Aicardi Syndrome At a Glance

Aicardi syndrome is a rare genetic condition found almost exclusively in girls. The complexity of this condition varies widely, with some girls having less obvious differences and other having more significant and apparent challenges. Girls with this condition typically have changes in their brain and eyes, and have seizures. The prevalence is estimated to be 1 in 105,000 – 1 in 167,000 in the US.

Learn more
Aicardi was classically diagnosed by a triad of findings. As more individuals and families were identified, it became clear that there were additional major findings that helped make the diagnosis in individuals with only two of the triad. Therefore, there is evidence to suggest that two of the three findings in the triad (below), accompanied by at least two other major findings, may also indicate the diagnosis is appropriate.

Classic Triad of Findings:
- Absence of the corpus callosum (partial or complete)
  - Corpus callosum is the part of the brain which sits between the right and left sides of the brain and allows the right side to communicate with the left
- Infantile spasms
  - Many girls develop seizures prior to age 3 months and most by 1 year
  - Medically refractory (difficult to prevent) epilepsy with a variety of seizure types that develop over time
  - Treatment often requires multiple anti-seizures drugs, ketogenic diet, or vagus nerve stimulator
- Eye findings
  - Lesions or lacunae of the retina of the eye
    - Lesions can be unilateral, bilateral, and asymmetric
    - Can have other eye problems
    - Some visual problems may lead to blindness

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 (small brain), trunk hypotonia, and limb hypertonia with spasticity
- Moderate to significant developmental delay and intellectual delay

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In some cases, mild to no learning disabilities are also reported

- Rib/vertebral defects are common
  - Can lead to scoliosis in up to 1/3 of affected individuals
  - Hip dysplasia

- Characteristic facial features
  - Short philtrum (space between nose and mouth)
  - Prominent upper jaw with upturned nasal tip and decreased angle of nasal bridge
  - Large ears, sparse lateral eyebrows

- Gastrointestinal difficulties
  - Parents report that that issues may be difficult to manage
    - Constipation
    - Gastro esophageal reflux
    - Diarrhea
    - Feeding difficulties. Child may have a feeding tube.

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 most often choroid plexus papillomas
- Lower growth rate after ages 7-9
- Early or delayed puberty
- Difficulties regulating body temperature (extreme heat or cold)
- Some women in their 30’s have this condition. However, life expectancy is variable and may be related to the severity of the seizures.

**Things to Think About**

1. **Dietary / Medical Needs**

What You Need to Know

Treatment involves managing the following:
Seizures

- May have startle seizures in response to sudden sounds
- Multiple medications may be necessary
- Certain diets may help control seizures
- May have a Vagus Nerve Stimulator to help reduce seizure activity
- Anecdotal reports of reduced seizure activity with medical marijuana

Respiratory problems

- Congestion
- Infections
- Obstructions
- Pneumonias
- These may be a result of aspiration

Orthopedic problems

- Scoliosis and or kyphosis
- Hip problems

Gastrointestinal problems

- Reflux
- Constipation
- Digestive issues

Feeding issues

- May be able to eat and chew typically
- May have swallowing difficulties
  - A g-tube may help reduce aspiration and increase fluid intake. It is especially helpful during colds/illnesses when eating and drinking may be more difficult.

What you can do

Regular visits to doctors and specialists to help manage different challenges, as needed.
- Primary care doctor and care coordinator

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• Ophthalmologist
• Orthopedist
• Gastro-intestinal doctor
• Neurologist
• Endocrinologist

Seizures
• To minimize startle seizures: Give verbal warnings if anticipate loud noises (machines, vacuum cleaner, stapler, blender, etc)
• Develop and implement seizure protocol for seizures at school
• If child has a Vagus Nerve Stimulator (VNS), those people supporting the child should know how to use the magnet to activate the VNS. This information should be part of the seizure protocol.

2. Education Supports

It is important to have HIGH EXPECTATIONS for learning for children who have Aicardi. Encourage use of the CORE educational curriculum and modify how it is taught in order to meet the individual needs of the child.

What You Need to Know

• Communication skills of children with AS can range from typically developing to completely non-verbal. Many children with AS primarily use other forms of communication such as gesture, or an augmentative communication device.
• Children with Aicardi often have a strong set of social skills.

Vision

Vision abilities vary widely among the girls who have Aicardi syndrome. Visual fields may be restricted and asymmetrical.

• The color combination black and white and the combination red and yellow were most often reported as the colors best seen by the child.
• Light colors, pastels, and low contrast colors may be hardest to see.
• Corrective glasses may be appropriate
Communication

- Communication skills range from children who are completely nonverbal, to those who have limited communication or use alternate forms of communication, and to those who have typical speech.
- Social skills are often a strength. A speech-language pathologist (SLP) may recommend use of an augmentative and alternative communication device and/or the continued use of sign language to aid in expressive communication skills.
  - These devices are programmed for the individual child to provide them with a voice and ensure that the child can relay messages to others.
  - iPads are useful for many children.
- An SLP can assist with speech clarity and rhythm of speech. An SLP can also assist with grammatical aspects of language in both spoken and written forms.
- Continued communication support through the school years will be important as literacy and pragmatic capabilities (the use of language for social communication) become increasingly important in the middle and high school years.

