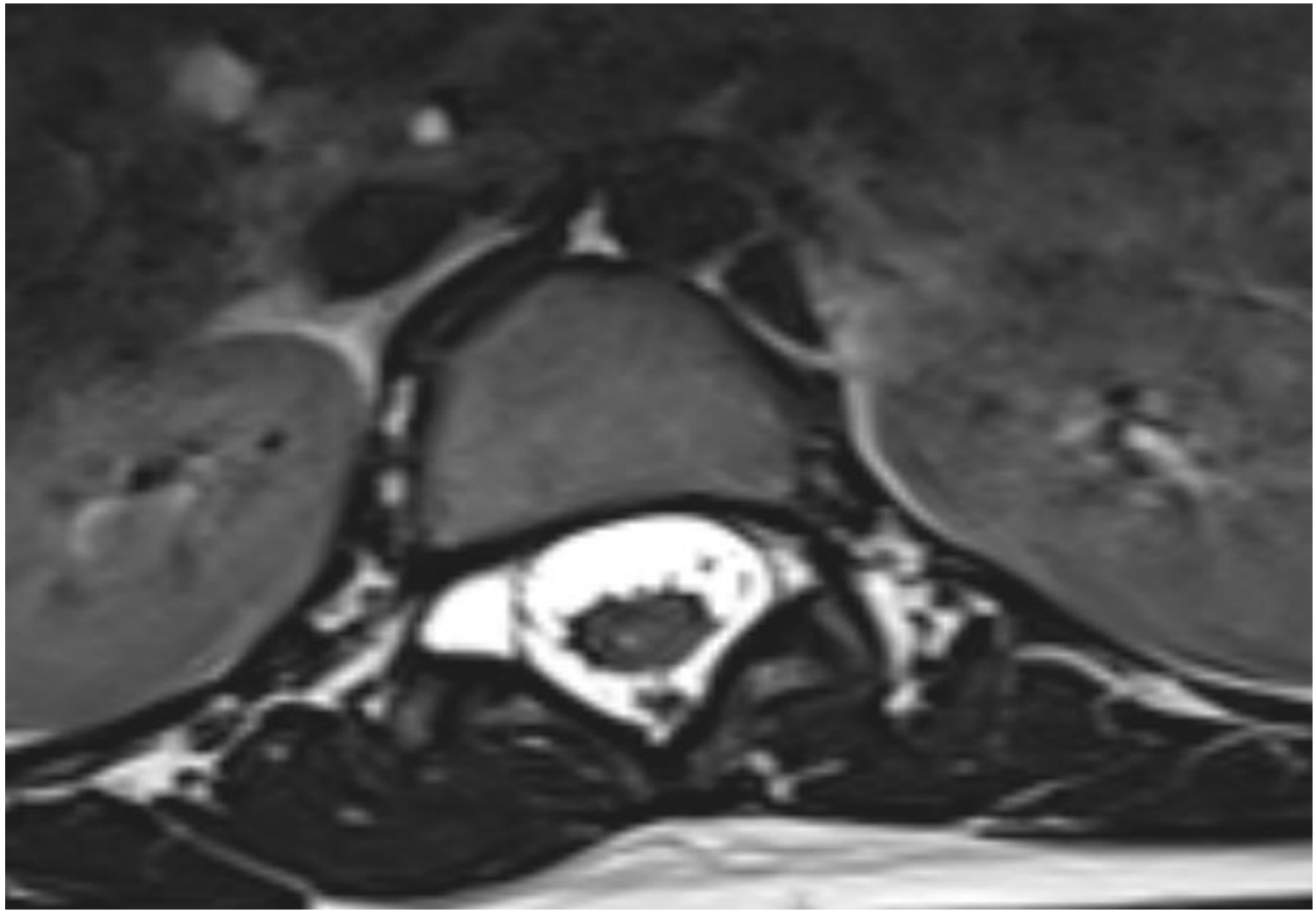
