

A Particular Case of Neonatal Head Trauma

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Abstract

We illustrate by a case of cranio-encephalic trauma, a sunken fracture (embarrassment) by obstetric trauma occurring at birth to which a newcomer to the world was victim during delivery, barely a few hours old.

Clinically moaning, cyanosis, onset of coma. The lesion is clinically and radiologically impressive. The surgery is simple. Benefit of caution and the Resuscitation Anesthesia - Neurosurgery pair.

Pre and post-operative imaging.

Keywords: *Cranio-Encephalic Trauma; Resuscitation Anesthesia; Coma*

Introduction

Among the obstetric traumas: cranio-encephalic trauma, linked to the incorrect use of forceps that can lead to various injuries such as “ping-pong” injuries.

Our case illustrates a particular type of a sunken fracture that occurs at birth.

Clinical Case

The newborn (S.K) victim of a head trauma during childbirth.

On examination he was slowed down, cried weakly with a dramatic depression of the right fronto-parietal head region.

The CT Scan shows aspects of a straight sunken fracture (embarrassment) and associated minimal contusion (Figure 1-6).

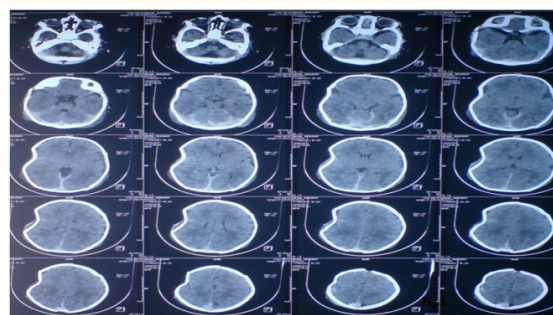


Figure 1

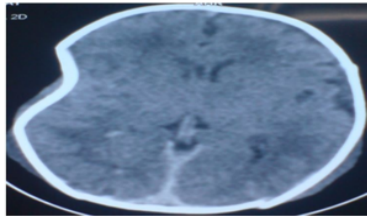


Figure 2

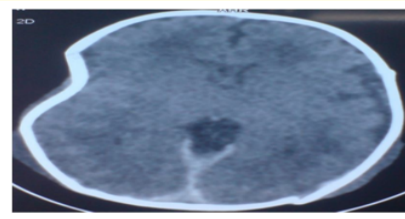


Figure 3

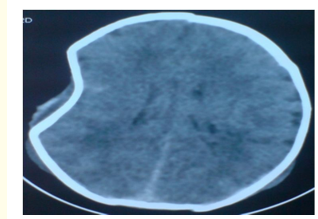


Figure 4

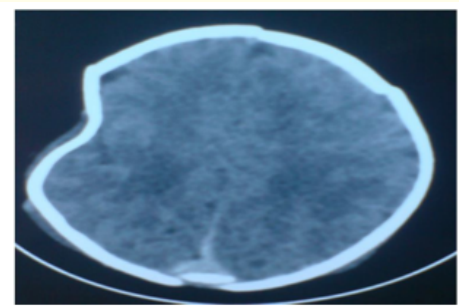


Figure 5



Figure 6

The operative decision was taken in agreement with the anesthetists.

The intervention carried out; through a trephine hole in the right posterior parietal, the reduction of bone depression is easily achieved.

The consequences have been favorable.

The CT control:

- The early (day 1) CT control was satisfactory (Figure 7-9).
- Reviewed a year later, the child is doing very well without any problems and the scanner is excellent (Figure 10-14).



