CASE REPORT

PRIMARY NON-ESSENTIAL CUTIS VERTICIS GYRATA: REPORT OF A CASE

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ABSTRACT

Cutis verticis gyrata (CVG) is a rare transformation of the scalp characterized by ridges and furrows resembling surface of the brain. It has primary and secondary types. Patients with primary CVG have normal skin and do not have an underlying pathogenic process. It is further subdivided into non-essential CVG and essential CVG based on the presence or absence of adverse outcomes or neurological abnormalities. The secondary CVG is associated with inflammatory, neoplastic, or systemic disorders. In a case reported here, a 16-year-old boy presented with fourteen months history of progressive deformity of head and face, which was diagnosed as primary non-essential CVG.

Key Words: Cutis verticis gyrata, Cerebral Synostosis, Non-essential cutis verticis gyrata.

INTRODUCTION

Cutis verticis gyrata (CVG) is a unique condition of scalp deformation characterized by ridges and furrows resembling the surface of the brain. It is more common in males compared to females and affects one out of 100,000 to 0.026 in 100,000 females. It has primary and secondary types. Patients with primary CVG have normal skin and do not have a history of previous injuries or surgery. The secondary CVG is associated with inflammation, neoplasms, or systemic disorders. The disease may be benign or may lead to complications such as seizures, headaches, and visual disturbances.

CASE REPORT

A 16-year-old boy presented with fourteen months history of progressive deformity of head and face. According to the parents, the patient had mild to moderate deformity in the right arm and leg since infancy. He had undergone surgery for a congenital anomaly of the spine. The patient had no history of previous injuries or surgery. The scalp showed multiple ridges and furrows resembling the surface of the brain. The patient was diagnosed with primary non-essential CVG.

Figure 1: (A) wasting of right thenar muscles, (B) slightly inverted right foot on free hanging, (C) a prominent abdominal hernia (D) a groove over lumbar spine

Figure 2: (A and B) mild acne over upper chest and back, (C and D) multiple horizontal non-reducible furrows over the scalp
Primary CVG carries a better prognosis, although surgical intervention is required to halt the disease progression until further follow-up is mandatory. In secondary cases, the nature of underlying process determines the treatment. Management in primary essential CVG involves maintenance of social hygiene and cosmeosis. The initial sympathy ogical treatment includes counseling, psychotherapy, and referential treatments. In chronic cases, the social hygiene and cosmeosis are essential. Patients often refuse to undergo any surgical intervention, as the disease progresses. There is no specific medicine available for the treatment of CVG.

**REFERENCES**


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**DISCUSSION**

Primary CVG is a rare condition, unique in its rarity due to its rarity. The usual age of onset of primary CVG is before 30 years of age. However, the disease is rare and not associated with other conditions. In most cases, the condition is seen in adults. In others, the condition is seen in children. In this condition, various neurological conditions such as encephalitis, mental retardation, and neurogenic changes such as cataract, strabismus, and indolence. Secondary CVG manifests as an underlying pathology and may be seen in children. The pathology may be the result of a cerebrovascular accident (palsy, hemorrhage, infarction, or atrophy) or a neoplastic process or systemic illness (e.g., emia, neurofibromatosis, myelomeningocele). Secondary CVG has a so-called re-entrant factor, usually controlled by microvascular and e-oxidative metabolism.

Having the appropriate diagnosis is paramount in management. Diagnosis of primary CVG is crucial and does not require oratory tests. In secondary cases, the presentation and the associated disease determine the aetiological tests needed to be done. Magnetic resonance imaging and CT scan are essential in CVDJ, presenting at pathologically significant and microvascular ill-defined structures. The affected area is not normal in primary type and here is the secondary form that develops later on in the disease.


