

CASE REPORTS

SURGICAL REPAIR IN APLASIA CUTIS CONGENITA

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A 20-day-old child had aplasia cutis congenita manifesting as a linear bulla since birth on the scalp involving the skin, subcutaneous tissue and the underlying bone. The bulla contained CSF. A prompt surgical repair of the case was undertaken.

Key words : Aplasia cutis congenita, Surgery.

Aplasia cutis congenita is a rare congenital anomaly in the newborn seen as one or more areas of absence of skin. The usual site of occurrence is the scalp, but occasionally, the lesions may be seen on the face, trunk and limbs. Clinically, the lesions manifest either as erosions or as exuding or granulating ulcers. The epidermis, dermis, subcutaneous tissue and sometimes even the underlying bone may be deficient. These lesions generally heal spontaneously and thus surgical repair is often not necessary.¹⁻³ When they heal, parchment-like scars, devoid of appendages are left behind.

Case Report

A 20-day-old female child was seen for a bullous lesion on the scalp which was present since birth. A linear oval, flaccid bulla, 4 cm × 2 cm, filled with a clear fluid was noted on the scalp over the left parietal bone, near the vertex. On careful palpation the underlying bone was found to be absent. The child was otherwise normal, born at full-term and was the second live child of the parents. Mother had 2 abortions initially at 3rd and 1½ months of gestation respectively. The mother had taken medicines on many occasions during the antenatal period. X-ray skull of the child showed an area of rare-

faction in the left parietal bone, corresponding to the lesion. Aplasia cutis congenita included the epidermis, dermis subcutaneous tissue and bone with projection of the membranes covering the brain through the bony defect. The fluid in the bulla was cerebrospinal fluid. After a week, the defect was closed surgically and one month later, the child was discharged from the hospital. The child was alright during the operative and the post-operative period.

Comments

Generally, in aplasia cutis congenita, surgical repair is not necessary because of the usual spontaneous healing. But in a case like ours, there was a risk of injuring and introducing infection into the central nervous system. Thus a prompt surgical repair is the ideal line of management. This will also have the added advantage of preventing the occurrence of a patch of cicatricial alopecia on the scalp.

References

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