## Wadia Journal of Women and Child Health

Clinical Image

# Giant occipital encephalocele in a neonate undergoing successful neurosurgical intervention

Akshay Kumar Deshpande<sup>1</sup>, R. R. Prashanth<sup>2</sup>, Prathik Bandiya<sup>2</sup>, Niranjan Shivanna<sup>2</sup>

Departments of <sup>1</sup>Pediatrics and <sup>2</sup>Neonatology, Indira Gandhi Institute of Child Health, Bengaluru, Karnataka, India.

#### \*Corresponding author:

R. R. Prashanth, Department of Neonatology, Indira Gandhi Institute of Child Health, Bengaluru, Karnataka, India.

prash2635@gmail.com

Received: 05 November 2024 Accepted: 29 December 2024 Published: 15 March 2025

**DOI** 10.25259/WJWCH\_47\_2024 A female neonate antenatally diagnosed with occipital encephalocele (OE) at 7 months of gestation was born by lower segment cesarean section at 38 weeks, weighing 3000 g. A large cystic swelling was seen arising from the posterior part of the head measuring  $20 \times 15 \times 20$  cm with a rim of transparent tissue, with no evidence of bleed or rupture [Figure 1]. She was hypotonic with a depressed sensorium. Magnetic resonance imaging showed a large OE through a 1.6 cm defect [Figure 2], requiring emergency surgical repair [Figures 3 and 4]. She also required a ventriculoperitoneal shunt secondary to post-surgical communicating hydrocephalus and was successfully discharged.

The incidence of encephaloceles is approximately 1–4 cases per 10,000 live births, with OE being the most common.<sup>[1]</sup> The surgical prognosis depends on the timing of presentation and



**Figure 1:** Large occipital encephalocele with an intact rim of transparent tissue covering it.

How to cite this article: Kumar Deshpande A, Prashanth RR, Bandiya P, Shivanna N. Giant occipital encephalocele in a neonate undergoing successful neurosurgical intervention. Wadia J Women Child Health. 2024;3:153-4. doi: 10.25259/WJWCH\_47\_2024



This is an open-access article distributed under the terms of the Creative Commons Attribution-Non Commercial-Share Alike 4.0 License, which allows others to remix, transform, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms. ©2024 Published by Scientific Scholar on behalf of Wadia Journal of Women and Child Health



**Figure 2:** Magnetic resonance imaging brain showing a large occipital encephalocele through a 1.6 cm defect.



**Figure 3:** Intraoperative image following removal of dysplastic neural tissue.

associated complications such as hydrocephalus and rupture of the sac. Delay leads to increasing difficulty during surgical restoration with hemodynamic instability during the same.<sup>[2]</sup>

#### **Ethical approval**

Institutional Review Board approval is not required.



**Figure 4:** Post-operative image with dura mater and skin closed in layers.

#### Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent.

#### Financial support and sponsorship

Nil.

### **Conflicts of interest**

There are no conflicts of interest.

## Use of artificial intelligence (AI)-assisted technology for manuscript preparation

The authors confirm that there was no use of artificial intelligence (AI)-assisted technology for assisting in the writing or editing of the manuscript and no images were manipulated using AI.

#### REFERENCES

- Raja RA, Qureshi AA, Memon AR, Ali H, Dev V. Pattern of encephaloceles: A case series. J Ayub Med Coll Abbottabad 2008;20:125-8.
- 2. Hogan A, Ullmer N. Fetal occipital encephalocele: A case report. J Diagn Med Sonogr 2022;38:264-9.