

**REVIEW ARTICLE****Dandy–Walker syndrome and chromosomal abnormalities**

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**ABSTRACT** Dandy–Walker syndrome (DWS) is a brain malformation of unknown etiology, but several reports have been published indicating that there is a causal relationship to various types of chromosomal abnormalities and malformation syndromes. In the present article, we present a bibliographical survey of several previously issued reports on chromosomal abnormalities associated with DWS, including our case of DWS found in trisomy 18. There are various types of chromosomal abnormalities associated with DWS; most of them are reported in chromosome 3, 9, 13 and 18. We also summarize some other chromosomal abnormalities and various congenital malformation syndromes.

**Key Words:** chromosomal abnormality, chromosome, Dandy–Walker syndrome, trisomy 13, trisomy 18, trisomy 3, trisomy 9, ZIC1, ZIC4

**INTRODUCTION**

Dandy–Walker syndrome (DWS) is designated by Benda (1954), following reports on hydrocephalus associated with cysts of the posterior cranial fossa (Dandy *et al.* 1914; Taggart & Walker 1942). Absence or hypoplasia of the vermis (Altmen *et al.* 1992) and the formation of cysts (Murray *et al.* 1985; de Souza *et al.* 1994; Teksam *et al.* 2005) that communicate with the fourth ventricle of the posterior cranial fossa are essential to the definition of this syndrome. The syndrome occurs in one of 30 000 infants (Ashwal 1999). Reports have been published on various other disorders and complications that are similar from a clinical perspective. The complications include deformation of the central nervous system, hyperdactyly, syndactyly, cleft palate, alloplasia of kidneys, liver and pancreas, and abnormal retina (Hunter *et al.* 1991). There are many reports on the complications of chromosomal abnormalities with DWS (Nyberg *et al.* 1991; Lee *et al.* 2005). We report here our case of DWS associated with trisomy 18. In addition, we present a bibliographical survey of the previous reports of association between DWS and chromosomal abnormalities with new knowledge, as well as various malformation syndromes.

**CASE REPORT: DWS ASSOCIATED WITH TRISOMY 18**

A 25-year-old pregnant female underwent fetal ultrasonography. She was referred to the department of gynecology and obstetrics of our hospital due to slow fetal growth and suspected ventricular enlargement at the 32nd week of gestation. She had no history of delivery or miscarriage, and no history of infection in the early

pregnancy period. Her husband was 30 years old and in good health. Subsequent observation of the course of fetal growth showed intrauterine growth retardation and polyhydramnios. The baby was born by spontaneous delivery at 39 weeks gestation. Apgar score was 3 at 1 min and 4 at 5 min. Because of respiratory failure, the baby was ventilated mechanically. He was 42 cm tall (–3.2 SD) and weighed 1988 g (–3.0 SD). His head circumference was 34.4 cm (+1.1 SD), and chest circumference was 27 cm (–3.0 SD). Cardiac ultrasonography showed ventricular septal defect and patent ductus arteriosus. There were multiple anomalies including syndactyly, small auricles, undescended testis, dislocation of the hip joint, hyperrigidity of the four limbs, and rocker bottom feet. G-banding analysis revealed that the karyotype was 47, XX, +18 (Fig. 1). Fluorescent *in situ* hybridization method showed complete trisomy 18. Brain ultrasonography revealed a cyst in the posterior area (Fig. 2). Brain CT showed cerebellar cyst communicating with the fourth ventricle, suggesting DWS (Fig. 3). The baby died of acute respiratory failure without withdrawal from the respirator at the age of 414 days. No autopsy was performed.

**REVIEW OF PUBLISHED REPORTS**

The cause of DWS is unknown, but there have been many reports of various chromosomal abnormalities associated with DWS. Many cases have been reported with complications of trisomy and partial trisomy, including trisomy 18, as is reported here. Complications of sex chromosomal abnormalities and multiple malformation syndromes have also been reported. In the present report we first discuss the frequency of complications of chromosomal abnormalities with DWS. Second, we focus on chromosomes 3, 9, 13 and 18 as the major chromosomal abnormalities reported in many previous cases, and summarize the association with DWS. Finally, we report complications of other chromosomes and congenital malformation syndromes with DWS.

