Skull

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- Bone Graft Expansion in Cranioplasty Using a Split-Bone Technique
- Cancer Stem Cell Characterization in Olfactory Neuroblastoma Tissue
- Factors associated with osteophytosis on the sella turcica: related morphological and morphometrical aspects
- Simulating Endonasal Endoscopic Skull Base Surgery on Animal Carcasses: A Prospective Observational Study
- Bolt gun injury to central forehead, sagittal sinus and frontal lobes: A case report
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- Cranioplasty After Removal of a Meningioma With Skull Invasion: A Technical Case Report

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Bony structure in the head that supports the structures of the face and forms a protective cavity for the brain.

Parts

The skull is composed of two parts: the cranial bone and the mandible. The skull forms the anterior most portion of the skeleton and is a product of encephalization, housing the brain, many sensory structures (eyes, ears, nasal cavity), and the feeding system.

Functions

Functions of the skull include protection of the brain, fixing the distance between the eyes to allow stereoscopic vision, and fixing the position of the ears to help the brain use auditory cues to judge direction and distance of sounds. In some animals, the skull also has a defensive function (e.g. horned ungulates); the frontal bone is where horns are mounted. The English word “skull” is probably derived from Old Norse “skalli” meaning bald, while the Latin word cranium comes from the Greek root κρανίον (kranion).

The skull is made of a number of fused flat bones.

see frontal bone

temporal bone

parietal bone

occipital bone…

As pressure within the skull increases, brain tissue displacement can lead to brain herniation, resulting in disability or death.

The skull is a rigid, non-expandable compartment, therefore increased intracranial volume may lead to uncontrolled intracranial hypertension with subsequent cerebral ischemia and tissue death. The most common cause of this condition is traumatic brain injury (TBI) and stroke. However, it can also occur in the context of hydrocephalus, tumors, infections, hemorrhage, and certain encephalopathies. At the beginning of the 20th century, neurosurgeons such as Kocher and Cushing systematically described techniques for removing cranial bone flaps to treat pathologies that caused an increase in intracranial pressure [1)]

Skull tumor

see Skull tumor.

1)

Rossini Z, Nicolosi F, Kolias AG, Hutchinson PJ, De Sanctis P, Servadei F. The History of Decompressive Craniectomy in Traumatic Brain Injury. Front Neurol. 2019 May 8;10:458. doi: 10.3389/fneur.2019.00458. PMID: 31133965; PMCID: PMC6517544.