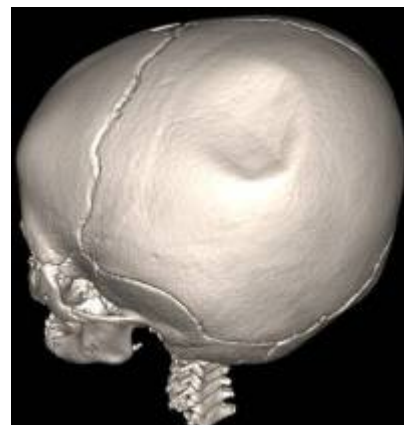


Ping pong skull fracture



A green-stick type of fracture → caving in of a focal area of the skull as in a crushed area of a pingpong ball. Usually seen only in the newborn due to the plasticity of the skull.

Treatment

The aim of a paper was to describe a low-cost and readily accessed Manual Aspiration Reduction System (MARS) for use treating neonatal ping-pong fractures.

The MARS is composed of a pediatric anesthesia mask, part of a macro dripper, a 3-way stopcock, and two 60-ml syringes. Prior to its use in our patient, the system was tested on five adult volunteers to maximum negative pressure, and none reported pain during the procedure or experienced any other complication.

Clinical case: A 15-day-old premature girl presented with a congenital ping-pong fracture. Her skull X-ray revealed a right parietal fracture. Neurological examination and transfontanellar ultrasound were normal. Treatment using the MARS was performed at the patient's bedside without sedation or anesthesia. The patient was monitored by the neonatology team throughout.

Skull radiography revealed reduction of the fracture after the procedure performed with the MARS. The transfontanellar ultrasound and follow-up neurological examination were normal. The patient progressed favorably and was discharged from our service after 24 h.

Due to its components, the MARS is a low-cost and readily accessed system. In this case, it permitted satisfactory reduction of a ping-pong parietal fracture. This system should greatly simplify the treatment of such fractures ¹⁾.

Indications for surgery

No treatment is necessary when these occur in the temporoparietal region in the absence of underlying brain injury as the deformity will usually correct as the skull grows.

- radiographic evidence of intraparenchymal bone fragments

- associated neurologic deficit (rare)
- signs of increased [intracranial pressure](#)
- signs of [Cerebrospinal fluid fistula](#) deep to the [galea](#)
- situations where the patient will have difficulty getting long-term follow-up

Technique

Frontally located lesions may be corrected for cosmesis by making a small linear incision behind the hairline, opening the cranium adjacent to the depression, and pushing it back out e.g. with a #3 [Penfield dissector](#).

¹⁾

Minghinelli FE, Recalde R, Socolovsky M, Houssay A. A new, low-cost device to treat depressed “ping-pong” fractures non-surgically: technical note. Childs Nerv Syst. 2021 Mar 13. doi: 10.1007/s00381-021-05113-y. Epub ahead of print. PMID: 33712872.

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