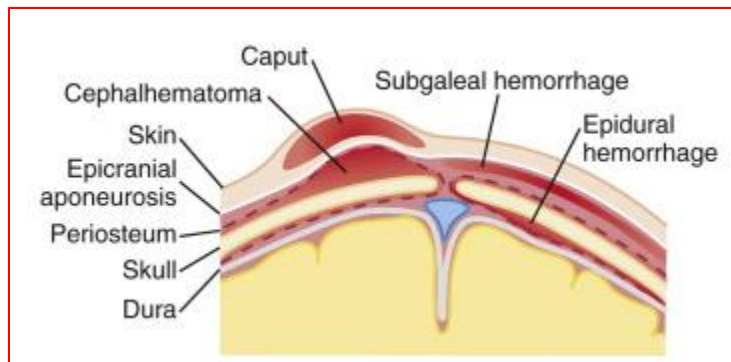


1.CRANIUM

Is the size of head normal.?(measure ofc).is the skull shape abnormal(LOOK FROM ABOVE)? Are there any swellings on scalp(newborn)? Are the sutures normal? Are the fontanels open or closed? Is the Hair pattern normal? Is there a low hairline? Is there any bossing of skull? Is the skull unusually soft? Is it translucent? Are there signs of ict? LISTEN FOR A BRUIT

newborn

- The swelling in caput succedaneum crosses suture lines because it is above the cranium in the subcutaneous tissue.
- Caputs, unlike cephalohematomas, tend to have pitting edema.
- Cephalohematomas are boggy and do not extend across suture lines because they are limited by the boundaries of the periosteum.
- There is no discoloration of the scalp with a cephalohematoma unless there is an overlying caput or bruising in the subcutaneous tissue.
- Subgaleal hematomas are considered fluctuant masses that cross suture lines, may be associated with a fluid wave or ecchymoses behind the ear; and may extend to other areas of the scalp.
- Infants with subgaleal hemorrhages must be observed in an intensive care nursery for progressive enlargement because the bleeding may be massive and associated with severe anemia and neonatal mortality.
- The ecchymoses that may be associated with caput succedaneum and the bleeding seen with cephalohematomas and subgaleal hematomas may contribute to neonatal jaundice

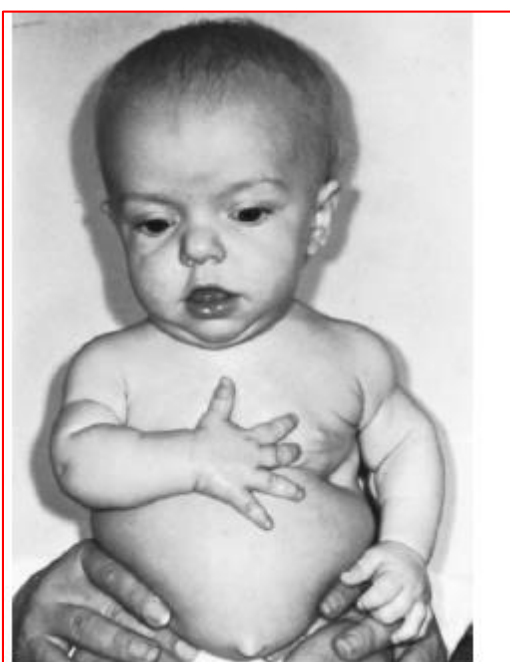


infants

- When assessing the head shape, it is best to look at the top of the head from above.
- Measure head circumference to see whether macrocephaly>2sd or microcephaly>3sd is present in addition to abnormal head shape..



