

Do We Need To Include “Elevated Skull Fractures” In Skull Fracture Classification?

Sir,

We read the article which deals with the elevated skull fractures in pediatric age group.^[1] Elevated skull fractures are increasingly recognized as a distinct entity in many recent articles. The present article is unique and discusses the issues in the management in pediatric age group. The early recognition and appropriate management of compound elevated fracture resulted in good recovery without any complications. It is evident from the present series that the elevated skull fractures result from a tangential force which causes elevation of the bone fragment (in contrary to depressed skull fractures). Except the elevated nature of the bone fragments, almost all other management principles follow as for depressed skull fractures. One important and interesting point which can be debated is the amount of contamination (which the authors claim to be more in depressed fractures than in elevated skull fractures).^[1] A good outcome of these patients is attributed to the fact that tangential force causes less energy to the brain parenchyma.^[1-3] However, it may not be true in the cases, the underlying mechanism if severe enough can result in fatal injuries.^[4] Based on the availability of good amount of literature, it can be suggested that there is a need to consider elevated skull fractures in the classification of skull fractures.^[5,6]

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Conflicts of interest

There are no conflicts of interest.

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