A case of cervical meningocele
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Objective
Cervical meningocele is a very rare condition, accounting for 1–3% of all neural tube defects. Unlike lumbosacral dysraphic lesions, there is often no neurological deficit in infants with cervical lesions.

Methods
We report a case of cervical meningocele that was isolated and with good prognosis.

Results
A 30-year-old primigravid woman was referred at 23 weeks of gestation with a diagnosis of encephalocele. She did not have any complaint and her past medical history was unremarkable. There was no history of genetic disorders or structural anomalies noted in the family history of the both parents. A detailed abdominal 2D ultrasonography (USG) (Voluson E8, GE Healthcare, USA) was performed to verify the presence of the lesion and research for associated anomalies. The USG showed a posterior homogeneous cervical cystic mass (20×21 mm; Figure 1). No other abnormalities were noted. Fetal karyotype was normal. Fetal magnetic resonance imaging (MRI) further demonstrated that the fluid-filled septated lesion with the size of 24×22×5×20 mm was localized under the skin, compatible with a cervical meningocele. There was no relationship between intracranial structures (Figure 2). Prenatal counseling was given and the parents were decided to continue the pregnancy. The mother and fetus were followed up closely by us. Fetal surveillance was assessed with serial ultrasonography and cardiotocography. The pregnancy was uneventful. Growth parameters were normal, including head circumference. The mother was admitted to our emergency unit for bleeding and pain at 38th weeks of gestation. A live baby boy weighing 3310 g was delivered by cesarean section. The neonate was noted to have a 5x4cm midline purplish soft tissue mass in the posterior midcervical region with dystrophic skin. (Figure 3). Neurological examination was unremarkable at birth. There was no sign of cerebrospinal fluid leakage. After delivery, brain MRI revealed no hydrocephalus or other anomaly. The baby was operated at 10 days of her life. There was no cerebral or cerebellar tissue in the herniated sac. The sac was transected. The patient recovered and is doing well.

Conclusion
Meningocele is a protrusion of the meninges through a dilated intervertebral foramen or bone defect and usually occurs in the thoracic region. Cervical meningocele is seen rarely. Unlike low thoracic and lumbosacral myelomeningoceles, these malformations are epithelized and the neurological impairment is usually absent. If there is not any brain tissue in the sac, intracranial structures looks normal, BPD normal and fetal karyotype normal, fetal outcomes favorable.