



## A new born with a tail

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### Clinical Image

#### Description

A female infant was born as the fourth child of non consanguineous parents. The neonate had been born by vaginal delivery with poorly controlled pregnancy. The mother started taking folic acid and iodine the last month of gestation. Antenatal ultrasound didn't show abnormalities. There was no history of congenital anomalies in any of the family members.

On the first examination, the neonate was observed to have a 4 cm long shaped tissue appendage, fleshy, arising and hanging down from the midsacral region, completely covered by skin and had no spontaneous movement (Figure 1). The neonate had active movement in both lower limbs, plantar reflex and osteotendinous reflexes were bilateral and symmetrically and anal muscle tone was normal. The examination did not reveal other anomalies.

Magnetic Resonance Imaging (MRI) of the spine showed evidence of spinal dysraphism with extension of the appendage into the spinal canal and spinal cord tethering, ending at the L3 associated with a lipoma of the filum terminale (Figure 2). Surgical removal had been recommended and is still pending.

The presence of cutaneous midline congenital lesions in the lumbosacral region may indicate the presence of occult spinal dysraphism. Human tails may be associated with other developmental and non-developmental conditions like spinal dysraphisms, spina bifida, tethered cord, coccygeal vertebrae, syndactyly, and lipomas. The human tail is a rare congenital anomaly resulting in skin-covered protrusions in the lumbosacral and coccygeal region. A true human tail is a distal skin-covered boneless midline protrusion, composed of a core

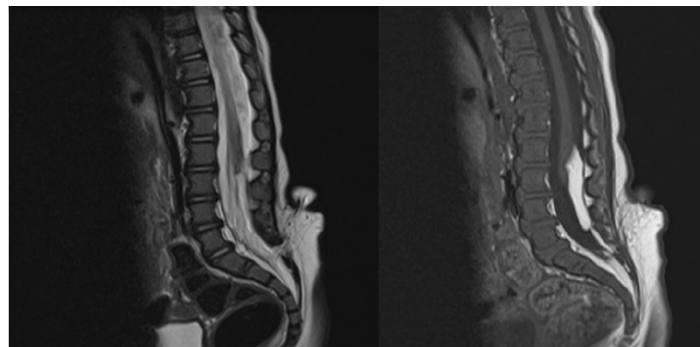


of striated muscle, adipose and connective tissue and containing blood vessels, nerve fibres, ganglion cells with out any connection to the spinal canal. Pseudo-tails are caused by various diseases thatpre sent with lumbosacral coccygeal protrusion and only bear superficial similarity to true tails.

The distinction between the two entities it's important and it concerns about the prognosis and the best managements strategies.



**Figure 1:** Image of the tail at the birth and 8 months later.



**Figure 2:** MRI showing evidence of spinal dysraphism with extension of the appendage into the spinal canal.