



Anterior Fontanel Dermoid: Do not Treat CT Scans

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Clinical Image

A one and half-year-old male child presented with a swelling over frontal scalp, which was slowly growing. On examination, he had a solitary, fluctuant and cystic swelling measuring 3 cm x 2.5 cm in the region of Anterior Fontanel (AF), with palpable underlying bony defect. It had no transillumination and non-compressible. X-ray skull showed a hypodense region at AF. Non-contrast computed tomography study revealed a 2.7 cm x 2.5 cm hypodense area in region of AF, reaching up to the meninges and was reported to be meningocele (Figure 1). He underwent in to excision of the dermoid cyst, without any breach in meninges (Figure 2). The congenital dermoid cyst at anterior fontanel, commoner in females, is a rare entity. It arises secondary to sequestered epithelial rests or ectodermal inclusions along closure of growing membranous bones [1,2]. Before the age of 1.5 years, operating in this area has miniscule but definite risk of injuring the meninges and sagittal sinus. NCCT may not provide a definite diagnosis, and one should corroborate it to the clinical findings. A dermoid in this region could be excised by meticulous and patient dissection.

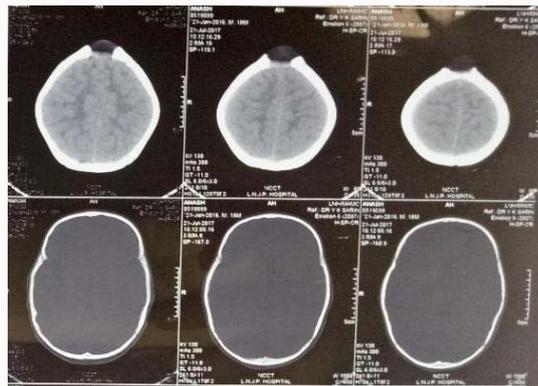


Figure 1: NNCT scan reported suggestive of a meningocele.

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Figure 2: Excised AF dermoid cyst.

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