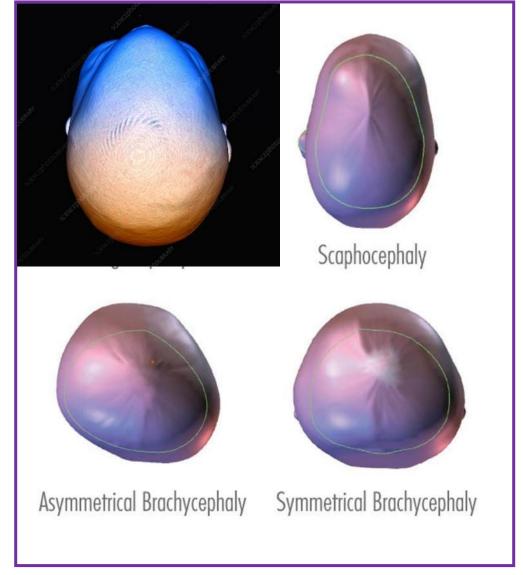
# Abnormal skull shape

가톨릭의대 인천성모병원 장대현

# Terminology

- Plagiocephaly
- Scaphocephaly (Dolichocehaly)
- Brachycephaly
- Trigonocephaly



Macrocephaly/microcephaly

































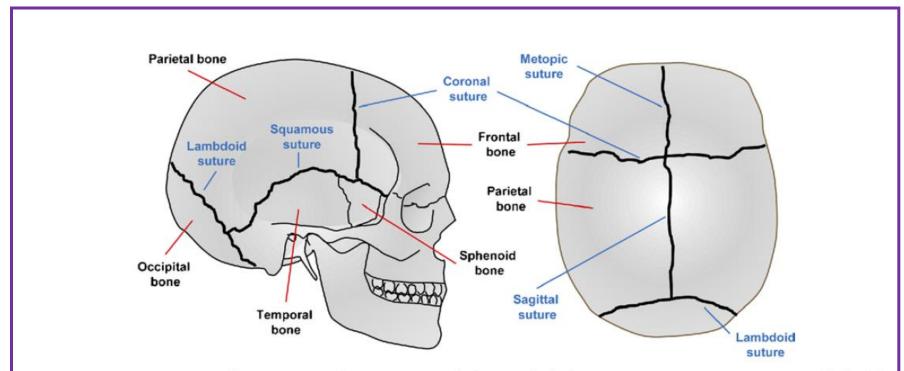
https://www .cranialtech. com/onlineassessment/

#### Classification

Craniosynostosis

 Non-synostotic plagiocephaly (brachycephaly) (Deformational/Positional)

# Anatomy



**FIGURE 1.** Major bones and sutures of the adult human cranium. Lateral (left) and top (right) view demonstrating the bones (red line) and sutures (blue) of the calvarium. The metopic suture separating the right and left halves of the frontal bone generally closes by the second year of life.

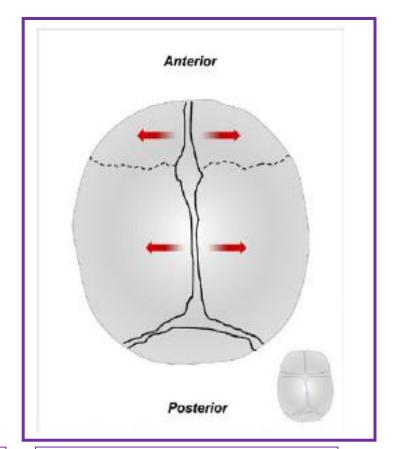
# Anatomy

Suture	Timing of fusion
Metopic suture	3–9 months of age
Coronal suture	Between 22 and 39 years of age
Sagittal suture	Between 22 and 39 years of age
Lambdoid suture	Between 22 and 39 years of age

# Craniosynostosis

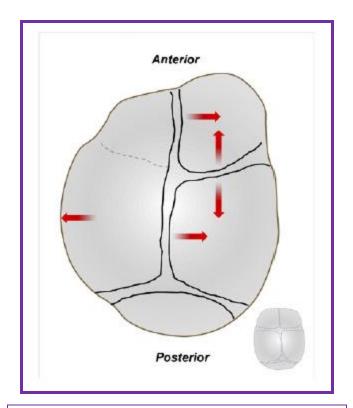


Sagittal synostosis (scaphocephaly).

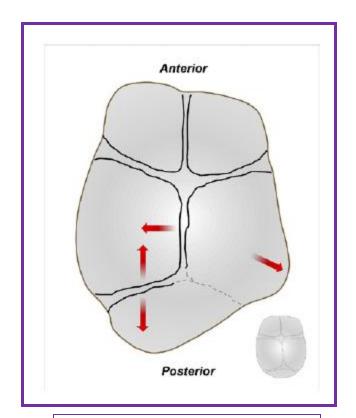


Bilateral coronal craniosynostosis.

# Craniosynostosis



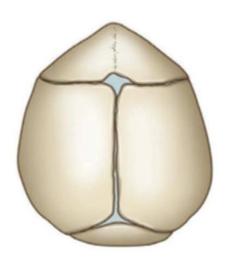
Unilateral coronal craniosynostosis.



Lambdoid craniosynostosis.