microcephaly

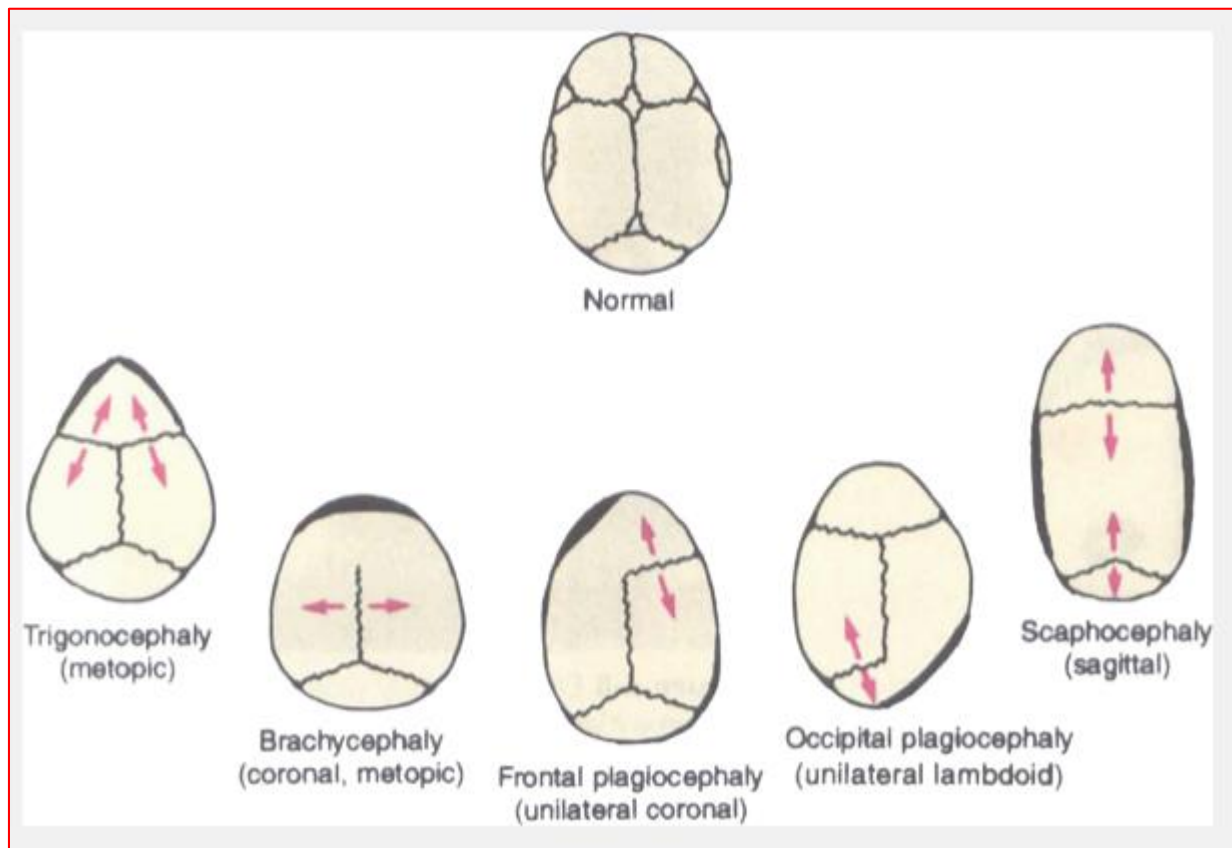


macrocephaly

- In craniosynostosis, the smaller of the skull is where the suture has prematurely fused). Cloverleaf skull occurs as the result of multiple suture synostosis and is rare
- Dysmorphic features may indicate a genetic syndrome as the cause of a craniosynostosis.
- Facial asymmetry may be noted in plagiocephaly or craniosynostosis. *Deformational* plagiocephaly refers to perinatal occipital flattening due to mechanical forces, with resulting changes in the malleable infant craniofacial skeleton. About 10% of cases are congenital, from pressure causes such as multiple gestations or reduced maternal pelvic volume. Postnatally, occipital flattening is acquired from persistent supine sleep positions. The high incidence (5% to 48% of healthy newborns) is because newborns

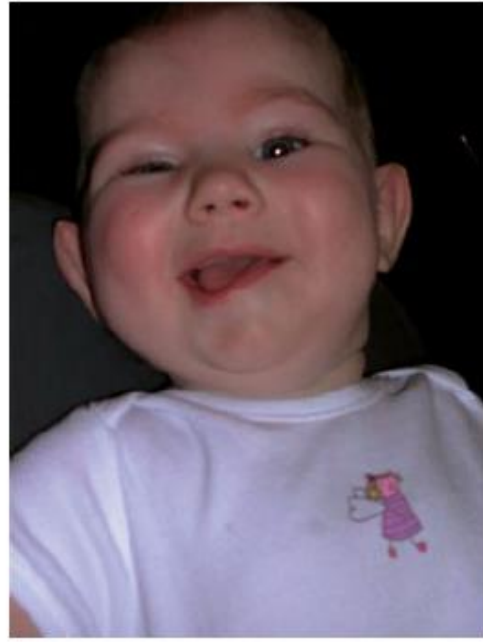
cannot lift and midline their heads until 3 months of life, when neuromotor control has matured.

- As the occiput becomes flatter, up to 80% of infants will have anterior displacement of the ipsilateral forehead, with concomitant increase in the height of the ipsilateral palpebral fissure, anterior displacement of the ipsilateral ear, and anterior displacement of the ipsilateral cheek, which can be seen from the anterior view. These changes are shaped like a parallelogram on vertex view. Posteriorly, the mastoid skull bases should be symmetric, otherwise there would be suspicion for a true unilateral lambdoid synostosis.



