



## CORPUS CALLOSUM DISORDERS FACT SHEET

1. The corpus callosum is the **major nerve structure** connecting the two sides (hemispheres) of the brain. It allows communication between the hemispheres.
2. People with a disorder of the corpus callosum (DCC) are born missing part or all of their corpus callosum. This may be called **agenesis, dysgenesis, hyperplasia or hypoplasia** of the corpus callosum. It is a lifelong condition. Causes can be genetic, environmental or unknown. There are more than 200 medical conditions or syndromes that have a DCC as one component of the clinical features.
3. DCCs are a relatively common brain abnormality in newborns and occur in approximately **1:4000 live births**, affecting approximately 6500 Australians. Some research estimates that it may be as common as 1:3000 live births.
4. The ICD10 (International Statistical Classification of Diseases) code is **Q04.0**.
5. A DCC diagnosis is **confirmed by MRI or CT imaging**. Advancements in imaging have enabled DCCs to be diagnosed in utero. There are relatively high termination rates. Diagnoses may also be made in childhood or in adulthood after an incidental MRI or CT scan.
6. Corpus callosum disorders are **heterogeneous** in cause, presentation and management. People with apparently the same DCC may have very different impacts, requiring a holistic approach to management.
7. Professional expertise, knowledge and experience with DCC are generally limited and sporadic. **Accurate information can be difficult to access** but there is growing body of research.
8. A DCC affects the speed and transfer of sensory-motor processing information, complex reasoning and problem solving skills and cognitive processing. **Early intervention** is effective in helping babies, children and adults meet milestones.
9. A DCC can have **cognitive, behavioural and social impacts ranging from mild to severe**. A minority of people will have very mild impacts and not need support. Most will benefit from support even if symptoms are not always apparent from simple 'bedside assessments.' Many people will display obvious impacts requiring targeted supports.
10. Adults with ACC in Australia have been typically under supported and under recognised. This can contribute to isolation, mental health issues and reduced capacity to achieve in education, employment and relationships. Although the introduction of the NDIS improves access to support, many adults experience **difficulties finding health professionals who understand DCC**.

### References

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- Siffredi, V., et al., *A Neuropsychological Profile for Agenesis of the Corpus Callosum? Cognitive, Academic, Executive, Social, and Behavioral Functioning in School-Age Children*. *Journal Of The International Neuropsychological Society: JINS*, 2018: p. 1-11.