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Craniosynostosis; Surgical outcomes, Follow up and Results**Mohammad Tareq Rahimi**

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Background: Craniosynostosis is defined as the premature fusion of cranial sutures. It can affect one or multiple sutures; if it affects one suture then it's most common on sagittal suture. The incidence is about 1 in 2500 births and present many challenges in treatment. The surgical procedure is the treatment of choice with patients' cranial premature fusion. In Afghanistan, such children are left untreated and they develop complications of the problem such as brain atrophy.

Methods: A prospective outcome assessment of all children, pre-operative and post-operative, treated with Suturectomy and remodeling procedure for Craniosynostosis performed. In this study syndromic children were excluded and only non-syndromic cases were included. All patients were treated by Calvarial vault remodeling not by strip Craniectomy. According to literature, strip Craniectomy has chance of resynostosis so we went by Calvarial vault remodeling. The head circumference measured and recorded in table for evaluation of results.

Objective: The objective of this study was to do a complete care and treatment for Craniosynostosis from synostosis and shape of the skull and follow the outcome of the problem in these children.

Results: During 2018, 8 patients have been operated in French Medical Institute for Mothers and Children (FMIC). The surgical age ranges from 2 months to 10 months and the hospital length stay was less than 4 days. There were no mortalities or post-operative complications developed. The main operation time was less than an hour. With two months follow-up, normalization of cranial shape and size were observed.

Conclusions: Treatment of craniosynostosis is extremely effective and safe, which let the brain to have normal growth. Since surgery is safe so we recommend this procedure for all cases with or without symptoms. Syndromic cases should be observed and treated carefully. We had no any complications such as resynostosis, hemorrhage or post-operative infection.

Suggestion: To the best of researcher's knowledge there is no any pediatric and plastic center to manage such cases except FMIC and more studies need to be conducted on such cases in the future.

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