CRANIOSYNOSTOSIS : ENGLISH

Craniosynostosis

The skull of a newborn is supple in some places .The bones are simply connected to each other through a transition zone (suture) that will ossify during the prenatal period. When these bone fuses prematurely, sometimes during the maternity period, it causes a deformation of the skull called craniosynostosis. The prevalence of this pathology is considered in approximately 1 on 2500 births in the world.

In the vast majority of cases, craniosynostosis is called isolated form (not syndromic) and its origin is not always known. About 20% of these deformations are syndromic means that it is an anomaly with several sutures that are prematurely closed, mainly Crouzon's syndrome, Apert's syndrome or Pfeiffer's syndrome.

Complications

When the skull is welded at the time the brain develops, it may find itself compressed, resulting in intracranial hypertension, leading to headaches, visual problem and potential disruptions in the child's cognitive development.

The other consequence of cranyostenosis is aesthetic abnormality. In this situation the child's skull is deformed and the face loses its harmony.

In case of syndromic form, other abnormalities can be found.

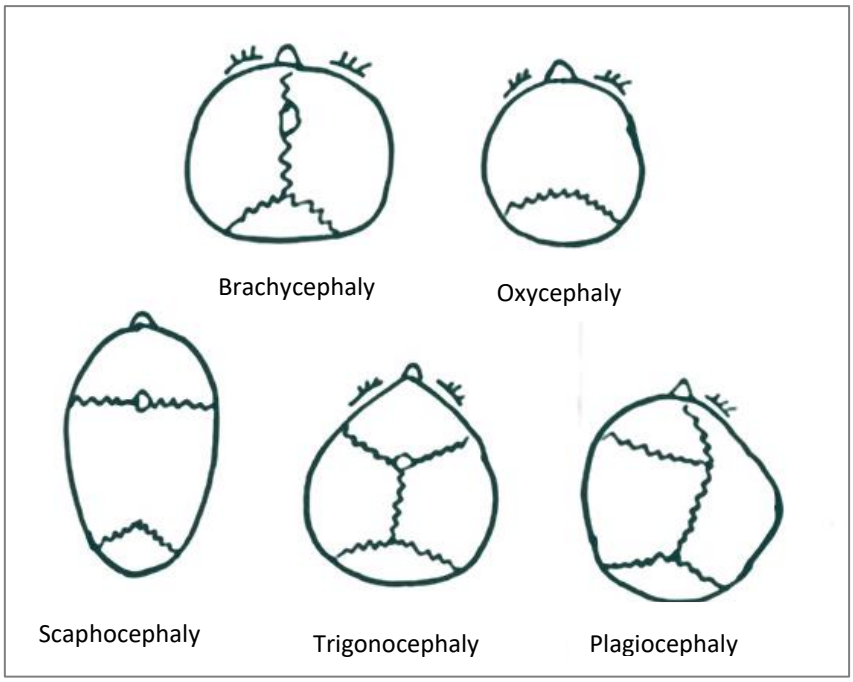
Diagnostic

This skull malformation is usually diagnosed in the first year of life, but can also be observed later and rarely it can also be detected on an ultrasound during pregnancy by the cranial deformation as it causes.

Radiological or genetic examinations may be useful in the diagnosis or care management of the child.

Interventions

Patient management is multidisciplinary. A surgical correction can be provided through remodeling the skull to restore a normal brain morphology and compliance for the underlying brain. After surgery the patient stays a few days at the hospital, then he/she can return to a normal life. A medical-surgical follow-up will be offered during childhood.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