

11 APLASIA CUTIS CONGENITA OF THE SCALP: THE SUCCESS OF CONSERVATIVE APPROACH IN TREATMENT OF A LARGE DEFECT

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10.1136/archdischild-2021-europaediatrics.11

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 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. 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.

Neurological status of the newborn was neat. Magnetic resonance brain made using standard techniques and T1 HIREs, and Backbone technique was neat with sustained continuity of dura without signs of cerebral herniation.

Initially, *Staphylococcus aureus* was isolated, and Garamycin therapy with vaseline gas was initiated twice a day. Daily tracking of local findings was improving. One month after receipt, the eschar was gradually demarcated while the smaller nonepithelialized granulation zone treated merbromin with the baths. A protective helmet was created for the child to temporarily protect the brain and the soft tissue. Successive treatments from week to week have seen the reduction of the eschar with the closure of the bony segments. After 6 months, on the skin, a well-developed subcutaneous with the presence of capillary bleeding was observed. Within 1 month, Suprasorb A + Ag® and Suprasorb H® (Lohmann and Rauscher) wound dressings were introduced in the therapy. The iodine cream and the Mepitel® (Mölnlycke Health Care) were introduced into the therapy by removing the Suprasorb® wound dressing. Ten months since the onset of conservative treatment, the aplastic area was almost completely cured.

12 SUCCESSFUL TREATMENT OF AVULSION SCALP INJURY WITH V.A.C.® SYSTEM AND INTEGRA® DERMAL REGENERATION TEMPLATE

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10.1136/archdischild-2021-europaediatrics.12

Of all emergency pediatric conditions, dog bites account for 0.3–1.5%. Particularly at-risk group is children under 10 years of age.

Lately, dog bites have been increasingly recognized as a medical and public health issue, as they leave functional, aesthetic and psychosocial consequences. We show the case of a one-year-old boy who was referred from a general hospital to our Clinic for extensive scalp injury by a neighbor's dog. In the general hospital, the wound was flushed and the child was administered ceftriaxone. In addition to the one-year-old boy, in saline, a piece of skin of the scalp was sent. Upon arrival, the child was vaccinated (tetanus-diphtheria toxoids/tetanus immune globulin). The craniogram showed no signs of fracture. At the operating table, we verified a 22 cm long forehead and scalp injury that extended from the left eyebrow to the middle of the scalp. A swab was taken. Immediately, thinking about the final aesthetic appearance, we decided to primarily close the forehead region first.

On the part of the scalp that we were unable to primarily close, we reimplanted a piece of boy's scalp measuring 9 cm × 5 cm. The edges of the wound were sutured with Monosyn® 4/0 sutures. 2 drains were placed. Despite regular dressings and monitoring 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 reimplanted 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 (-125mmHg) 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 the V.A.C.® system, STSG was accepted. One month after the injury, the boy was released from the hospital. After 3 months the local status is satisfactory. We plan to hair transplantation in the future.

13 TWELVE-YEAR-OLD GIRL WITH A GUNSHOT WOUND TO THE HEAD

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10.1136/archdischild-2021-europaediatrics.13

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 dextri (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