2.FACIES

IS there any characteristic facies of down syndrome,nephrotic syndrome,thalassemia,or cushingoid ,hypothyroid facies? Is there any asymmetry? What is the hair pattern? Low hairline,synophrys,cows lick. is the forehead normal?



facial palsy

Nephrotic syndrome



down syndrome

3.EYES

Is the eyeball prominent or too small? Are the eyes widely separated or too close? Is there a slant of eyes? Is there a mongoloid slant or downward slant? Are eyelids droopy or normal. Are the eyebrow and eyelashes normal? Is the conjunctiva normal? Are the sclera and pupil normal? Is there any change in iris? Is the lens opaque? Are the lacrimal glands normal? How is the vision? How is the fundus?



hypertelorism



upward slant of eyes

4.EAR

Ears are set normally or not? Are there any ext ear anomalies?is the ext aud canal and drum normal?



lowset ears with hollow zygomatic area



low set ears



microtia

5.NOSE

Is the size of nose normal? Is the nasal bridge depressed? Are the alae prominent? Is the nostrils anteverted? Is the columella prominent? Is the tip of nose broad?



depressed nose



broad nasal root

6.MOUTH AND ORAL CAVITY

Is the mouth too small? Is there any asymmetry while crying /speaking. Is the lip swollen/clefted/lip pits/ dry scaly/ angle of mouth broken is the philtrum too long ? is there any white plaque in the oral cavity which is difficult to move? Is the oral cavity mucosa red? Are there any spots on buccal mucosa? Are the gums healthy/petechiae/bleeding?palate- is it clefted, high arched ,petechiae. Is the tongue pale,cyanosed or reddish?is there any tongue tie? Is there any abnormal movt of tongue? Is the mandible normal?look for abnormal teeth,number,color,caries.is the tonsils normal.

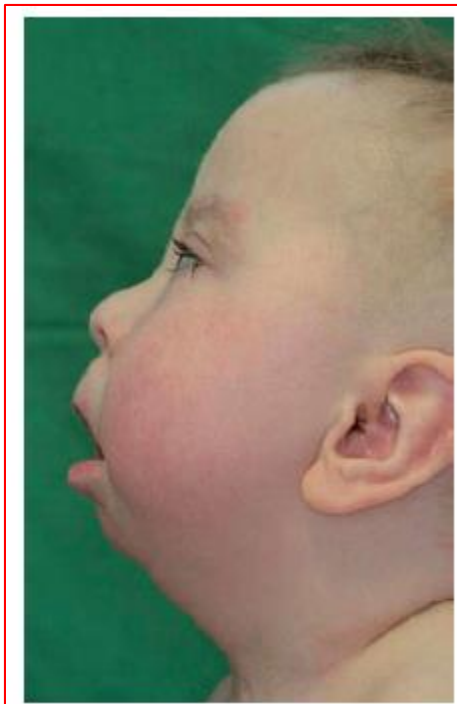


pallor

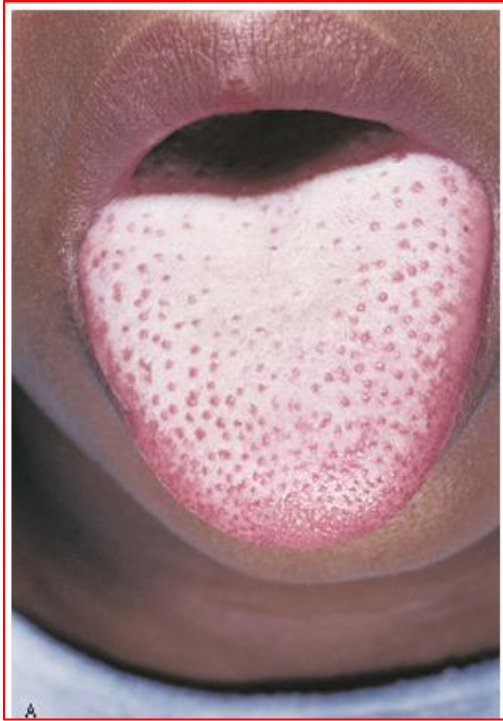


5tr

exudative tonsillitis



micrognathia



white and red

strawberry tongue

7.NECK

Is it short?is there any stiffness? Any abnormal positioning,any mass,?



cervical adenitis

8.CHEST

Is the chest shape abnormal, is there any swelling or depression? Any indrawing or fast breathing? Type of respiration



pectus excavatum

9.ABDOMEN

Is it distended? Any swelling? Is the genitalia normal? Are the hernia orifices normal? Does it move with respiration?



swollen scrotum

10.LIMBS,FOOT,HAND

Is there abnormality in size and shape of hand?is there any foot,ankle(contracture),knee (bow legs),hip anomaly(abnormal crease,leg length difference)?isthere any cyanosis,clubbing,rash,edema,purpura? Is there any abnormal movements of limbs? What is dematoglyphics pattern? Is there any shortening ,contracture,posturing?



exfoliation



pyoderma

11.SKIN,NAILS ,HAIR

What is texture-dry/scaly coarse? What is the skin turgor?is there any rash made/papule/vesicle/bullae. Look for neurocutaneous markers, look for liver failure signs. Are there any nail changes?



pyoderma contagiosa



bullous impetigo



varicella



measles