Spina Bifida (spinal dysraphism)

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Spina Bifida •What is it? •What causes it? •How can it be prevented? •How can it be managed? Social impact Further information

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"Split Spine" caused by incomplete closure of the neural tube, usually in the lumbar or sacral region



-Worldwide incidence is 1-2 cases in 1000 births

- -US incidence is 0.7 per 1000 live births
- -East coast higher than West coast
- -Slightly higher incidence in Caucasian population

-Irish immigrants also have a higher risk

-Seen more in children born in late summer and early fall

Anatomy review





http://www.fpnotebook.com/LumbarSpineAnatomyVertebra.gif

http://thespine.net/articles/lumbardecompression_files/image001.gif

Anatomy review



Several classifications that vary in severity depending on location and extent of opening

Spina bifida occulta Spina bifida cystica meningocele myelomenigocele Spina bifida ventralis

Spina bifida occulta – "hidden"

The bony vertebra is open, but the spine is within the spinal canal
The skin may have a lipoma (small benign fatty tumor), some discoloration (birthmark), or a small tuft of hair overlying the spinal defect

- Most patients with spina bifida occulta do not know they have it

- There may be tethering of the spinal cord



Spina bifida occulta – tethered spinal cord

-Often occurs later in life

- Caused by limitations of movement of the spinal cord within the spinal column

- Patients often have low back pain, weakness in the legs, and/or incontinence depending on the site of tethering



http://www.uwhealth.org/images /ewebeditpro2/upload/6144_Fig ure_1.jpg

Spina bifida cystica – meningocele

-The bony vertebra is open, part of the meninges is protruding out of the spinal canal

- Since the spinal cord is not protruding, there is often normal function

- Some cases of tethering have been reported



Spina bifida cystica – myelomeningocele

-The bony vertebra is open, part of the meninges and part or all of the spinal cord is protruding out of the spinal canal

- Since the spinal cord is protruding, it is often not fully developed
- Involved nerve roots are often not developed resulting in weakness,

pain, and/or paralysis



Spina bifida cystica – myelomeningocele

Arnold Chiara malformation II is often associated with myelomeningocele and occurs when the cerebellum is forced downward
This can result in life-threatening situations because the build-up of cerebrospinal fluid can cause pressure on the brain
Patients with Arnold Chiari malformations often require placement of a shunt to drain the excess fluid



http://www.thefetus.net/images/article-images/central nervous system/arnold chiari files/image001.jpg

Spina bifida ventralis – anterior opening

 Much less common than other forms of spina bifida
 Meningeal sac will protrude into the retroperitoneal space and impinge on retroperitoneal organs such as the duodenum, ascending/descending colon, kidneys, adrenal glands, pancreas, aorta, and inferior vena cava



http://myweb.lsbu.ac.uk/dirt/museum/margaret/871-3398-2082230.jpg

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What causes spina bifida?

The exact cause of spina bifida is unknown
All research to date has indicated both a genetic and environmental influence
The developmental process that results in spina bifida is well studied





Lin, J.-P. J Neurol Neurosurg Psychiatry 2003;74:23i-29i

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What causes spina bifida?





Developmental Biology – 6th ed.



Stages in the closure of a xenopus neural tube

Video Views and Reviews: Neurulation and the Fashioning of the Vertebrate Central Nervous System Christopher Watters

What causes spina bifida?

What would prevent the neural tubes from closing properly?

Folate seems to play a large role in the closing of the neural tube – but it is unknown exactly how folate works in this process.

Folate influence was discovered by the increased incidence in spina bifida seen in Irish babies born in late summer and early fall. The lack of leafy green vegetables caused the mother to have low levels of folate during conception.

Genetics also play a role in the development of spina bifida.

- Mothers with one child with spina bifida have an increased risk of additional children having spina bifida

- Studies with folate-resistant mice

What causes spina bifida?

Valproic acid (Depakote) -Oral medication used to treat seizures/convulsions, migraines, and bipolar disorder

Mechanism of action – thought to increase
 GABA levels in the brain

 Pregnant women taking Valproic acid have an increased risk of having children with spina bifida



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Education Folate intake

Education

-Neural tube begins to close at day 22 after conception

Neural tube is usually fully closed by day
28 after conception



Folate intake

-Recommended that women of child-bearing age take 400 micrograms of folate per day

-Pregnant women should take 600 micrograms of folate per day

-Women with a previous child with spina bifida should take 4000 micrograms of folate per day

- Folate can decrease the risk of spina bifida by up to 75%

How can spina bifida be

prevented?

