I. INTRODUCTION

Encephalocele is a congenital lesion representing a problem in the practice of pediatric neurosurgery [1]. There is 60 to 80 % risk of other structural abnormalities [2]. We find chromosomal anomalies associated with neural tube defects such as the monosomy X , trisomies 13-21 [3], and lesser-known [1], [3], [4], mosaicism [3], [5],TORCH infections (Toxoplasma, Rubella, Cytomegalovirus , Herpes simplex virus) are documented in many patients [1]. Genetic also environmental factors are responsible of the development of encephalocele [1].

Occipital region is followed by frontal, ethmoidal and parietal regions, it should be repaired in the first few months of life. Computed tomography (CT) 3-dimension visualize bone defects , the MRI helps to differentiate herniated content and find other anomalies [4].

II. CLINICAL CASE

We present a case of an 8-month-old female, the third child of a family of 3 children. With notion of third-degree consanguinity, it is the first case reported in the family. With no mother’s history of taking drugs during pregnancy. This one was poorly monitored and carried to term. The delivery was by caesarean section, The clinical examination of the patient found a large median occipital formation measuring 20 cm by 20 cm of large axis, epidermized, without cerebrospinal fluid outlet, the cranial perimeter was defined at 37 cm.

On neurological examination, the patient was conscious and accepting breast feeding normally. There was no limb weakness. Magnetic resonance imaging (MRI) of brain showed a giant encephalocele at the occipital region, the general examination did not find any other malformations.
Surgical treatment consists of excision of the excess meninges, partial or complete excision of protruded brain tissue, the closure of the dural defect and approximation of the skin [12]. Prognosis of the children treated for giant occipital encephaloceles depends on many factors: the size, amount of brain tissue involved in the encephalocele, associated intracranial (microcephaly and hydrocephalus), and extracranial anomalies[13], [14].

IV. CONCLUSION
Occipital encephalocele is considered as a very common form of neural tube defect. The diagnosis is based on neuroimaging techniques, we believe that its Management includes full investigations for optimum surgical plan.

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CONFLICT OF INTEREST
Authors declare that they do not have any conflict of interest.

REFERENCES