# Non-synostotic plagiocephaly (brachycephaly) (Deformational/Positional)

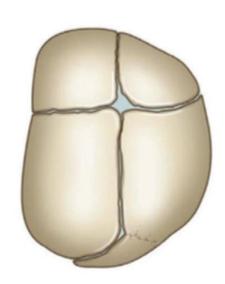




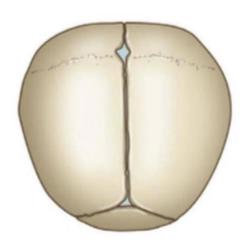
Metopic Synostotic Trigonocephaly



Sagittal Synostotic Scaphocephaly

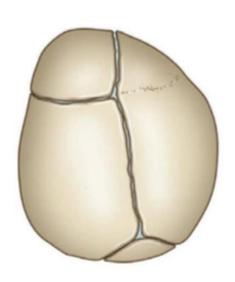


Lambdoid Synostotic Posterior Plagiocephaly

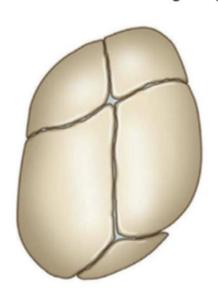


**Bicoronal** 

Synostotic Brachycephaly



Unicoronal



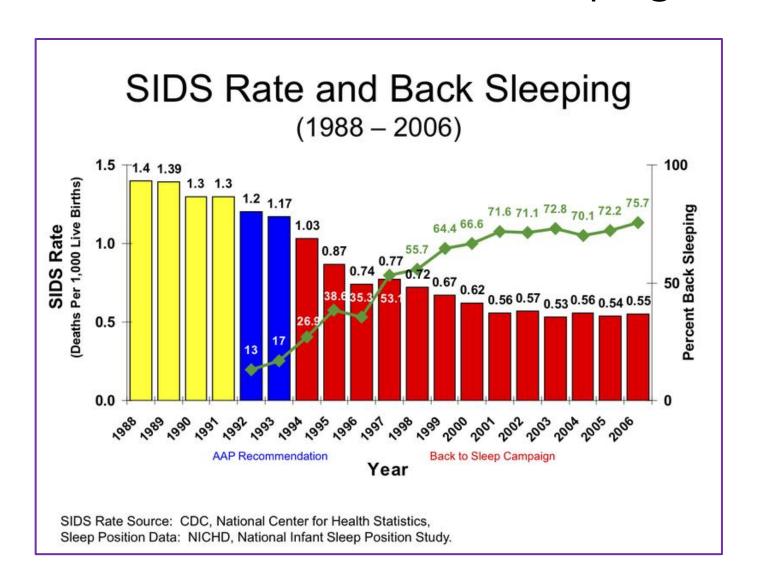
(All Sutures Open)

Synostotic Anterior Plagiocephaly Deformational Posterior Plagiocephaly

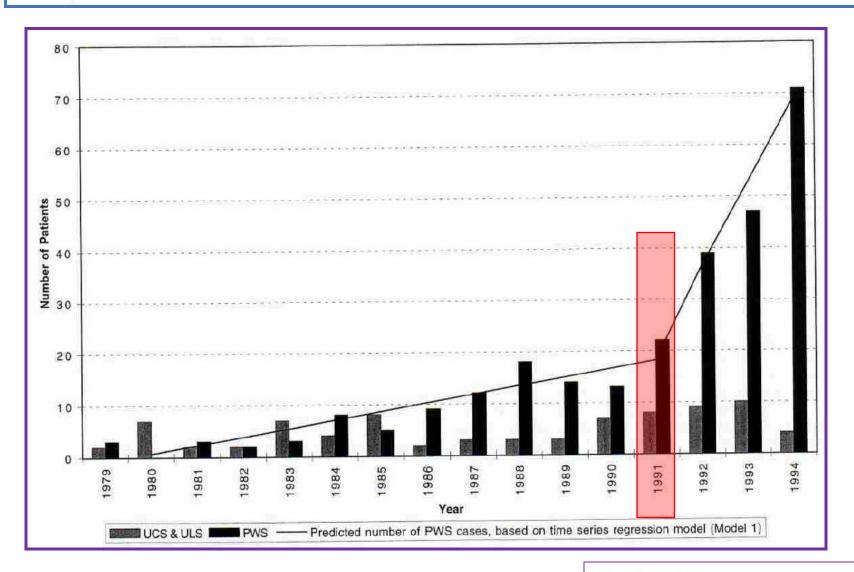
Craniosynostosis

Non-synostotic plagiocephaly (brachycephaly)
 (Deformational/Positional)

## Deformational (Positional) plagiocephaly

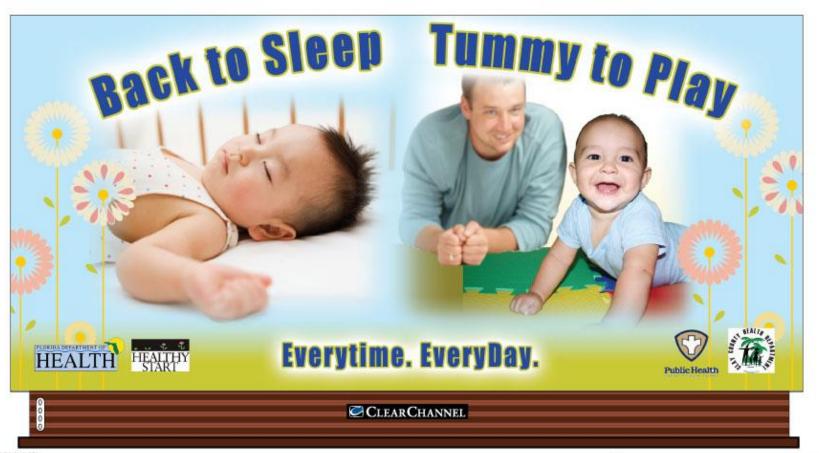


# Observations on a Recent Increase in Plagiocephaly Without Synostosis



#### Tummy to Play

Premier Vinyl 10'9" X 23' Scale 1/2" = 1'



