

Pediatrics, Pediatric Gastroenterology & Nutrition

March 23-25, 2017 Orlando, USA

Differential diagnoses of cerebral hemiatrophy in childhood: A review of literature with illustrative report of two cases

Uduma Felix Uduma^{1,6}, Emejulu Jude-Kennedy C², Motah Mathieu^{3,6}, Okere Philip C N⁴, Ongolo Pierre C^{5,6} and Muna W^{5,7}¹University of Uyo, Nigeria²Nnamdi Azikiwe University Teaching Hospital, Nigeria³University of Douala, Cameroon⁴University of Nigeria Teaching Hospital, Nigeria⁵University of Yaounde, Cameroon⁶Polyclinic Bonanjo, Cameroon

Childhood cerebral hemiatrophy is an uncommon clinical entity. Its aetiologies are diverse, but can generally be grouped into congenital and acquired. The congenital type is intrauterine in origin, while the acquired type occurs early in life, usually before two years of life. When childhood cerebral hemiatrophy occurs, it evokes a spectrum of compensatory calvarial sequelae. These include ipsilateral calvarial thickening, diploe widening, hyper-pneumatization of paranasal sinuses/mastoids, elevation of petrous bone and small middle cranial fossa. MRI is very effective in highlighting brain atrophy, associated parenchymal changes and even the above enumerated skull changes. Our two case reports of left hemi-cerebral atrophy in male Cameroonian children seen in our MRI practice aptly demonstrated some of the aforementioned radiological features of childhood cerebral hemiatrophy noted in literature review.

Biography

Dr Uduma Felix Uduma is a Senior Lecturer in University of Uyo, Uyo, Nigeria and Consultant Radiologist in University of Uyo teaching hospital, Uyo Nigeria

felixuduma@yahoo.com

Notes: