Not just a capillary hemangioma

Mehmet Kenan Kanburoglu

Ankara, Turkey

A four-day-old female infant with jaundice was admitted to our hospital. On her examination, a capillary hemangioma with a pigmented nevus and a Mongolian spot was noticed (Fig. 1). Ultrasound examination revealed spinal dysraphism at L2, L3 and L4 vertebrae (Fig. 2).

Spina bifida results from incomplete fusion of vertebral arches and manifests in various degrees of severity. Occult spinal dysraphism, however, can be suspected in the asymptomatic neonate when cutaneous stigmata, such as hemangiomas, lipomas, hairy patches, pigmented nevi or subcutaneous masses are seen over the lumbosacral spine.^[1] Two or more congenital midline skin lesions are considered as the strongest markers of occult spinal dysraphism.^[2] The present case shows that such simple lesions should be taken seriously if they occur simultaneously. On the other hand, Mongolian spots, sacral pits and dimples do not indicate a high risk of occult spinal dysraphism.^[1]

Clinical examination should focus on neurological

Fig. 1. A capillary hemangioma and a pigmented nevus over the lumbar area.

Fig. 2. A: At the level of L1, normal sonographic appearance; B: At the level of L2, arrow indicates the fusion defect of the posterior vertebral arches.

symptoms, urological disturbances and orthopedic deformities. Early diagnosis of occult defects can allow appropriate surgical intervention and prevent neurological deficits.

Funding: None.

Ethical approval: Written informed consent was obtained from the patient for publication of this case report and the accompanying images.

Competing interest: No conflict of interest.

Contributors: Kanburoğlu MK proposed the study, wrote the first draft, and contributed to the design and interpretation of the study and to further drafts.

Author Affiliations: Department of Pediatrics, Division of Neonatology, Dr. Nafiz Korez Sincan Governmental Hospital, Ankara, Turkey (Kanburoglu MK)

Corresponding Author: Mehmet Kenan Kanburoğlu, MD, Department of Pediatrics, Division of Neonatology, Dr. Nafiz Korez Sincan Governmental Hospital, 12. Cadde, Sincan, 06940 Ankara, Turkey (Tel: +9053 26685916; Fax: +9031 22726240; Email: M.Kanburoglu@saglik.gov.tr, madduckk@gmail.com)

doi: 10.1007/s12519-015-0050-2

Online First November 2015

©Children's Hospital, Zhejiang University School of Medicine, China and Springer-Verlag Berlin Heidelberg 2015. All rights reserved.

References

- 1 Gibson PJ, Britton J, Hall DM, Hill CR. Lumbosacral skin markers and identification of occult spinal dysraphism in neonates. *Acta Paediatr* 1995;84:208-209.
- 2 Guggisberg D, Hadj-Rabia S, Viney C, Bodemer C, Brunelle F, Zerah M, et al. Skin markers of occult spinal dysraphism in children: a review of 54 cases. *Arch Dermatol* 2004;140:1109-1115.

Received August 30, 2014

Accepted after revision November 5, 2014