#### DESIGN PACKAGE:

Art Approval:

We will gladly make up to 2 revisions to original design free of charge. 2nd Revision Date:

An hourly rate of \$95 will be charged for additional revisions. Additional Revision Date: Total Hours:

Use of photography supplied by Clear Channel will be charged to client at a minimum of \$100 per photo. Stock photography images from other sources will be purchased directly from vendor by client. Image#:

This outdoor design has been created by Clear Channel Outdoor. fleproduction of this display in whole or part without permission, is prohibited. File: Safe Sleep

Artist: Brandi Extension Sq. Ft.:

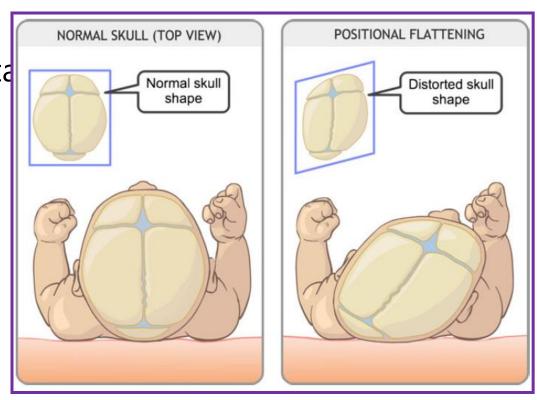
Approved By:

Date: 9/2/11 AE: Amber Board #: Date:

# Deformational (Positional) plagiocephaly

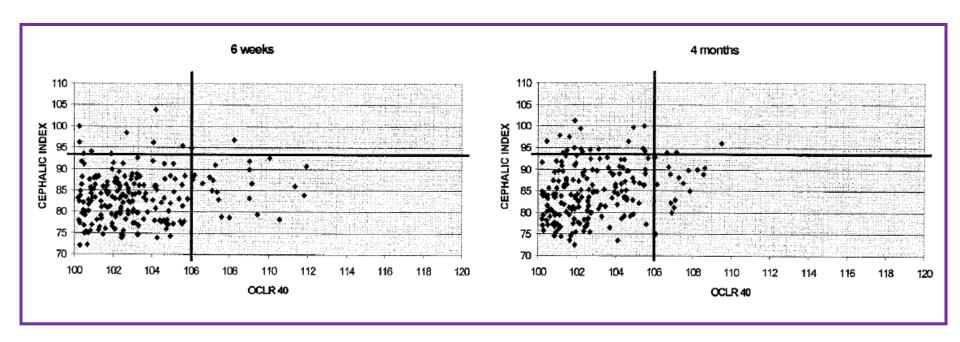
 Mechanical factors (utero, at birth, postnata

- Torticollis
- Prematurity (incubator)
- Twin
- Neuromuscular disease
- Hypotonia
- Sleep position



#### Plagiocephaly and Brachycephaly in the First Two Years of Life: A Prospective Cohort Study

• 200 infants (1.5, 4, 8, 12, 24 months)

