18. The Marked Deformity of the Infant Skull due to Cephalhematoma

Toshisuke YAMAMOTO, Tomoo KAGAMI, Aiko YAMAGIWA, Hisashi YOSHIDA
and Yoshifumi KAWARADA

First Department of Surgery, School of Medicine, Mie Prefectural University

Recently we had two treated infants with the marked deformity of their skull due to cephalhematoma.

Cephalhematoma is the most common form of hemorrhage in the young infant and it may result following rupture of some of the blood vessels which run between the pericranium and the osteogenic matrix, among osteogenic fibers and connective tissue. As has been noted, the collection of the blood is beneath the periosteum of the flat bones of the skull, especially in the parietal region. The swelling appears the first or second day after the delivery and almost absorbed by the first month. The hematoma may ossify if not absorbed or it persists for many months.

In the cranial bones the layers of compact bone are known as the table of the skull—the outer and inner tables. The outer table originates from the periosteum and the inner table from intramembranous ossification, which is absent in 15 months or more after the delivery.

Subperiosteal osteogenesis of cephalhematoma begins from the osteoblast of the periosteum as well as the outer table which is not present at this stage.

If calcification of the cephalhematoma may persist over 1 year or more, the hematoma should be situated between the outer and inner tables. Then we named this condition as chronic diploic hematoma.

19. Surgical Treatment for Hydrocephalus

Tohru HIGASHI, Hikoza SHIMADA and Yasunori YAGYU

Department of Neurological Surgery, Okayama University Medical School

80 cases of hydrocephalus (non-tumor cases) were surgically treated in the authors' i. e., 33 of ventriculoatriostomy (using Spitz-Holter valve for 12 cases, Pudenz-Heyer valve for 15 and the valves without pumping mechanism for 6), 17 of salpingothecal anastomosis, 5 of subcutaneous ventriculomastoidostomy, 8 of Torkildsen's ventriculocisternostomy, 1 of aqueduct plasty, 8 of third ventriculostomy, 8 of removal of arachnoid cysts or adhesions and 8 of plexectomy, including 8 cases which underwent two kinds of operations.