

# Head shape

Objective assessment of [head](#) shape has been an elusive goal in the management of [craniosynostosis](#) patients. Clinical judgment, craniometric indices, and computed tomography scans are the primary means through which a surgeon assesses this patient population.

The presentation of a child with an abnormal head shape can be challenging and should be met with an appropriate clinical approach. Craniosynostosis is a common cause of paediatric skull deformity and is best managed by a multispecialty tertiary referral unit with regular follow-up. As craniosynostosis frequently requires time-sensitive surgery, it is important to differentiate between craniosynostosis and common self-limiting conditions such as [positional plagiocephaly](#).

Parental concern regarding infant head shape is common. General practitioners (GPs) have an important role in assessment, diagnosis and referral for paediatric skull deformities. GPs are well placed to clinically differentiate between deformational plagiocephaly and craniosynostosis and provide timely referrals to optimise patient outcomes <sup>1)</sup>.

<sup>1)</sup>

Lun KK, Aggarwala S, Gardner D, Hunt J, Jacobson E, Reddy R, Gianoutsos M, Rtshiladze M. Assessment of paediatric head shape and management of craniosynostosis. Aust J Gen Pract. 2022 Jan-Feb;51(1-2):51-58. doi: 10.31128/AJGP-09-20-5638. PMID: 35098275.

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