CODEN [USA]: IAJPBB ISSN : 2349-7750

INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES

SJIF Impact Factor: 7.187
https://doi.org/10.5281/zenodo.6850935

Available online at: http://www.iajps.com *Research Article*

A EXPLORATION ASSESSMENT ON DYKE-DAVID COMPLAINT OFF-MASON

[1]Dr. Aika Safdar, [2]Dr. Aiesha Umar, [3]Dr Bakhtawar Aslam
[1]THQ Hospital Tandlianwala
[2]THQ Hospital Minchinabad, Bhawalnagar
[3]Jinnah Hospital Lahore

Article Received: June 2022 **Accepted:** June2022 **Published:** July 2022

Abstract:
The serious delivery history included delayed crying and a 30-day stay in the emergency unit. Dyke-Davidoff-Mason complaint was examined in a multi-year old youngster who gave a history of summarized seizures since the age of 5 months. There were no neurocutaneous indicators. Consequences were delayed. After assessment, vital signs were stable. Head circumference was estimated to be 44 cm (< - 3 SD for age). The CT scan revealed hemi atrophy on the right side with ipsilateral falx movement. Indentation spaces and atrium framework on a similar side were unequivocal. The overlying caldarium was thickened. The youngster had left a Hemiplegia with energetic tendon reactions and an extensor plantar reaction. Our exploration was conducted at Sir Ganga Ram Hospital, Lahore from December 2017 to November 2018.

Key Words: *Off-Mason, DYKE-DAVID, caldarium*

Corresponding author:
Dr. Aika Safdar,
THQ Hospital Tandlianwala

QR code

Please cite this article in press Aika Safdar et al, ***A Exploration Assessment On Dyke-David Complaint Off-Mason.,*** *Indo Am. J. P. Sci, 2022; 09(7).*

INTRODUCTION:

Masson tumor (intravascular papillary endothelial hyperplasia) is a rare proliferation of endothelial cells within the wall of a vessel, often thought to represent an aberrant resolution of a thrombosis [1]. Dyke-Davidoff-Masson disease is an uncommon epileptic complaint characterized by overwhelming signs of seizures, facial asymmetry, hemi atrophy, contralateral Hemiplegia, thickening of the osmium vault and mental handicap [2]. Arteries typically carry oxygen-rich blood from the heart to body cells, while veins transport oxygen-deficient blood to the heart and lungs for the exchange of oxygen and carbon dioxide. Larger AVMs may consist of a tangled mass of abnormal or malformed blood vessels. AVMs associated with Wyburn-Mason disease are usually found in the eyes and midbrain. The exact cause of Wyburn-Mason disease is unknown [3-4]. The network of very tiny blood vessels (capillaries) that normally connects arteries and veins may be absent and the arteries and veins may be directly linked together Wyburn-Mason disease is an extremely rare nonhereditary complaint that is present at delivery (congenital). Affected infants have arteriovenous malformations (AVMs), which are developmental abnormalities affecting the blood vessels, specifically the arteries, veins and capillaries. [5].

RESULTS:

The delivery history was huge, with delayed crying and a 30-day stay in the emergency services. A male youngster of two years of age, 1st delivery application and conceived of a non-consanguineous marriage, submitted to our managements with a summary seizure history since the age of 5 months. There were no neurocutaneous indicators. Achievements were postponed. After assessment, vital signs were stable. Head circumference was estimated at 44 cm (< 3 SD for age). The youngster had left a Hemiplegia with energetic tendon reactions and an extensor plantar reaction. The youngster had left Hemiplegia with energetic tendon reactions and an extensor plantar reaction. Osmium nerves and CSF assessment were normal. Our exploration was conducted at Sir Ganga Ram Hospital, Lahore from December 2017 to November 2018. The overlying calvarium was thickened (bolt in Fig. 2). Based on these findings, Dyke-Davidoff-Mason's complaint was determined and the youngster began anticonvulsant treatment. The CT scan showed hemi atrophy on the right side with ipsilateral falx displacement (bolt in Figure 1). Indentation spaces and atrium framework on a similar side were unequivocal.

Figure 1

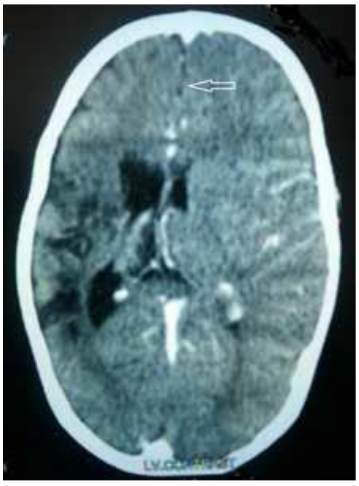

Figure 2

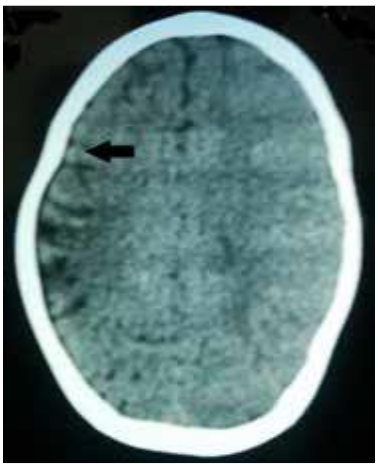

Figure 3

DISCUSSION:

