DIASTEMATOMYELIA

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From 1992 to 1994, 3 patients with diastematomyelia were treated. This anomaly is very rare and characterized by a duplication of the spinal cord with a band or a spur, which is attached to the corpus of the vertebra. Because of the difference between the growth rates of the bony vertebral canal and the spinal cord, in the neurologic sings appear and become serious.

The surgical treatment must be done as soon as the diagnosis is made. We've done laminectomy, posterior

Diastematomyelia is a congenital of the spine in which there is a saggital division of the spinal cord or cauda equina at one or more vertebral levels. This division of the spinal cord is physically associated with an osseous, cartilaginous, or fibrous spur or septum that originates from the vertebral body and can extended to the posterior elements (3).

The cleft may be short or very long. Diastematomyelia occurs mostly in females (80 percent overall; up to 94 percent in some series). In most patient, cutaneous nevi and especially large patches of silky hair overlie the site of the diastematomyelia (A5, 2).

The diastematomyelia nearly always is accomponied by a congenital curvature of the spine (9). The genesis of diastematomyelia is not known. Theroies center on (1) primary abnormalities in the extraneural tissue, causing secondary splitting of the cord, and (2) primary abnormalities of the neural tissue, inducing secondary changes in the surrounding bone and soft tissue scoliosis and kyphosis are present in 50 to 60% of cases of diastematomyelia and are directly related to the segmentation anomalies (4). Computed Tomograpy scans are helpful to define osseous spurs within the spinal canal.

MATERIALS AND METHODS

We would like to present three cases in this study.

Case 1. He was 11 years old a boy. His complaints were asymetry of his neck and left thoracic scoliosis. He has no neurologic deficit, but his Thomas Test positive and Trandelenburg positive. CT scanning was performed after plain roentgenograms. Thoracal scoliosis level is at the T2, T3; Skin lesion is hair patch and bone anomaly is hemivertebra.

Operation method is decompretion, laminectomy and posterior fusion. Risser cast was performed after operation.

Case 2. She was 5 years old a girl. Mainly complaint was left scoliosis. She had no neurologic deficit and limb problem. CT scanning result was T6, T7 diastematomyelia. Skin was intact and bone anomaly was unsegmented bar. Operation method is spicul excision and posterior fusion. Risser cast was applied for 4 months.

Case 3. She was 11 years old a girl. Her family complaint was scoliosis. Clinical examination and plain roentgenograms has noted a diastematomyelia CT scanning report was a spicul formation from T5 to L11 and She had no neurologic problem. Septum excision on T9 and Harrington instrumentation and fusion was performed from T5 to L1.

DISCUSSION

A diastematomyelia may be asymptomatic and discovered incidentally during roentgenographic signs of a diastematomyelia almost always include a widened interpediculer distance and, occasionaly, an osseous spur in the midline of the vertebra or vertebrae (1, 2, 5, 8).

Congenital scoliosis, cutaneous lesions and musculoskeletal anomalies are commonly found with this condition (2, 8).

Winter et all; says that approximately 5 per cent of patients who had congenital scoliosis had a diastematomyelia (8).

Miller et all; recommended that resection of there spur should be performed in patients who have progressive neurological manifestations (6).

Winter et all, advocate that a patient with congenital scoliosis with widening of the interpedicular dis-

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tance and with a neurological deficit or a foot deformity should be explored for a spinal dysraphism even though the myelogram is negative (9).

The patients who have skin lesions and congenital scoliosis should be evaluated for the presence of diastematomyelia. The patient who haea nonprogresive neurological manifestations at the time of presentation should bb observed. On the other hand the patients who have neurological manifestations should have resection of the spur.

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