Spina bifida

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Spina bifida is caused by a failure of fusion of the vertebral arches and possibly the underlying neural tube. Spina bifida cystica has an incidence of 1 in 300 live births and is associated with hydrocephalus. It is now decreasing as a consequence of folic acid supplementation, antenatal ultrasound and the measurement of α -fetoprotein (AFP) levels. There are two basic types: /uni25CF Meningocele : the meninges herniate through the bony defect and are covered by skin. /uni25CF Myelomeningocele : the roof of the defect is formed by exposed neural tissue, with 75% of patients developing hydrocephalus. A meningocele with good-quality skin over the defect may be treated conservatively . A meningocele with a more Julius Arnold , 1835–1915, Professor of Pathological Anatomy , University of Heidelberg, Heidelberg, Germany , described this condition in 1894. Hans Chiari , 1851–1916, Professor of Pathological Anatomy , Strasbourg, Germany (Strasbourg was returned to France in 1918 after the end of the First World War), gave his account of this condition in 1891. - prominent sac can be excised at 3–6 months. The manage - ment of myelomeningocele is more controversial. Enthusiasm for closing all defects has been replaced by a more selective approach with the recognition that it was inappropriate to en with severe hydrocephalus, a large open operate on childr defect and no distal neurological function. The majority of these children die in their first year if closure is not attempted. With antibiotics, early surgical closure and shunts to prevent hydrocephalus, half the children who survive the first 24 hours will reach school age, but long-term problems remain, includ - ing skin problems, neuromuscular scoliosis, bone and joint deformity and the complications associated with a neuropathic bladder.

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