

IMAGES IN PAEDIATRICS

Neonatal lacunar skull as an isolated finding

Cráneo lacunar neonatal como hallazgo aislado



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We present the case of a term neonate with an unremarkable previous history that was admitted at birth due to self-limited respiratory distress. The initial physical examination revealed several ossification defects in the skullcap suggestive of craniotabes, located bilaterally over the posterior parietal region and the vertex. There were no cutaneous signs of neural tube defects and the neurological examination was normal. We ordered a transfontanelar ultrasound examination, plain radiograph of the skull and head computed tomography scan, the results of which were consistent with the diagnosis of lacunar skull, with no additional anomalies (Figs. 1–3), in addition to a full blood work panel that also yielded normal results.

Lacunar skull is a congenital ossification defect in which the skull appears fenestrated due to the thinning of the inner table, most frequently in the frontal and parietal regions. Its aetiology remains unclear.¹ Its detection is important on account of its potential association with other anomalies, such as neural tube defects (myelomeningocele, encephalocele), Arnold-Chiari malformation, craniosynosto-

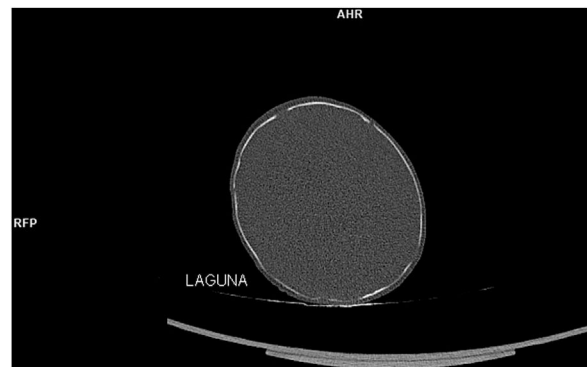


Figure 1 Computed tomography scan axial view through the parenchymal window, showing the lacunae in the skull cap, most pronounced in the right parietal bone.

sis or scoliosis, whose presence must be ruled out through the performance of the applicable diagnostic tests. Still, it can be an isolated finding, as was the case in our patient.^{1–3} It usually resolves spontaneously during childhood through bone remodelling, although previous studies have found cases of persistence until adulthood, in which additional pathology tends to be more frequent.²

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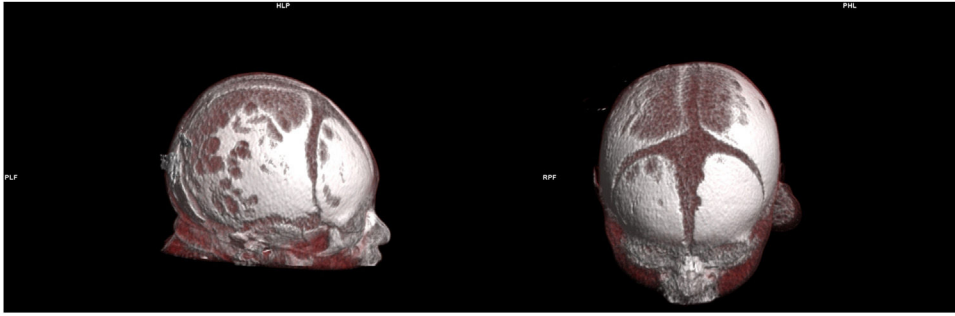


Figure 2 Two 3D reconstructions showing the distribution of lacunar defects in the skullcap, lesions resulting from pronounced bone thinning of the inner table located bilaterally in the parasagittal region.



Figure 3 Skull radiograph with well-demarcated rounded areas of radiolucency in the skull.

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