

and inferior parietal lobules and occipital lobes possibly secondary to a perinatal insult. Ex v. lateral ventricular prominence, no sign of obstructive hydrocephalus.

Prolonged three hour video EEG monitoring did not reveal any epileptiform abnormalities.

COURSE IN THE HOSPITAL AND DISCUSSION :

2month old male baby born to non consanguineous parentage, with a history of perinatal asphyxia and neonatal seizures, was brought for neurological evaluation. On examination, baby was noted to have microcephaly with cranial suture overriding, and spasticity with brisk reflexes. Primary vs secondary microcephaly was considered, and baby was admitted for evaluation.

MRI brain showed extensive periventricular leukomalacia changes with white matter volume loss, gyral thinning and ulegyria of the pre-and postcentral gyri, paracentral lobules, superior and inferior parietal lobules and occipital lobes possibly secondary to a perinatal insult. Ex vacuo lateral ventricular prominence, no sign of obstructive hydrocephalus. 3 hour VEEG monitoring did not reveal any epileptiform abnormalities.

VEP showed inconsistent wave forms from both eyes, suggestive of a primary visual pathway dysfunction. BAEP was normal. NCV was normal.

Ophthalmology consult was taken, baby was noted to have large disc and macula, with a normal fundus. Genetic consultation was taken, serum uric acid(normal) and urinary sulfite oxidase was sent, report is awaited. TORCH screen was sent, report is awaited. Developmental therapy was planned. Parents want to start therapy at their hometown, and requested discharge.

Parents were counselled in detail regarding the nature of the baby's neurological condition and prognosis. They are advised to initiate developmental therapy, and regular follow up in pediatric neurology OPD with Dr Vinayan KP, after 4 weeks.

ADVICE ON DISCHARGE :

Review in Pediatric Neurology OPD after 4 weeks. (Dr Vinayan.K.P) To monitor blood sugar and blood pressure levels regularly. DO NOT MISS ANTIEPILEPTIC DRUGS. AVOID ANTIHISTAMINES & DECONGESTANTS. MAINTAIN SEIZURE DIARY.

WHEN TO OBTAIN URGENT CARE:

Call 0484 - 4001301 (or email to neurology@aims.amrita.edu) if having any problems - PLEASE HAVE DISCHARGE SUMMARY READY IN HAND WHEN CALLING FOR DOCTOR TO KNOW MEDICINE DETAIL

DISCHARGE MEDICATION :

Vitamin D drops (1ml=400 IU) 1-0-0 to continue. ~~X~~ no need
Syp A to Z 2ml orally, 0-1-0 to continue. ~~X~~

Prepared by
Dr. Jyostna A.S
Fellow, Paed Neurology

Verified by
Dr Vinayan.K.P
Professor & Head, Paed Neurology

Vinayan
Digital Signature
will be attached here
if exists

Content of the discharge summary will not be changed for any reason once the patient is discharged from the hospital. The receiver (patient / bystanders) are requested to go

Signed By: Josteena Joy

AMRITA INSTITUTE OF MEDICAL SCIENCES AND RESEARCH CENTRE
AIMS Ponekkara P.O, Kochi-41. Ph - 0484 2801234 Fax - 2802020

MRD No:1936300

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