

CONTINUING MEDICAL EDUCATION ΣΥΝΕΧΙΖΟΜΕΝΗ ΙΑΤΡΙΚΗ ΕΚΠΑΙΔΕΥΣΗ

Pediatric Radiology Quiz – Case 15

A fourteen months-old boy presented to our hospital outpatient units due to a slightly palpable skull mass at the left part of calvaria. Parents reported that their infant had suffered a cephalohematoma, shortly after birth, and a follow up brain magnetic resonance imaging (MRI) reported a thin subdural hematoma, located at the left parietal region. The infant was referred by neurologists for a low dose focused computed tomography (CT) which revealed parietal bone thickening (fig. 1) and dilatation of parietal diploid, with internal isodense elements (fig. 2). No signs of fracture, or intracranial (subdural) hematoma were observed.

Comment

Intraosseous skull hematomas are relatively rare and the pathogenesis of hemorrhage is still unclear. Physical examination usually

reveals a palpable lesion. Infants may not have neurological deficits. MRI is the best imaging method for further detailed examination of skull lesions. In cases of intraosseous skull lesions, low dose focused CT can examine the skull bones, can reveal potential fractures, thickening or scalloping of the bony walls, the diploid dilatation,

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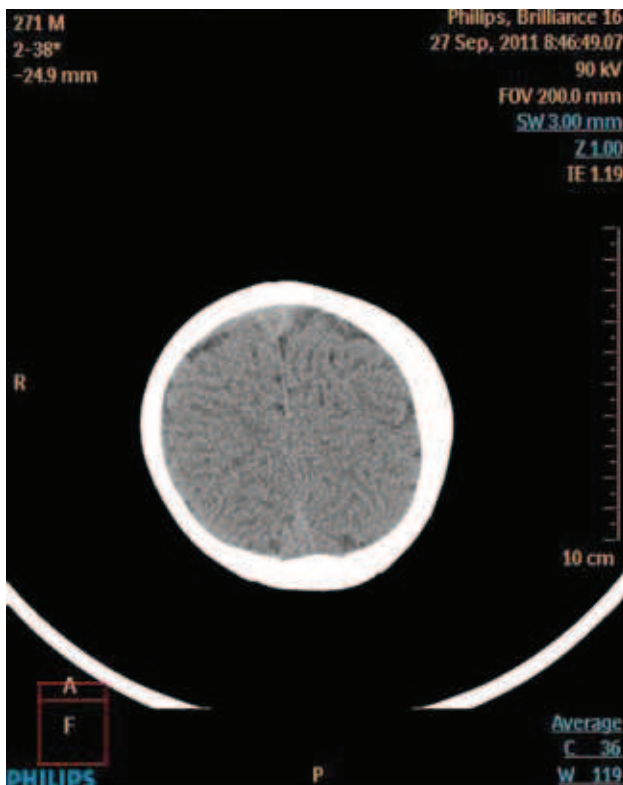


Figure 1. Brain CT. Left parietal bone thickening.

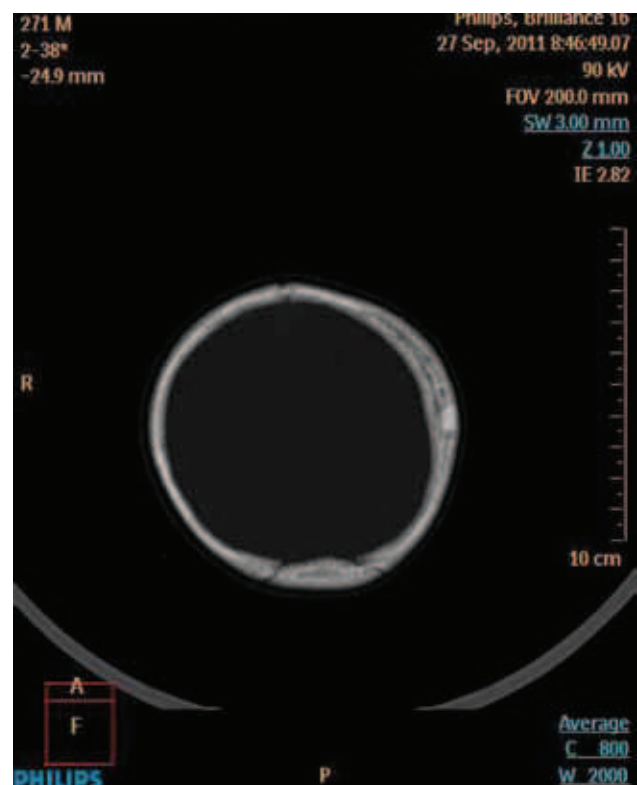


Figure 2. Brain CT (bone window). Left parietal bone thickening, diploid dilatation, and internal isodense elements.

the presence of lytic or sclerotic intradiploic lesions. The CT findings in our case were suggestive of an intraosseous parietal hematoma.

References

1. DANGE N, MAHORE A, AVINASH KM, JOSHI V, KAWALE J, GOEL A. Chronic intradiploic hematoma in patients with coagulopathy. *J Clin Neurosci* 2010, 17:1047-1049

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