**General view of DWS associated chromosomal abnormalities**

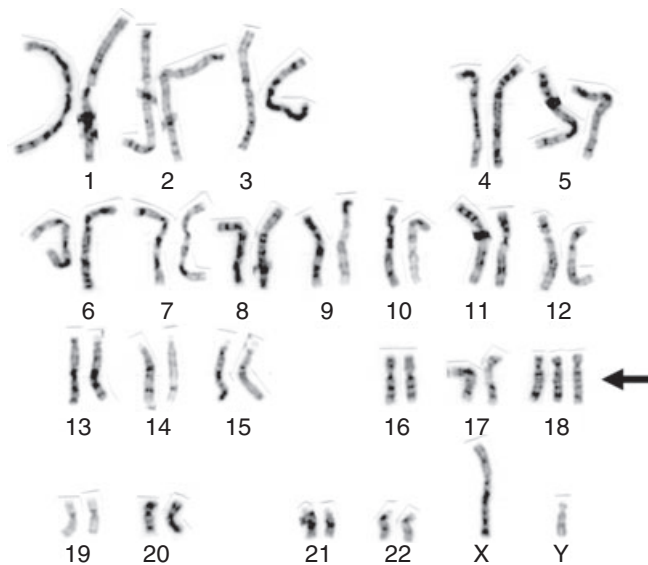
DWS is rare. It has a frequency of occurrence in one in 30 000 infants (Ashwal 1999). Three papers have been published (Nyberg *et al.* 1991; Estroff *et al.* 1992; Ulm *et al.* 1997) containing a statistical analysis of chromosomal abnormalities with DWS (Table 1). According to Table 1, 34 cases of chromosomal abnormalities were observed with 78 cases of DWS. The karyotype of each chromosomal abnormality is unknown, but it is important to conduct a chromosomal test of cases diagnosed as DWS by diagnostic imaging, keeping in mind chromosomal abnormalities.

**Chromosome 3 and DWS**

In 2004 Girnberg *et al.* conducted a genetic analysis of six cases of DWS with interstitial deletion observed in 3q, and defined the first critical region associated with DWS in 3q24, encompassing two adjacent zinc fingers in cerebellum genes ZIC1 and ZIC4 (Girnberg *et al.* 2004; Grinberg & Millen 2005; Titomanlino *et al.* 2005).

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**Fig. 1** Karyotype analysis G-banding method. There was an extra chromosome with the 18th pair in Group E, suggesting trisomy 18.

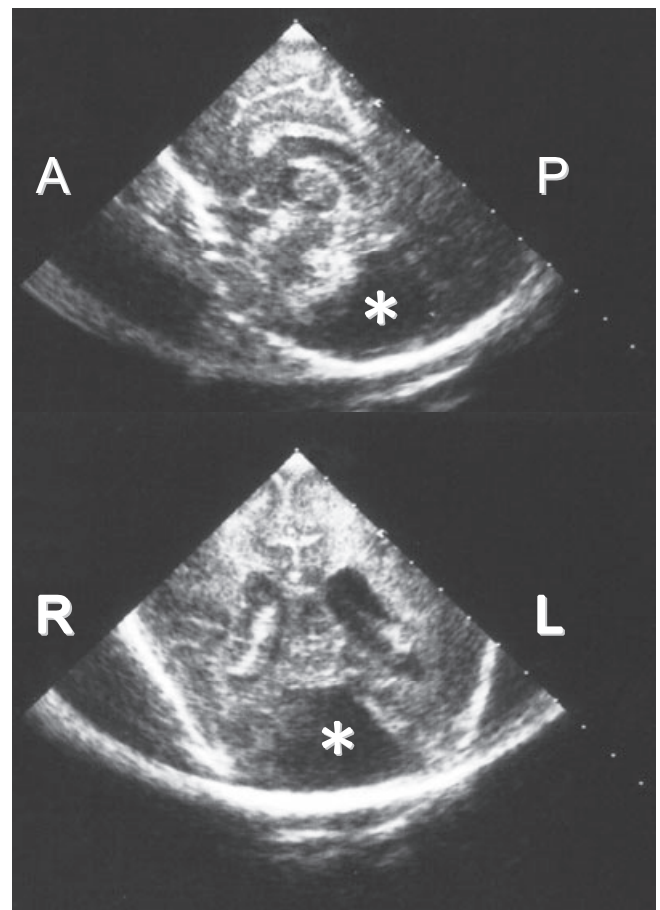
Furthermore, the authors pathologically proved that mice with heterozygous deletion of these two linked genes had a phenotype that closely resembled DWS and provided a mouse model of this malformation. There have also been four case reports of DWS complicated by chromosome 3 abnormalities including: partial trisomy 3p and partial monosomy 11q (Chen *et al.* 2002b); partial trisomy 3q (de Azevedo *et al.* 2005); dup(3q) syndrome (Ounap *et al.* 2005); and an interstitial deletion of chromosome 3q [3q25.1–3q25.33] (Sudha *et al.* 2001).