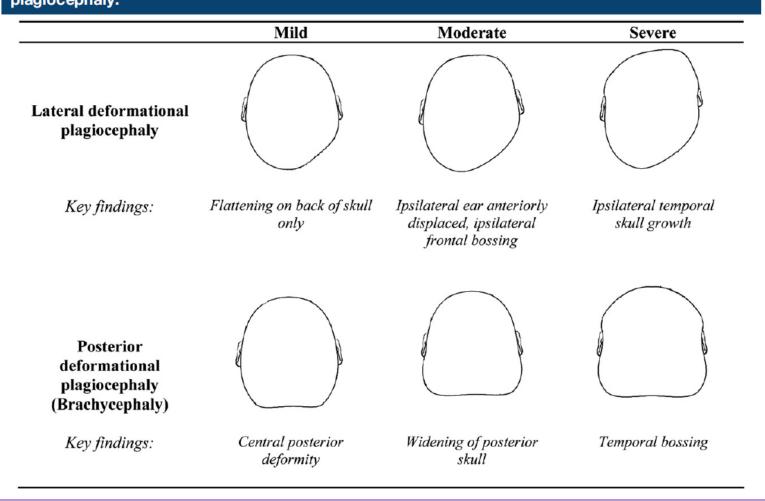


Variable	Case (n = 32; n [%])	Control $(n = 168; n [\%])$	Univariate OR (95% CI, P Value)	Multivariate OR (95% CI, <i>P</i> Value)
Limitation of passive rotation - newborn			$\chi^2 = 12.52, P = .0004$	$\chi^2 = 11.50, P = .0007$
(missing = 16)				
Limited	7 (25.0)	8 (5.1)	6.17 (2.03–18.76)	9.51 (2.59-34.94)
Not limited	21 (75.0)	148 (94.9)	1.00	1.00
Reported preferential head orientation (missing = 2)	, ,	, ,	$\chi^2 = 3.19, P = .07$	
Yes	23 (71.9)	91 (54.8)	2.11 (0.92-4.83)	
No	9 (28.1)	75 (45.2)	1.00	
Sleep position at newborn interview	(====)	(/	P < .0001	
Supine only	30 (93.8)	95 (56.5)	11.53 (2.67-49.81)	
Nonsupine	2 (6.2)	73 (43.5)	1.00	
Sleep position at 6 wk	_ ()	(22.2)	$\chi^2 = 11.79, P = .0006$	$\chi^2 = 9.25, P = .003$
Supine only	26 (81.3)	81 (48.2)	4.65 (1.82–11.89)	
Nonsupine	6 (18.7)	87 (51.8)	1.00	1.00
Head position varied	- ()	()	$\chi^2 = 10.94, P = .004$	
Yes	10 (31.2)	103 (61.3)	1.00	
No	12 (37.5)	45 (26.8)	2.75 (1.11-6.82)	
Tried but unsuccessful	10 (31.2)	20 (11.9)	5.15 (1.90–13.98)	
Back time per day	10 (11.11)	(	$\chi^2 = 8.57, P = .003$	
< 21 h	16 (50.0)	128 (76.2)	1.00	
≥ 21 h	16 (50.0)	40 (23.8)	3.20 (1.47–6.97)	
Upright time per day	-5 (55.5)	10 (20.0)	$\chi^2 = 4.90, P = .03$	$\chi^2 = 6.88, P = .009$
≤ 1 h	9 (28.1)	83 (49.4)	1.00	1.00
> 1 h	23 (71.9)	85 (50.6)	2.50 (1.08–5.56)	3.99 (1.42–11.23)
Backtime per day (h)	19.01 (4.13)	14.89 (6.52)	P < .0001	(1.12 11.20)
	13.01 (1110)	22.05 (0.02)	$\beta = 0.14 (0.05 - 0.22)$	

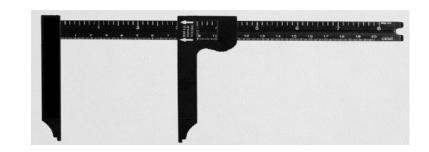
# Evaluation

#### Visual evaluation

FIGURE 1. Vertex views of mild, moderate, and severe lateral and posterior deformational plagiocephaly.



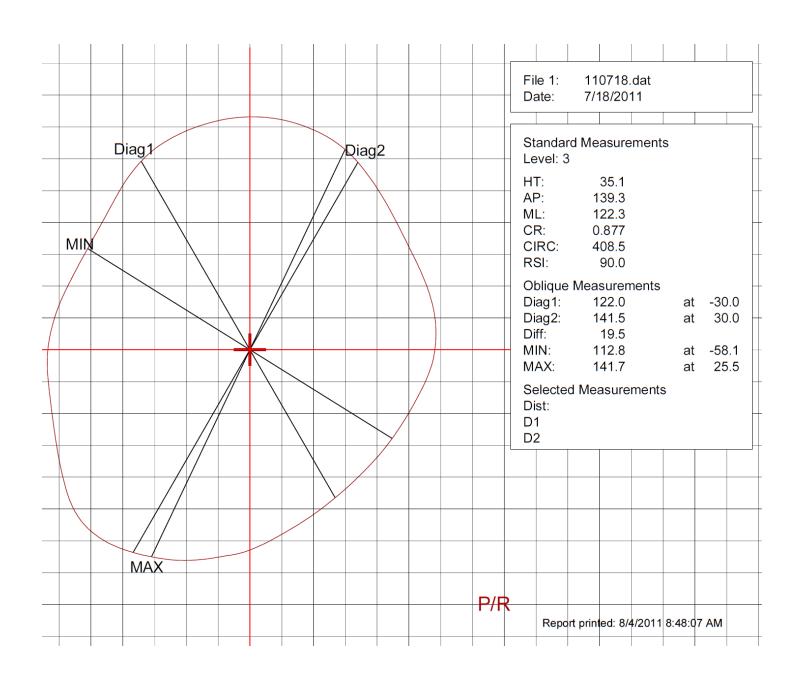
#### Measurement



Cranial width (breadth)	The greatest transverse diameter of the head, on a horizontal plane	L R
Cranial length	The distance from the forehead to most posterior point of the head, in the same plane as measured in head circumference	
Cephalic index (cranial index) Occipital-frontal transcranial diameter	The ratio of the cranial width to the cranial length Determine the sites on the left and right sides of the head where the deformation is the most prominent; measure the diagonal distances between these sites	
Transdiagonal difference (transcranial	The difference between two transcranial diameters	
diagonal difference)	Journal of Pediatric Health Care \	Volume 26 • Number

