Cardiac tumors are rarely symptomatic and highlighted in the fetus when the size and position do not interfere with intracardiac hemo-
dynamic. Objectives. To present four cases of cardiac tumors, con-
firmed by Doppler echocardiography (Echo) performed in the first 14
days postnatal, 2 of which were already highlighted by fetal echocardiography. Cases presentation. Fetal echocardiography showed
3 and respectively 4 intracardiac mass, well circumscribed, oval, 6–12 mm diameter, with echogenic appearance increased from
normal cardiac structure, located in the IVS and the posterior wall of the LV, slightly protrudes in the lumen but no significant obstruc-
tion of LV outlet tract. Postnatal Echo confirmed the fetal echocardi-
diagnosis diagnosis multiple cardiac rhabdomyoma. ECG: no
suggestive changes. Chest X-Ray: cardiomegaly. One of cases was
later diagnosed with tuberous sclerosis Bourneville. Fetal echocardi-
diography not extracardiac changes detected in this case. The three
cases of rhabdomyoma evolved according to age, without major car-
diac distress and while echocardiography showed mild involution of
tumors size without complete disappearance. In the fourth case, 
Echo in the neonatal period revealed atrioventricular septal defect with
intracardiac masses, 2 of 3 pedicled, non obstructive, pleading
for a multiple cardiac fibroma. Not cardiac arrhythmias was
detected fetal and postnatal development. Conclusions. fetal ultra-
sound screening and especially at older age of pregnancy may reveal
the presence of cardiac tumors, mainly rhabdomyoma, then con-
firmed by Echo postnatal. Monitoring these tumors both in uterus
and post natal to allow early detection of obstructive disorders,
with sometimes severe cardiac distress and requiring cardiovascular
surgery.
4x3cm diameter mass located in the inferior vermis and 4th ventricle advancing to foramen magnum.

**Conclusion** Swallowing difficulties in children is generally due to mild problems such as gastroesophageal reflux, esophagitis or food allergies. If swallowing difficulty is together with weight loss and is persistent for months intracranial pathologies, as in our case, should be searched.

**Background** Angelman syndrome is a neurogenetic disorders characterized by severe learning difficulties and speech impairment, motor difficulties including jerky movements and ataxia, and seizures. 

Epilepsy associated with Angelman syndrome consists of a variety of seizure types. Typically EEG shows a distinctive pattern which can aid diagnosis, but MRI scan shows no abnormality.

Although there is a known association between epilepsy and hippocampal sclerosis in the general population, the development of hippocampal sclerosis following a prolonged convulsion has not been described in a child with Angelman syndrome.

**Methodology** Literature search was carried out to review and compare similar reported cases. This elucidated that the association between hippocampal sclerosis and Angelman syndrome has rarely been cited.

**Results** The case presented here is a 3 year old girl with Angelman syndrome due to de novo micro deletion of chromosome 15, who suffered a prolonged convulsion and subsequently developed a persistent hemiplegia. Serial MRI scans demonstrate initially normal brain architecture and appearances, then the evolution from mild hippocampal swelling two days after the acute insult, to frank hippocampal sclerosis, as well as changes to the left cerebral hemisphere, several months later.

**Conclusion** This case evidences the development of hippocampal sclerosis following acute prolonged convulsion in a child with Angelman syndrome, and implicates this pathogenesis in the natural history of Angelman syndrome.

**Benign extra axial collection of infancy - A case report**

Benign extra axial collection of infancy is a benign clinical entity characterized by rapid head enlargement in an infant with normal neurodevelopment.

We report on an infant who was referred at 3 months with rapidly increasing head circumference. The development was normal and there was a family history of macrocephaly. MRI brain showed normal ventricles with no hydrocephalus. There was significant prominence of subarachnoid space, particularly in fronto-parietal regions. Interestingly, there was moderate degree of cerebral atrophy.

Paediatricians should consider this diagnosis in any infant with rapid head enlargement and normal neurodevelopment. It is a benign condition that requires no surgical intervention because it often resolves spontaneously. The age of onset varies, but it is often seen in the first year of life, more often in boys, when an infant is noticed to have rapid head enlargement. It should not be confused with hydrocephalus or any other intracranial pathologies that are often associated with abnormal neurodevelopmental milestones. The persistence of the subarachnoid fluid collection beyond 2 years of age or a change in neurodevelopment calls for further evaluation to exclude intracranial pathology.