### Chromosome 9 and DWS

There is a major participation of chromosome 9 in the chromosome abnormalities where Dandy–Walker syndrome is concerned. Sepulveda *et al.* (2003) conducted diagnostic imaging of nine cases of trisomy 9 and reported that four cases were diagnosed as DWS. There have been at least 20 case reports on DWS cases complicated by trisomy 9 (Golden & Schoene 1993). These reports include cases complicated by DWS such as trisomy 9 mosaic syndrome (Bureau *et al.* 1993; Tarani *et al.* 1994; Murru *et al.* 2002), partial trisomy 9 (Zacharias *et al.* 1983; Hannam *et al.* 1999; von Kaisenberg *et al.* 2000; Chen *et al.* 2002a, 2005; Metzke-Heidemann *et al.* 2004), tetrasomy 9p (Melaragno *et al.* 1992; Cazorla *et al.* 2003; Hengstschlager *et al.* 2004), and complete trisomy 9 (McDuffie 1994). The number of these reports shows that DWS can be commonly encountered in chromosome 9.

### Chromosome 13 and DWS

In an analysis of 33 cases of chromosomes of DWS by Nyberg *et al.* (1991), three cases were diagnosed as trisomy 13. One case was diagnosed as trisomy 13 in a chromosomal analysis of 17 cases of DWS by Estroff *et al.* (1992). According to these two articles, complication of trisomy 13 was observed in four of 50 cases of DWS. Four case reports of DWS associated with deletion of the 13q arm have been reported (Patacchiola *et al.* 1999; Alanay *et al.* 2005; Gul *et al.* 2005; Kolomietz *et al.* 2005). Holoprosencephaly is a malformation of the brain known to occur in association with chromosome 13. One of the three cases mentioned above was a case

