



DEFORMATIONAL PLAGIOCEPHALY

Deformational plagiocephaly is an irregular head shape caused by frequent pressure on one part of the head. This is a common problem since it was realized by health care professionals that the incidence of sudden infant death syndrome (SIDS) is decreased when babies are positioned on their backs. Many babies will prefer to lay on either the right or left back of their head, and they will, therefore, spend a lot of their time on their favorite side. Although this problem is often worsened in the early months of life, it often begins *in utero*. Early in life, some of the babies also had torticollis, which means that one side of their neck muscles is tighter and causes them to prefer to turn their head to one side. Deformational plagiocephaly does not affect brain development. Treatment is initiated early in life, usually by about 8 months of age, to take advantage of the rapid head growth in infancy and the more pliable skull bone at that age.

TREATMENT: Treatments of deformation plagiocephaly are implemented based on the severity of the change in the skull and face shape: In mild changes with flattening of the back of the head on one side, and the ear on that side may be only slightly forward compared to the opposite side with no asymmetry of the face or forehead treatment is often active counter-positioning. Active counter-positioning means that the parents or other caretakers will need to position the baby off of the flat part of the head and onto the opposite back part of the head whenever they position the baby. This usually requires some type of padding under one side of the body to keep the baby on the intended side. Caretakers should think about positioning the baby's crib and things that the baby is interested in to cause the baby to lie on the intended side. Active counter-positioning will need to be done for 3-6 months.

Moderate deformational plagiocephaly includes: the back of the head on one side is moderately flat, the ear is significantly forward on that flat side compared to the opposite side and mild to moderate prominence of the forehead on the side of the flattening of the back of the head. Treatment for these infants may include active counter-positioning and the option of a helmet.

Severe deformational plagiocephaly is when the back of the head is very flat, and the ear is far forward on that side, and there can be fairly severe prominence of that side of the forehead and face. Treatment includes active counter-positioning, helmeting therapy, and in some patients surgery.

Helmets are provided through the Helmeting Clinic at Children's Hospital where the patient is screened by usually a geneticist or plastic surgeon to be sure that the diagnosis is correct. The patient then gets a plaster cast of the head made. From that cast, a model of the baby's head is made and, from that model, a lightweight plastic helmet is made. As the baby's head and skull grows, the head gradually shapes appropriately. The helmet needs to be worn 23 hours or more each day. Usually, a geneticist, plastic surgeon or neurosurgeon can give the parents an opinion about which form of therapy would be preferred for their child. Helmeting therapy usually costs about \$800. Insurance will often cover at least a portion of this cost.

The general information included is intended to address the common questions and concerns of our patients. You should address any specific questions about your child's condition with your physician or physician assistant by calling our office at 402-398-9243.