Corrective Approach in a Rare Case of Isolated Lipomyelomeningocele before First birthday celebration.

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I. Introduction

Lipomyelomeningocele is basically a closed spinal dysraphism which has no exposed neural tissue.¹ Myelomeningocele occurs due to primary neurulation defects or due to closure of posterior neuropore which occurs 17 and 26 post ovulatory days simultaneously. Lipomyelomeningocele is the most common fate of premature disjunction.² Tethered cord is inherently associated with lipomyelomeningocele. This rare entity has been noticed in 0.3 per 10,000 live birth.  ³⁴⁵ Here we got an eight month old baby with gradually increasing back lump, with a provisional diagnosis of lipoma, sacrococcygeal teratoma or any malignant soft tissue tumour. Ultimately we successfully diagnosed this rare entity after a battery of investigation and rendered appropriate timely management leading to disease free survival of the baby.

II. CASE REPORT

An eight month old female child from Muslim community presented at our outpatient department with her mother a complaint of gradually increasing lump on her back. On palpation was low lying spinal defect of gradually increasing lump on her back. On palpation was that it was a battery of investigation and rendered appropriate timely management leading to disease free survival of the baby.

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III. DISCUSSION

Though it was an isolated finding devoid of any other deformity even then we thoroughly gathered family history and mother’s folic acid intake during pregnancy; but did not encounter anything significant. Fortunately though our patient was clinically asymptomatic alike the case described by Hertzler et al study we did an USG whole abdomen to rule out postvoid residual urine stasis and any other congenital defect. Though 3D USG helped in achieving the prenatal diagnosis but MRI is the investigation of choice in postnatal counterpart and making operative decision in conjunction with postoperative followup.
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IV. CONCLUSION

Though there are controversies regarding the actual time of operation we stage the patient earliest in order to achieve a disease free survival before appearance of any symptom. And also there is an logarithmic association with age and neurodeficit either due to increased stretch on the spinal cord with axial growth spurts or due to the upward movement of the conus medullaris during the axial growth. Considering all these things on the aspect of treating such rare congenital anomaly we got calculated result till now.

Figures and Tables

Fig 1 a (sagittal) & b (coronal) sections in MRI showing hyper intense lesion which is outside the dura & continuous with subcutaneous fat from L3-4 level.

2. Gross photograph of mass

3. Microphotograph of lipomyelomeningocele (100x, H&E)
REFERENCES


