Bedfordshire and Hertfordshire Priorities forum statement
Number: 38
Subject: Plagiocephaly
Date of decision: March 2010
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Guidance

Diagnosis and Epidemiology
Plagiocephaly may be divided into craniosynostosis, which results from premature closure of one or more of the cranial sutures, and nonsynostotic or positional plagiocephaly (also referred to as deformational plagiocephaly, non-synostotic plagiocephaly, positional plagiocephaly, flat-head syndrome and occipital plagiocephaly).

This distinction is highly important as craniosynostosis carries a significant risk of raised intracranial pressure, therefore requiring interventional surgery[1].Positional plagiocephaly, however, has not been shown to be associated with any long term developmental problems and its treatment has been described as entirely cosmetic[1].

A review of the literature identifies that there is no international consensus regarding diagnostic criteria of positional plagiocephaly. A general definition is that the head takes a parallelogram shape from an aerial view, with the ear migrating anteriorly and the forehead protruding on the side of the occipital flattening[2].

Positional plagiocephaly has risen in incidence and prevalence over recent years. Some reports estimate that positional plagiocephaly affects around half of all babies under a year old but to varying degrees. As improvement, even without treatment, is common, it is difficult to obtain an accurate estimate of prevalence.

Referral
Most cases of positional plagiocephaly would be diagnosed by the patient's GP. If however there is diagnostic doubt, referral should be made to a local paediatric consultant. If there is then a strong suspicion of cranio-synostosis, onward referral to a regional craniofacial centre will be required.

Treatment of positional (non-synostotic) plagiocephaly

There is no clear evidence that cranial moulding devices (helmets) improve positional plagiocephaly, and no studies that consider the long term effects of such devices.

If positional plagiocephaly is confirmed, GP or health visitor to advise parents regarding positioning techniques. Positioning involves active repositioning of the child during play, to apply pressure to the prominent areas of the skull and allow flattened areas of the skull to remodel[3].

Helmets (cranial moulding devices) will not be eligible for NHS funding.

References

1. Bridges SJ, Chambers TL, Pople IK, Wall SA. Plagiocephaly and head binding. *Arch. Dis. Child.* 2002;86:144-145.
2. Biggs WS. Diagnosis and management of positional head deformity. *American Family Physician* 2003;67:1953-1956.
3. Moss SD. Nonsurgical, nonorthotic treatment of occipital plagiocephaly. What is the natural history of the misshapen neonatal head? *J Neurosurg.* 1997;87: 667-670.

The Human Rights Act has been considered in the formation of this policy statement.