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CHILD HEALTH CARE

IMAGES IN CLINICAL PRACTICE

NEWBORN CRANIAL ALTERATION AT BIRTH - A CLINICAL CASE

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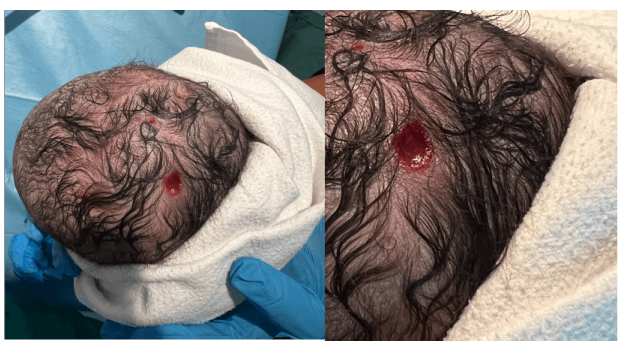
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Newborn girl from a monitored and uneventful 40 weeks pregnancy, born from a vacuum delivery without major trauma noticed. Apgar score of 9/10/10, at 1st, 5th and 10th minutes. Weight, height an head circumference are adequate do gestational age. Scalp lesions noted at birth – shown in Figure 1.

Figure 1. Scalp lesions noted at birth.



What diagnoses should be considered?

Aplasia Cutis Congenita (ACC) is a rare disorder, with an estimated incidence of 0.5-1 in 10 000 live births, that is characterized by focal or widespread absence of epidermis, dermis, and occasionally subcutaneous tissue. The precise etiology of ACC is unknown. This pathology can be noticed as a unique lesion or multiple lesions on any part of the body, being the most common localization the scalp, with or without an underlying bone and dura mater defect associated. This congenital alteration can be an isolated finding or it can be associated with other congenital malformations. In the majority of cases, the diagnosis of ACC is based upon clinical presentation. A complete and thorough physical examination should be performed in order to exclude other anomalies. The management of these lesions is variable depending on the clinical characteristics – size, depth and other anomalies associated – ranging from a conservative approach to corrective surgery or a combination of both. The majority of scalp lesions do not require any specific therapy besides wound care and vigilance until closure, that usually takes several weeks or months. This type of lesions have a good prognosis. When evaluating this kind of injury, other differential diagnoses should be considered such as obstetrical trauma from forceps, placement of fetal scalp electrodes or other potential birth lesions.

Verbal patient's legal responsible consent, figures without identification elements.

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