Cervical myelocystocele: prenatal diagnosis and therapeutical considerations

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Dear Editor:

We read with great interest the paper by Klein et al. entitled “Cervical myelocystocele: prenatal diagnosis and therapeutical considerations” [1]. The authors state that “only 15 cases so far have been reported throughout the literature.” In 2006, we reported three cases of myelocystoceles (MCC) in a series of 18 patients with cystic dysraphisms of the cervical and upper thoracic region (CDCT) [2], and our paper was not mentioned by the authors. In our report, we found it reasonable to group the lesions according to the findings inside the cyst due to the many controversies concerning how to label them properly. We also found it reasonable to group together the lesions of the cervical and upper thoracic region due the rarity of cystic dysraphisms in this topography. To summarize, we categorized these lesions into type 1 (stalks connecting the dorsal aspect of the cord to the walls of a meningocele), type 2 (MCC), and type 3 (true meningoceles).

We considered as MCC only those lesions in which a totally or partially ependymal-lined cyst continuous with a distended central canal were found inside a meningocele. These lesions correspond to Rossi's group B [3]. Although stalks and MCC may share a common embryogenesis as proposed by Steinbok and Cochrane [4], in our judgment, neuroglial stalks are not MCC. While in MCC the sac is lined by ependyma, stalks are composed of glioneural

elements, blood vessels, meningoepithelial cells, and sometimes, only of fibroconnective tissue and blood vessels [2, 4, 5]. Therefore, if stalks (Rossi's group A) were to be considered as MCC, our casuistic would certainly be much more expressive. The different characteristics of these lesions illustrate how difficult it is to label the several forms of CDCT. The nomenclature remains confused and, in some cases, inadequate.

Finally, we would like to stress that, although with less details, previous cases of prenatal diagnosis of CDCT were reported [2, 3, 6, 7] and, whatever the image findings, the most important is to be aware that these lesions need to be distinguished from myelomeningocele, especially in countries where termination of pregnancy is allowed.

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