Cranial bone collapse in microcephalic infants prenatally exposed to Zika virus infection

Figure 1 Axial CT

(A–C) Severe brain abnormalities are being observed in infants prenatally exposed to Zika virus infection. The image illustrates a repeating pattern among these patients: cerebral atrophy, pachygyria, lissencephaly, parenchymal calcifications, and ex vacuo hydrocephalus.

Brazil has been experiencing an outbreak of Zika virus, a flavivirus transmitted by *Aedes* mosquitoes. Since October 2015, more than 4,000 infants,¹ born to mothers suspected to have contracted this infection during pregnancy, have microcephaly^{1,2} and CNS malformations (figure 1), including parenchymal and periventricular calcifications, ventriculomegaly, and cortical migration anomalies.² This suggests marked viral neurotropism. Upon performing CT, cranial malformations (figure 2) with a pointed occiput are also observed.

We hypothesize that the extensive brain destruction may lead to collapse of the upper cranial bones over the occiput, pushing it backwards, causing this peculiar malformation.

Dafne Dain Gandelman Horovitz, MD, PhD, Marcos Vinicius da Silva Pone, MD, MS, Sheila Moura Pone, MD, PhD, Tania Regina Dias Saad Salles, MD, PhD, Marcia Cristina Bastos Boechat, MD, PhD

From the National Institute of Women, Children, and Adolescents Health Fernandes Figueira (IFF)–Fundação Oswaldo Cruz (Fiocruz), Rio de Janeiro, Brazil.

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Correspondence to Dr. Gandelman Horovitz: dafne@iff.fiocruz.br

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Anterior (A), superior (B), and lateral (C) views show significant microcephaly, small anterior fontanelle, and occipital protrusion in infant whose mother had infection compatible with Zika virus in the first trimester of pregnancy. (D) Sagittal CT shows redundant scalp and cutaneous folds in the occipital region.

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