

E-Poster

A rare case of subdural hygroma in pregnancy-

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Background

Subdural hygroma is a collection of cerebrospinal fluid, without blood, located under the dural membrane. Subdural hygroma in fetal or early neonatal life is one of the clinical presentations of congenital toxoplasmosis. Arachnoid cyst rupture also can produce a subdural hygroma.

Case

Mrs. A is a 25 years old healthy primigravida. During her routine anomaly scan baby was suspected to have Left sided diaphragmatic hernia and moderate ventriculomegaly. Her first trimester and early 2nd trimesters were uncomplicated. After detecting the anomalies, she was referred to the fetal medicine specialist and fetal MRI scan performed. It confirmed the diagnosis of Hydranencephaly with mild lateral and third ventricular dilatation and a subdural cystic collection / Subdural Hygroma. Also, it confirmed the presence of left sided diaphragmatic hernia and right sided lung development was normal. TORCHES screening positive for Toxoplasmosis IgG and IgM antibodies. Parents were explained about the condition and pregnancy was continued and baby delivered at 37 weeks by elective caesarian section after discussion with neonatology team for planned neonatal care. Baby cried at birth and APGAR was 9, 10 and 10. Baby was admitted to neonatal intensive care for further management. USS of baby done and it revealed a subdural hygroma and there were no features of ventriculomegaly. However, baby's saturation started to drop after 24 hours and became hemodynamically unstable and not recovered despite resuscitation, baby died within 48hrs after delivery.

Discussion

Hydranencephaly is a condition in which the brain's cerebral hemispheres are absent to varying degrees and the remaining cranial cavity is filled with cerebrospinal fluid. Condition can be due to genetic or environmental factors. Congenital toxoplasmosis one of the recognized causative factors. Can occur due to viral infections such as parvovirus, cytomegalic, herpes simplex, Epstein-Barr, and syncytial viruses. Our patient has positive serology for toxoplasmosis infection.