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Annals of Vascular Medicine & Research

Clinical Image

Asymmetric Ventriculomegaly in Adult

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Submitted: 26 December 2014

Accepted: 07 January 2015

Published: 08 January 2015

CLINICAL IMAGE

A 75 year old female presented with recurrent episodes of loss of consciousness. She was found on floor surrounded by urine and feces at home, without tongue biting. She has a history of epilepsy, diabetes mellitus, hyperlipidemia, multiple myocardial infarctions, atrial fibrillation, severe cardiomyopathy which needed defibrillator placement and subsequent heart transplantation 11 years ago, peptic ulcer, chronic kidney disease, urinary incontinence, gout, depression. She smoked for 45 years before quitting in 2003. The birth of the patient was a dystocia at home with assistance of midwife. She is mostly independent for activities of daily living.

CT head demonstrated asymmetric ventricular dilatation with right side greater than left (Panel A-D). The Ventriculomegaly spares of the fourth ventricle reflecting a ductal stenosis with compensated ventriculomegaly. The occipital horn of the right lateral ventricle is markedly dilated and compressing against the brain parenchyma, especially the upper right parietal occipital area where the brain tissue was undetectable. There is probably acquired absence of the septum pellucidum and dysgenetic corpus callosum. No previous head imaging could be retrieved from previous hospitalizations.

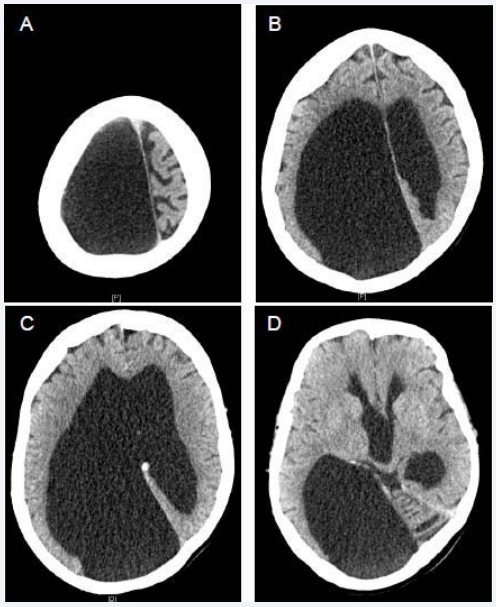

Figure 1 Electrospun nanofibers membrane of poly-ε-caprolactone visualization after 21 days of human Osteoblasts culture (Cells visualization in blue (nucleus /DAPI) and PLL^{FITC} labelled nanofibers in green): colonization and proliferation of osteoblasts into the nanofibers membrane.

The prevalence of mild to moderate ventriculomegaly was 7.8 per 10,000 births [1]; severe ventriculomegaly was 3.6 per 10,000 births [2]. Ventriculomegaly is associated with a variety of congenital or acquired etiologies [3]. The history of dystocia of this patient might be either the result of congenital ventriculomegaly, or the cause of acquired ventriculomegaly. However, the occurrence of severe cardiomyopathy late in her life that resulted in heart transplant makes it reasonable to presume a congenital infection as the cause, such as mumps or rubella [4].

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