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

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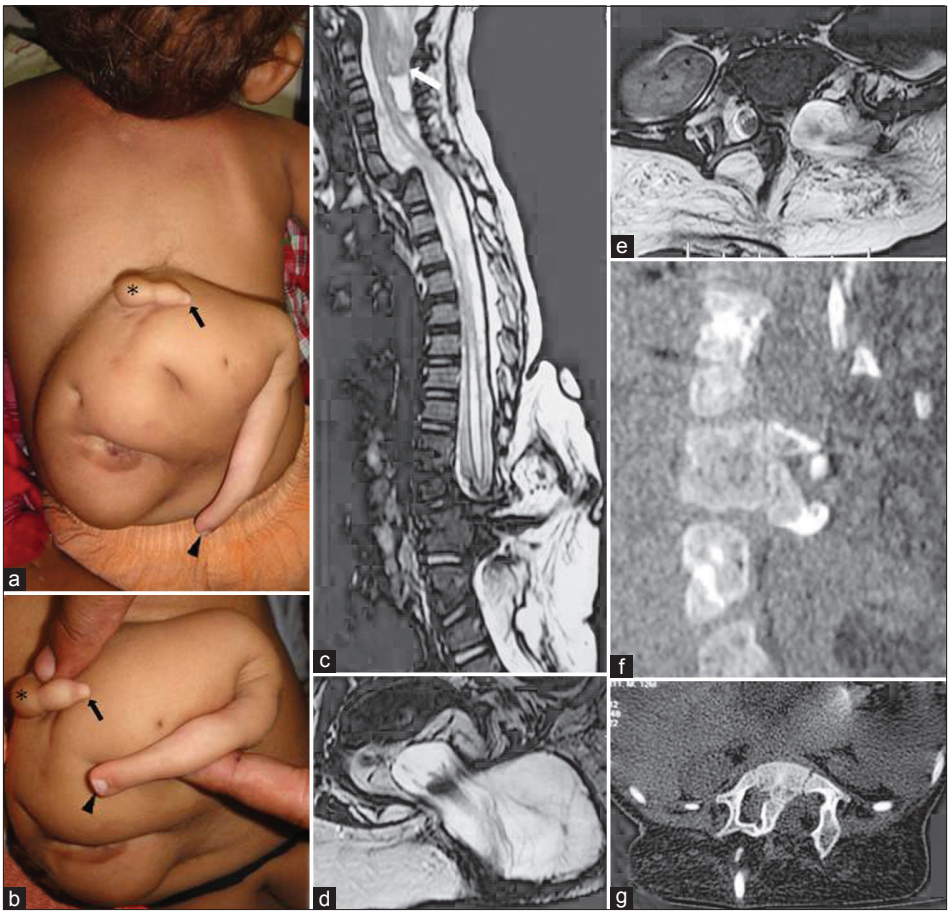

Figure 1: (a and b) A child with midline dorsal mass (arrows) with attached rudimentary genitalia and (arrowheads) finger; (c) spinal MRI and CT scan revealed lipomeningomyelocele sac in the thoracolumbar region; (d) with neural tissue entering into the sac; (c, e-g) type I split cord malformation at T10-11 level; (c) long-segment syrinx involving the thoracic cord (white arrow in c); multiple vertebral bony anomalies, and Chiari malformation

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

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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.

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