

# Cranioplasty Indications

## General indications

1. cosmetic [restoration](#) of external [skull](#) appearance and symmetry
2. relief of symptoms due to [craniotomy](#) defect.
  - a) [pain](#) or [tenderness](#): especially at the bone edges
  - b) [syndrome of the trephined](#): nonfocal
  - c) focal deficit related to the defect: e.g. [sinking skin syndrome](#)
  - d) [seizures](#) originating in the brain beneath the defect
3. protection from [trauma](#) (blunt or penetrating) in area of post-craniotomy or posttraumatic skull defect
4. reduction of irritation of the brain as a result of pressure on and deformity of the surface of the brain. Reducing this irritation may improve seizure control if this is an issue
5. [cognitive deficits](#): may improve following cranioplasty (especially with large defects)

The onset of symptoms may be delayed months to years after the [craniectomy](#)

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Cranioplasties are performed to protect the brain and correct cosmetic defects, but there is growing evidence that this procedure may result in neurological improvement.

The aim of cranioplasty is not only a cosmetic issue; also, the repair of cranial defects gives relief to psychological drawbacks and increases social performance.

Cranioplasty is performed mostly after traumatic injuries.

## Cranioplasty for Syndrome of the trephined

see [Cranioplasty for Syndrome of the trephined](#).

## Cranioplasty for suboccipital craniectomy

see [Cranioplasty for suboccipital craniectomy](#).

# Cranioplasty following a decompressive craniotomy

[Cranioplasty following a decompressive craniotomy.](#)

## Contraindications

see [Cranioplasty contraindications](#)

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Last update: **2024/06/07 02:51**

