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References

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Image of the Month: Answer

This infant has a lipomeninogocoele.

On magnetic resonance imaging (MRI), the spinal cord was found to be tethered with the filum inserting on the lipoma. The lipoma replaced hypoplastic coccygeal bony segments and protruded into the natal cleft, displacing the anus slightly to the right. Otherwise, the spinal cord was of normal configuration (MRI of the head was normal).

Clinically, the baby's feet have no talipes. Both hips and lower limb joints move appropriately within a full range of motion. The baby does not dribble urine, the anus is not patulous, and stool is held and passed appropriately.

Sacrococcygeal teratoma was also considered as a differential diagnosis.[1] These are congenital tumours occurring in approximately one in every 40 000 live births. Eighty per cent of affected infants are female with 18% having additional congenital (urological) anomalies. Elevated alpha fetoprotein levels are used as a tumour marker, though this may also be raised in spina bifida. Early and complete surgical excision is a standard treatment to prevent tumour ulceration and haemorrhage and reduce the risk of malignant change, which increases with age.

Due to the finding of an abnormal perineal region (Fig. 2) with an anteriorly displaced anus, serology for ambiguous genitalia was performed and found to be normal. The baby's karyotype is of a normal female (46XX).

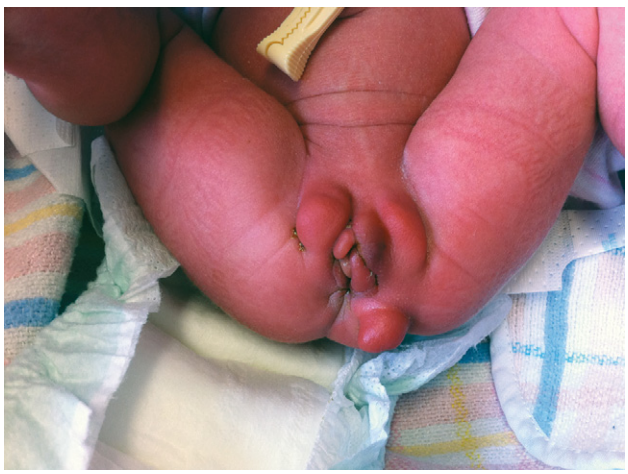

Fig. 2 Abnormal perineal region.

Corrective surgery was performed at six months of age to repair the spinal dysraphism and for cosmesis. The child has normal development, bowel and lower limb function.

Reference

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