

Spina bifida occulta

Spina bifida occulta

A congenital absence of a spinous process, without exposure of meninges or neural tissue, but presenting a characteristic shallow hair-covered hollow at the base of the spine. This is common and rarely clinically significant. syndrome, which involves thickening of the filum terminale, resulting in traction on the cord. Presentation is with progressive deficits, spasticity, bladder dysfunction or scoliosis, and treatment involves surgical exploration and untethering of the cord. Meningocele A sac of meninges, covered by skin and containing CSF alone, herniates through an anterior or posterior bony defect. Myelomeningocele A herniating sac of meninges without covering skin contains spinal cord, nerves or both. This is always associated with Chiari II malformation (see Posterior fossa malformations). Open myelomeningocele presents a high infection risk and requires early surgical repair. Lipomyelomeningocele Adipose tissue adherent to the spinal cord herniates through a bony defect to the sacrolumbar soft tissue. This may be associated with bladder dysfunction and require surgical relief of the resultant cord tethering. Failure of closure of the anterior neuropore produces anencephaly, which is uniformly fatal; the spectrum of spinal dysraphisms, however, is replicated in the skull. Cranium bifidum is a failure of fusion, often in the occipital region. This may be associated with herniation of meninges and CSF (meningocele) and potentially also brain substance (encephalocele) (Figure 48.28). Spina bifida occulta

A congenital absence of a spinous process, without exposure of meninges or neural tissue, but presenting a characteristic shallow hair-covered hollow at the base of the spine. This is common and rarely clinically significant. syndrome, which involves thickening of the filum terminale, resulting in traction on the cord. Presentation is with progressive deficits, spasticity, bladder dysfunction or scoliosis, and treatment involves surgical exploration and untethering of the cord. Meningocele A sac of meninges, covered by skin and containing CSF alone, herniates through an anterior or posterior bony defect. Myelomeningocele A herniating sac of meninges without covering skin contains spinal cord, nerves or both. This is always associated with Chiari II malformation (see Posterior fossa malformations). Open myelomeningocele presents a high infection risk and requires early surgical repair. Lipomyelomeningocele Adipose tissue adherent to the spinal cord herniates through a bony defect to the sacrolumbar soft tissue. This may be associated with bladder dysfunction and require surgical relief of the resultant cord tethering. Failure of closure of the anterior neuropore produces anencephaly, which is uniformly fatal; the spectrum of spinal dysraphisms, however, is replicated in the skull. Cranium bifidum is a failure of fusion, often in the occipital region. This may be associated with herniation of meninges and CSF (meningocele) and potentially also brain substance (encephalocele) (Figure 48.28). Spina bifida occulta

A congenital absence of a spinous process, without exposure of meninges or neural tissue, but presenting a characteristic shallow hair-covered hollow at the base of the spine. This is common and rarely clinically significant. syndrome, which involves thickening of the filum terminale, resulting in traction on the cord. Presentation is with progressive deficits, spasticity, bladder dysfunction or scoliosis, and treatment involves surgical exploration and untethering of the cord.

Meningocele A sac of meninges, covered by skin and containing CSF alone, herniates through an anterior or posterior bony defect. Myelomeningocele A herniating sac of meninges without covering skin contains spinal cord, nerves or both. This is always associated with Chiari II malformation (see Posterior fossa malformations). Open myelomeningocele presents a high infection risk and requires early surgical repair. Lipomyelomeningocele Adipose tissue adherent to the spinal cord herniates through a bony defect to the sacrolumbar soft tissue. This may be associated with bladder dysfunction and require surgical relief of the resultant cord tethering. Failure of closure of the anterior neuropore produces anencephaly , which is uniformly fatal; the spectrum of spinal dysraphisms, however, is replicated in the skull. Cranium bifidum is a failure of fusion, often in the occipital region. This may be associated with herniation of meninges and CSF (meningocele) and potentially also brain substance (encephalocele) (Figure 48.28).

Revision #1

Created 2025-12-31 15:18:00 UTC by Omar Ayman

Updated 2025-12-31 15:18:00 UTC by Omar Ayman