

Huge Lumbosacral Lipomeningomyelocele with Good Post-Natal Surgical Outcome

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Abstract

Management of lipomyelomeningocele is one of the most discussed and controversial topic in recent years. Till date, there is no consensus on most appropriate mode of management for lipomyelomeningocele, particularly in asymptomatic patients. It represents a complex disorder that may present with neurological deficit secondary to the inherent tethered cord. Here we present an antenataly diagnosed case of huge lumbosacral lipomeningomyelocele with good post-natal outcome.

Keywords: Lumbosacral lipomeningomyelocele; Asymptomatic patients; Ultrasonography; Sacrococcygeal teratoma.

Introduction

Incidence of lipomyelomeningocele is 1 in 4000 live births with slight female preponderance. Lipomyelomeningocele may be defined as a defect in the spine through which the lipomatous substance arising from subcutaneous tissue is inserted into spinal canal. Lipomeningomyelocele may present with neurological deterioration secondary to inherent tethered cord.

Ultrasonography is initially useful in the diagnosis of lipomeningomyelocele during antenatal period but MRI done antenataly or postnataly is definitive for diagnosis and preoperative planning. More than 90% cases present with obvious soft tissue swelling over the spine in lumbosacral region and most develop neurological symptoms within the first few months to years of life.² There is progressive

neurological, urological and orthopaedic deficit in patients with lipomyelomeningocele if left untreated.³

Case Report

A case of a young 2nd gravida with 36 weeks pregnancy visited the department of fetal medicine, New Civil Hospital for second opinion for sacrococcygeal teratoma. She had one healthy male child. There was no significant medical history or history of consanguinity. Previous scan done at private centre had diagnosed huge sacrococcygeal teratoma at 35 weeks. NT scan and anomaly scans were not done. Ultrasound findings at our centre were: Normal Intra cranial anatomy and posterior fossa. Examination of spine revealed a thick walled huge cystic lesion of 68x52 mm covered with skin



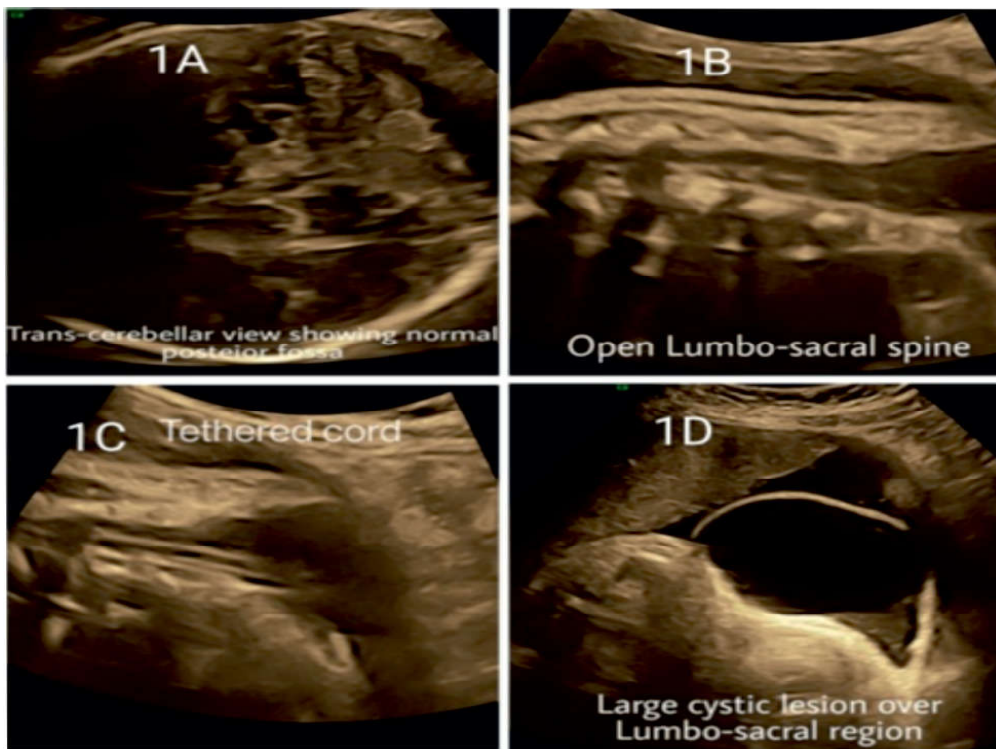


Fig. 1: ultrasound finding at 36 weeks.

