

Keywords: Congenital cystic malformation; Cranial fossa; Extracranial abnormalities; Gingivectomy; Central incisor

Introduction

Dandy-Walker malformation (DWM) is a congenital abnormality of the posterior cranial fossa with reported incidence of 1:25,000 to 1:35,000 live births [1,2]. The classic clinical trials of the DWM are absence of cerebellar vermis, cystic dilatation of the fourth ventricle, and the enlargement of posterior cranial fossa [3]. In approximately 80% of diagnosed DWM cases, the syndrome is accompanied by hydrocephalus and developmental delay [4]. Other posterior fossa malformations such as Dandy-Walker variant, mega-cisterna magna, Blake's pouch, and arachnoid cyst, show overlapped clinical features with DWM and are believed to be parts of the continuum of the syndrome [5-7]. The term Dandy-Walker Complex has been suggested to describe the diseases as spectrums opposed to separate entities [8].

The pathogenesis of DWM results from the disturbance of the

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breathing sound were monitored every 5 minutes throughout the treatment time.

e behavior of the patient during the treatment was very cooperative. He was awake, easily arousable, and was able to followed

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