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
Hypoplasia of cerebellar vermis

Dilation of lateral ventricle

CT Head Non-Contrast

Cystic dilatation of 4th ventricle
Cystic dilatation of 4\textsuperscript{th} 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

