



Aicardi Syndrome For Healthcare Providers

This is a customized health care provider version of our website. Please visit the main website to find more comprehensive information for families and schools (www.negenetics).

Physical characteristics and/or symptoms

Note: not all people with Aicardi syndrome will have all of these features.

Classic Triad of Findings:

- Absence of the corpus callosum (partial or complete)
- Infantile spasms
- Eye findings
 - o Lesions or lacunae of the retina of the eye

Other common findings:

- Other developmental brain abnormalities
- Underdevelopment of the optic nerve
- Low muscle tone in the trunk with increased muscle tone in the extremities
- Microcephaly, trunk hypotonia, and limb hypertonia with spasticity
- Moderate to significant developmental delay and intellectual delay
- Rib/vertebral defects are common
- Characteristic facial features
 - Short philtrum, prominent upper jaw with upturned nasal tip and decreased angle of nasal bridge.
 - Large ears, sparse lateral eyebrows
- Gastrointestinal difficulties
 - Constipation
 - Gastro esophageal reflux
 - Diarrhea
 - Feeding difficulties

Other reported findings that may be present but are not common:

- Small hands
- Blood vessel malformations
- Pigmented areas of the skin
- Some evidence of an increased incidence of tumors
- Lower growth rate after ages 7-9
- Early or delayed puberty
- Difficulties regulating body temperature

Recommended Routine Surveillance

- Routine dermatologic evaluation for vascular and other malignancies
- Monitoring and treatment of GI complications
- Regular monitoring of scoliosis

Emergency Protocols

There are no specific emergency protocols for this particular condition as it is not typically associated with episodes of sudden and serious medical decompensation.

Emergencies should be handled as with any child.

If seizures are present, the following seizure action plan may be useful:
 https://www.epilepsy.com/learn/managing-your-epilepsy/seizure-action-plans.

Specialists Who May Be Involved

Follow up is need on a case-by-case basis. A multidisciplinary team approach to best meet the child's individual needs is recommended.

- Dermatology
 - Monitor for vascular and other malignancies
- Developmental evaluation
 - Physical therapist
 - Occupational therapist
 - Speech therapist
 - Vision therapist
 - Musculoskeletal support
- Endocrinologist
 - o Precocious puberty or delayed puberty common

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- Gastroenterologist
 - Monitor GI complications
 - Feeding tube might be necessary
- Geneticist / Genetic Counselor
 - Diagnosis
 - Coordination of care
 - Genetic risk for family
 - Clinical trials
- Neurologist
 - Management of seizures
- Ophthalmologist
 - Monitor eyes and vision
- Orthopedist
 - Scoliosis and vertebral defects
 - o Wheelchair, stander or other medical equipment

Sample Forms

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•	My patient	has been diagnosed with Aica	ardi syndrome.
	Aicardi syndrome is a genetic conc	lition that typically includes devel	opmental brain
	abnormalities, seizures, and differ	ences in the retina. Intellectual di	sability, low muscle
	tone or hypotonia, visual impairme	ent, and gastrointestinal issues su	ch as constipation,
	diarrhea, and gastroesophageal re	flux are common medical issues.	Some individuals
	with Aicardi have problems regula	ting their body temperature and i	many have skin
	changes that can include cancerou	is growths. Because of these,	needs the
	following accommodations.		

Seven Important Aspects of School Life

"Aicardi at a Glance" will help you talk with parents and schools about:

- Medical / Dietary Needs
- Education Supports
- Behavior & Sensory Supports
- Physical Activity, Trips, Events
- School Absences & Fatigue
- Emergency Planning
- Transitions



Resources

Gene Reviews

http://www.ncbi.nlm.nih.gov/books/NBK1381/

Medline Plus

https://medlineplus.gov/genetics/condition/aicardi-syndrome/