CASE REPORT

AN UNUSUAL CASE OF HUGE SACCROCOCCYGEAL MENINGOCELE

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ABSTRACT: Meningocele is the least common form of spina bifida. It is most common among female fetus.¹ Meningocele has a better prognosis than meningocele since it does not contain neural element.²

INTRODUCTION: Spina bifida meningocele and myelomeningocele are among the most common birth defects, with worldwide incidence of about 1:1000² births. The meningocele also called meningeal cyst is the least common form of spina bifida. In this form vertebra develops normally, but the meninges are forced into the gaps between the vertebrae. As the nervous system remain undamaged, individuals unlikely to suffer long term health problems. Causes of meningocele include teratoma and other tumors of the sacrococcyx and of the pre sacral space and Currarino syndrome. The most common location of the malformations is the lumbar and sacral areas. The mothers who had prior spina bifida can be decreased by up to 70%³ by folic acid supplementations.

CASE REPORT: A 22yrs old lady, G2P1L1 with 38wks + 5days gestation came in active labor. The scan done at 7mnths of amenorrhea showed a single live intrauterine gestation of 27- 28wks in cephalic presentation with good cardiac activity and adequate liquor with estimated fetal weight 1.5kg corresponding to gestational age with sacrococcygeal meningocele. The fetal calvaria, spine, skin over spine, face, heart, stomach, both kidneys, bladder appeared normal.

AFI was 15cm. There was a huge mass arising from the sacrococcygeal region with few loculations measuring 9.2x6.5cm suggestive of sacrococcygeal meningocele. There were no other associated anomalies. This is the ultrasound picture showing the cystic swelling arising from lower end the spine. Her obstetric history suggested, she was married for 3yrs & it's a non-consanguineous marriage. In previous pregnancy patient had delivered an alive healthy female baby of 2.75kg at term vaginally.

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In this pregnancy patient had regular ANC in a PHC. There is no h/o taking folic acid in the first trimester. When patient had come to us at 8months of amenorrhea with the above scan report she was suggested a confirmation scan at higher center to arrive at a proper diagnosis but failed to get it done due to financial constraint. She directly came to us at term in active labor. It was a spontaneous onset labor progressed uneventfully. In the second stage of labor there was delay in the delivery of after coming buttocks which was followed by the delivery of sacrococcygeal mass.

The baby born was a female child weighing 4.04kg along with the mass. The mass alone weighed 1.04kg. On examination there was a huge thick pedunculated mass arising from the sacrococcygeal region, measuring 25 x 25cm, cystic in nature, translucency test positive, no impulse transmitted on crying. There was a discrete swelling at the level of L1 –L2 measuring 3x5cm, firm in consistency about which was not commented in the antenatal scan. The over lying skin was normal with no evidence of tuft of hair/dimpling of skin/birth mark suggestive of spina bifida occulta. Baby was moving all forelimbs. The APGAR was 10 /10 at birth.

Baby was shifted to NICU for further evaluation. Diagnosis of sacrococcygeal meningocele was made and posted for surgery after 1wk of birth.

DISCUSSION: Causes of meningocele include teratoma and other tumors of the sacrococcyx and other tumors of the sacrococcyx and of the presacral space and Currarino syndrome⁴. The most common location of the malformations is the lumbar and sacral areas. The differential diagnosis for sacrococcygeal mass is sacrococcygeal teratoma, terminal myelocystocele, meningomyelocele, meningocele, lipoma, hamartoma, lymphangioma, hemangioma, chordoma and ependyoma⁴.

CONCLUSION: Even though spina bifida meningocele is among most common birth defect, this case presenting with giant meningocele at rarest site of the spine sacrococcygeal junction. Unusually this fetus had cephalic presentation at term and delivered vaginally with minimal assistance. If the mothers are supplemented with folic acid, recurrence of spina bifida in subsequent pregnancy can be decreased by up to 70%.

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