Concerns about
head shape in infants

Alder Hey Craniofacial

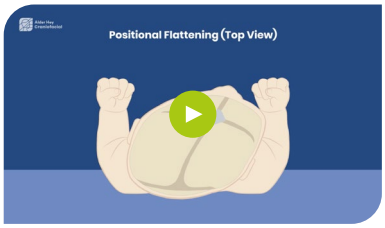
Congenital head shape changes in infants due to premature fusion of cranial sutures (craniosynostosis) is very rare and only managed in 5 commissioned units in the UK. For this reason, it can be hard for GPs and paediatricians to recognise the characteristic head shape changes.

Some of the less invasive operations for these conditions are only available to children diagnosed in their first few months of life. We have created some short videos which may help when deciding who needs referral.

If you suspect craniosynostosis, referral should be made directly to the specialist unit rather than to local secondary care. The referral is easier to triage with photos (AP, lateral and top down). Links to our videos are below:

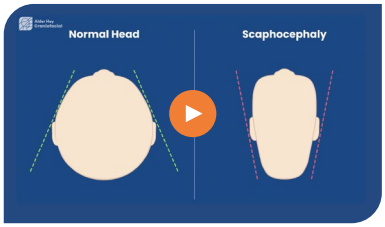
Start here: 1. Concerns about Head Shape

This is an introduction to anyone with concerns about head shape and puts the conditions in perspective with regard to how rare craniosynostosis is.



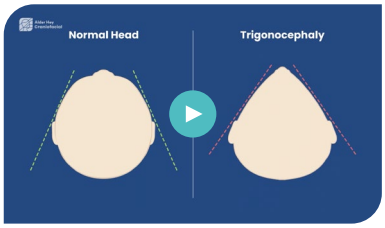
2. Flat Back of Head

By far the most common head shape change. Develops after birth due to sleep position affecting 1 in 5. This is a benign condition improving spontaneously with conservative measures such as tummy time and altered position.



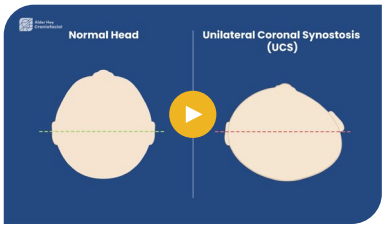
3. Long Thin Head

Early fusion of the sagittal suture can lead to a long thin head shape known as scaphocephaly. This affects 1 in 3000. The head is typically lower and narrower at the back than the front which is not normal. Typically, the head shape is present at birth and worsens. **Refer to craniofacial unit.**



4. Triangular Forehead

Early fusion of the metopic suture causes a triangular head shape present from birth called trigonocephaly. There is ridging in the middle of the forehead and retrusion over the lateral brows. The eyes are often too close together and there can be widening of the back of the head. **Refer to craniofacial unit.**



5. Asymmetry of Eyes

Fusion of one of the coronal sutures will cause asymmetry of the forehead and eye sockets. It often presents because families notice difference in the eyes. Typically, the eye socket is drawn up on the affected side with the nose also being deviated and the forehead swept back. There can be compensatory bulging on the opposite side. **Refer to craniofacial unit.**

REFERRAL: If, after watching these videos, you are still concerned that your patient has craniosynostosis please contact one of the Commissioned Craniofacial Units. (Alder Hey Children's Hospital, Liverpool; Birmingham Children's Hospital; John Radcliffe Hospital, Oxford; Great Ormond Street Hospital, London; or Royal Hospital for Children, Glasgow).

Alder Hey Craniofacial department can be contacted at craniofacial@alderhey.nhs.uk for advice.