

Types of *Spina bifida* in Children

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Perspective

Pina bifida is a birth disfigurement in which there's deficient ending of the chine and the membranes around the spinal cord during early development in pregnancy. There are three main types *spina bifida occulta*, meningocele and myelomeningocele. Meningocele and myelomeningocele may be grouped as *spina bifida cystica*. The most common position is the lower reverse, but in rare cases it may be in the middle back or neck. Occulta has no or only mild signs, which may include a hairy patch, dimple, dark spot or swelling on the reverse at the point of the gap in the spine. Meningocele generally causes mild problems, with a sack of fluid present at the gap in the chine. Myelomeningocele, also known as open *spina bifida*, is the most severe form. Problems associated with this form include poor capability to walk, bloodied bladder or bowel control, accumulation of fluid in the brain (hydrocephalus), a tethered spinal cord and latex mislike. Learning problems are fairly uncommon.

Types

Spina bifida occulta

Occulta is Latin for 'retired'. This is the mildest form of *spina bifida*. In occulta, the external part of some of the chines isn't fully unrestricted. The splits in the chines are so small that the spinal cord doesn't bag. The skin at the point of the lesion may be normal, or it may have some hair growing from it; there may be a dimple in the skin, or a speckle. (Unlike utmost other types of neural tube blights, *spina bifida occulta* isn't associated with increased AFP, a common webbing tool used to descry neural tube blights in utero. This is because; unlike in utmost of the other neural tube blights, the dural filling is maintained [1].

Numerous people with this type of *spina bifida* don't indeed know they've it, as the condition is asymptomatic in utmost cases. A methodical review of radiographic exploration studies plant no relationship between *spina bifida occulta* and back pain. More recent studies not included in the review support the negative findings. However other studies suggest *spina bifida occulta* isn't always inoffensive. One study plant that among cases with reverse pain inflexibility is worse if *spina bifida occulta* is present. Deficient posterior emulsion isn't a true *spina bifida* and is veritably infrequently of neurological significance [2].

Meningocele

A posterior meningocele or meningeal tubercle is the least common form of *spina bifida*. In this form, a single experimental disfigurement allows the meninges to herniate between the chines. As the nervous system remains undamaged, individualities with meningocele are doubtful to have long-term health problems, although cases of tethered cord have been reported. Causes of meningocele include teratoma and other excrescences of the sacrococcyx and of the presacral space, and currarino pattern [3].

A meningocele may also form through dehiscences in the base of the cranium. These may be classified by their localization as occipital, frontoethmoidal or nasal. Endonasal meningoceles lie at the roof of the nasal depression and may be incorrect for a nasal neoplasm. They're treated surgically. Encephalomeningoceles are classified in the same

way and also contain brain towel.

Myelomeningocele

Myelo Meningo Cele (MMC) also known as meningomyelocele, is the type of *spina bifida* that frequently results in the most severe complications and affects the meninges and jitters. In individualities with myelomeningocele, the unfused portion of the spinal column allows the spinal cord to bag through an opening. Myelomeningocele occurs in the third week of embryonic development, during neural tube severance check. MMC is a failure of this to do completely. The meningeal membranes that cover the spinal cord also bag through the opening, forming a sac enclosing the spinal rudiments, similar as meninges, cerebrospinal fluid, and corridor of the spinal cord and whim-whams roots. Myelomeningocele is also associated with Arnold Chiari contortion, challenging a VP shunt placement.

Poisons and conditions associated with MMC conformation include calcium-channel blockers, carbamazepine, cytochalasins, hyperthermia, and valproic acid [4].

Myelocele

Spina bifida with myelocele is the most severe form of myelomeningocele. In this type, the involved area is represented by a smoothed, plate-suchlike mass of nervous towel with no overlying membrane. The exposure of these jitters and apkins make the baby more prone to life-hanging infections similar as meningitis.

The pooching portion of the spinal cord and the jitters that appear at that position of the cord are damaged or not duly developed. As a result, there's generally some degree of palsy and loss of sensation below the position of the spinal cord disfigurement. Therefore, the further cranial the position of the disfigurement, the more severe the associated whim-whams dysfunction and attendant palsy may be. Symptoms may include itinerant problems, loss of sensation, scars of the hips, knees or bases, and loss of muscle tone [5].

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Conflict of Interest

The authors declare that they are no conflict of interest.

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