Skull radiography

is the radiological investigation of the skull vault and associated bony structures. Seldom requested in modern medicine, plain radiography of the skull is often a last resort in trauma imaging in the absence of a CT. However, it is still utilized in the setting of skeletal surveys. Occasionally it might be used as a magnified technique to evaluate palpable bony lesions of the scalp

It is also used in some departments to exclude the presence of metallic foreign bodies that might contraindicate MRI.

A skull fracture increases the probability of a surgical intracranial injury (ICI) (in a comatose patient it is a 20-fold increase, in a conscious patient it is a 400-fold increase. However, significant ICI can occur with a normal skull X-ray (SXR) (SXR was normal in 75% of minor head injury patients found to have intracranial lesions on CT, attesting to the insensitivity of SXRs). SXRs affect management of only 0.4–2% of patients in most reports.

An SXR may be helpful in the following:

1. in patients with moderate risk for intracranial injury by detecting an unsuspected depressed skull fracture (however, most of these patients will get a CT scan, which obviates the need for SXR)

2. if a CT scan cannot be obtained, an SXR may identify significant findings such as pineal shift, pneumocephalus, air-fluid levels in the air sinuses, skull fracture (depressed or linear)...(however, sensitivity for detecting ICI is very low)

3. with penetrating injuries: helps in visualization of some metallic objects