Accessory digit and rudimentary male external genitalia associated with spinal dysraphism: A rare case of dysraphic appendages

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A 1-year-old male child, born by normal vaginal delivery, was brought to us with a dorsal midline mass without associated neurological deficits. On examination, the child had a dorsal midline mass in the thoracolumbar region. The mass had a digit and rudimentary male genitalia (scrotum and penis) attached to it [Figure 1a and b]. The digit was normal in appearance [arrowhead in Figure 1a and b] and was attached to the right lateral aspect of the mass. The rudimentary scrotum [* in Figure 1a and b] and penis [arrow in Figure 1a and b] were attached to the cranial aspect of the mass. Both, the digit and the male genitalia, had grown with the growth of the child. The child was...
moving bilateral lower limbs well and rest of the physical examination was normal.

Spinal magnetic resonance imaging (MRI) [Figure 1c-e] and computed tomography (CT) scan [Figure 1f and g] revealed lipomeningomyelocele sac in the thoracolumbar region [Figure 1c] with neural tissue entering into the sac [Figure 1d], type I split cord malformation at T10-11 level [Figure 1c, e-g], long segment syrinx involving the thoracic cord [Figure 1c], multiple vertebral bony anomalies, and Chiari malformation [white arrow in Figure 1c].

Very few cases of accessory digits and male external genitalia, in association with dorsal midline mass in a patient with spinal dysraphism, have been described in the literature.\[^{1-6}\]

Accessory appendages associated with spinal dysraphism have been variously classified in the literature as mature teratomas,\[^{1}\] hamartomas,\[^{2}\] rudimentary parasitic/conjoint twin (rachipagus),\[^{3}\] and disorganization-like syndrome.\[^{4}\] However, the term “dysraphic appendages,” first described by Humphreys and Manwaring\[^{5}\] and later used by Krishna and Lal\[^{6}\] is more accurate in describing this entity.

REFERENCES


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