A 2716-g singleton boy was born at 38 weeks of gestation via a scheduled cesarean section at another hospital. There was no history of instrumentation or birth trauma during delivery. The patient was presented at our hospital at 0 days of age because of a skull depression on the right side (long diameter, 4 cm; short diameter, 3 cm; and depth, 0.5 cm) at birth. On examination, there was no local tenderness, trauma, or neurological deficit, and computed tomography of the head showed no signs of intracranial injuries or fracture (Figs. 1A and 1B). Owing to his good condition, the patient was managed conservatively. The depression of the skull resolved spontaneously by 3 months of age, and developmental milestones and neurological examinations were normal at 1 year of age. Written informed consent for publication was obtained from the patient’s parents.
Depressed neonatal skull fractures are rare, with a reported incidence of 1–2.5 per 10,000 live births, and can be classified into the following two types: fracture caused by obstetric manipulation and spontaneous skull depression. Spontaneous depression of the fetal skull is believed to be caused by chronic compression of the fetal skull by the mother’s pelvis, a uterine tumor, or a body part of a twin. The majority of skull depressions resolve spontaneously within 6 months without any neurologic sequelae, while some cases require surgical procedures or restoration using an obstetric aspirator. Nevertheless, the optimal management of this condition remains controversial.

In conclusion, we describe a case of congenital depression of the skull without any trauma or intracranial lesions, which was successfully managed conservatively without any neurological deficits. Considering the invasiveness of surgery, surgical treatment should be restricted to cases without spontaneous resolution within several months.

**Informed consent**

We obtained written consent for publication from the parents of the patient.

**Conflicts of interest**

None.

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**References**