A case of fetal lipomyelomeningocele
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Objective
Spinal cord malformations are collectively named spinal dysraphisms. Spinal dysraphisms are categorized into open spinal dysraphisms (OSDs), in which there is exposure of abnormal nervous tissues through a skin defect, and closed spinal dysraphisms (CSDs), in which there is complete skin coverage of the underlying malformation.

Methods
Occult dysraphic lesions consist of a more heterogeneous spectrum of abnormalities, including dermal sinus, lipomyelomeningocele, diastematomyelia, and various types of spinal lipomas. Unlike their open counterparts, these closed neurulation defects do not have any accompanying cranial findings, resulting in challenging prenatal diagnosis.

Results
A 32 year old gravida 2 para 1 Turkish woman was seen in our clinic at 20 weeks. There was no significant past medical history, except for the disuse of folic acid. Her first trimester screening test was normal. Second trimester AFP (MoMs) measurement was also normal. Routine obstetric ultrasonography at 20 weeks showed lipomyelomeningocele. The common cranial findings of spina bifida were not detected on ultrasound.

Conclusion
Most spinal dysraphisms are associated with Arnold-Chiari malformation and have an abnormal sonographic appearance of the fetal head. In cases such as lipomyelomeningocele, the intracranial contents are usually normal. Therefore, to detect these anomalies, it is important not only to scan the fetal head but also to ensure a complete assessment of the fetal spine, especially in the lumbosacral region.