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Teaching NeuroImages: Terminal myelocystocele

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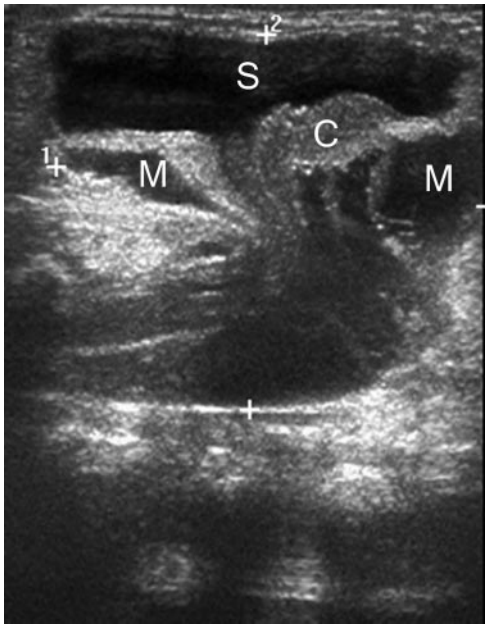
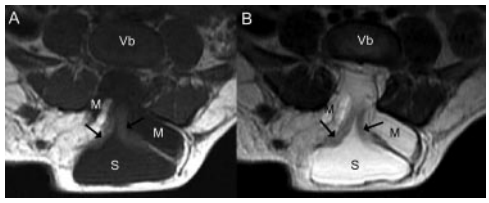
Figure 1 Sonography



Sonography of the sacral area shows a trumpetlike flaring syringocele (S) and surrounding meningoceles (M) with a deformed and displaced spinal cord (C).

A 1-day-old boy presented with a protruding nontender soft mass (8 × 7 cm) in the posterior sacral area at birth, with intact overlying skin. Sonography revealed a cystic dilation of the distal central canal surrounded by dilated subarachnoid space (figure 1). MRI confirmed the diagnosis of terminal myelocystocele by the typical finding of a trumpetlike flaring syringocele and meningoceles (figure 2).

Figure 2 MRI



Axial T1-weighted (A) and T2-weighted (B) MRI scans show a similar depiction as sonography. Arrows point to the deformed and displaced spinal cord. M = meningocele; S = syringocele; Vb = vertebral body.

Terminal myelocystocele, a rare form of occult spinal dysraphisms, is characterized by hydromyelic dilation of the distal central canal (syringocele), bulging through a posterior spina bifida and surrounded by an expanded dural sheath (meningocele).[1] Even though uncommon, it should be included in differential diagnosis of congenital sacral mass. Although ultrasound is an excellent initial screening modality, MRI is necessary to confirm the diagnosis and delineate the anatomy.[2]

REFERENCES

1. Rossi A, Cama A, Piatelli G, Ravegnani M, Biancheri R, Tortori-Donati P. Spinal dysraphism: MR imaging rationale. J Neuroradiol 2004;31:3–24.
2. Unsinn KM, Geley T, Freund MC, Gassner I. US of the spinal cord in newborns: spectrum of normal findings, variants, congenital anomalies, and acquired diseases. Radiographics 2000;20:923–938.

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