

Practical clues for diagnosing WFOX encephalopathy

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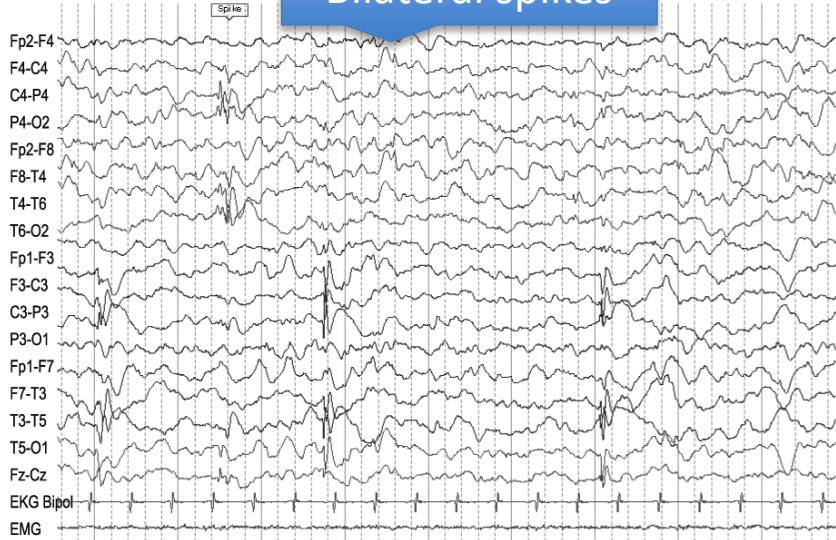
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CASE STUDY

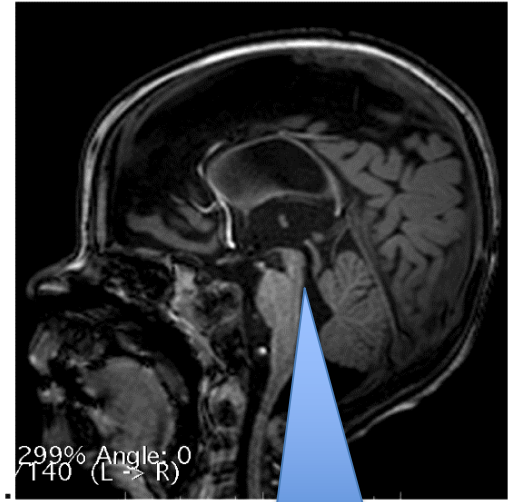
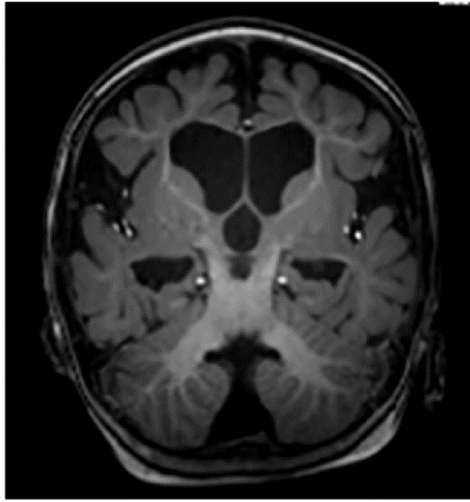
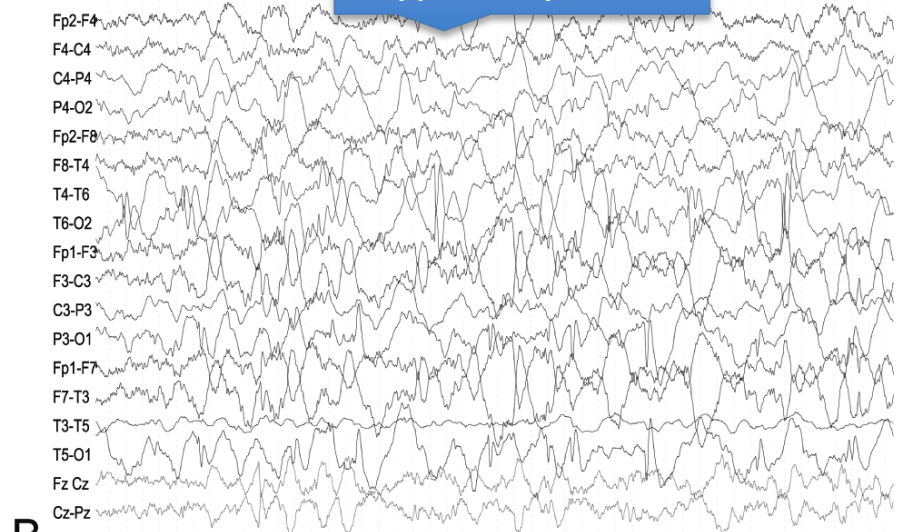
- We report a non-dysmorphic boy, with normal cranial perimeter, born at term from a non-consanguineous family, with:
 - epilepsy with focal as well as primary generalized seizures (infantile spasms) from the age of 4 weeks;
 - drug resistant from the age of 6 months;
 - profound global motor retardation, with hypokinetic movements, and hypotonia;
 - lack of vision or hearing, with a significant impairment of swallowing;
 - he died at the age of almost 3 years;
- Cerebral imaging:
 - 5 weeks: only thin corpus callosum;
 - 2.6 years: significant cortico-subcortical cerebral atrophy + flat midbrain;
(despite the cerebral atrophy, the child had a normal cranial perimeter)
- EEG: persistent sleep hypsarrhythmia;
- WES:
 - heterozygous variant in intron 2 of the WWOX gene, c.173-1G>T

2 YEARS OLD

AWAKE EEG:
Bilateral spikes



SLEEP EEG:
hyparrhythmia



SUPRATENTORIAL
ATROPHY

FLAT MIDBRAIN

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