Antenatal Ultrasound Finding of a Cystic Back Mass in a Fetus with Terminal Myelocystocele

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An ultrasound of a twenty-three weeks fetus showed a cystic mass having a “cyst within a cyst” arising from the distal spine. The posterior fossa was normal with no hydrocephalus. Postnatal MRI confirmed the presence of terminal myelocystocele (TMC).

TMC should be considered in a fetus with a cystic mass over the lower spine especially when a “cyst within a cyst” appearance is present. We present the antenatal ultrasound and postnatal MRI appearance of TMC. As the definitive diagnosis of TMC may be difficult to make on antenatal ultrasound other cystic masses, such as, meningocele, myelomeningocele and cystic sacrococcygeal teratoma should be considered.

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Terminal myelocystocele (TMC) is a rare form of spinal dysraphism. This lesion is characterized by dilation of the distal central canal which extends through a defect in the posterior neural elements and is surrounded by an expanded dural covering or meningocele. TMC should be considered in the differential diagnosis of any fetus who presents with a cystic mass in the distal spine.

The aim of this report is to present a rare case of terminal myelocystocele (TMC) in a fetus discovered during antenatal ultrasound as a cystic back mass.

THE CASE

A twenty-five years old, gravida 2 para 1, female presented for routine antenatal ultrasound at 23 weeks gestation. Figure 1 showed a cystic lesion arising from the tip of the distal sacrum measuring 4.5 x 3.8 cm. The cyst was anechoic with thin wall and contained a second smaller thin walled cyst that measured 1.2 cm within it, giving an appearance of “a cyst within a cyst”, see figure 2. No intrapelvic extension, solid tissues or calcifications were seen. Fetal skull shape was normal, the cerebellum and cisterna magna appearance were normal, no ventriculomegaly. Movement of the lower limbs was observed. Amniotic fluid volume was within normal limits.

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