



SPINA BIFIDA - AN OVERVIEW

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<p>Article Info Received 15/01/2015 Revised 27/02/2015 Accepted 16/02/2015</p> <p>Key words: Spina Bifida.</p>	<p>ABSTRACT Spina Bifida (Latin “Split Spine”) is a developmental congenital disorder caused by the failure of Bony Spinal canal to Close. It falls in to three categories. Occluta, meningocele, myelomeningocele. The incidence appears to 10%-20% of population. Here we report a 12 year old female with a tuft of hair on the back of child since birth.</p>
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INTRODUCTION

Spina bifida is a type of birth defect also called neural tube defect. It occurs when bones of spine donot form properly around baby's spinal cord. It can be mild, moderate, and very severe form. Three clinical types: (1) Spina bifida occulta (2) Meningocele (3) Meningomyelocele. Mild form is the most common. Some people may have dimple, birth mole or hairy patch on the back. Meningocele presents with a bulge in the skin. Meningomyelocele is the most severe form and presents with a bulge in the skin. The skin is open, nerves exposed and damaged. It is associated with bladder and bowel problems in addition to the brain involvement (hydrocephalus). The exact cause of spina bifida is unknown. Gene and environmental factors have been postulated. Drugs, especially anticonvulsants during pregnancy and folic deficiency during pregnancy are also contributory for spina bifida in the child.

CASE:

A 12 yr old female child brought by the mother with complaints of tuft of hair on the lower back of the child since birth. Gradually the hair becoming coarse, darker, and longer looking ugly in appearance. She also gives history of pain in the back aggravated on sitting and relieved on lying. No bowel, bladder disturbances, No swelling in the back, or any neurological deficits. Parents

healthy, nonconsanguinous marriage. Pregnancy and labour uneventful. Milestones appropriate for child's age and no growth problems.

Clinical examination– General exam normal CVS, RS, CNS, Orthopedic, GIT Systems are normal.

Local exam- Dermatological Examination of the back revealed a tuft of coarse hair over an area of 6x4 cms over the small of back. Underlying skin is normal. Rudimentary projection of caudal spine is noted. (Figure 1).

Investigations

Routine investigations were normal. X ray Lumbar spine revealed diastasis of vertebrae. (Figure 2). MRI spine revealed tethering of the spinal cord. (Figure 3).

Treatment

Surgical advice sought. Advised surgery Laminectomy. Plan IPL Laser therapy for cosmetic reasons (tuft of hair).

CONCLUSION

Thorough dermatological examination revealed a potentially serious underlying condition, early referral and correctional surgery could prevent the future complications.



Figure 1 – A tuft of coarse hair over the small of the back.



Figure 2 – X-RAY lumbar spine showing diastasis of vertebrae



Figure 3 – MRI spine shows tethering of the spinal cord.



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