A Newborn with an Arachnoid Cyst has the Syndrome of the Bobble-Head Doll

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Abstract

Background: A rare and distinctive movement disease called bobble-head doll syndrome most frequently affects children under the age of five. It is distinguished by periodic or continuous movement at a frequency of 2–3 Hz. Bobble-head doll syndromes' precise mechanism is still unknown. The best treatment is an endoscopic ventriculocisternostomy. Less than 75 cases of bobble-head doll syndrome with suprasellar arachnoid cyst were Both the ophthalmological examination and labo by a well-defined, thin-walled suprasellar arachnoid cyst measuring 3 cm by 5 cm by 7 cm, leading to hydrocephalus and ventriculomegaly. For the suprasellar arachnoid cyst, the patient had endoscopic cystoventriculostomy and cystocisternostomy. The head bobbing stopped totally throughout the six months of follow-up, and her growth was typical.

Conclusion: Bobble-head doll syndrome is uncommon, yet it is nevertheless thought to be a serious ailment that needs to be explored early to identify the cause and treated right away to prevent consequences

: Bobble-head doll syndrome; Newborn; Growth

Bobble-head doll syndrome (BHDS) is a rare and distinctive movement disease that most frequently a ects children under the age of ve. It is characterised by periodic or continuous head movements that oscillate between yes and no, or occasionally between no and yes, at a frequency of 2-3 Hz. ese motions stop with volitional activity and don't happen while you're sleeping. Less than 75 paediatric cases of the BHDS have been documented since Benton originally identi ed the condition in a kid with hydrocephalus brought on by third ventricle cysts in 1966. According to a 2018 literature review, the third ventricle's dilation is frequently attributed to a lesion in or around it.

ird ventricular or suprasellar arachnoid tumours are the most frequent lesions, followed by aqueductal stenosis. Other causes include third ventricle choroid plexus papillomas, communicating hydrocephalus, cavum pellucidum and interpositum cysts, developmental cerebellar abnormalities, trapped fourth ventricle, and hydrocephalus with communication. Developmental delay, macrocephaly, ataxia, optic disc pallor or atrophy, tremors, hyperre exia, endocrine problems (obesity, precocious puberty), headache, and vomiting are among the most typical symptoms and signs, in addition to involuntary and repetitive movements. It is yet unclear what precise mechanisms underlie this movement problem. ere are two primary competing hypotheses. According to the rst theory, BHDS is linked to dorsomedial compression [1-6] brought on by an irregular uid ow (Figure 1) to the medial side of the thalamic nuclei, which was rst proposed by Russo and Klindt in 1974. is idea, however, has a large number of detractors since not all third ventricle enlargement result in BHDS and because the extrapyramidal sti ness symptom is not always present. According to the second theory put forth by Wiese et al. in 1985, a motor automatism has been created to lower the pressure inside the cyst. e best imaging techniques for identifying cerebrospinal uid (CSF) channels and so tissue are computed axial tomography (CT) and magnetic resonance

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aware and showed appropriate cognitive function during a physical assessment. A neurological evaluation came out clean. She grew normally (weight 8 kg, length 72 cm, head circumference 44.5 cm). Initial laboratory evaluations of the CBC, hepatic, renal, and endocrine functions, as well as other tests, were all normal. A papilledema-free ophthalmological examination revealed normal eye movements.

e foramina of Monro were blocked by a massive le -hemispheric cystic process with a midline shi and a well-de ned suprasellar arachnoid cyst measuring 3 5 7 cm, leading to [7-9] hydrocephalus ventriculomegaly. e diagnosis of a suprasellar arachnoid cyst with BHDS was made on the basis of the cranial MRI and the patient's symptoms. For the suprasellar arachnoid cyst, the patient had endoscopic cystoventriculostomy and cystocisternostomy. rough a little para coronal burr hole on the right side of the skull, the procedure was carried out. e endoscopic trocar was inserted, and it revealed clear CSF that appeared to be under pressure. Because of the signi cant intracystic pressure, the cyst moved fast in the direction of our lens.

e back pressure of the CSF appeared to have o set this high pressure.

e fenestration was completed in a ash. e cyst uid appeared to be under pressure and was quite transparent. We dismantled a sizable portion of the wall with the bipolar probe.

[illegible]

Because many arachnoid cysts may remain asymptomatic throughout life, it is impossible to determine the actual occurrence. However, as the cysts expand or bleed, symptoms may appear. About 1% of all cerebral lesions have been documented, and 9% of these are suprasellar. Although relatively uncommon, the relationship between BHDS and suprasellar arachnoid cysts has been [10] documented in the medical literature. e majority of cases in the literature review