

Introduction

The indications for surgery for metopic synostosis are variable and somewhat subjective. In order to capture current neurosurgical thinking and provide guidance for the individual practitioner we conducted a survey of the members of the International Society for Pediatric Neurosurgery.

Methods

The survey consisted of five questions to each of two clinical vignettes: The first scenario was a one year old female with a metopic ridge and otherwise normal head shape. The second was a 1-month-old-male with severe metopic craniosynostosis with an obviously disfiguring keel. The questions ranged from if surgery would be recommended and what type of surgery open versus endoscopic procedure and finally an opinion on long term outcome without treatment.

Results

The vast majority of respondents 94.7% (70 out of 75) would not suggest surgical intervention for a simple metopic ridge. When surgery is recommended as in the second scenario, the majority (71.2%) recommended the open procedure over endoscopy assisted strip craniectomy and helmet therapy and only 10% of respondents believe the indication for surgery is raised intracranial pressure even in severe metopic synostosis.

Conclusions

The survey found that there is a high consensus on the need for surgery in severe cases but only one third recommended the minimally invasive endoscopy assisted strip craniectomy. There was no consensus on the natural history consistent with the lack of data in the literature.

Learning Objectives

Consensus view on the indications for surgery and the natural history of mild and severe metopic craniosynostosis

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