57 y/o female with a H/O developmental delay, hypotonia, & ataxia during infancy. Presenting with headache.

Carolina Vicens-Cardona, MD
Brad Kincaid, MD
CT Head
Non-Contrast
CT Head
Non-Contrast
CT Head
Non-Contrast
Dandy Walker Malformation  
s/p Ventriculoperitoneal  
Shunting
Ventriculoperitoneal Shunt

Hydrocephalic lateral ventricle

CT Head Non-Contrast
Hypoplasia of cerebellar vermis

Dilation of lateral ventricle

Cystic dilatation of 4th ventricle

CT Head Non-Contrast
Cystic dilatation of 4th ventricle
Dandy Walker Malformation

Triad of:
- Hypoplasia of the cerebellar vermis & rotation of vermian remnant
- Cystic dilatation of the fourth ventricle extending posteriorly
- Enlarged posterior fossa

Epidemiology:
- Most common posterior fossa malformation
- 1 in 30,000 births

Etiology:
- Chromosomal abnormalities, prenatal exposure to viral illness, maternal diabetes
Dandy Walker Malformation

Clinical presentation:
• Usually presents in 1\textsuperscript{st} year of life
• Symptoms of hydrocephalus
• Developmental delay, hypotonia, ataxia

Diagnosis:
• Level II prenatal ultrasound in 2\textsuperscript{nd} or 3\textsuperscript{rd} trimester
• Fetal MRI can confirm diagnosis

Treatment:
• Surgical: fluid drainage via a ventriculoperitoneal shunt if necessary
References

