu bharathi S, B. Krishnakumar. Schizencephaly with hemiparesis in a child - A case report. *Stanley Medical Journal* Vol 3 | Issue 2 | April - June | 2016.