# Scan



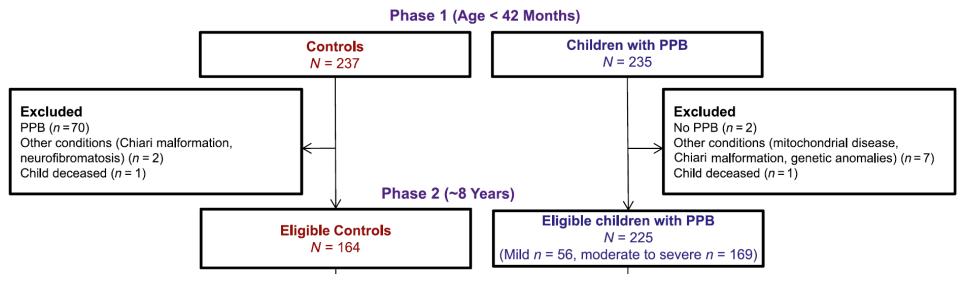


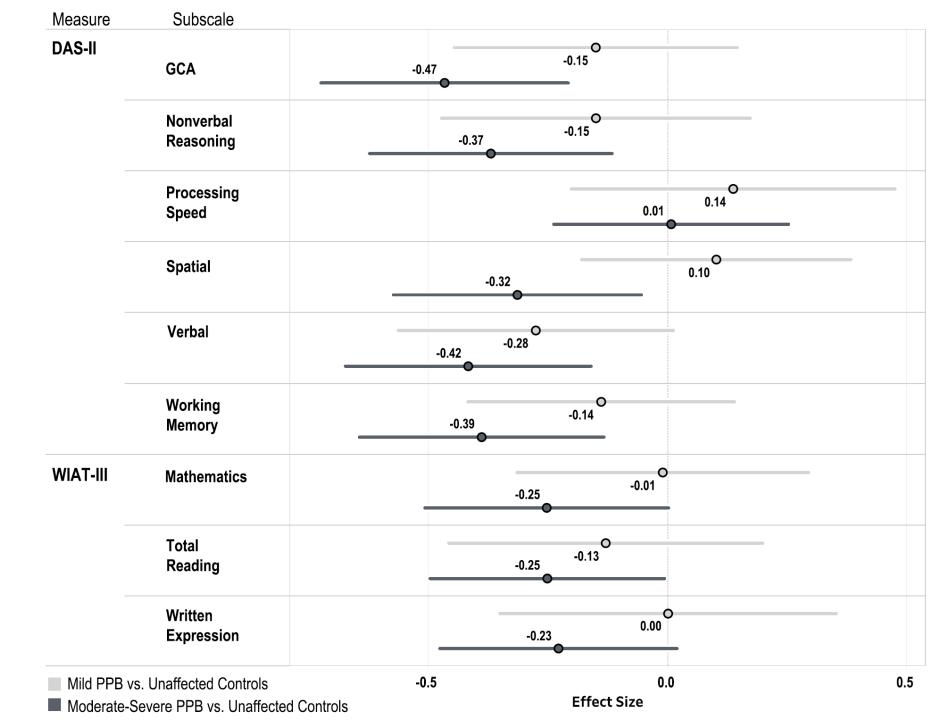
# Cognitive Outcomes and Positional Plagiocephaly

Pediatrics. 2019;

Plagiocephaly and Developmental Delay: A Systematic Review

(J Dev Behav Pediatr 38:67–78, 2017)





### In summary

- Positional plagiocephaly (brachycephaly)
  - Risk factors: neck ROM, up-right time, sleeping postion
  - Naturally regression in most cases
  - Mostly benign cosmetic condition
  - A marker of delayed development in severe cases

# Management

• Re-positioning

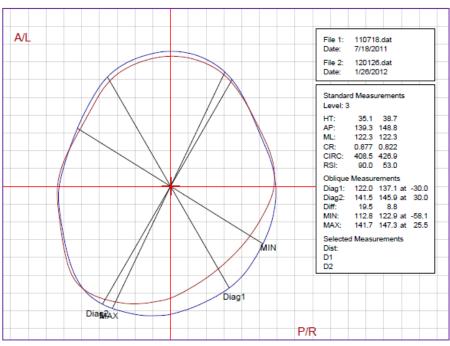
Physical therapy

Orthosis

# Helmet therapy



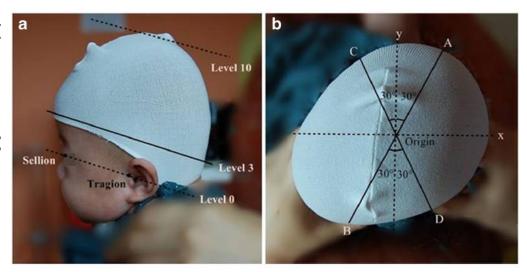




#### Relationship between starting age of cranial-remolding-orthosis therapy and effectiveness of treatment in children with deformational plagiocephaly

Mi-hyang Han 1 · Jin Young Kang 2 · Hye Young Han 1 · Yun-hwa Cho 3 · Dae-Hyun Jang 1

- 310 patients with deformat a plagiocephaly
- Cranial vault asymmetry inc
   =[(AB-CD)/CD] × 100



	Total patients	Sex (male/female)	Mean starting age (days)	Severity <sup>a</sup> (mild/moderate/severe)
Group 3M	42	29:13	107.4 ± 11.9 (95.5~119.3)	9:21:12
Group 4M	64	43:21	$137.2 \pm 8.8 \; (146 \sim 128.4)$	6:40:18
Group 5M	66	38:28	$162.0 \pm 7.8 \; (154.2 \sim 169.8)$	9:46:11
Group 6M	56	32:24	$194.9 \pm 8.4 \ (186.5 \sim 203.3)$	11:39:6
Group 7M	32	21:11	$224.1 \pm 8.1 \ (216 \sim 232.2)$	5:23:4
Group 8M	21	12:9	$255.4 \pm 7.1 \ (248.3 \sim 262.5)$	2:15:4
Group 9M	29	12:17	$334.0 \pm 51.9 \ (282.1 \sim 385.9)$	5:19:5
Total	310	187:123	$184.3 \pm 65.7 \ (118.6 \sim 250.0)$	47:203:60

Group 3M, <120 days; group 4M, 120~149 days; group 5M, 150~179 days; group 6M, 180~209 days; group 7M, 210~239 days; group 8M, 240~269 days; group 9M,  $\geq$ 270 days

<sup>&</sup>lt;sup>a</sup> The initial severity of plagiocephaly was categorized by CVAI as mild group (range, 3.5-7%), moderate group (range, 7-12%), and severe group (range, >12%)

