

### CLINICAL IMAGE: FAHR'S SYNDROME

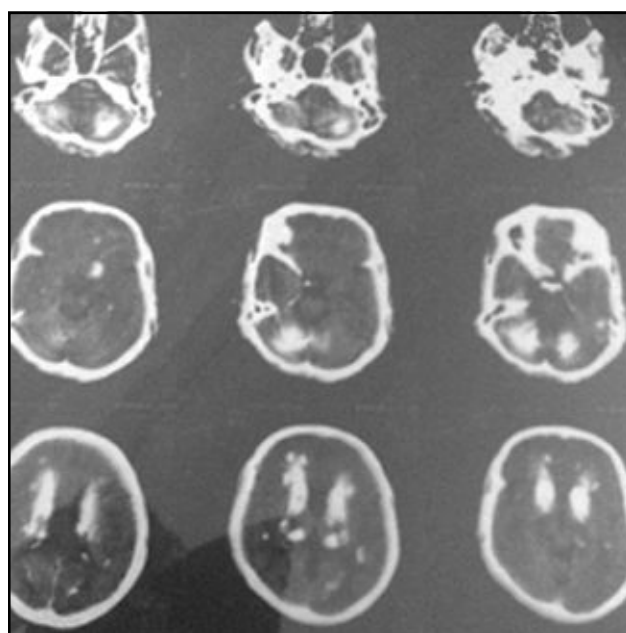
MOHAMMAD ALI<sup>1</sup>, MD ROBEB AMIN<sup>2</sup>

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A 40 yrs male presented in Medicine unit of Comilla Medical College Hospital with the complaints of recurrent refractory seizure for 15 years. The patient received Tegretal initially with partial response and later controlled for few years with Tegretal and Sodium Valproate. But for last few months his epilepsy was not controlled and he has to be advised third drug Levetirecimum in addition to highest dose of Tegretal

at these sites especially basal ganglion are consistent with the Fahr's Syndrome<sup>1,2</sup>. Fahr's syndrome has already been published in Bangladesh<sup>3</sup> where seizure and other movement disorder are common presentation on background of autosomal dominant inheritance. The idiopathic calcification should be supported by absence of other aetiological factor of calcification<sup>4</sup>.as was also proved in this index case.



**Fig.-1:** CT scan of Head showing Calcification at different location of brain

and valproate. There was no motor or sensory deficit, no abnormal movements, dementia or any other neuropsychiatric presentation. He was seen by many physicians including neurologist for his epilepsy. A CT scan was advised by the Medicine Specialist and which is shown below.

CT scan of Head revealed extensive symmetrical distribute calcification noted in the subcortical region of both Frontal lobe, Occipital lobe, Basal ganglion, Thalami and Cerebellar hemisphere. CT scan and MRI correlation revealed diagnosis as calcification



**Fig.-2:** CT head showing Frontal lobe calcification Bilaterally including basal Ganglia

#### References:

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1. Senior Consultant of Medicine, Comilla Medical College, Comilla
2. Associate Professor of Medicine, Dhaka Medical College, Dhaka

**Address of Correspondence:** Dr.Mohammad Ali, Senior Consultant of Medicine, Comilla Medical College, Comilla