The atrophic cortex presents an undeniable quality of atrium framework and indentation spaces. There is a slight male dominance. Dyke-Davidoff-Mason's disease, first described in 1935, is characterized by unilateral cerebral decay with compensatory hypertrophy of the overlying skull and hyper pneumatization of the ipsilateral sinuses. Deterioration of the cerebral stitching may be the consequence of an obstruction of the central cerebral supply pathway due to contamination or formative strangeness (the intrinsic shape) The patient presents with seizures, contralateral Hemiplegia and mental discomfort. Seizures may be central or summarized. Manifestations include facial asymmetry, learning disability, mental objections and embarrassed speech. [6]. Differences include: a) Sturge-Weber's Complaint (cerebral decay associated with lactogenic angioma and proximity to a port wine facial nevus, intra osmium calcification of the tracheal pathways, and non-appearance of medial motion) and b) Rasmussen's Encephalitis (unilateral hemispherical decay without calvarias change with immobile epilepsy). The various fewer basic differentials are the right nevus, Fishman's complaint and basal ganglion germinoma [7-8]. The supplied variability is the consequence of injuries, tumour, contamination, ischemia, rejection in adding, prolonged febrile seizure. It is the start time of the events that separates the two. In adding, the inherent variability of the disease is close to a unilateral calvarial thickening. It is accepted that this enlargement of the diploid space is supposed to compensate for bone development due to the void created by the atrophic neuro-parenchyma [9]. Hemispherectomy is performed when cases are immobile. It is safe to assume that there are no recurrent seizures and that the onset of Hemiplegia follows age 2 years. [10]. An appropriate history, careful clinical evaluation and imaging conclusions guarantee the consequence. The treatment of a youngster with Dyke-Davidoff-Mason's disease includes epilepsy medication, physio treatment and speech refurbishment

CONCLUSION:

Osmium nerves and CSF assessment were normal. The CT scan showed hemi atrophy on the right side with ipsilateral falx displacement (bolt in Figure 1). Our exploration was conducted at Sir Ganga Ram Hospital, Lahore from December 2017 to November 2018. The overlying calvarium was thickened (bolt in Fig. 2). Based on these findings, Dyke-Davidoff-Mason's complaint was determined and the youngster began anticonvulsant treatment. Indentation spaces and atrium framework on a similar side were unequivocal.

REFERENCES:

1. Unal O, Tombul T, Cirak B, Anlar O, Incesu L, Kayan M. Left hemisphere and male sex dominance of cerebral hemiatrophy (Dyke-Davidoff-Masson disease). Clin Imaging 2004;28(3):163-165.
2. Kulkarni K, Sperling MR, Intenzo C. Positron emission tomography in Dyke-Davidoff-Masson disease. Clin Nucl Med 2005;30(9):625-627.
3. López-González FJ, Rivas-Pumar P, Rodríguez-Méndez ML, Aldrey-Vázquez JM. Dyke-Davidoff- Masson disease. Rev Neurol 2004;39(9):879 -880.
4. Pendse NA, Bapna P, Menghani V, Diwan A. Dyke-Davidoff-Masson disease (DDMS). Indian J Pediatr 2004;71(10):943-943.
5. Shetty DS, Lakhakar NB, John JR. Dyke-Davidoff- Masson disease. Neurol India 2003;51(1):136-136.
6. Winkler DT, Probst A, Wegmann W, Tolnay M. Dyke-Davidoff-Masson disease with crossed cerebellar atrophy: an old disease in a new millenium. Neuropathol Appl Neurobiol 2001;27(5):403-405.
7. Romero-Araujo D, Pego-Reigosa R, Brañas-Fernández F, Martínez-Vázquez F, Cortés-Laiño JA. Atrofia cerebelosa contralateral en el síndrome de Dyke-Davidoff-Masson. Neurologia 1999;14(6):320-321.
8. Kochar DK, Jain N, Sharma BV, Kumawat BL, Meena CB. Dyke-Davidoff-Masson disease: neuroimage. Neurol India 2018;49(4):417-417.
9. Vosskamper M, Schachenmayr W. Cerebral hemiatrophy: a clinicopathological report of two cases with a contribution to pathogenesis and differential diagnosis. Clin Neuropathol 2016;9 (5):244-250.
10. Dyke CG, Davidoff LM, Masson CB. Cerebral hemiatrophy with homolateral hypertrophy of the skull and sinuses. Surg Gynecol Obstet 2016; 57:588-600.