	Duration of therapy (days)	Initial mean CVAI (%)	Final mean CVAI (%)	Mean change of CVAI (%)
Group 3M	124.4 ± 46.9* (77.5~171.3)	$10.4 \pm 4.1 \ (6.3 \sim 14.5)$	$3.5 \pm 2.1 \ (1.4 \sim 5.6)$	$6.9 \pm 2.5^{\ddagger} (1.4 \sim 9.4)$
Group 4M	$148.0 \pm 51.6** (96.4 \sim 199.6)$	$10.1 \pm 2.6 \ (7.5 \sim 12.7)$	$3.8 \pm 1.6 \ (2.2 \sim 5.4)$	$6.3 \pm 2.0^{\ddagger\ddagger} (4.3 \sim 8.3)$
Group 5M	$156.0 \pm 59.6** (96.4 \sim 215.6)$	$9.4 \pm 2.4 \ (7.0 \sim 11.8)$	$3.5 \pm 1.5 \ (2.0 \sim 5.0)$	$5.9 \pm 1.7^{\ddagger\ddagger\ddagger} (4.2 \sim 7.6)$

 $8.8 \pm 2.4 (6.4 \sim 11.2)$ 

 $9.9 \pm 2.7 (7.2 \sim 12.6)$ 

 $9.8 \pm 2.5 \ (7.3 \sim 12.3)$ 

 $9.7 \pm 2.8 (6.9 \sim 12.5)$ 

 $10.0 \pm 2.1 \ (7.9 \sim 12.1)$ 

 $3.5 \pm 1.4 (2.1 \sim 4.9)$ 

 $4.5 \pm 2.1 \ (2.4 \sim 6.6)$ 

 $4.8 \pm 1.0 (3.8 \sim 5.8)$ 

 $5.7 \pm 2.6 (3.1 \sim 8.3)$ 

 $4.0 \pm 1.9 \ (2.1 \sim 5.9)$ 

 $5.3 \pm 1.8 \ (3.5 \sim 7.1)$ 

 $5.4 \pm 1.6 \ (3.8 \sim 7.0)$ 

 $5.2 \pm 1.4 \ (3.8 \sim 6.6)$ 

 $4.1 \pm 1.5 \ (2.6 \sim 5.6)$ 

 $5.7 \pm 2.0 \ (3.7 \sim 7.7)$ 

Group 6M

Group 7M

Group 8M

Group 9M

Total

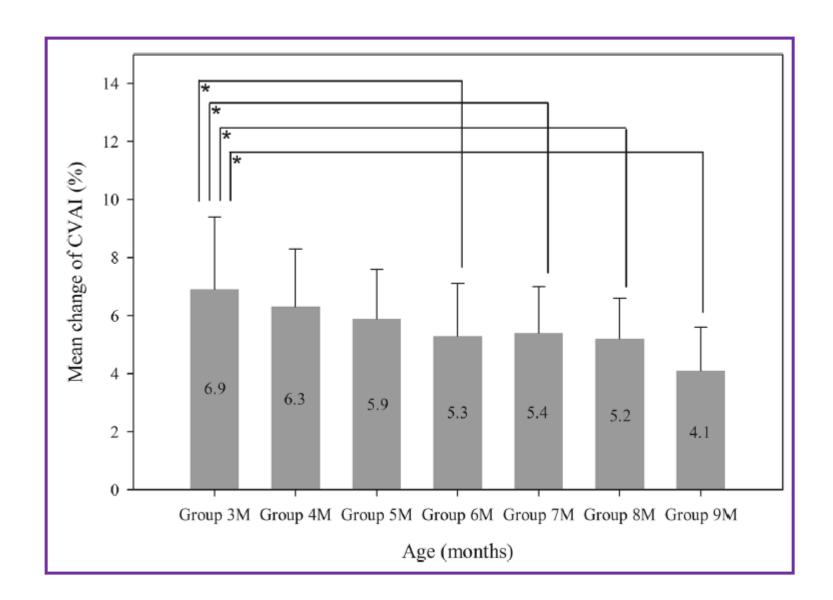
 $183.4 \pm 81.9 \ (101.5 \sim 265.3)$ 

 $190.8 \pm 60.3 \ (130.5 \sim 251.1)$ 

 $222.0 \pm 68.1 (153.9 \sim 290.1)$ 

 $179.5 \pm 51.0 \ (128.5 \sim 230.5)$ 

 $165.3 \pm 65.9 (99.4 \sim 231.2)$ 



Craniosynostosis

Non-synostotic plagiocephaly

# Synostotic vs Deformational (Positional)

Characteristics	Positional plagiocephaly	Lambdoid craniosynostosis
Age at onset	Several weeks postnatally	Birth
Preferred position	Common	Rare
Torticollis	Present	Absent/Present
Bony ridge along the lambdoid suture	Absent	Present
Bulging mastoid	Absent	Present
Frontal bossing	Ipsilateral	Contralateral
Displacement of the ipsilateral ear	Anterior	Posterior
Skull shape	Parallelogram	Trapezoid
Diagnosis	Clinical, through medical history and physical examination	Three-dimensional computed tomography
Treatment	Clinical	Surgical

3D, three-dimensional; CT, computed tomography.

