

Images in clinical medicine



A case of cephalohematoma

Dhiraj Khobragade,  Trupti Ishwardas Thakre

Corresponding author: Trupti Ishwardas Thakre, Department of Kaumarbharitya Mahatma Gandhi Ayurved College, Hospital and Research Centre, Constituent College of Datta Meghe Institute of Medical Sciences (Deemed to be University), Wardha, Maharashtra 442001, India. truptionthakre555@gmail.com

Received: 03 Sep 2022 - **Accepted:** 03 Jan 2023 - **Published:** 06 Jan 2023

Keywords: Cephalohematoma, birth injury, prolonged labor

Copyright: Dhiraj Khobragade et al. PAMJ Clinical Medicine (ISSN: 2707-2797). This is an Open Access article distributed under the terms of the Creative Commons Attribution International 4.0 License (<https://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Cite this article: Dhiraj Khobragade et al. A case of cephalohematoma. PAMJ Clinical Medicine. 2023;11(9). 10.11604/pamj-cm.2023.11.9.37167

Available online at: <https://www.clinical-medicine.panafrican-med-journal.com//content/article/11/9/full>

A case of cephalohematoma

Dhiraj Khobragade¹, Trupti Ishwardas Thakre^{1,&}

¹Department of Kaumarbharitya Mahatma Gandhi Ayurved College, Hospital and Research Centre, Constituent College of Datta Meghe Institute of Medical Sciences (Deemed to be University), Wardha, Maharashtra 442001, India

[&]Corresponding author

Trupti Ishwardas Thakre, Department of Kaumarbharitya Mahatma Gandhi Ayurved College, Hospital and Research Centre, Constituent College of Datta Meghe Institute of Medical Sciences (Deemed to be University), Wardha, Maharashtra 442001, India

Image in medicine

Our index case was delivered vaginally with an episiotomy at 38 weeks of gestation to a 28-year-old primi-gravida woman in Gynaecology Department of Datta Meghe Institute of Medical Sciences. During delivery the second stage was prolonged. At birth, there was a fluctuating swelling on frontal lobe that grew over time. Physical examination revealed an afebrile and well-appearing newborn with a huge, uniform, fluctuant swelling on the frontal area. The swelling is nothing but the accumulation of blood under the scalp. Therefore, a diagnosis of cephalohaematoma was determined based on the clinical characteristics. A cephalohematoma is characterised by the rupture of tiny blood vessels that cross the periosteum resulting in the

accumulation of serosanguineous or bloody fluid between the periosteum and the skull. Small blood veins on the fetus's head are broken as a result of slight trauma during delivery. There is no test to identify cephalohematoma. The prominent protrusion on the newborn's head serves as the basis for diagnosis. A cephalohematoma is usually managed and treated through observation. Weeks

pass before the cephalohematoma's bulk disappears as the clot-filled blood is gradually absorbed. The bulge may get firmer as the calcified blood collects over time. The reabsorption of the blood then begins. The patient was then instructed to visit for follow-up every eight days.



Figure 1: image of cephalohematoma