Early clinical sign and symptoms in occult spinal dysraphism: a retrospective 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: Equinocavovarus(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 deformity.
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.