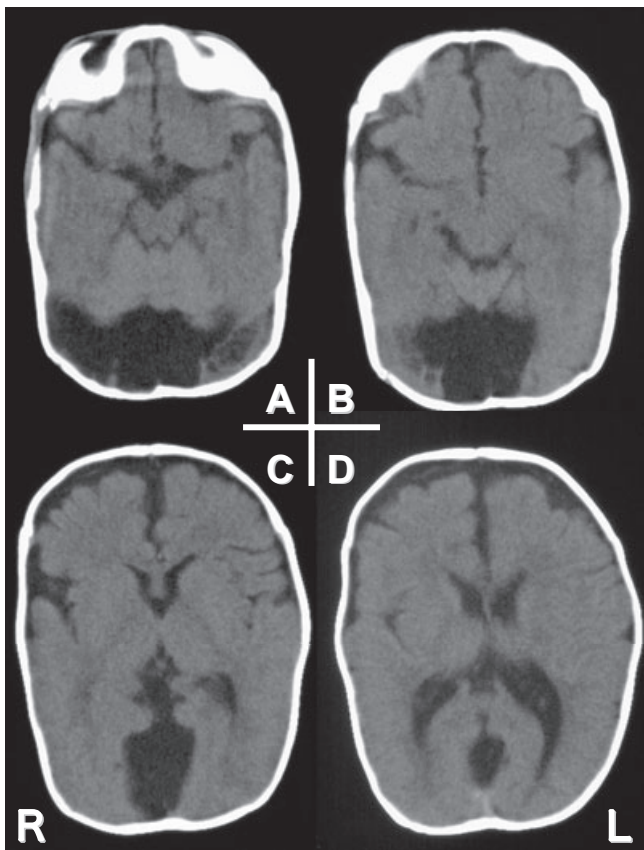


**Fig. 2** Brain ultrasonography. Brain ultrasonography (upper; sagittal image/lower; axial image) showed enlarged lateral ventricles associated with hypoplasia of the cerebellar vermis (\*). A, anterior; P, posterior.

complicated by DWS and holoprosencephaly with deletion of the 13q arm (McCormack *et al.* 2003). It is anticipated that the accumulation of further case reports will result in the prediction of the gene loci that will identify candidate genes for DWS from chromosome 13.

### Chromosome 18 and DWS

Three summarized reports have been published regarding chromosome 18 and DWS (Table 2). Nyberg *et al.* (1991) analyzed the karyotypes of chromosomes in 33 cases of DWS, and reported 15 cases of trisomy 18. Estroff *et al.* (1992) reported chromosome analysis in 17 cases of DWS, and trisomy 18 was observed in two cases. Ulm *et al.* (1997) reported chromosome analysis 28 cases of DWS, and trisomy 18 was included in three cases. These three reports show that trisomy 18 occurred in 20 of 78 cases of DWS. Nyberg *et al.* stated in the discussion of the article that DWS had a high frequency of complication by trisomy 18, and thus ultrasound or imaging tests should be conducted at an early stage, keeping in mind trisomy 18 complicated by DWS (Nyberg *et al.* 1991). Moreover, regarding the early diagnosis of DWS, Chen CP *et al.* reported that a prenatal diagnosis could be made for DWS complicated by trisomy 18 in cases with intrauterine growth retardation, hydrops amnii, and small placenta observed by fetal ultrasound (Reece *et al.*



**Fig. 3** Brain computed tomography showed hypoplasia of the cerebellar vermis (A,B) and a cyst communicating with the 4th ventricle (B,C,D), suggesting DWS.

**Table 1** Chromosomal abnormalities and Dandy–Walker syndrome (DWS)

	No. cases with DWS	Chromosomal abnormalities
Nyberg <i>et al.</i> (1991)	33	21
Estroff <i>et al.</i> (1992)	17	5
Ulm <i>et al.</i> (1997)	28	8
Total	78	34

**Table 2** Trisomy 18 and Dandy–Walker syndrome (DWS)

	No. cases with DWS	Trisomy 18
Nyberg <i>et al.</i> (1991)	33	15
Estroff <i>et al.</i> (1992)	17	2
Ulm <i>et al.</i> (1997)	28	3
Total	78	20

1987; Thurmond *et al.* 1989; Chen *et al.* 1996, 2002). However, because the timing of operation for congenital hydrocephalus is the biggest problem in the early diagnosis of DWS (Aletabi & Fung 1999; Zhang *et al.* 2004), it is necessary to consider the ethical

aspect (Imataka *et al.* 2004, 2006). In our case, the hydrocephalus associated with DWS was not a candidate for surgery and was not the direct cause of death. The cause of death in this case was congenital cardiac disorder associated with trisomy 18. It is generally known that because severe congenital cardiac disorders simultaneously occur with trisomy 18 in many cases, the long-term survival rate is very low (Rasmussen *et al.* 2003; Kuroki & Kurosawa 2004; Imataka *et al.* 2007). Since the statistics show that death within 24 h after birth is observed in approximately 9–15% of cases (Imataka *et al.* 2007), many cases of deaths that may be reported as being due to congenital cardiac disorder in trisomy 18, with no diagnosis of DWS. However, there have been many cases of trisomy 18 with long-term survival in recent years, and it has been reported that approximately 10% of cases survived for over 1 year, depending on the medical situation of the country (Rasmussen *et al.* 2003; Kuroki & Kurosawa 2004; Imataka *et al.* 2007). The case of trisomy 18 that we presented here was a case of long-term survival of 414 days. No reports on complications of DWS in other karyotypic abnormalities of chromosome 18 have been found.

