

While [cranial birth injury](#) in [term infants](#) are well recognized, to date, only small [case series](#) have been described. In an attempt to further define the spectrum of cranial birth injuries, Pollina et al. analyzed 41 consecutive cranial birth injuries over the period 1991-1998. The most common clinical presentations were [apnea](#) (39%) and [seizures](#) (37%). Average Apgar scores were 5.7 at 1 min and 7.3 at 5 min; 54% of infants had abnormally low Apgar scores at 1 min and 31% had abnormally low scores at 5 min. The most common intracranial lesion was [subdural hematoma](#), present in 73% of infants; most had either a tentorial (57%) and/or interhemispheric (50%) location. Operative treatment was required in 5 infants (12%). Two of the 41 infants (4.8%) died. The study group was compared with a control group of 63 randomly selected births without cranial injury. Using a stepwise [logistic regression](#) model, independently significant variables included neonatal birth weight, Apgar scores at 1 and 5 min and mode of delivery. Compared with the controls, the study group had a significantly higher incidence of forceps and/or vacuum deliveries. Combining vacuum, forceps and urgent cesarean section deliveries together as 'urgent' and elective cesarean and spontaneous vaginal deliveries as 'nonurgent', they could find no significant differences between these two groups. This data conflict with those of Towner et al. [N Engl J Med 1999;341:1709-1714], and suggest that the method of assisted delivery, rather than the urgency of the delivery or dysfunctional labor per se, is a more important variable in cranial birth injuries ¹⁾.

1)

Pollina J, Dias MS, Li V, Kachurek D, Arbesman M. Cranial birth injuries in term newborn infants. *Pediatr Neurosurg*. 2001 Sep;35(3):113-9. doi: 10.1159/000050403. PMID: 11641618.

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Last update: **2024/06/07 02:58**

