

FREAKS OF NATURE Foetal Monstrosity-INIENCEPHALY: A CASE REPORT

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Introduction: Foetal monstrosities are rare, iniencephaly, a neural tube defect is rarest, first described by <u>Saint Hilaire in 1836</u>. Probably due to complex alteration of embryonic development (defective mesoderm) during 3rd or 4th week of intrauterine life.

Classified by	Type 1	Туре 2	1
1.Lewis	Iniencephaly clausus- no encephalocele	Iniencephaly apertus – with encephalocele	1
2.Howkins & Lawrie	Simple iniencephaly	Iniencephaly with anencephaly	

Incidence is 0.1 to 10/10,000 live births

More common in female, (M:F- 1:9)

Chance of recurrence is

Case report:

History:

21 years, primi gravida, 20 weeks gestation

low socio economic status, unbooked and unimmunised

no history of folic acid or other drug intake

non consanguineous marriage

no family history of neural tube defects or congenital abnormality, no addictions

Diagnosed as simple iniencephaly clausus with cardiac abnormality, medical termination of pregnancy done using vaginal misoprostol. Post-mortem Chromosomal analysis not done. Findings of the abortus (female) and fetogram were consistent with the ultrasound findings.

Ultrasound findings - 20 weeks fetus

- 1 short rotated spine with rachischisis
- 2 fixed retroflexed head with extreme hyperextension at neck, defecit of occipital bone
- 3 star gazing appearance, both orbits appear protruding, with hypotelorism
- 4 hypoplastic right venricle and left ventricular outflow tract abnormality
- 5 cleft lip with protruding tongue
- 6 lumbar meningocele of size 2.4x2.2 cm
- 7 Abnormal intracranial anatomy, abdomen and head in same line
- 8 Normal long bones
- 9 polyhydramnios

Discussion: Iniencephaly is derived from Greek word <u>inion</u> which refers to <u>back</u> of the neck and <u>encephalos</u> which refers to the <u>brain</u>. The fusion of posterior most part of occipital bone with back leading to the absence of the neck and retroflexion of head. Exact aetiology and pathology is not known, genetic and environmental causes may have a role.

Risk factors: Low socio economic status, low parity, deficiency of folic acid, obesity, hyperhomocysteinemia, and drugs, sulphonamide, tetracycline,

sulphonamide, tetracycline, antihistamines, chlomiphene citrate and anti tumor agents.¹ Associated chromosomal abnormalities: trisomy 18,13, monosomy X.¹

Differential diagnosis:

Anencephaly with retroflexion of spine, Klippel-Fiel syndrome, cervical meningomyelocele, spondylocostal dysostosis, nuchal tumors.¹

Prognosis: It is always fatal in the neonatal period, four cases with mild iniencephaly clausus have been reported with long-term survival, with minimal morbidity.⁷





Conclusion: Iniencephaly is a rare occurrence, and diagnosing it in the early gestational period is critical, so as to offer medical termination of pregnancy, as almost all cases are invariably fatal and if survival is established, morbidity is severe. This is an attempt to make the mind know iniencephaly, so that our eyes picks it up and helps us treat the same.

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