also frequent components of Cowden syndrome. Patients with Cowden syndrome have a higher risk of developing endometrial carcinoma or renal cell carcinoma. Benign tumours can cause significant morbidity but 40% of patients experience a malignant primary tumour. In this regard, annual or biannual follow-up visits with multidisciplinary care are recommended. BJHM

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LEARNING POINTS

- Cowden syndrome is an autosomal dominant hamartoma.
- Almost all patients with Cowden syndrome have mucocutaneous lesions and are at increasing risk of cancer.
- Patients with Cowden syndrome should have annual or biannual follow up.

In-hospital newborn falls: should all neonates undergo neurological imaging?

In-hospital newborn falls, although not uncommon, are under-recognized and often considered to be trivial. Skull fractures and intracranial haemorrhages can occur in the absence of clinical signs (Ruddick et al, 2010).

Maternal risk factors associated with in-hospital newborn falls include delivery by caesarean section, general or spinal anaesthesia, severe obesity, pre-existing health conditions (e.g. diabetes, epilepsy), opiate analgesics, and low haemoglobin level (<105 g/litre) (Helsley et al, 2010).

A 1-day-old neonate, delivered by caesarean section, whose mother was on opiate analgesics, slipped from the mother's arms to the floor when the mother fell asleep in a chair on the postnatal ward. Clinical examination was normal. Computed tomography scan (*Figures 1a,b*) showed a small acute traumatic subarachnoid haemorrhage overlying the right occipital lobe and a subgaleal haematoma overlying the left parietal bone. There was no skull fracture.

The paediatric neurosurgical team recommended conservative management. Medical review the next day detected swelling over the left occipitoparietal area measuring 4x4 cm (*Figure 2*). Developmental progress and head circumference were normal at clinic review 6 weeks later.

The authors suggest that early neurological imaging be performed in all unwitnessed in-hospital newborn falls and in witnessed falls where the mechanism is considered to be serious, even in the absence of initial clinical signs. BJHM

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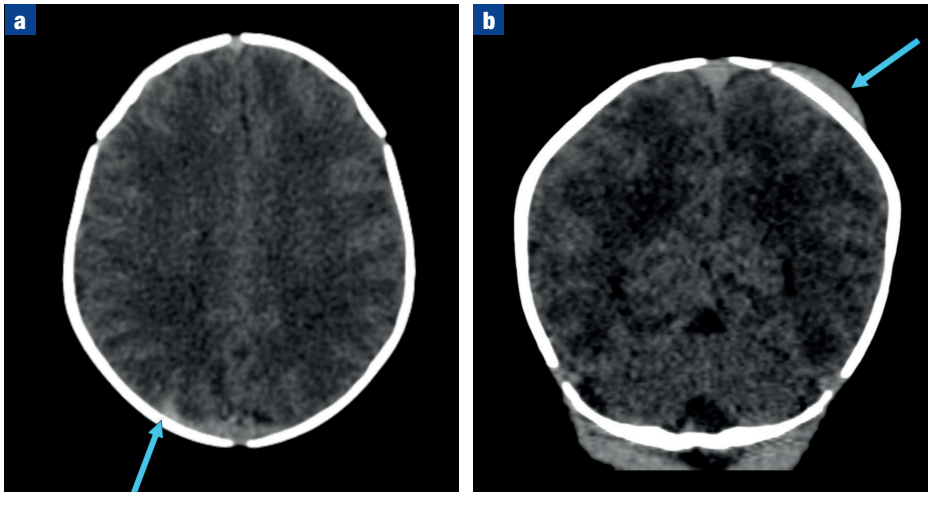
Figure 2. Swelling of the scalp (arrow) appeared 24 hours later at the suspected point of impact.

Figure 1. **a.** Axial image labelling the right occipital subarachnoid haemorrhage. **b.** Coronal view showing the left parietal haematoma.



Dr Sophie L Gray, Trust Doctor in Paediatrics, Department of Paediatrics, Torbay Hospital, Torquay

Dr Atanu Mukherjee, Consultant Paediatrician, Department of Paediatrics, Torbay Hospital, Torquay

Dr Garry K Pettet, Consultant Radiologist, Department of Radiology, Torbay Hospital, Torquay

Dr Siba P Paul, Consultant Paediatrician, Department of Paediatrics, Torbay Hospital, Torquay TQ2 7AA

Correspondence to: Dr SP Paul (siba@doctors.org.uk)