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Teaching NeuroImage: Presence of a Human Tail in an Infant With Spinal Dysraphism and Congenital Clubfeet

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A newborn who was diagnosed with congenital clubfeet in utero using ultrasound was born with a human tail (Figure 1A). Clinical examination revealed a pigmented stain and a pilonidal dimple above the tail (Figure 1B). No neurological dysfunction was noted, and the reflexes were intact. In view of the presence of tail/dimple, MRI of the spine was performed which showed occult spinal dysraphism, a tethered cord caused by an intradural lipoma and a hydrosyringomyelic cavity (Figure 2). The patient underwent surgery (Figure 3), to excise the intradural lipoma and human tail.

Patients with cutaneous stigmata such as a dimple, pigmented stain, skin appendage or asymmetric gluteal cleft should be investigated radiographically with ultrasound or MRI for underlying spinal cord abnormalities like spinal dysraphism and spinal cord tethering¹, even in cases without neurological symptoms. While tail position tends to correlate with underlying etiology, the cause may vary dramatically².



Demonstrating (A) 11 cm human tail located in the right paramedian sacral region and club feet as well as (B) hyperchromic stain and pilonidal dimple (arrow).

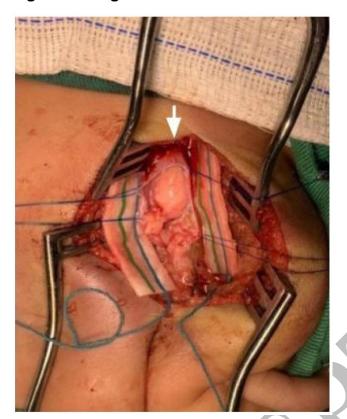


Figure 2: MRI of the lumbar spine.

Sagital T1-weighted (A) and T2-weighted with fat-sat (B) images show a terminal intraspinal lipoma (arrow) attached to the conus medullaris (arrow head). The cord is tethered at L5-S1 level. There is also a central cystic dilatation in the spinal cord (asterisk) consistent with a hydrosyringomyelic cavity. Axial T2-weighted images at S2/S3 level (C) demonstrating defect of fusion of posterior arches (arrow) and Co2/Co3 level (D) showing tubular appendage composed of subcutaneous fat tissue and covered by skin, emerging in the paramedian sacrococcygeal region, compatible with the tail (arrow).



Figure 3: Surgical excision confirms intradural lipoma (arrow).



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