Aplasia cutis congenita (ACC) is a rare, heterogeneous group of congenital disorders characterized by the focal or widespread absence of the skin. ACC can occur anywhere on the body; however, the vast majority of cases occur on the scalp and midline. At birth, the lesions may have already healed with scarring or may remain superficially eroded to deeply ulcerated while in approximately 15%–30% of cases, the scalp defect is associated with a defect in the underlying bone and dura mater, with exposure of the brain and sagittal sinus. There is no consensus for early management and treatment modalities for large ACC cases. We present a case of a female infant at the age of 2 days (birth 40 + 3 weeks, vaginal, birth weight 3530 g, birth length 52 cm, and Apgar score 10/10) which has been moved from a maternity hospital to our institution due to aplasia cutis congenita of the scalp. She was born of the first regular pregnancy of a 29-year-old mother.

Neurological status of the newborn was neat. Magnetic resonance brain made using standard techniques and T1 HIRES, dura mater, with exposure of the brain and sagittal sinus. Defect is associated with a defect in the underlying bone and dura mater, with exposure of the brain and sagittal sinus. There is no consensus for early management and treatment modalities for large ACC cases. We present a case of a female infant at the age of 2 days (birth 40 + 3 weeks, vaginal, birth weight 3530 g, birth length 52 cm, and Apgar score 10/10) which has been moved from a maternity hospital to our institution due to aplasia cutis congenita of the scalp. She was born of the first regular pregnancy of a 29-year-old mother.

At birth, in the parietal skin area above the wide-open fontanel, a 6 cm × 8 cm defect was observed without associated malformations on the rest of the body. Ultrasound of the brain and heart was neat. On the craniogram, partially parietal bone mutually was undeveloped.

Initially, Staphylococcus aureus was isolated, and Garamycin® and a V.A.C.® system (-125 mmHg) was set up. He worked continuously for 2 days before Integra® was set up. Integra® was fenestrated before placement. After setting Integra® 2 times we changed the V.A.C.® system.

With the acceptance of Integra®, on the 14th day a silicone layer was removed and split-thickness skin graft (STSG) was transplanted from the left upper leg. On the STSG Bactrigas® was placed with the V.A.C.® system. By monitoring and replacing with appropriate antibiotic therapy (the following pathogens were isolated in the swab; Enterobacter aerogenes, Pasteurella multocida, Citrobacter freundii – all resistant to penicillin, ampicillin, amoxicillin-clavulanic acid) the reimplemented part of the scalp was not accepted. On the eighth day, a necrectomy of the devitalized tissue was performed. The wound edges were refreshed, treated with Microdacyn®, and a V.A.C.® system (-125 mmHg) was set up. He worked continuously for 2 days before Integra® was set up. Integra® was fenestrated before placement. After setting Integra® 2 times we changed the V.A.C.® system.

A 12-year-old girl presented to the emergency department after being shot with a .177 (4.5 mm) air gun stuffed diabolo pellet. The pellet shot the girl’s left infraorbital. The entry wound in a size of 3 mm was barely noticeable, located 0.9 cm below the lower eyelid and 3.6 cm laterally to the nasal sidewall. Before the accident, her ocular history included diplopia (anamnestically, the girl’s mother said that the girl had diplopia before but she was never referred to an ophthalmologist). At the first examination, the mydriasis and ptosis on the left eye were noticed. The left pupil did not react to the light. The right eye status was normal. After an emergency craniogram was performed, a foreign body was verified in the projection of the left orbit. Upon the arrival of an ophthalmologist, the eye status was as follows: visus oculi dexteri (VOD) sine correctione (sc) 1.0, visus oculi sinistri (VOS) sine correctione (sc) 0.5, left bulbus in exodeviation of 10 PD with convergence insufficiency, double vision in the direction...