

Not just a capillary hemangioma

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A four-day-old female infant with jaundice was admitted to our hospital. On her examination, a capillary hemangioma with a pigmented nevus and a Mongolian spot was noticed (Fig. 1). Ultrasound examination revealed spinal dysraphism at L2, L3 and L4 vertebrae (Fig. 2).

Spina bifida results from incomplete fusion of vertebral arches and manifests in various degrees of severity. Occult spinal dysraphism, however, can be suspected in the asymptomatic neonate when cutaneous stigmata, such as hemangiomas, lipomas, hairy patches, pigmented nevi or subcutaneous masses are seen over the lumbosacral spine.^[1] Two or more congenital midline skin lesions are considered as the strongest markers of occult spinal dysraphism.^[2] The present case shows that such simple lesions should be taken seriously if they occur simultaneously. On the other hand, Mongolian spots, sacral pits and dimples do not indicate a high risk of occult spinal dysraphism.^[1]

Clinical examination should focus on neurological



Fig. 1. A capillary hemangioma and a pigmented nevus over the lumbar area.

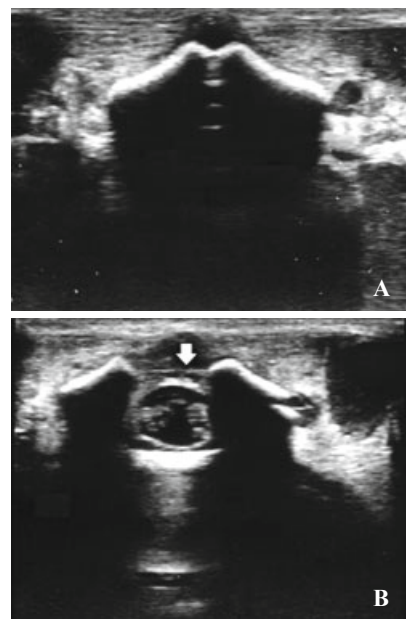


Fig. 2. A: At the level of L1, normal sonographic appearance; B: At the level of L2, arrow indicates the fusion defect of the posterior vertebral arches.

symptoms, urological disturbances and orthopedic deformities. Early diagnosis of occult defects can allow appropriate surgical intervention and prevent neurological deficits.

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