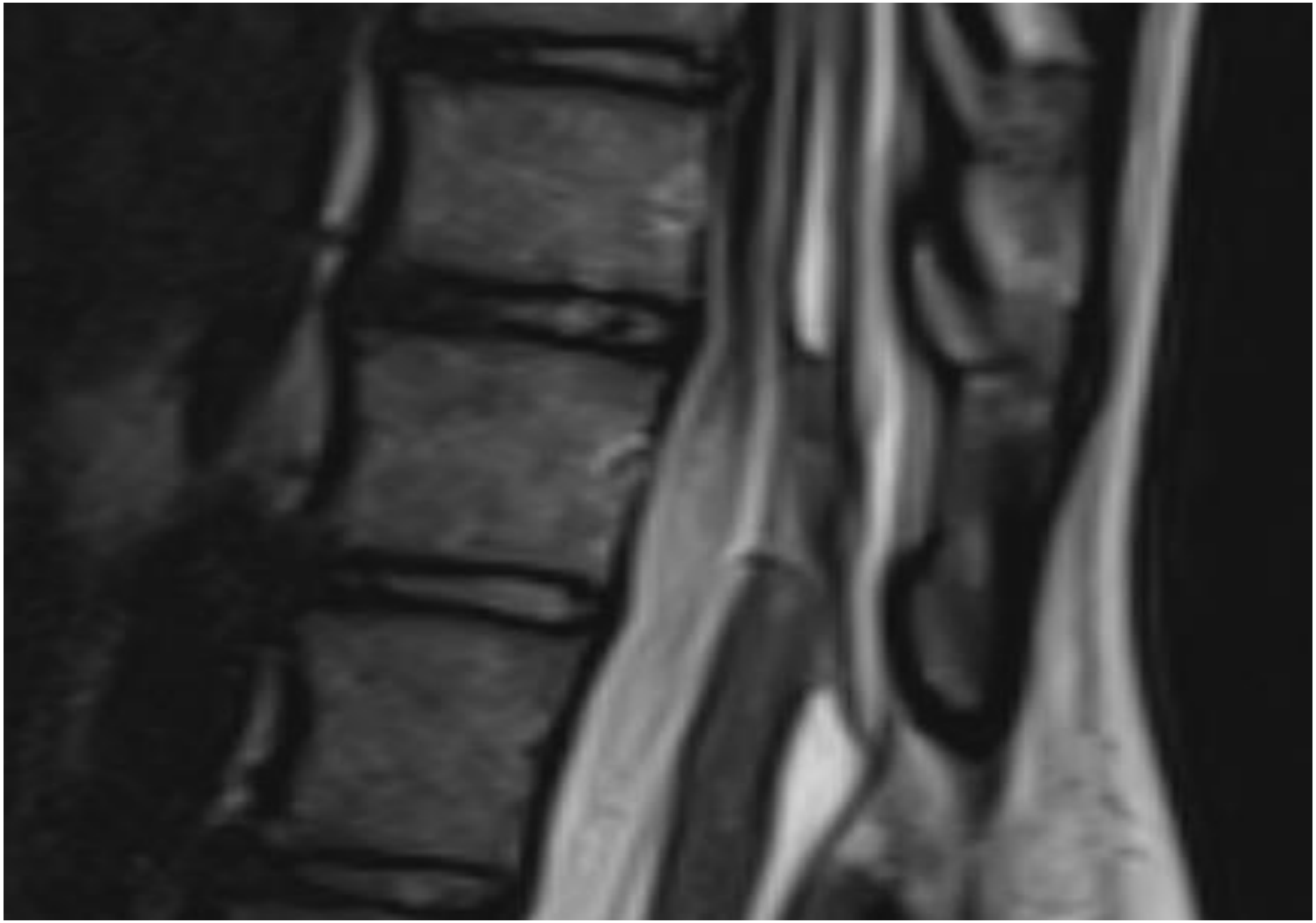
2025

