A full-term female infant born by vaginal delivery presented with an oval skin defect on the parietal scalp measuring 0.5x0.5 cm (Figure 1). Physical examination was otherwise normal, with no syndromic manifestations. Pregnancy and delivery were uneventful. The child had no family history of skin defects or congenital anomalies of any organ. Brain ultrasound revealed no abnormality and radiography showed no bony defect. The scalp lesion was conservatively managed, with complete epithelisation after several weeks. At eight-month follow-up, the girl was growing and developing normally and scar tissue had formed over the defect (Figure 2).

What is your diagnosis?

Figure 1 - Ulcerated skin defect on the parietal scalp measuring 0.5x0.5 cm (at birth)

Figure 2 - Small atrophic hairless scar on the parietal scalp at 8-month follow-up
ABSTRACT

A full-term newborn infant born by vaginal delivery presented with an oval skin defect on the parietal scalp measuring 0.5x0.5 cm. The scalp lesion was conservatively managed, with complete epithelization after several weeks. This skin lesion is consistent with the typical appearance of aplasia cutis congenita (ACC) on the scalp. ACC is a rare malformation (present in 1 to 3 in 10,000 live births) characterized by localized absence of certain skin layers, mostly on the scalp, but potentially in any part of the body.1

ACC etiology remains unclear. Diagnosis is mainly clinical and treatment depends on the presence of complications and the child’s condition. A conservative approach is traditionally used for small defects that heal uneventfully with gradual epithelization, as in the present case.

Keywords: aplasia cutis; conservative approach; newborn

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CORRESPONDENCE TO
Ana Rita Curval
Department of Pediatrics
Centro Hospitalar Universitário de São João
Alameda Prof. Hernâni Monteiro
4200-319 Porto
Email: rita_cur@hotmail.com

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