Acta Neurol. Belg., 2011, **111**, 373

Decompensated chronic congenital hydrocephalus

Ali Mahta, Alexander Hu, Ryan Y. Kim and Santosh Kesari
Department of Neurosciences, Moores Cancer Center, UC San Diego, La Jolla, CA, 92093

Key words: Hydrocephalus; ventricles; stroke; hemorrhage.

A 66 year-old woman with congenital macrocephaly and developmental delay presented with aphasia and right-sided weakness. Head CT revealed severe hydrocephalus of the lateral and third ventricles with a normal fourth ventricle due to a chronic congenital process (Fig. 1A). MRI confirmed subacute embolic infarcts of the left middle cerebral artery territory (Fig. 1B) and a heparin drip was initiated. The patient initially improved but then rapidly decompensated due to hemorrhagic transformation (Fig. 1C) and eventually expired despite protamine and ventricular shunting.

Longstanding compensated congenital hydrocephalus (1, 2) can decompensate for various reasons including stroke.

Financial disclosures

The authors report no disclosures.

Acknowledgements

This work was supported in part by grants from NIH 3P30CA023100-25S8 to S. Kesari.

REFERENCES

1. Masdeu JC, Pascual B, Bressi F. *et al.* Ventricular wall granulations and draining of cerebrospinal fluid in chronic giant hydrocephalus. Arch Neurol. 2009 Feb;66(2):262-267.
2. Edwards RJ, Dombrowski SM, Luciano MG, Pople IK. Chronic hydrocephalus in adults. Brain Pathol. 2004 Jul;14(3):325-336.

Santosh Kesari, M.D., Ph.D.,
Moores Cancer Center,
University of California, San Diego,
3855 Health Sciences Drive,
La Jolla, CA 92093-0819
E-mail: skesari@ucsd.edu

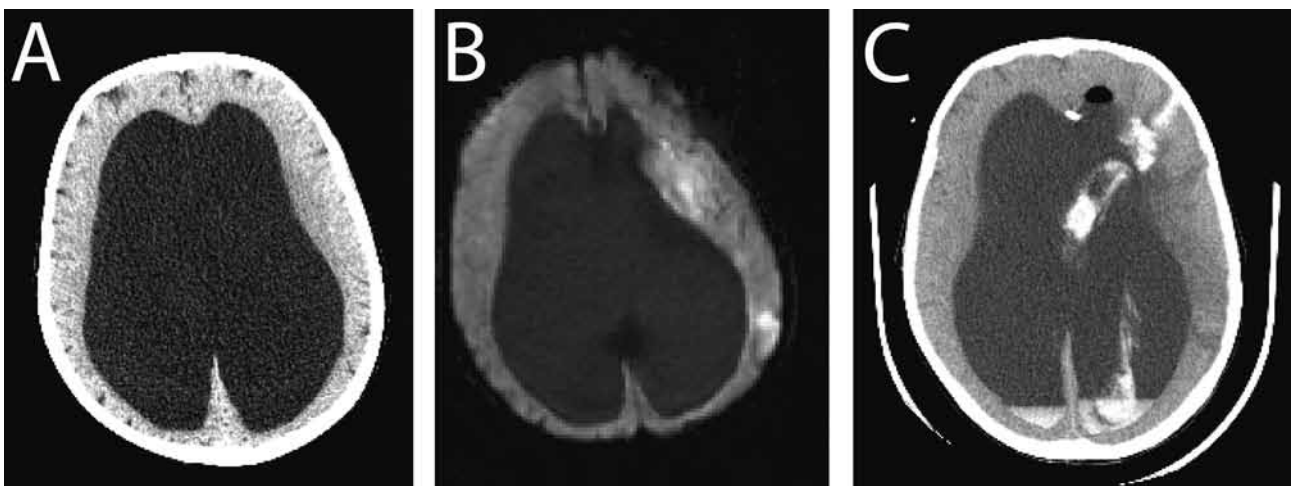

Fig. 1. — A) Head CT revealing giant hydrocephalus of the lateral ventricles. B) Brain MRI DWI sequence confirming acute to subacute infarcts of the left middle cerebral artery. C) Head CT showing intraventricular catheter plus some intraventricular hemorrhage.