

QUIZ 2

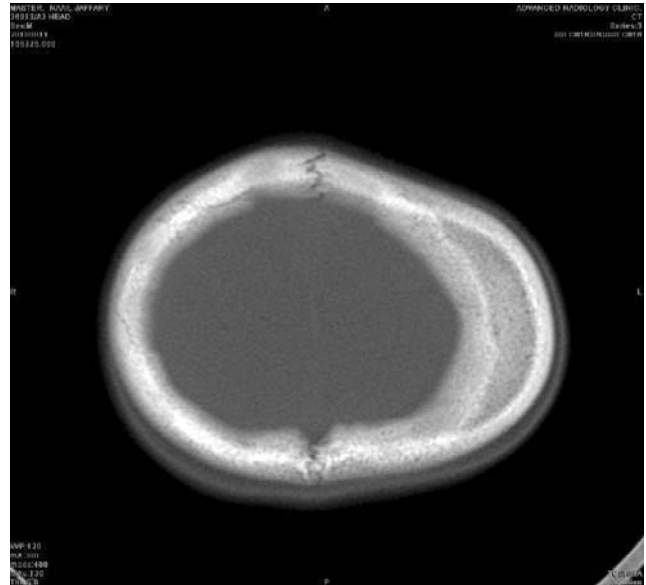
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Axial Image A (Normal window)



Axial Image B (Bone window)

**Questions**

- Q1. What are the CT findings in images A and B?
- Q2. What is the probable diagnosis? Briefly describe.
- Q3. What is differential diagnosis of this case?
- Q4. What is its incidence, pathogenesis and treatment?

## QUIZ 2

### Answers

**Answer 1:** There is osseous thickening at the left parietal convexity causing elevation at the site of bony thickening.

**Answer 2:** The possible diagnosis in this case is Ossified Subperiosteal Cephalhematoma.

A Cephalhematoma is a hemorrhage between the skull and periosteum of a newborn baby secondary to rupture of blood vessels crossing the periosteum. The usual cause of cephalhematoma is a prolonged second stage of labour or instrumental delivery. Its incidence is 0.2 to 2.5% of live births.

In few cases the space between a new shell of bone and the inner table remains widened for many years and space originally occupied by the hematoma becomes filled with normal diploic bone. This ossified cephalhematoma remains unchanged and symptomless throughout life.

**Answer 3:** Differential diagnosis:

In the Neonate:

1. Caput Succedaneum ( Subcutaneous edema and hemorrhage)
2. Subgaleal Hemorrhage ( Subaponeurotic hemorrhage)

In older Infants and Child:

3. CranioOstosis.

**Answer 4:** Cephalhematoma is frequently encountered, however ossified cephalhematoma is seen rarely and only few cases have been reported in the literature. Its pathogenesis is unclear and the clinical course is different in neonates and juveniles.

Surgical management is indicated in cases of ossified cephalhematoma which are causing skull deformities.

### References

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