

MYELOMENINGOCELE AND TETHERED SPINAL CORD SYNDROME

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A one-day-old female newborn with a bulge in the left gluteal region. A cesarean section was performed at a gestational age of 38 weeks and 04 days due to spina bifida reported in the morphological ultrasound. At birth, the patient presented a flaccid bulge in the left gluteal region, without bruising, painless on palpation, with no skin lesions (Fig. 1A). Ultrasound of the gluteal region detected a sacral myelomeningocele with tethered spinal cord syndrome, without communication with the skin or subcutaneous tissue (Fig. 1B), confirmed by MRI (Fig. 1C and 1D). The patient was referred for surgery on an out-patient basis.

The study of the fetal spine using ultrasound, as well as the observation of cranial signs indicative of spinal dysraphism, can be observed from the 12th week of gestation. Ultrasound has a sensitivity of 80% and specificity of 89% in diagnosing tethered spinal cord syndrome and 100% of sensitivity and 93.3% of specificity in diagnosing myelomeningocele. MRI has been the gold standard for evaluating and diagnosing spinal abnormalities. But its costs and limited availability have hindered its widespread use for treating all patients. Furthermore, ultrasonography is an affordable, noninvasive imaging method readily available in most health centers.

Figure 1 |