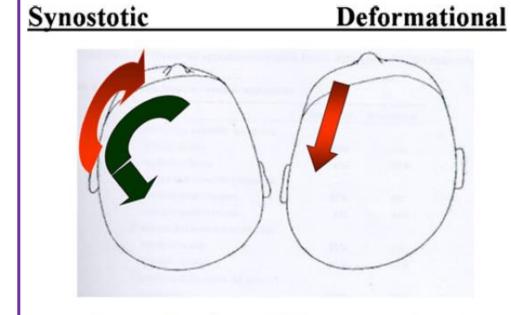
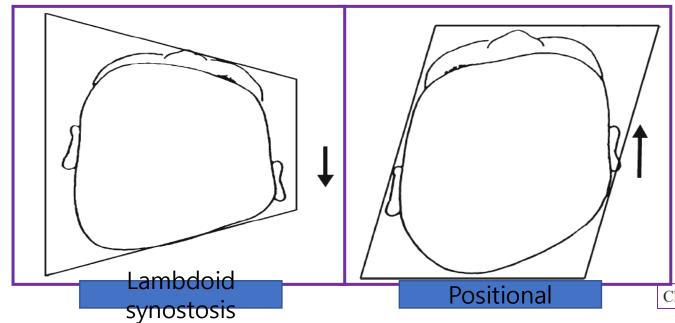
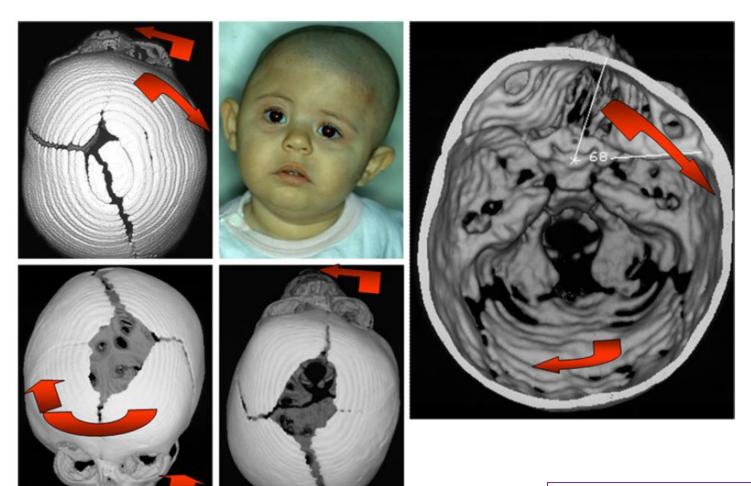


Fig. 3 Dynamic unilateral bone displacement characterizing synostotic (*left*) and deformational (*right*) plagiocephaly

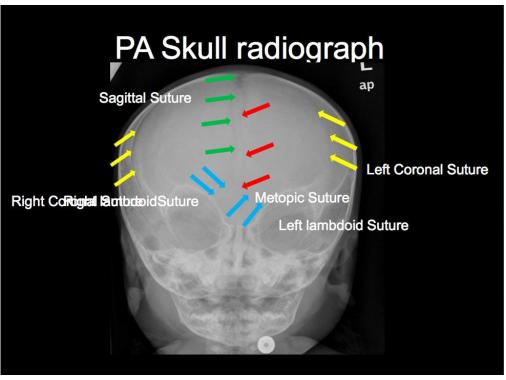


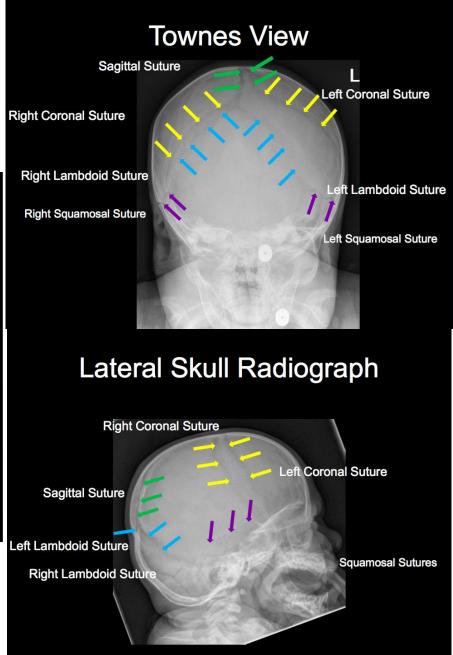
Childs Nerv Syst (2012) 28:1413–1422



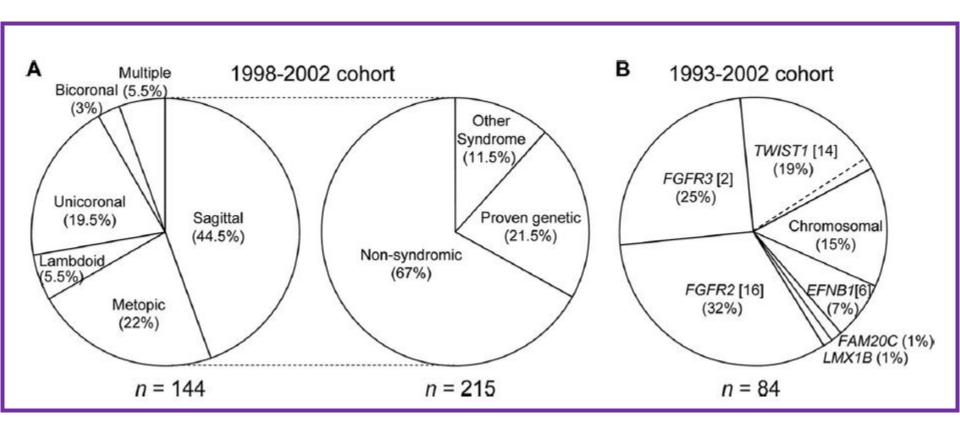
Childs Nerv Syst (2012) 28:1413-1422

#### Skull x-ray





## Prevalence and Complications of Single-Gene and Chromosomal Disorders in Craniosynostosis



## Increased Incidence of Metopic Suture Abnormalities in Children With Positional Plagiocephaly



FIGURE 7. Clinical and CT scans of a child with MCS.

