Atypical Myelomeningocele with  
Associated Anomalies  
Case Report  

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The occurrence of a large skin-covered lumbar mass in a newborn presents a challenge in diagnosis and management. Such possibilities as dermoid, teratoma, myelomeningocele, and others must be considered. We have recently encountered a case of myelomeningocele with associated anomalies which proved to be quite bizarre.

Case Report  
The patient was a 1-day-old white girl, born of a full-term pregnancy to a 36-year-old mother, gravida V, para V, via elective caesarean section which was carried out for suspected, but unverified, placenta previa. The prenatal and family histories were normal.

Examination. Physical examination revealed an alert, well-nourished, well-developed infant with a large pedunculated skin-covered lumbar mass (Fig. 1). Firm elements were palpable. A midline dimple, with what appeared to be the outlet of a dermal sinus tract, was visible just inferior to the mass. The patient moved her legs minimally in response to pinprick. Her hips were flexed. There was no clonus and reflexes were symmetrically depressed. There was a questionable sensory level at mid-abdomen, anteriorly. X-rays of the lumbar spine showed widening of the lumbar canal and a large soft-tissue mass overlying the lumbosacral region (Fig. 2).

Operation. At the age of 3 days, a midline incision was made from the lower thoracic region to the mid-sacral area, bisecting the well-covered mass. The lower end of the incision stopped just cephalad to the midline dimple. The subcutaneous tissue was found to contain a mass of fat, of granular consistency. This was separated from the overlying skin; the dome of the mass was quite firm.

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The velvety plate beneath it was composed of chondroblastic tissue, differentiating into cartilage. Histopathologically the findings were consistent with a diagnosis of myelomeningocele.

**Postoperative Course.** The course was remarkable in that the child did not develop hydrocephalus. Although the poor sphincter tone has persisted, there has been improvement in neurological status with hip, thigh, leg, and foot movements occurring both in response to painful stimulation, and spontaneously.

**Discussion**

The association of myelomeningocele with other abnormalities is well recognized. Abnormal lipomatous tissue in the region of the meningocele, hydrocephalus, diplomyelia, abnormalities in the posterior fossa such as the Arnold-Chiari malformation, and varying degrees of spina bifida are encountered. A number of unusual and interesting cases were found in the literature, but we were seldom able to find a case of myelomeningocele as bizarre as this one. A more descriptive name for the mass we found would be the cumbersome angio-chondro-lipo-mye- lomeningocele in association with spina bifida, diplomyelia, and dermal sinus tract.

The major differential diagnoses included teratoma, dermoid, and perhaps an ectopic twin. No hair, sebaceous glands, nor skin tissue were found within the mass. The similarity of the cartilage to a piece of ectopic pelvis was considered. However, the pelvis normally develops in sections.

The possibility of a teratoma was considered. Several reported cases of teratoma

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**Fig. 2.** Anteroposterior view showing widened lumbar spinal canal and overlying mass.

**Fig. 3.** Left: Cartilaginous plate in dome of mass. Right: Cartilage plate dissected free.