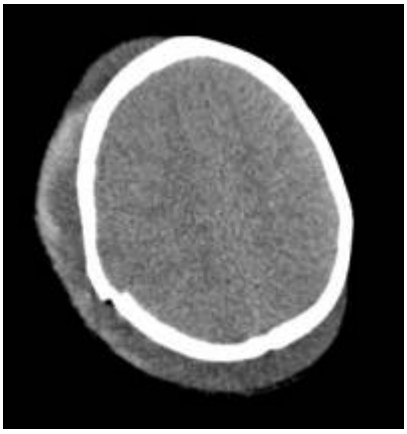
Depressed skull fractures in pediatrics



General information

Most common in frontal and parietal bones. One third are closed, and these tend to occur in younger children (3.4 ± 4.2 yrs, vs. 8.0 ± 4.5 yrs for compound fractures) as a result of the thinner, more deformable skull. Open fractures tended to occur with MVAs, closed fractures tended to follow accidents at home. Dural lacerations are more common in compound fractures.

Simple depressed skull fractures

There was no difference in outcome (seizures, neurologic dysfunction or cosmetic appearance) in surgical vs. nonsurgical treatment in 111 patients < 16 yrs of age. In the younger child, remodelling of the skull as a result of brain growth tends to smooth out the deformity.

Indications for surgery for pediatric simple depressed skull fracture:

1. definite evidence of dural penetration

2. persistent cosmetic defect in the older child after the swelling has subsided

3. ± focal neurologic deficit related to the fracture (this group has a higher incidence of dural laceration, although it is usually trivial).

Ping pong skull fracture

see Ping pong skull fracture