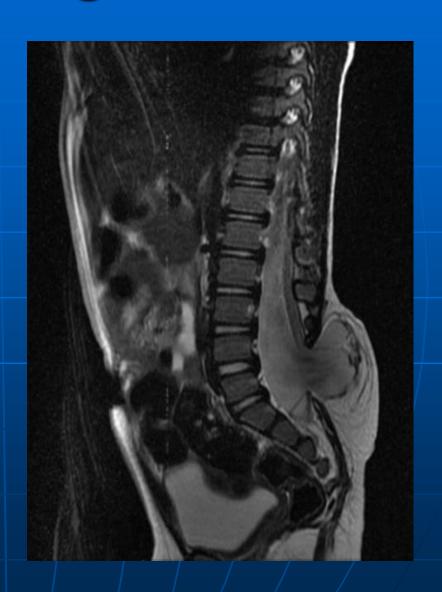
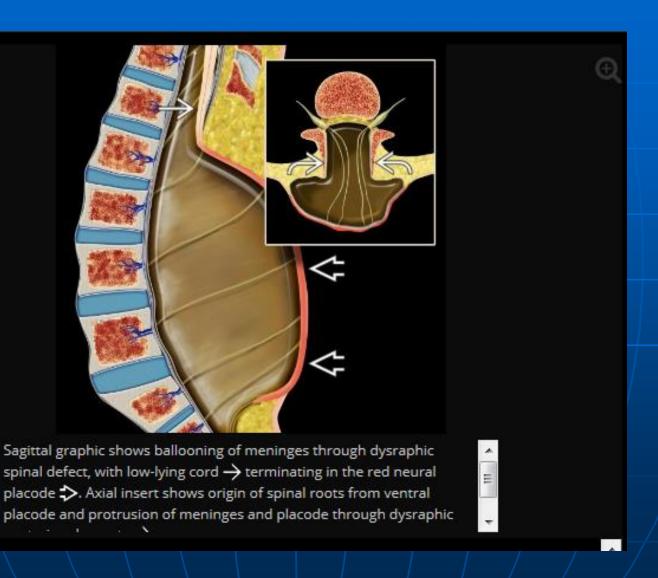
Myelomeningocoele

- Also known as spina bifida cystica, complex congenital spinal anomaly that results in spinal cord malformation (myelodysplasia).
- Posterior spinal defect lacking skin covering → neural tissue, CSF, and meninges exposed to air
- DDX:
- Dorsal Meningocele
 - Meninges protrude through dorsal dysraphism into subcutaneous fat
 - Skin-covered, usually does not contain neural elements
- Closed (Occult) Spinal Dysraphism
 - Dorsal osseous dysraphism; cord may be low-lying
 - Skin or other cutaneous derivative (e.g., lipoma) covers neural elements
- Postoperative Pseudomeningocele
 - History, clinical exam permit distinction
 - Look for surgical laminectomy defect, absence of spina bifida osseous changes





Dorsal Spinal Meningocele

KEY FACTS

Terminology

· Synonyms: Simple meningocele, simple spinal meningocele, posterior meningocele

Imaging

- Skin-covered dorsal dural sac protruding thorough posterior osseous defect
 - Dorsal herniation of dura, arachnoid, and CSF into spinal subcutaneous tissue
 - Occasional herniation of filum or nerve roots into defect
- · Conus medullaris low or normal in position

Top Differential Diagnoses

- · Lipomyelomeningocele
- · Terminal myelocystocele
- Myelomeningocele

Pathology

- · ± hydromyelia, tethered cord, diastematomyelia
- · Meningocele always skin covered; skin may be dysplastic, ulcerated

Clinical Issues

- Palpable skin-covered mass or incidental discovery during imaging for other indications
 - · Patients usually neurologically normal
- Additional presenting signs/symptoms include back pain, meningitis, spinal headache
- Cervical, thoracic meningoceles more likely to be symptomatic than lumbar meningocele

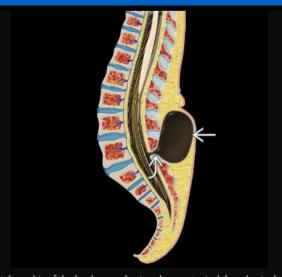
Diagnostic Checklist

 Imaging goals are lesion detection, determination of simple or complex morphology, and exclusion of other spinal anomalies

TERMINOLOGY

Synonyms

· Simple meningocele, simple spinal meningocele, posterior meningocele



Sagittal graphic of the lumbosacral spine shows a typical dorsal spinal meningocele sac -> protruding through the dysraphic posterior elements, with a thin isthmus A connecting to the thecal sac.























Lipomyelomeningocele In Utero to Adult Life

KEY FACTS

NEXT V

Terminology

· Lipomyelomeningocele (LMMC), lipomyelocele (LMC), spinal lipomatous malformation

Imaging

- Subcutaneous fatty mass contiguous with neural placode/lipoma through posterior dysraphism
 - · Size varies from nearly imperceptible to large
- · Posterior spinal dysraphism, enlarged canal at placode level
- Tethered, low-lying spinal cord ± meningocele inserts into lipoma through dysraphic defect

Top Differential Diagnoses

- Terminal lipoma
- · Intradural (juxtamedullary) lipoma
- · Dorsal meningocele
- · Myelocele/myelomeningocele

Pathology

- Premature disjunction of neural ectoderm from cutaneous ectoderm → induction of mesenchyme to form fat (lipoma)
- Spinal cord always tethered
- Association with vertebral segmentation anomalies, sacral dysgenesis, anorectal and genitourinary abnormalities

Clinical Issues

- Soft midline or paramedian skin-covered mass above buttocks
- · Back/leg pain, scoliosis, lower extremity paraparesis, bladder/bowel dysfunction

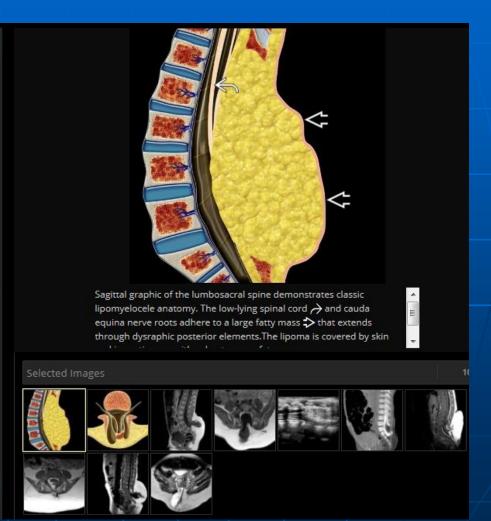
Diagnostic Checklist

 Diagnosis of postoperative retethering primarily clinical; use imaging to search for complications

TERMINOLOGY

REVIOUS NEXT ~

Abbreviations



Sacral lipomyelocoele