Figure A

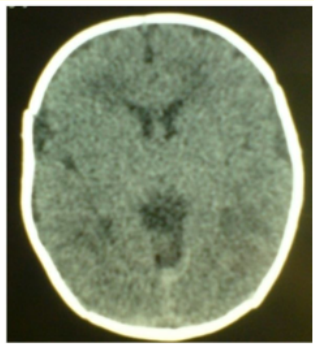


Figure 7

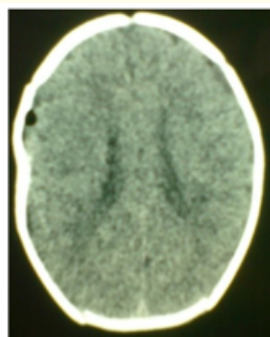


Figure 8

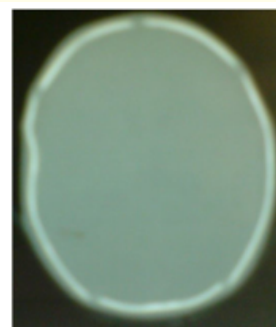


Figure 9

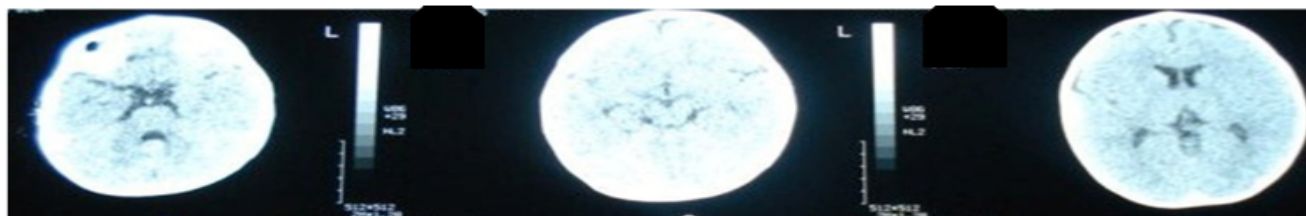


Figure 10

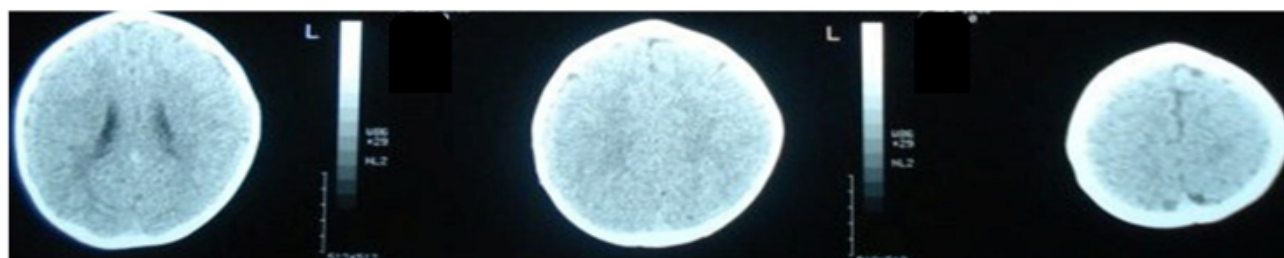


Figure 11

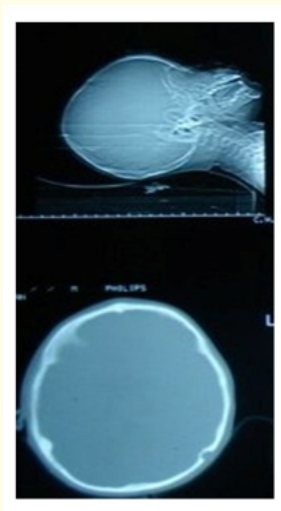


Figure 12

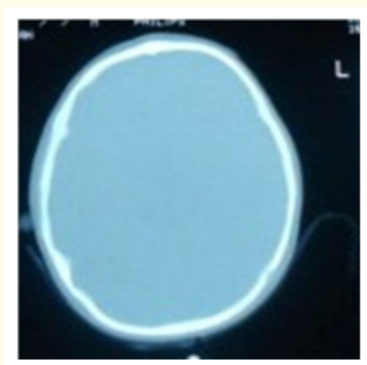


Figure 13

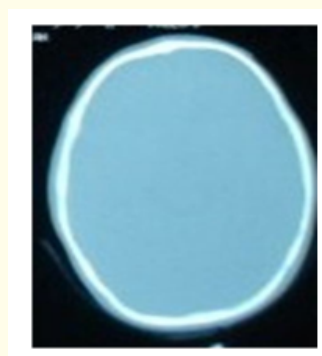


Figure 14

Discussion

During childbirth, the delivery is the responsibility of the obstetrician and/or the midwife, so prudence and mastery of gestures are essential because certain situations may form part of the medico-legal procedure. Although the sunken fracture (embarrassment) is considered a deferred emergency, multidisciplinary coordination: emergency physician, radiologist, resuscitator-anesthesiologist, neurosurgeon... allows immediate intervention, thus guaranteeing better results at all levels.

“A question anyway: who knows if the newborn has not slipped off the hands of a young birth attendant and plunged directly to the ground?”



Figure B: (S.K) 1st birthday.

Conclusion

Obstetric trauma can be part of the emergency setting.

The important contribution of imaging to diagnosis and injury assessment. The critical importance of Anesthesia-Resuscitation (Neonatology).

Control and prudence in practice.

Trouble can start very early in life... But the solutions exist and hope springs eternal [1-6].

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