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CLINICAL IMAGE

Hemimyelomeningocele

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A 17-month-old international adoptee presented to a neurosurgery clinic with a membrane-covered sac emanating from a lower thoracic spinal defect. The child had normal function of the right lower extremity and minimal movement of the left lower extremity with a left clubfoot. The asymmetry of findings suggested an underlying split-cord malformation, which was confirmed by spinal MRI (Fig. 1) and CT (Fig. 2). These scans showed a right hemicord (*white arrow*) separated by a bony spur (*dashed arrow*) from the left hemicord myelomeningocele (*asterisk*). Brain MRI showed typical Chiari II features.

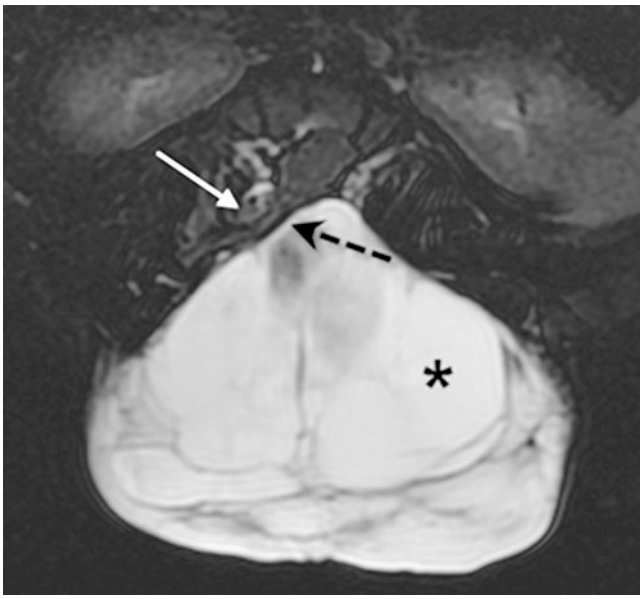

Fig. 1 Axial fat-suppressed T2-W image

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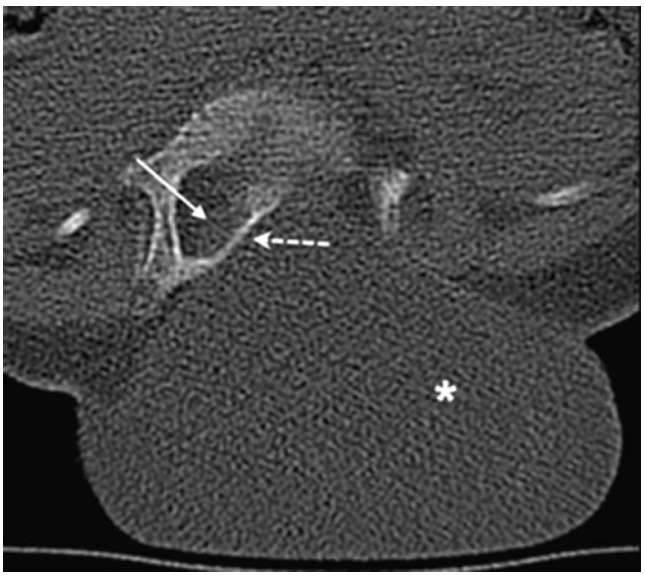

Fig. 2 Axial low-dose CT image

The split-cord malformation (or diastematomyelia) represents a sagittal cleft of the spinal cord into two hemicords that can be enclosed in single or separate dural sheaths and separated by a fibrous or osteocartilaginous septum, respectively [1]. Up to 85% have associated spinal anomalies, the most common being low-lying conus medullaris and thickened filum terminale [1]. A myelomeningocele involving one of the hemicords (i.e. hemimyelomeningocele) is seen in up to 41% of cases [2].

References

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