

“SON, DO NOT PLAY THIS PING PONG”

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INTRODUCTION

A ping pong fracture is a type of skull injury that usually happens in newborns or infants. The soft skull bends inward like a dented ping pong ball but doesn't break completely. It commonly affects the parietal area and may not be obvious on initial imaging.

CASE DESCRIPTION

A 5-month-old baby boy, born at term via planned caesarean section (twin pregnancy), fell from a bed about 2 feet high. The mother reported a 30-second loss of consciousness and noticed a new dent on the left side of his head. At the Emergency Department, the baby was alert with normal vital signs and a GCS of 15. Neurological exam was normal. A 5×5 cm soft depression was felt over the left parieto-temporal area. CT brain was done based on PECARN criteria (loss of consciousness and palpable deformity). Initially, no fracture line was seen, but a radiologist later confirmed a smooth inward bend consistent with a ping pong fracture. There was no bleeding inside the brain. The child was admitted for observation.



DISCUSSION

Although the mechanism was minor, the child met PECARN criteria, justifying a CT scan. This case highlights the clinical hesitation that can happen when a trauma seems trivial but concerning signs are present. The dent could have been missed or dismissed without careful examination and listening to the caregiver's concern. Ping pong fractures may not show obvious fracture lines, making radiologist input important. Conservative treatment was chosen because the baby was stable with no signs of raised intracranial pressure or neurological deficit. Parents were informed about signs of complications, including the rare risk of a growing skull fracture, and follow-up was arranged. This case reinforces that careful observation, shared decision-making and trust in parental instinct can help detect important findings in paediatric trauma.

KEYWORDS: Ping Pong Fracture, Infant Head Injury

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CONCLUSION

Even low-impact injuries in infants require thorough assessment when there are abnormal findings or parental concern. Clinical judgment, proper use of decision tools and detailed imaging review are key to safe outcomes.