# Genetics of Craniosynostosis

#### Genetics of craniosynostosis

- Syndromic
- Nonsyndromic



Figure 1: Case 1:(A) Crouzon's syndrome with bilateral proptosis, fusion and elevation of the coronal suture, open anterior fontanelle and brachycephaly. (B and C) "Mitten-type" syndactyly of the fingers and toes with a broad and short thumb are seen

### Genetics of craniosynostosis

	Apert syndrome	Crouzon syndrome	Pfeiffer syndrome
Genetic cause	FGFR2: Ser252Trp, Pro253Arg	FGFR2: multiple mutations	FGFR1: Pro252Arg FGFR2: multiple mutations
Skull phenotype	Bilateral coronal synostosis	Bilateral coronal synostosis, pancranio-synostosis, cloverleaf skull	Bilateral coronal synostosis, cloverleaf skull in type 2 Pfeiffer

Muenke syndrome	Saethre-Chotzen syndrome	Craniofrontonasal syndrome
FGFR3: Pro250Arg in all patients	TWIST: multiple mutations, rarely deletions	EFNB1: multiple mutations, rarely deletions; X-linked
Unilateral or bilateral coronal synostosis, macrocephaly	Unilateral or bilateral coronal synostosis, metopic synostosis	Unilateral or bilateral coronal synostosis

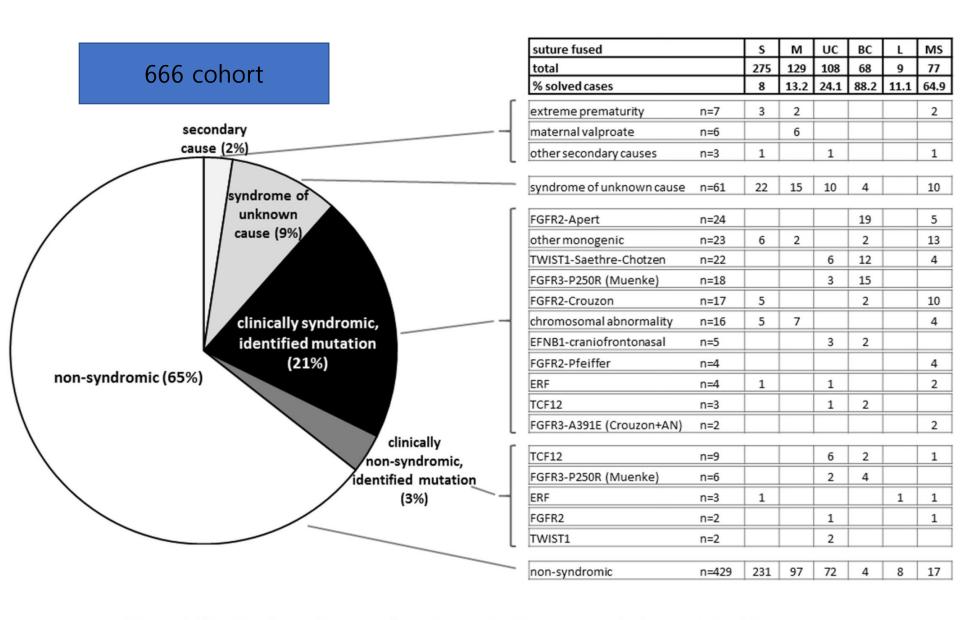


Figure 1. Classification and causes of craniosynostosis in a prospectively ascertained 13-year cohort

Curr Opin Pediatr. 2017 December; 29(6): 622–628.

## Management

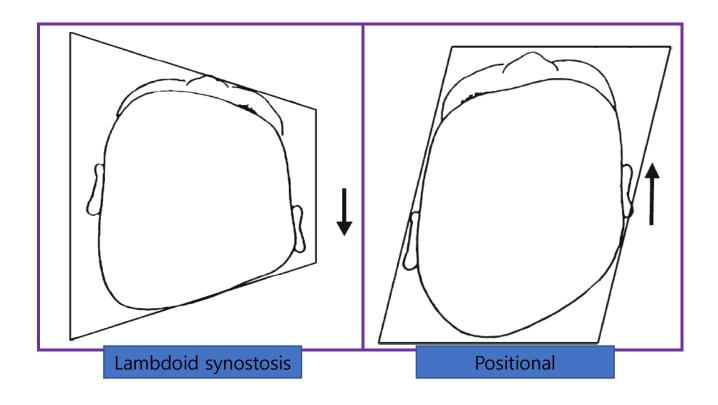
- Intracranial hypertension (ICH)
- Cognitive and developmental disorders
- Poor weight gain
- Visual, hearing, and language disorders
- Psychological problems such as low selfesteem and social isolation

## Endoscopic versus open approach in craniosynostosis repair: a systematic review and meta-analysis of perioperative outcomes

- Blood loss
- Operative time
- Length of stay

## Summary Craniosynostosis

• D/Dx. Deformational plagiocephaly



- Careful P/Ex and skull x-ray
- If necessary, 3D CT
- If possible, genetic studies
- Refer to surgeon as soon as possible

• 감사합니다.