**CASE REPORT:**

**OCTOCEPHALY: A RARE CONGENITAL ANOMALY**

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**Abstract:**

* **Background:** Octocephalyisa rare and often lethal congenital anomaly, a syndrome with severe mandibular aplasia/hypoplasia, synotia at the midline with low lying ears at the neck level, microstomia, and severe hypoplasia of tongue. Defect is related to maldevelopement of first branchial arch, can be diagnosed on antenatal ultrasonography, and it’s poor prognosis makes it a suitable case for early termination of pregnancy. This case is presented, as it is a very rare case (1 in 70,000 newborn).
* **Case presentation:** An unbooked, 20year female, 2nd gravida, 7month of amenorrhea, presented to Obstetric emergency room with premature labour pain, delivered vaginally a preterm female baby, 900gm, and was stillborn. No family history of any congenital anomalies or consanguinity, No history of infection/radiation or drugs/toxin exposure. No maternal history of hypertension, diabetes mellitus.

O/E:

1. Female, 900gm, length= 40cm, H.C.=25cm.
2. Severe craniofacial anomalies- agnathia, microstomia, synotia (ears were fused in anteromedial region of neck and are low set), downward slanting of palpebral fissures and hypertelorism. Also associated anorectal malformation, (So difficult to resuscitate).

* **Conclusion:** Antenatal USG can help in diagnosing this condition early, and it can be one of differential diagnosis, in case mother is having history of polyhydramnios. Poor prognosis of this condition should be discussed with the parents and early termination of pregnancy, as an option, can be advised to them.
* **Keywords:** Octocephaly, Aplasia, Hypoplasia, Synotia, Maldevelopement, Microstomia, Agnathia.