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Case Report

Lumbar pseudo-tail associated with dermal sinus – A case report

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ABSTRACT

Background: Lumbosacral and coccygeal skin covered appendages are a rare malformation, considered human-tails.

Case report: The authors describe the case of a full term newborn girl with lumbar skin appendage and a normal neurologic examination. The magnetic resonance of the spine revealed a dermal sinus continuous with the skin appendage and with extension into to the spinal canal. Due to the infection risk, a surgery was performed on the third day of life, with dermal sinus ligation and appendage removal. At 12 months of follow-up the girl has a normal neurologic examination.

Conclusions: With the description of this case the authors aim to emphasize that although rare, lumbar skin appendages can be associated with spinal dysraphism and other lesions, requiring extensive work-up and long-term surveillance.

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Palabras clave:

Pseudocola

Pseudocola lumbar asociada a seno dérmico – Caso clínico

RESUMEN

Antecedentes: Los apéndices humanos lumbosacros y coccógeos recubiertos de piel son malformaciones raras, consideradas colas humanas.

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Seno dérmico
Disrafismo espinal
Malformación

Caso clínico: Describimos el caso de una niña recién nacida a término, con un apéndice cutáneo lumbar y con una exploración neurológica normal. La resonancia magnética lumbosacra demostró un seno dérmico contiguo al apéndice cutáneo con extensión al canal vertebral. Dado el riesgo de infección, fue operada al tercer día de vida realizándose ligación del seno dérmico y resección del apéndice cutáneo. Pasados 12 meses la niña continúa presentando un examen neurológico normal.

Conclusiones: Con la descripción de este caso los autores pretenden realzar que, aunque raros, los apéndices cutáneos lumbares suelen asociarse a disrafismos espinales. Precisan, por ello, un estudio exhaustivo y seguimiento a largo plazo.

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Introduction

Skin covered appendages of the lumbosacral and coccygeal regions are rare and considered human-tails.¹ They can be classified as true-tails or pseudo-tails.² True tails contain adipose and connective tissue as well as muscle, blood vessels and nerves, and are independent from spinal canal and spinal cord or cauda equina.² Pseudo-tails include different types of tissues and are associated with other lesions, such as lipomas, teratomas or spinal dysraphism.² Another possible marker of spinal dysraphism is a faun-tail, an abnormal lumbar hypertrichosis, usually a patch of coarse hair, triangular shaped and several centimetres long.³

Dermal sinus tracts or congenital dermal sinus are tracts lined by epithelium that extend from the skin to deeper structures.⁴ One of the proposed mechanism is that they result from incomplete separation of surface ectoderm from the neuroectoderm.⁵

Coexistence of pseudo-tail and congenital dermal sinus is exceedingly rare.⁴ Due to the diagnosis rarity and management particularities the authors describe a case of a lumbar pseudo-tail associated with a dermal sinus in a newborn.

Case report

A 3.485 kg female baby was born after 40 weeks of uncomplicated gestation. Third trimester ultrasound revealed an anaxial mass, mobile at the level of the right thigh.

On skin inspection, a lumbar skin appendage was noted, approximately 10 cm long, with a left para-median skin insertion and an irregular protrusion in its distal end, partially epithelialized (Fig. 1). The neurological examination did not reveal any deficit, especially concerning lower limbs mobility and posturing. To further characterize the malformation, a magnetic resonance imaging (MRI) of the spine, performed on the first day of life (Fig. 1), showed a dermal sinus continuous with the skin appendage, extending into the spinal canal and contacting the dura mater at S2 level; there was no tethering of the spinal cord.

Due to risk of infection the child was proposed to surgery which took place on the third day of life, under general anaesthesia, consisting of removal of the skin appendage and subcutaneous ligation of the dermal sinus (Fig. 2). The infection risk was perceived as high because there was partial necrosis of the distal end of skin appendage. Due to the young

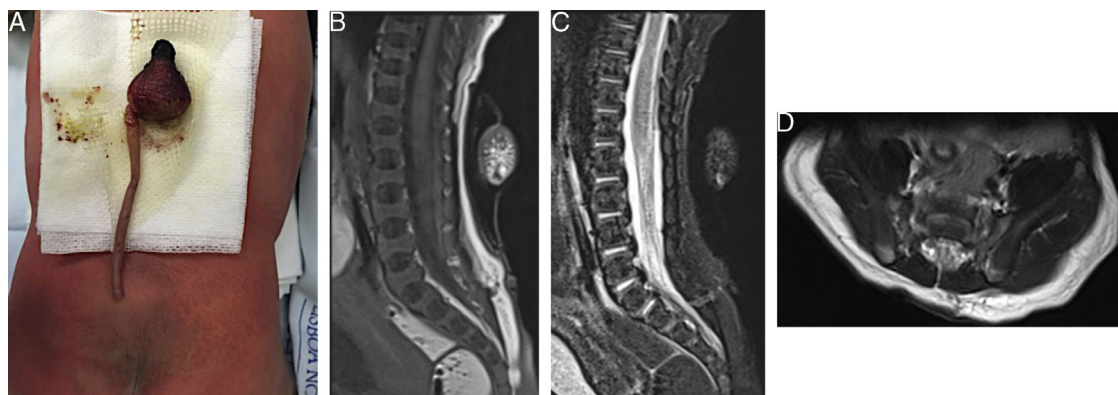


Fig. 1 – (A) Lumbar skin appendage, approximately 10 cm long, with a left paramedian skin insertion and an irregular protrusion in its distal end, partially epithelialized; **(B–D)** spine MRI (sagittal T1 and T2, axial T2) – dermal sinus contiguous with the skin appendage and with extension into the spinal canal, contacting the dura mater at S2 level.

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