

Clinical-Medical Image

Rhombencephalosynapsis: An Uncommon Cerebellar Malformation

Hajar Adil *, Omar El-Aoufir, Nazik Allali, Latifa Chat and Siham El- Haddad

Department of Radiology, Children Hospital, Ibn Sina University Hospital, Medical University of Rabat, Morocco



Figure 1: Cerebral MRI on axial T2 weighted-images showing complete vermian agenesis.

Clinical Image

We present the case of a 10 months old girl, who presented with a myelomeningocele. Brain MRI was performed along and showed complete vermian agenesis consistent with rhombencephalosynapsis associated with ventriculomegaly and corpus callosum hypoplasia. Rhombencephalosynapsis is a rare congenital malformation of the posterior cranial fossa, characterized by partial or total vermian agenesis, dorsal fusion of the cerebellar hemispheres and dentate nuclei, variably associated with fusion of colliculi and superior cerebellar peduncles [1]. Obersteiner first described this malformation in 1914, based on a postmortem examination of a 28 years old man [2].

The exact cause of this sporadic anomaly is still unknown. Some authors suggest that it results from a failure of vermian differentiation occurring between the 28^{th} and 44^{th} day of gestation [3].

This condition is commonly associated with other midline malformations such as ventriculomegaly, commissural hypoplasia of the commissural system, absence of the olfactory tract agenesis of the posterior lobe of the pituitary and hypoplasia of the anterior visual pathway [4,5]. Association with VACTREL and Gomez-Lopez-Hernandez syndromes has also been reported [6]. Clinical presentation is extremely variable as it depends on the associated supratentorial anomalies [6]. Prenatal diagnosis of this anomaly is currently possible. The presence of ventriculomegaly with cerebellar hypoplasia should prompt careful evaluation for rhombencephalosynapsis [7].

Magnetic resonance imaging (MRI) is the modality of choice to explore the posterior fossa. Typical findings include transversely oriented cerebellar folia and fissures across the midline without the intervening vermis, together with a diamond-shaped fourth ventricle. Thanks to its high spatial and contrast resolution, MRI is also able to assess the midline abnormalities often associated with this malformation [8].

Keywords: Rhombencephalosynapsis; Cerebellum; Vermis; Infant

Copyright: © 2021 Adil H, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

^{*}Corresponding author: Hajar Adil, Department of Radiology, Children Hospital, Ibn Sina University Hospital, Medical University of Rabat, Morocco, Tel: +2120666848981; E-mail: hajaradil1991hajara@gmail.com

Citation: Adil H, El-Aoufir O, Allali N, Chat L, El-Haddad S (2021) Rhombencephalosynapsis: An uncommon cerebellar malformation. Int J Clin Med Imaging 8:736.



Figure 2: Cerebral MRI on axial T2 (A) and FLAIR (B) weighted-images showing ventriculomegaly and corpus callosum hypoplasia

Declaration of Interests

The authors declare that they have no competing interests.

References

- [1] Chemli J, Abroung M, Tlili K (2007) Rhomboencephalosynapsis diagnosed in childhood: clinical and MRI findings. Eur J Paediatr Neurol.11:35-38.
- [2] Obersteiner H (1914) Ein Kleinhirn ohne Wurm. Arb Neurol Inst. 21:124-36.
- [3] Paprocka J, Jamroz E, Scieszka E, Kluczewska E (2012) Isolated rhomboencephalosynapsis-a rare cerebellar anomaly. Pol J Radiol. 77(1):47-49.
- [4] Scroop R, Sage M, Voyvodic F (2000) Rhombencephalosynapsis. Australas Radiol 44:225-7.
- [5] Montull C, Mercader JM, Peri J, Ferri MM, Bonaventura I (2000) Neuroradiological and clinical findings in rhombencephalosynapsis. Neurorad. 42(4):272-274.
- [6] Ishak GE, Dempsey JC, Shaw DW (2012) Rhombencephalosynapsis: a hindbrain malformation associated with incomplete separation of midbrain and forebrain, hydrocephalus and a broad spectrum of severity. Brain. 135: 1370-1386.
- [7] Jareno N, Moreno N (2009) Gomez-Lopez-Hernandez syndrome: Two new cases and review of the literature. Pediat Neurol. 40: 58-62
- [8] Mendonca JL, Natal MR, Viana SL, Coimbra PP, Viana MA, et al. (2004) Rhombencephalosynapsis: CT and MRI findings. Neurol. 52(1): 118-120.