

척수재활

게시일시 및 장소 : 10 월 19 일(토) 08:30-12:30 Room G(3F)

질의응답 일시 및 장소 : 10 월 19 일(토) 11:00-11:30 Room G(3F)

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Case Report : Closed spinal dysraphism diagnosed in adult

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Introduction

Closed spinal dysraphisms have unexposed neural tissue and neurological symptoms may develop during growth, which may delay diagnosis.

Case report

A 48-year-old man presented to the rehabilitation medicine clinic with a sudden weakness and pain like an electric shock in both legs that occurred when physical impacts were applied to his back. He also made a peculiar complaint: "I have another umbilicus on the lower back". The physical examination revealed a dimpled skin lesion in the midline of the lower back and there was a round mass covered with skin in the middle of the lesion (Figure 1). The neurological examination showed a reduced motor power and increased deep tendon reflexes in the right leg. Magnetic resonance imaging had shown low-lying tethered cord (Figure 2, arrow) and bifid lamina (Figure 2, asterix) with unexposed neural tissue (Figure 2, arrow head) at L4 level. Unlike open spinal dysraphism, closed spinal dysraphism is often not diagnosed at birth and is sometimes diagnosed in adulthood with skin abnormality in the midline of post trunk and spinal cord tethering symptoms. Untethering surgery is performed if there are significant and progressive cord tethering symptoms. In this case, we decided to observe the progress and to consider surgery when symptoms progress.

Conclusion

Most common symptoms of closed spinal dysraphisms are tethered cord syndrome and skin abnormality along the spine such as hairy patch, dimple and hyperpigmentation. If a clinician recognize coexistence of neurologic symptoms and skin lesions, the clinician can suspect spinal dysraphisms, then may not miss the timing of early treatment.



Figure. 1 The midline at the level of the L4 was dimpled and there was a round mass (measuring 1 cm in width, 1 cm in length) covered with skin in the middle of the lesion.

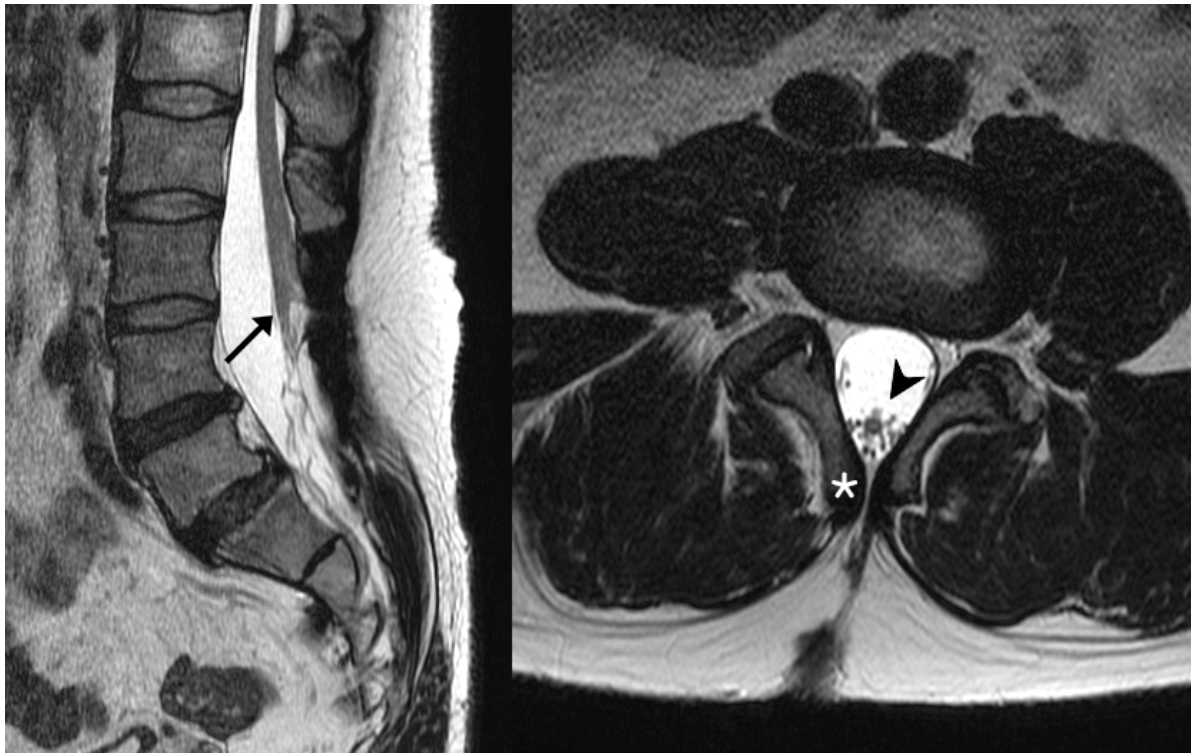


Figure. 2 Sagittal T2-weighted magnetic resonance image of the lumbar spine showing low-lying tethered cord (arrow) and bifid lamina (asterix) with unexposed neural tissue (arrow head) at L4 level, suggestive of a closed spinal dysraphism.