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A RARE CASE OF SINKING SKIN FLAP-TREPHINE SYNDROME-EARLY CRANIOPLASTY

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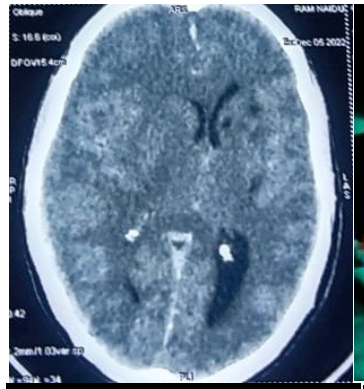
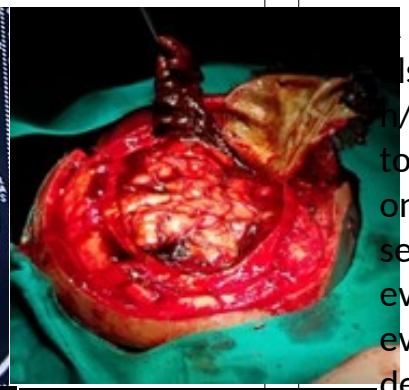
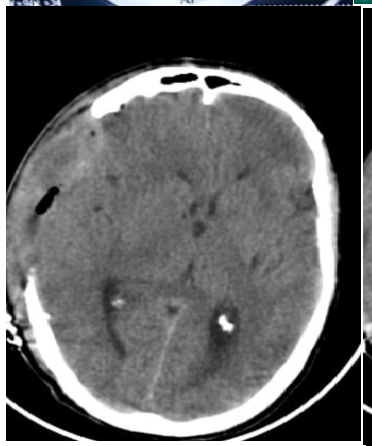
INTRODUCTION

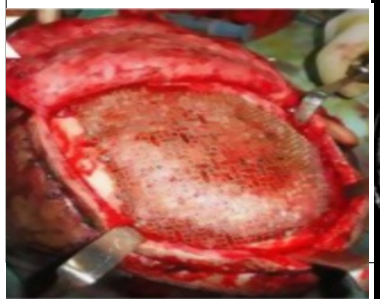
Sinking skin flap syndrome or “syndrome of the trephined” is a rare complication after a large craniectomy, with a sunken skin above the bone defect with neurological symptoms such as severe headache, mental changes, focal deficits, or seizures.This phenomenon may result from atmospheric pressure gradient that may be aggravated by CSF diversion, CSF hypovolemia, dehydration, and position change.

AIMS / OBJECTIVES

The aim of present study reports an unusual case of sinking skin flap-trephine syndrome and benefit of early cranioplasty.

MATERIALS / METHODS



RESULTS & DISCUSSION

56 yr old male admitted with c/o headache of 10 days duration.Patient also had h/o vomitings on & off-one or two episodes every day.Patient had h/o trauma 10 days back at home while gettingup,fromthe bed and hit head to the floor. Patient is diagnosed with Rt Frontotemporoparietal acute SDH on ct brain,patient is conservatively managed for one week but in v/o severecontinuous headache ,patient is done with right FTP craniotomy and evacuation of SDH . patient had deterioration in gcs,done with EDH evacuation and decompressive craniectomy(bone flap discarded), patient developed multiple episodes of left facial focal seizures and pt is kept on dual antiepileptics and ct is done(craniectomy status with no midline shift).noted gradual sinking of skin flap,pt deteriorated to gcs-E3V2M5 and CT done(showed sinking skin flap with midline shift. No evidence of any hematoma. patient is done with rt ftp mesh cranioplasty, pt has improved gcs and discharged

CONCLUSION

The goal of treatment in sinking skin flap syndrome is restoration of the pressure exerted by depression of craniectomy site .Cranioplasty is the principal surgical treatment that could improves the neurological deficits by a decrease in local intracranial pressure, and correction of abnormal CSF dynamics