KARNATAKA RADIOLOGY EDUCATION PROGRAM

CASE





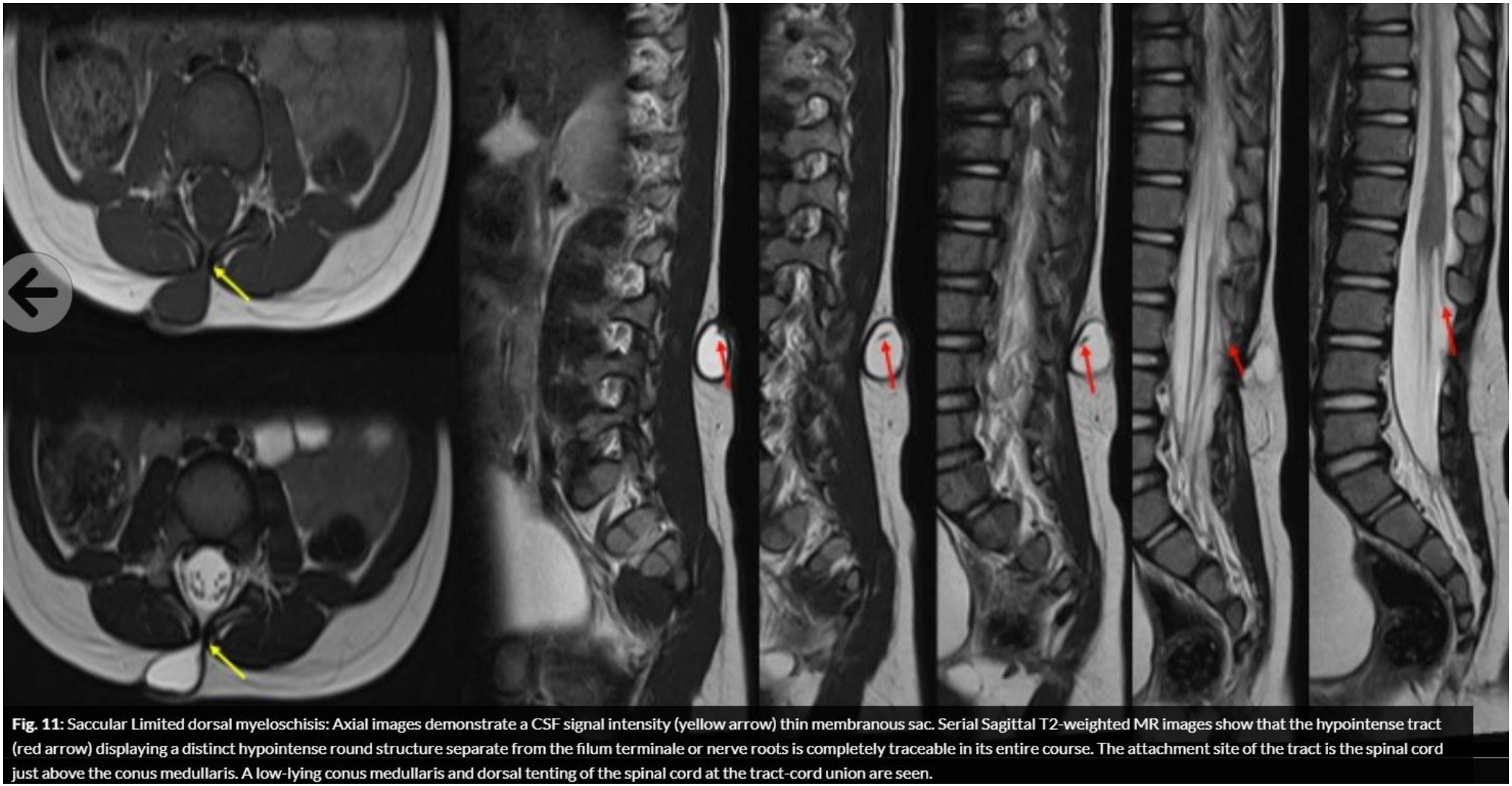


Fig. 11: Saccular Limited dorsal myeloschisis: Axial images demonstrate a CSF signal intensity (yellow arrow) thin membranous sac. Serial Sagittal T2-weighted MR images show that the hypointense tract (red arrow) displaying a distinct hypointense round structure separate from the filum terminale or nerve roots is completely traceable in its entire course. The attachment site of the tract is the spinal cord just above the conus medullaris. A low-lying conus medullaris and dorsal tenting of the spinal cord at the tract-cord union are seen.

CHARACTERISTICS	DORSAL DERMAL SINUS	LIMITED DORSAL MYELOSCHISIS
Cutaneous marker	Small dimple or pinpoint ostium	Cigarette-burn mark
Nature of tract	Hollow tract lined by thin epithelium	Solid tract without a lumen
Course of the tract	Intrathecal tracts were poorly visible	Intrathecal tracts of LDM were either entirely visible or partially visible.
Termination of tract	Tracts ended in varying structures, including dermoid or epidermoid tumors.	LDM tracts were attached to the spinal cord above the conus medullaris with characteristic dorsal tenting of the cord
Need for intervention	Requires urgent surgical removal of the tract even in asymptomatic patients to prevent potential intraspinal infection.	Surgical intervention can be delayed in LDM to avoid complications in the neonate period
Association with intradural lesions	Most commonly associated with dermoid and epidermoid tumors	Rare