CASE REPORT

A CASE OF FAHR'S SYNDROME

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ABSTRACT: Fahr's disease, also known as familial cerebral ferrocalcinosis disorder characterized by abnormal calcium deposition the disease was first noted by German neurologist. Karl Theodre Fahr.^[1] in 1930 It is a rare genetically.^[2] dominant neurological disorder with less than 20 families had been reported. We present a case of a 50 year old Male a resident of Akurli, New panvel, Raigad with history of trauma 12 years back and history of loss of consciousness on two occasions with an interval of four years each to trauma, no other significant history of metabolic disease, infection or toxic diseases.

KEYWORDS: FAHR'S SYNDROME

INTRODUCTION: Fahr's disease or syndrome is characterized by deposition of calcium in bilateral basal ganglia especially in lenticular nucleus and internal globus pallidus.^[3] also in caudate nucleus, putamen, thalamus and brainstem it has been associated with genetic heterogeneity on chromosome 8 which contains gene encoding the type III sodium dependent phosphate transporter 2 (SLC20A2).^[4] Histologically concentric calcium deposits within the walls of small and medium-sized arteries are present.

The C T finding of the patient were:

Fig. 1: Axial non-contrast CT image shows calcification in bilateral Putamen and Globus Pallidus

Fig 2: Axial Images Shows Calcification in basal Ganglia

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Fig 3: Ct image shows dense calcifications in para-ventricular region and occipital lobe

Fig 4: Axial Ct image Shows calcification in Dentate nucleus

Fig 5: Non-contrast Ct shows calcification in corona Radiata

The Patient was further subjected for biochemical analysis which showed the following findings:

Serum Calcium measures: 6.6 mg/dl (normal range 8-10mg/dl).

Serum Parathyroid level measures: 1.8pg/ml (15-65pg/ml).

DISCUSSION: Fahr's disease presents from childhood is seen with motor deficits and 40% present with cognitive and other psychiatric abnormalities. Our patient however presented with no such symptoms other than seizures but presented with dense basal calcification secondary to hypoparathyroidism and no other etiology such as CMV, Neurocysticercosis pseudohypoparathyroidism, Hypervitaminosis D, Pseudohypoparathyroidism.^[5] This patient is a rare cause of Fahr's syndrome presenting with seizures.^[6]

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