소아재활

게시일시 및 장소 : 10 월 19 일(토) 08:30-12:30 Room G(3F)

질의응답 일시 및 장소 : 10 월 19 일(토) 11:00-11:30 Room G(3F)

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Discordant Cranial asymmetry in Dizygotic Twins pairs : a Case Report

Da-Hye Ryu[1*], Ah-Ra Cho[1†]

Eunpyeong Saint Mary`s Hospital, Department of rehabilitation Medicine[1]

Introduction

The incidence of cranial asymmetry is higher in twins than single born neonates. Several studies have suggested that the posture of intrauterine positioning as the cause of the deformational plagiocephaly. But it must be distinguished from craniosynostosis. In this study, we reported a case in a twin birth baby who was considered with positional plagiocephaly but was diagnosed with a unilateral lambdoid synostosis.

Case Report

A Seven-month old dizygotic twin boy visited in pediatric rehabilitation unit with abnormal cranial shape. He and his twin brother were born in full-term pregnancy that was no perinatal complications. His face asymmetry and cranial asymmetry were already recognized at birth. But his cranial shape were considered to be posterior positional deformational plagiocephaly that he was a twin and the lower in uterus infant. As the baby grew, the cranial asymmetry was prominent and the tilted neck movement was observed. His parents visited the outpatient's department to discuss the correction using helmet. He showed flattening of the right posterior cranium, bossing of the ipsilateral mastoid process, anterior displacement of the ipsilateral ear(Fig 1). Appropriate motor mile stone was gained for age but decreased neck rotation to right side was observed. Other apparent torticollis symptoms were not seen. His brother showed only occipital cranial flattening and showed appropriate motor mile stone and symmetric neck movement. Ultrasonography was done for evaluating neck muscles such as sternocleidomastoid muscle and abnormal findings were no found. Plain radiographic films for skull were done for cranial sutures and the right lambdoid suture is not well visualized. Three-dimentional computed tomographic reconstruction was done (fig 2) and he was diagnosed right lambdoid suture craniosynostosis. He was commissioned as neurosurgical part to discuss surgical correction.

Conclusion

The lower in utero infant is at increase risk for the development of plagiocephaly such as positional deformational plagiocephaly. But the posterior positional deformational plagiocephaly must be closely evaluated because of risk of missing for lambdoid synostosis.

Figure. 1 Cranial asymmetry ; flattening of the right posterior cranium, bossing of the ipsilateral mastoid process, anterior displacement of the ipsilateral ear (circles).

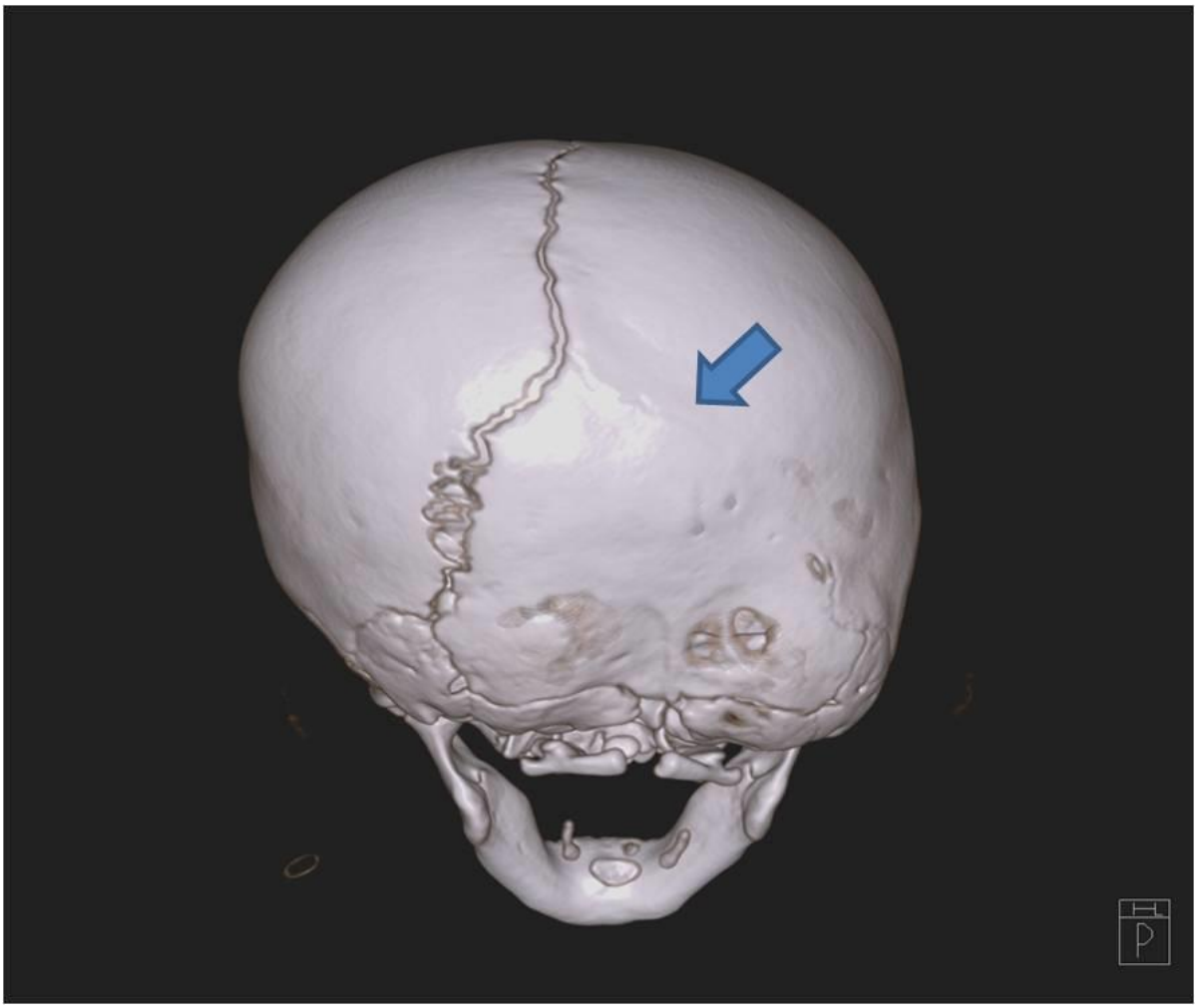

Figure. 2 3D CT scan reconstruction. Right lambdoid suture closure (arrow).