

## INTRODUCTION

In stroke syndrome, gait impairment is one of classic symptoms of posterior circulation infarct. However, gait instability can also be seen in other common brain disorders such as hydrocephalus.

## CASE DESCRIPTION

A 20 years old gentleman was brought to emergency department by his colleague for having acute onset of gait disturbance. The current symptom was preceded by left side body weakness for the past 3 days. There were no associated headache, projectile vomiting or blurry vision noted. On examination, patient had unidirectional horizontal nystagmus and abnormal tandem gait. Cerebellar signs and Romberg test were negative. A computed tomography (CT) brain plain done showed acute communicating (non hydrocephalus). There was no evidence of intracranial bleed or space occupying lesion. Blood parameters were unremarkable.

## DISCUSSION

Communicating hydrocephalus is a type of acquired disorder in which the cerebrospinal fluid circulation flow is obstructed by certain conditions like infectious or neoplastic. Abnormal flow leads to enlargement of ventricles or ventriculomegaly. Meanwhile, normal pressure hydrocephalus, another entity of communicating hydrocephalus, has a classical triad of gait, mental and urinary impairment. Without intervention, both conditions could lead to permanent long-term disability or death due to brain herniation.

## CONCLUSION

Till date hydrocephalus demographic has been well established in paediatric population. On the other hand, there are few studies reported about clinical spectrum, characteristic and different types of hydrocephalus in adult population particularly in Malaysia.

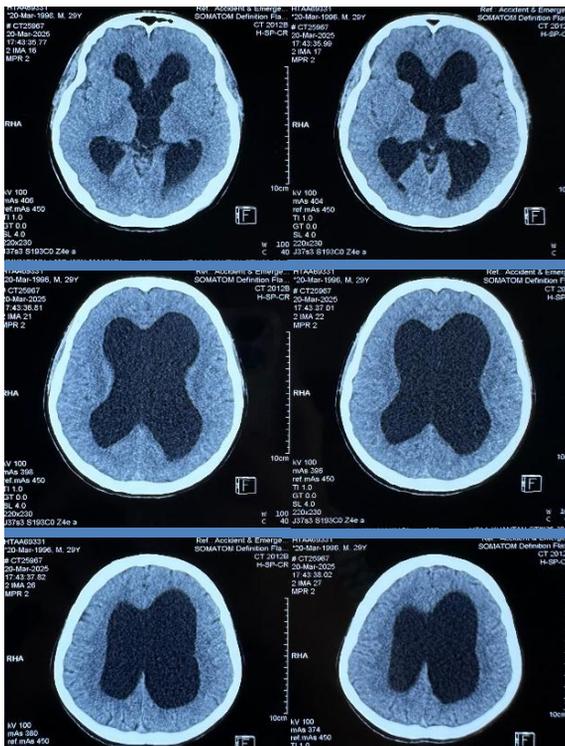


Figure 1: CT Brain plain shows acute communicating hydrocephalus

## REFERENCES

1. Pickard, J. D. (1984). Adult communicating hydrocephalus. *Elsevier eBooks*, 543-556.
2. Williams MA et al. The clinical spectrum of hydrocephalus in adults: report of the first 517 patients of the Adult Hydrocephalus Clinical Research Network registry. *Journal of Neurosurgery*, 132(6), 1773–1784.