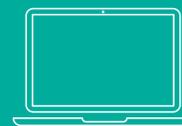


CASE REPORT POSTER

THE OVERLOOKED CONNECTION: A CASE REPORT ON PSYCHOLOGICAL MANIFESTATIONS IN DANDY-WALKER MALFORMATION



AUTHORS

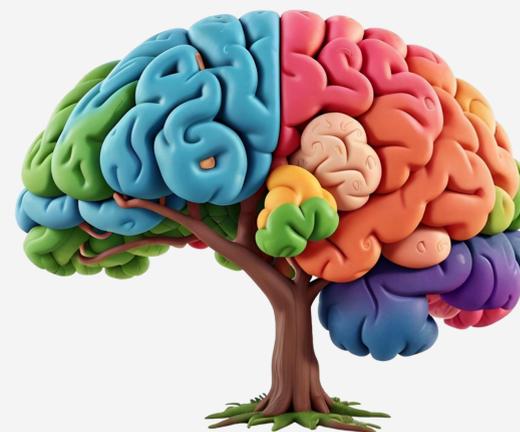
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ABSTRACT

- Dandy-Walker Syndrome (DWS): rare congenital brain malformation (1 in 25,000–30,000 births).
- Leads to developmental delays, seizures, intellectual disability.
- Psychiatric and behavioural symptoms often overlooked.



CASE REPORT

- Patient: 18-year-old male, unmarried, unemployed.
- History:
 - Full-term birth, no complications.
 - Delayed milestones, poor academics, dropped out in 4th grade.
 - Difficulty sustaining jobs due to cognitive limitations.
- Behavioural issues:
 - Aggressive, abusive outbursts from age 15.
 - Frequent fights, running away, poor self-care, social withdrawal.
- Presenting complaints: Frequent falls, headaches (1 month), poor self-care (1 year), aggression (3 years).
- Examination: Childish speech, impaired abstract thinking, poor attention/concentration; neurological exam normal.
- Investigations:
 - IQ test: mild–moderate intellectual disability.
 - CT brain: posterior fossa cyst, vermis hypoplasia, dilated 4th ventricle → classical Dandy-Walker Malformation.

MANAGEMENT

- Started on olanzapine 5–10 mg/day → ~50% improvement in aggression.
- Continued psychiatric follow-up + neurology referral.

CONCLUSION

- DWS may present with psychiatric and behavioural disturbances in addition to neurological deficits.
- Early psychiatric recognition and multidisciplinary care (psychiatry, neurology, pediatrics) essential.
- Family psychoeducation important for long-term management.

DISCUSSION

- DWS has 3 subtypes: DWS, Dandy-Walker variant, Mega cisterna magna.
- Case fits classical DWS.
- Psychiatric symptoms in adolescents (aggression, psychosis, cognitive decline) underreported.
- Literature links cerebellar dysfunction and cortico-thalamo-cerebellar circuits with psychosis.
- Variable response to antipsychotics; some require long-acting injectables.