

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

- Frieden IJ. Aplasia cutis congenita: a clinical review and proposal for classification. J AmAcad Dermatol. 1986 Apr;14(4):646-60. [PubMed]. 1)
- Blionas A, Giakoumettis D, Artoniades E, Drosos E, Mitsios A, Plakas S, Sfakianos G, Themistocleous MS. Aplasia cutis congenita: Two case reports and discussion of the 2) literature. Surg Neurol Int. 2017;8:273. [PMC free article] [PubMed]. Belkhou A, François C, Bennis Y, Duquennoy-Martinot V, Guerreschi P. [Aplasia cutis
- 3) congenita: Update and management]. Ann Chir Plast Esthet. 2016 Oct;61(5):450-461. [PubMed]
- Magliah T, Alghamdi F. Aplasia Cutis Congenita: A Case Report. Case Rep Dermatol. 2018 May-Aug;10(2):182-186. [PMC free article] [PubMed]. Lonie S, Phua Y, Burge J. Technique for Management of Aplasia Cutis Congenita of the 4) 5)
- Scalp With a Skin Allograft. J Craniofac Surg. 2016 Jun;27(4):1049-50. [PubMed]. Alfayez Y, Alsharif S, Santli A. A Case of Aplasia Cutis Congenita Type VI: Bart Syndrome. Case Rep Dermatol. 2017 May-Aug;9(2):112-118. [PMC free article] 6) [PubMed].