

Early clinical sign and symptoms in occult spinal dysraphism: a reterospective study.

Dr. Chinmay A. Sangole
ORTHOKIDS Clinic, Ahmedabad



Introduction:

Suspicion of occult spinal dysraphism based on subtle neurocutaneous marker and atypical limb deformities can avail early diagnosis of spina bifida occulta.



- Material and methods:
 - 39 consecutive patients with subtle and atypical limb deformities from 2009 to 2019.
 - Infants were looked for sacral dimple/sinus, tuft of hair, small back mass, hyper/hypopigmentation.
 - Lumbosacral USG or MRI to find out primary spinal pathology.
 - Foot deformities: Equinovarus(10), Clubfoot(9), Vertical or oblique talus(7), Cavus(4), Small foot(9).

Discussion:

1. In total **31** diagnosed case of spina bifida occulta, **70%** foot associated with underlying spinal pathology.
2. Foot deformity with neuro- cutaneous marker considered, then the association with underlying spinal pathology was **81%**.
3. Infants less than **1 year**, USG sacrum is the first investigation of choice in neurocutaneous marker with foot derformity.

Conclusion:

1. High index of suspicion should be executed to diagnosed spina bifida occult in presence of obvious neuro- cutaneous markers.
2. It needs to detect at an early stage before irreversible progressive neurologic deficit commenced.