

Esquizencefalia: una causa poco común de convulsiones

Schizencephaly - A rare cause of seizures

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CASE REPORT

We presented a case of a 50-year-old female, with history of dyslipidaemia and arterial hypertension, medicated with statin and two antihypertensive drugs, without childhood diseases, that came to the emergency department with altered mental state, compatible with post ictal period. Blood tests didn't have any changes. Brain TC-scan showed enlargement of the circulation of the cerebrospinal fluid and reduction of the brain volume not compatible with the age group. Brain magnetic resonance showed malformative syndrome involving the cerebral cortex, open-lip schizencephaly in the left frontal-parietal cerebral hemisphere in communication with the silvic ditch and schizencephalic tent, involving the inner face of the occipital lobe equally on the left, hypoplasia of the left cerebellar hemisphere and ventriculomegaly with colpocephaly configurations lateral ventricles without signs of hydrocephalus. Levetiracetam 500 mg twice a day were initiated with good evolution, already with two years without seizures.

Schizencephaly is a rare congenital central nervous system malformation^{1,2}, characterized by the presence of a gap in the brain extending from the surface of the pia mater to the cerebral ventricles^{1,3}. This malformation could be unilateral or bilateral¹. Type I (closed-lip) could be asymptomatic or diagnosed only as an adult, with epileptic seizures and mild motor deficits¹. Type II (open lip) is more severe, with epilepsy, varying degrees of paralysis and mental retardation. Treatment is conservative, with rehabilitation and antiepileptic drugs^{1,3}.

Figure 1. Brain MRI Axial T1 (left), T2 (right)

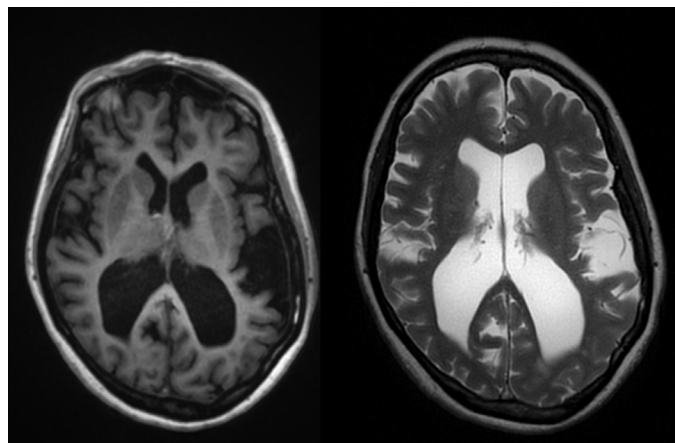
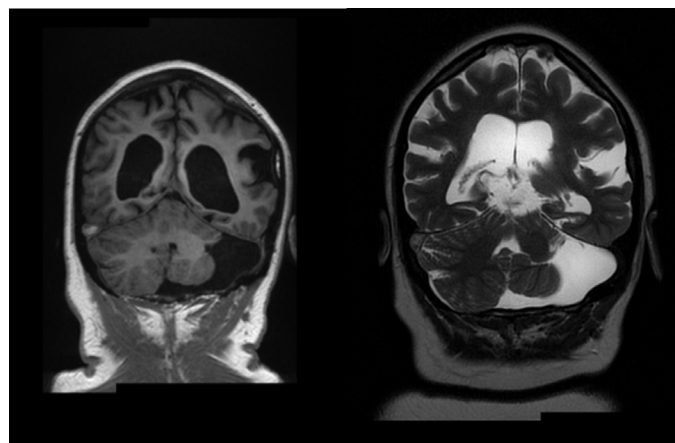


Figure 2. Brain MRI Coronal T1 (left), T2 (right)



CONFLICT OF INTEREST

The authors declare that they have no conflict of interests.

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ETHICAL ASPECTS

All participants submitted a consent form to be included in this study.

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