1A normal posterior fossa in trans-cerebellar view; 1B open lumbo sacral spine in saggital view; 1C Neural elements extending in the lesion-tethered cord; 1D large cystic lesion at lumbosacral region.

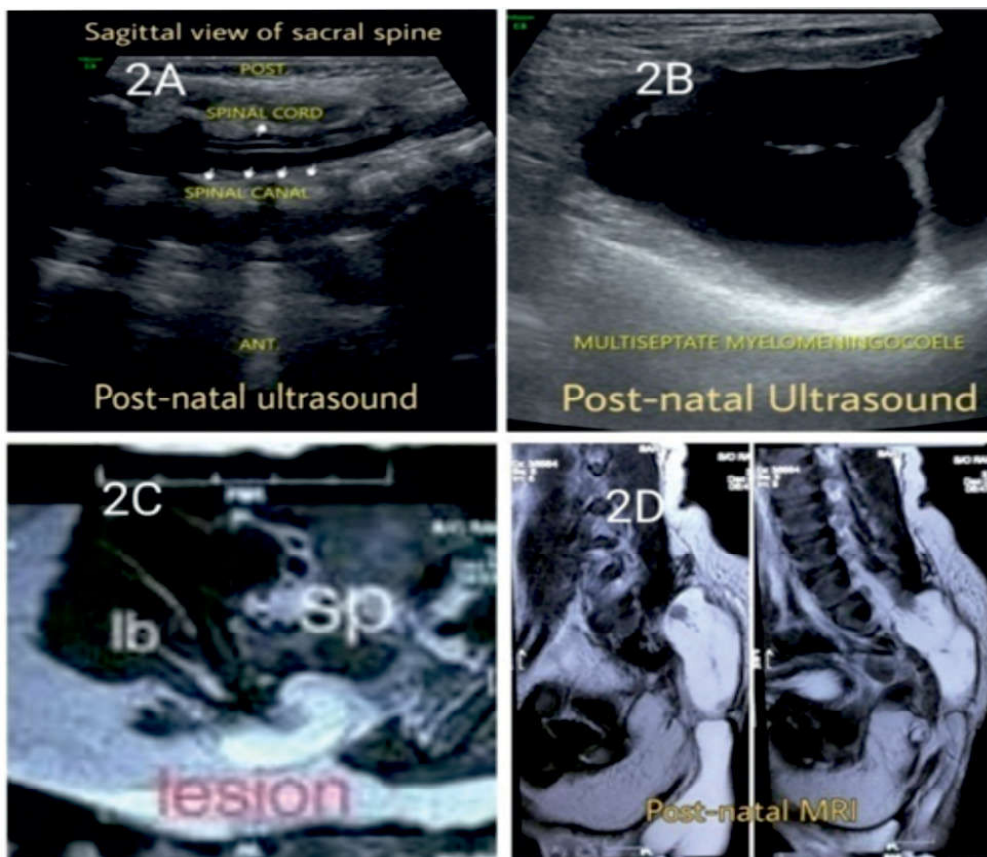


Fig. 2: Showing post natal ultrasound and MRI findings.

2A Tethered spinal cord

2B multiseptate myelomeningocele at lumbosacral region

2C and 2D MRI images showing spinal defect with lipomatous tissue covered with skin.



Fig. 3: Showing intra-operative finding.

3A and 3B post natal image of huge lumbosacral mass

3C intraoperative picture

3D postoperative operative site