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Case Report

A Case of Congenital Lumbo-sacral Meningocele Operated in a Mother of Two Kids!

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Abstract

25-year-old lady a mother of two kids diagnosed to have a congenital huge meningocele and underwent successful surgery of excision and repair. She is presented with a long history since birth of back swelling at the lumbosacral area without any associated significant neurological symptoms. The wondering was how she is passed all this age period without complaining or seeking medical advice, and the answer was because of her mother and her concept about such anomaly and she was constantly preventing her from any medical advice regarding this back swelling and what helped in that the patient had no any symptoms developed rather than the swelling itself. We presenting this case as a delayed presentation of meningocele in adult which is considered as rare event mentioned in the literature and the underlying cause behind that is revealed. The message to deliver here is that patients traditions and believes toward certain diseases especially the congenital may affect their interest in seeking medical advice especially with the disease of subtle natural history. Regardless the time of presentation; such cases should undergo formal assessment and management plan as used.

Keywords: Lumbo Sacral Meningocele; Adult Meningocele; Delayed Presentation

Introduction

Meningocele is a type of congenital disorder called spinal dysraphism which represents the incomplete fusion of the neural arch of the neural tube seen during the early life of embryogenesis and commonly known as neural tube defect (NTD) [1]. It can be classified based on the degree of severity into occult and open type. Meningocele is considered with the open type and it is the simplest form [2]. It represents a cystic dilatation covered with skin and meninges and contains only CSF without neural tissue and so most clinical presentation is devoid of significant neurological disorder and seen mostly as back swelling.

Meningocele natural course is rarely discussed and they commonly seen during the early childhood [1]. Reporting of meningocele that seen in the adulthood is not common in the literature and there are few cases have been documented. Our case is a typical case of congenital meningocele but presented as a delayed case in the adulthood with the cause has been revealed behind this delayed presentation.

Materials and Methods

It is a case report.

Results and Discussion

neural tube defect is commonly seen in early childhood and usually they presented as back swelling with varying combinations of pain, neurological deficits and bowel and bladder dysfunction. This is referred as tethered cord syndrome. Adult meningocoele

is very rare cause of tethered cord syndrome [3]. The degree of traction of the conus is thought to determine the age of onset of symptoms in cases of marked tethering and severe stretching of the conus, neurological symptoms appear in infancy or early childhood [2]. Our case is seen free from such symptoms of tethered cord or any other neurological symptoms and she is only presented with back swelling. The interesting about our case is that the patient got married and gave birth for two children without any associated complications and she mentioned that her mother was the cause behind the delayed presentation. Her mother refused to seek medical advice for her during her early childhood due to traditions and believes she kept in her mind about such congenital disorder. After the patient passed the childhood and became adult her mother still stopping her from seeking medical advice pretending that she will not forgive her if she did so; till she got married and has two kids. Recently she got the courage and with support of other family members she thought the medical advice to our discipline and she has been assessed and investigated accordingly (MRI brain, RI lumbo-sacral, CT lumbo-sacral Figure 1-2-3) like the childhood cases and she is finally convinced to do the surgery for excision and she passed successfully through it with total excision done. the huge sac is found devoided of neural tissue and only contains CSF and no tethered cord found (Figure 7-8).

Figure 1: MRI lumbo-sacral T2 weighted image sagittal cut shows the swelling and its relation to the bony defect in the spinal column.

Figure 2: MRI lumbo-sacral T2 weighted image axial cut of the lesion shows the cystic fluid nature of the swelling.

Figure 3: CT lumbo-sacral sagittal cut shows the sac and the bony defect in the spinal column.

Figure 4: Brilliant trans illumination test result of the sac featuring the clear fluid nature of the sac content.

Figure 5: Showing the sac covered by the meninges after the dissection of the skin off.

Figure 6: The sac before opening and draining of the CSF. Notice how big is the sac.

Figure 7: Draining of CSF content of the sac.

Figure 8: Inside of the sac after the CSF drained. Noticed no neural tissue only small defect seen. The whitish layer represents the dura.

Figure 9: Photo of the final skin closure.

Conclusion

Sometimes people`s traditions, believes and religion can affect their decision to seek medical advice for certain diseases especially the congenital conditions. Our case is an example of such effect which led to this delayed presentation. Regardless the time of presentation; such congenital conditions that may presented late in adulthood should be assessed and treated in the same way like when it presents in early life.

Acknowledgement

No.

Conflict of Interest

No.

Bibliography

1. Gok HB., *et al*. "Clinical course and evaluation of meningocele lesion in adulthood: A case report". *Neuroanatomy* 4 (2005): 52-54.

2. Ramdasi RV., *et al*. "Congenital meningocoele presenting in an adult". *Journal of Craniovertebral Junction and Spine* 5.3 (2014): 134-136.

3. Iskandar BJ., *et al*. "Congenital tethered spinal cord syndrome in adults". *Journal of Neurosurgery* 88 (1998): 958-961.