Motor

- Many children who have Aicardi syndrome will have both fine and gross motor challenges.
- Some girls will be able to walk and some will use a wheelchair.
- Due to seizure activity, children who are mobile might need helmet to protect them if they fall during a seizure.
- Some children will have one side of the body that works better than the other side, which is important to know for motor activities and communication devices.

What you can do

Communication

- A speech-language pathologist (SLP) may recommend use of an augmentative and alternative communication device and/or the continued use of sign language to aid in expressive communication skills.
  - These devices are programmed for the individual child to provide them with a voice and ensure that the child can relay messages to others within functional settings such as the child’s home and classroom.
• Speech and Language therapy can help assist children with all aspects of verbal speech including articulation, phonation, nasality, rhythm, and breathing as well as with language both verbal and written.

• Continued communication support through the school years will be important as literacy and pragmatic capabilities (the use of language for social communication) become increasingly important in the middle and high school years.

• Incorporate typical language skills in social, work, and life skill areas.

• Children with speech and motor difficulties often benefit from speech and occupational therapy.

• Teach learning strategies for non-verbal communications.
  o Consider new technology, computers, and sign language.
  o Incorporate early use of augmentative communication aids such as picture cards or communication boards.
  o Communication should work with child’s desire to socially interact with others in natural settings.
  o Make sure children have opportunities for choice and control in their lives (choose colors, clothing, play, work partner, etc).
  o Consider multiple means of communication paired with the knowledge of when to use one method vs. another.
  o Find AAC system that allows for maximal social reciprocal communication.
  o Encourage finger pointing early to help with device use as they age.
  o All persons interacting with the child should have education and training on how to encourage reciprocal communication with the device.
  o Model, model, model use of the AAC device to encourage its use.
  o Continue with strategies that improve oral control to maximize their potential as oral speakers.
  o Consider a team approach, such as an OT or PT to consultant to work with the SLP for optimal positioning to get the most benefit from hand use for communication.
  o Consider vision specialist to gain insight into best visual field for communication devices.

Consider therapists and specialists to consult and support classroom teacher and paraprofessional

• Physical therapy
• Occupational therapy
• Speech therapy
• Vision therapy
• Musculoskeletal support
• Treatment for prevention of scoliosis related complications
• Alternative communication
• Paraprofessional support may be needed

3. Behavioral and Sensory Support

What you need to know

Social

• Young children who have Aicardi syndrome often learn to respond to personal cues and interactions and can be very intuitive.
• Interest in other people allows children to express a broad range of feelings and form close bonds and real friendships.
• Children can and should be part of family and class activities, household chores, and daily living skills.
• Children typically enjoy recreation, music, and physical activity.

What you can do

• Make sure teaching strategies being used are appropriate for the child. For example, if the child is already socially engaged, make sure the interventions are suited for someone who is socially engaged.
• Be proactive with behavioral supports. Discuss involvement of behavioral or mental health professionals, or medications with the parents as needed.
• The use of firm and consistent directions, rules, and clear expectations is helpful.
• Use positive behavioral interventions and supports
  o If there are behavior challenges, consider a functional behavioral assessment
  o Then develop a support plan:
    ▪ Understand the causes of the behavior
    ▪ Develop prevention strategies
    ▪ Teach behaviors that WILL work to get what they want

4. Physical Activity, Trips, Events

What you need to know:
Changes in routine may produce anxiety, fears, and/or worry. Crowds and loud noise may be difficult for some children, or conversely, might be enjoyable.

**What you can do**

- Use preventative strategies
- Be proactive and discuss any change in schedule or setting with the child ahead of time.
- Use social stories and pictures to help them understand the change.
- Encourage use of their communication system to help them process concerns.

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### 5. School Absences and Fatigue

**What you need to know**

Absences may occur due to illness, medical appointments, seizure activity, or hospitalizations. Difficulty sleeping may be an issue.

**What you can do**

- Discuss the child’s nighttime sleeping patterns with the parents.
- Provide consistent routine.
- Consider temperature in the environment and change to cooler or warmer if necessary.
- Schedule daytime naps or afternoon rests if needed.
- Some children respond to a change in scenery (i.e. taking a walk) when tired.

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### 6. Emergency Planning

**What you need to know**

- Emergency plans will be individually determined, based on behaviors and medical issues.
- It is important to mention new signs, symptoms, or pain to the child’s parents.

**What you can do**

- Check to see if the child has a seizure protocol and know the plan in case there is a seizure.
• Have an ample supply of medications, food, formula, etc. for emergencies.

7. Resources

Gene Reviews: Aicardi

Learn more about the genetics of Aicardi Syndrome at: http://www.ncbi.nlm.nih.gov/books/NBK1381/

Aicardi Syndrome

Information, and support for parents is available at: http://www.aicardisindrome.org/site/

NINDS Aicardi Syndrome Information Page