

A neonatal craniotabes due to maternal hidden malnutrition: a case report

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We describe a case of an 18-year-old preeclamptic mother, gravida first, that delivered a full-term baby weighting 2.700 Kg. APGAR score was 6-8. The newborn had an irregular depression of frontal skull approx. 5 cm deep, with no other visible malformations. He was otherwise clinically normal.

cUS at day 1 showed no bone discontinuity but only a slit lateral ventricle and parenchymal hyperechogenicity below the skull depression. cUS at day 4 showed normalisation of left lateral ventricle and unchanged hyperechogenicity.

Considering this mother was wearing a burqa in everyday life and during pregnancy, we assumed that she had developed a chronic hidden malnutrition with a selective vitamin D deficiency due to a lack of exposure to sunlight. We considered the skull abnormality was a “craniotabes” and we started day

2 a vitamin D supplementation (low dose 800 UI/day). The first dosage of a vit D, available only at 30 days, was < 5 ng/ml (still below the normal average); at 5 months the dosage was normal.

Mother malnutrition is an emergency in low-income country (LIC), with severe foetus and neonatal consequences. The craniotabes detected in this newborn was the only signs of the maternal hidden malnutrition secondary to low intake of calcium and lack of exposure to sunlight in a mother wearing burqa.

This case highlights the importance of considering a neonatal skull deformity in LIC as a craniotabes and initiating early supplementation of calcium and vit D for the mother and the newborns.