

# **KEYWORDS**:

## **INTRODUCTION**

CONCLUSION:

Aplasia cutis congenita is an uncommon anomaly characterized by an absence of a portion of skin mostly in the scalp and less common on the trunk or extremities .While the agenesis of cranial bones and parietal bones in particular are very rare.

### **Case Report**

A healthy term male baby with 39 weeks of gestational age ,born by elective LSCS, (indication for LSCS: Previous LSCS), with no complications in mother delivered at Fathima Institute Of Medical Sciences, KADAPA. Baby cried immediately after birth with an APGAR Score of 7 and 9 at 1 and 5 min with a birth weight of 3kgs.

### **Clinical Examination**

On head to toe examination on head ,APLASIA of skin and bone on scalp is seen of size approximately 6 x 4 cm was noted on vertex region and was covered with reddish, vascular, thin parchment like membrane and is hairless. No skin defects were observed on the body and no obvious neurological deficits were found.

Examination of other systems was normal.

### Investigations

Routine Investigations like CBC was done and was normal

Ct Scan Of Head: was normal with aplasia of skin and bone over the vertex region was seen.

#### **Treatment Given:**

Since it is a benign condition with no complications usually noted, sterile dressing with Betadine and Ionic silver was done daily. To prevent secondary infections IV antibiotics Inj. CEFOTAXIME was started. And routine nutritional support was given. The baby was referred to a higher center for further treatment.



#### DISCUSSION

Aplasia cutis congenita is a rare neonatal condition with low incidence rate. The most common factors that cause Aplasia cutis include fetal chromosomal or genetic abnormalities especially BMS1 and UBA2 genes, Trauma, fetal and amniotic membrane adhesion, intrauterine infections, vascular thrombosis and use of teratogenic drugs like cocaine, methotrexate.

Scalp defects are the most common. Conservative management when defects are less than 10 cm with silver sulfadiazine dressings, antibiotics etc., When defects are larger, surgical procedures like skin grafting to be done

### Reported a case of congenital aplasia cutis congenita in a newborn who was healthy and treated with sterile ionic silver dressing, prophylactic antibiotics and nutritional support was given and the baby was referred to higher center for further management. Theprognosis of Aplasia cutis is excellent.

### REFERENCES

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