Objective
LDM is a distinct form of spinal dysraphism characterized by two important features: a focal “closed” midline defect and a fibroneural stalk that connects the skin lesion to the underlying cord. The embryogenesis is incomplete disjunction between cutaneous and neural ectoderms - allowing persistence of a physical connection between the disjunction site and the dorsal neural tube. We aimed to describe the prenatal features of LDM and its perinatal outcome in contradistinction with meningomyelocele (MMC).

Methods
Review of case records from January 2017 to June 2021 of all fetuses examined at The Fetal Clinic, Pondicherry. A lesion was described as s-LDM if the following criteria were met: 1. Fluid filled saccular lesion in the midline of the back overlying dysraphic spine 2. Echogenic stalk connecting the saccular lesion to the cord. Posterior fossa abnormalities (Chiari II malformation) were not required for the diagnosis or exclusion.

Results
Twelve cases of LDM were identified - 3 cervical, 6 sacral, 3 lumbosacral and all were saccular type. Fibroneural stalk was present in all cases. In four patients (1 cervical, 3 lumbosacral) postnatal surgery resulted in normal neurological outcome. “Detethering of spinal cord with reconstruction of thecal sac” was the surgery performed in these four cases. Five pregnancies were terminated. Three were lost to follow up. Normal intracranial anatomy was noted in 9 cases. Two were associated with Chiari II malformation (both terminated), one case with bilateral mild ventriculomegaly (operated postnataally, required V-P shunt additionally). One case had underlying filum terminale lipoma. Low placed conus was seen in nine cases.

Conclusion
The unique sonographic features of s-LDM makes it feasible for a definitive prenatal diagnosis. It is important to differentiate LDM from MMC since the prenatal management and postnatal outcome are vastly different: fetal surgery is not indicated in LDM since the postnatal surgical outcome is good.