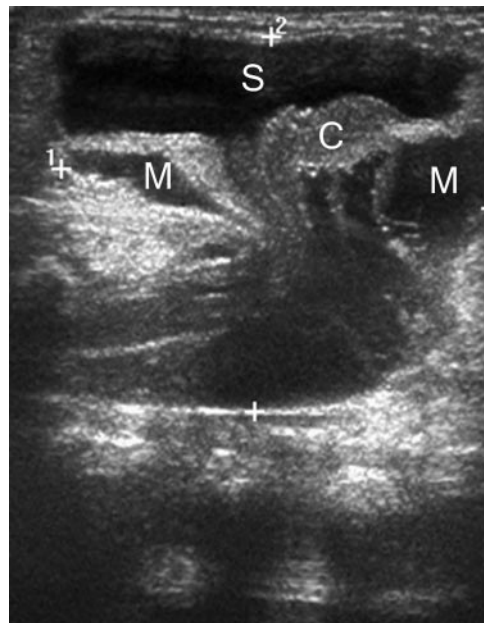


Teaching NeuroImages: Terminal myelocystocele

Bao-Hui Hung, MD
Chia-Ling Chiang, MD
Po-Ching Wang, MD
Ping-Hong Lai, MD

Address correspondence and reprint requests to Dr. Ping-Hong Lai, Faculty of National Yang-Ming University School of Medicine, Department of Radiology, Veterans General Hospital-Kaohsiung, 386 Ta-Chung First Rd., Kaohsiung, 813, Taiwan, ROC
phlai@isca.vghks.gov.tw

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 non-tender 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

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.

trumpetlike flaring syringocele and meningoceles (figure 2).

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

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From the Department of Radiology (B.-H.H., C.-L.C., P.-C.W., P.-H.W.), Kaohsiung Veterans General Hospital, Kaohsiung; and School of Medicine (P.-C.W., P.-H.L.), National Yang-Ming University, Taipei, Taiwan.

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