Sources of folate

- Vegetables and grains
- Many foods are now enriched with folate
- Most multi-vitamins contain folate

- Some vitamins are specifically formulated for women



Nutrition Facts

Serving Size 1 cup (228g) Servings Per Container 2

Amount Per Serving		
Calories 250	Calories from Fat 110	
Sand Thinks	% Daily Value*	
Total Fat 12g	18%	
Saturated Fat 3g	15%	
Cholesterol 30mg	10%	
Sodium 470mg	20%	
Total Carbohydrate	31g 10%	
Dietary Fiber 0g	0%	
Sugar 5g		
Protein 5g		
Vitamin A	4%	
Vitamin C	2%	
Calcium	20%	
Iron	4%	
Folate	30%	

* Percent Daily Values are based on a 2,000 calorie diet. Your Daily Values may be higher or lower depending on your calorie needs:

	Calories:	2,000	2,500
Total Fat	Less than	65 g	80g
Sat Fat	Less than	20g	25g
Cholesterol	Less than	30mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrates		300g	375g
Dietary Fiber	-	25g	30g

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Treatment for spina bifida depends on the extent of spinal cord involvement

 Spina bifida occulta usually requires no treatment unless pain from tethering develops

- Meningocele usually requires removal and early management of the cyst

- Myelomeningocele usually requires the most extensive treatment, but treatment is variable

Lesion Level

Spinal-related disability

Above L3 Complete paraplegia and dermatomal paraanesthesia, Bladder incontinence, Nonambulatory

L4 and below Same as for above L3 except preservation of hip flexors, hip adductors, knee extensors; Ambulatory with aids, bracing orthopedic surgery

S1 and below

S3 and below

Same as for L4 and below except preservation of feet dorsiflexors, and partial preservation of hip extensors and knee flexors; Ambulatory with minimal aids

Normal lower extremity motor function; Saddle anesthesia; Variable bladder-rectal incontinence

- DetectionAntibiotics
- Surgery



- Careful observation
- Physical therapy

How can spina bifida be managed? -Detection -Triple screening -Maternal blood test for α -fetoprotein -Ultrasound for bone defects -Amniocentesis - α -fetoprotein is elevated in 75-80% of cases of spina bifida (myelomeningocele)

Amniocentesis – using a needle to collect amniotic fluid



How can spina bifida be managed? -Antibiotics - In some cases the spinal cord is exposed to the environment - Antibiotics are essential in preventing infection of the CNS

-Surgery

- In some cases the spinal cord is exposed to the environment or tethered - Surgery is performed in order to cover the spinal cord with muscle and skin or to untether the spinal cord - in utero surgery has also become a viable option for some cases







- Careful Observation

- Children with myelomeningocele often have hydrocephalus (blockage of CSF)

Children may present with paralysis,
blindness, MR, inability to speak, convulsions
Any changes in mental status or behavior
should be quickly brought to the attention of
the child's physician(s)

- Physical Therapy
 - Spinal cord damage can cause muscle weakening and wasting
 - Speech therapy may also be useful for some individuals

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Prognosis and any deficits are dependent upon level of involvement

- Estimates from 5-40 % of the world's population may have spina bifida occulta
- Meningocele is not very common and often has minimal impact once the cyst is removed

- Myelomeningocele has the largest impact on patients and their families

Changes with time

 Before antibiotics most children with myelomeningocele died because of infections in the CNS; those that survived were unlikely to ever walk

During the 1990s, the discovery of the role of folate in neural tube closure drastically decreased the number of cases of myelomeningocele
In the late 1990s, *in utero* surgery was attempted to close neural tube defects

Children born with spina bifida today require some special treatment

- Multiple surgeries starting as early as 48 hours after birth
- Physical therapy
- Bowel and/or bladder surgery helps prevent infection and social stigmatism
- Latex allergies are often present

In many cases, special centers are better equipped to treat children with spina bifida and have a variety of specialists on staff

Most children that are treated early will have normal IQ and be able to attend public schools

Mobility is the biggest concern for many patients with spina bifida – lack of mobility can lead to obesity and scoliosis

With proper treatment, individuals will live well into adulthood