#### Other chromosomes and concurrent cases of malformation syndrome and DWS

Reports have been published on DWS and chromosome 1 (Wells *et al.* 1996; Poot *et al.* 2007), and two cases of chromosome 2q (Davis *et al.* 1991; Waters *et al.* 1993). There are cases of DWS with complications of trisomy 5p (Kleczkowska *et al.* 1987) and 5p deletion syndrome (Vialard *et al.* 2005) in chromosome 5. There are reports on partial monosomy 6q26 (Weimer *et al.* 2006) and subtelomeric deletions of chromosome 6p (Descipio *et al.* 2005) in chromosome 6, and partial trisomy 7q (Chen *et al.* 1996, 2006; Metzke-Heidemann *et al.* 2004) in chromosome 7. There are reports on DWS and partial trisomy 8q (Fan & Siu 2001), and trisomy 8 mosaicism (Nakamura *et al.* 1985) in chromosome 8. There are reports on partial trisomy 3 and partial monosomy 11q (Chen *et al.* 2002), and partial trisomy 11/22 (Katafuchi *et al.* 1990; Dean *et al.* 1991; Chen *et al.* 1996) in chromosome 11. There are cases of DWS with complications of partial monosomy 12q (Chen *et al.* 2006) in chromosome 12, distal trisomy 15q (Ieshima *et al.* 1985) in chromosome 15, chromosome 16 (Aviv *et al.* 2005), chromosome 17 (Kingston *et al.* 1993), and non-mosaic trisomy 20 (Hsieh *et al.* 1992) in chromosome 20. There are cases of DWS associated with trisomy 21 (Constantini *et al.* 1989; Estroff *et al.* 1992). There are cases of DWS associated with partial trisomy 11/22 (Katafuchi *et al.* 1990; Chen *et al.* 1996), and Fryns' syndrome and partial trisomy 11/22 (Dean *et al.* 1991) in chromosome 22. Regarding sex chromosome abnormalities, there are reports of DWS with X monosomy/Turner syndrome (Nyberg *et al.* 1991), X pentasomy, or X-linked inheritance (Cowles *et al.* 1993), autosomal X-linked recessive (Ulm *et al.* 1999), and fragile X syndrome (Klein *et al.* 2003). Regarding chromosome abnormalities with polyploidy, there are triploids (Ulm *et al.* 1997; Blaicher *et al.* 2002) and tetraploids (Nakamura *et al.* 2003). There are three reports of regarding premature chromatid separation with division and DWS (Kajii *et al.* 1998; Kawame *et al.* 1999; Furukawa *et al.* 2003). In addition, there are case reports of DWS complicated by oro-facial-digital syndrome, Ritscher Schinzel (3C: cranio-cerebello-cardiac) syndrome (Descipio *et al.* 2005), Rubinstein-Taybi syndrome (Agarwal *et al.* 2002), Meckel syndrome (Al-Gazali *et al.* 1996), Meckel-Gruber syndrome (Balci *et al.* 2004), Marden-Walker syndrome (Ozkunay *et al.* 1995), distal arthrogryposis type 2B (Pallotta *et al.* 2000), Shah-Waardenberg syndrome (Yoder & Prayson 2002), Fryns' syndrome (Dean *et al.*

1991), neurocutaneous melanosis (Arai et al. 2004), callosal agenesis (Klein et al. 2003) and neural tube defects (Murray et al. 1985; Nyberg et al. 1988; Grinberg & Millen 2005).

## CONCLUSION

Complications of chromosomal abnormalities in various cases of brain malformation have been reported, and new causative genes have been identified one after another in recent years. As summarized in the present article, many case reports of DWS with complications of chromosomal abnormalities have been published in the past. However, only ZIC1 and ZIC4 genes of chromosome 3q24 have been identified as candidate genes in recent years. It is important to accumulate cases regarding DWS and chromosomal abnormalities because DWS involves cases with complications of various chromosomal abnormalities and malformation syndromes and there is a high possibility that further candidate genes may be identified in other regions in the near future.

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