A 2-month-old female infant was referred to the paediatrician because the parents had noticed dimples on both shoulders. The lesions were present at birth. The baby was born at 38+5 weeks by vaginal delivery after an uncomplicated pregnancy. She was the firstborn child of non-consanguineous parents. Physical examination was unremarkable except for two symmetrical dimples with a depth of several millimetres at the acromion (figures 1 and 2). There was no restriction of movement of the shoulders. Such dimples did not occur in other family members. Symmetrical dimples of the skin overlying the acromial processes of the scapulae are so called bi-acromial dimples. These dimples are found infrequently, and are a solitary finding in most cases. However, bi-acromial dimples have been reported as part of malformation syndromes such as 18q deletion syndrome, and skeletal dysplasias. The pathophysiological mechanism of bi-acromial dimples is unclear. It has been suggested that they are the result of entrapment of tissue between sharp bone structures and the uterine wall. However, this does not explain why the dimples can occur symmetrical, or why they can occur as a familial trait. The latter suggests a molecular genetic mechanism. The occurrence of solitary symmetrical bi-acromial dimples is benign in nature and abstinence from further diagnostic investigations is permissible.

Competing interests None.

Patient consent Obtained.

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