

## Diastematomyelia- An Unusual Presentation to Rheumatology

Annmarie McShane<sup>\*</sup> and Auleen Millar

Department of Rheumatology, University College Hospital, 235 Euston Rd, Fitzrovia, NW1 2BU, London, UK

<sup>\*</sup>Corresponding author: Annmarie McShane, 57 Castle Lodge, Randalstown, Co. Antrim, BT41 2ES, United Kingdom, Tel: 07974564988; E-mail: annie\_0605@hotmail.com

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### Case Presentation

A 53 year old female presented to rheumatology with chronic lower back pain. She had a history of Spina Bifida Occulta and corrective surgery in childhood.

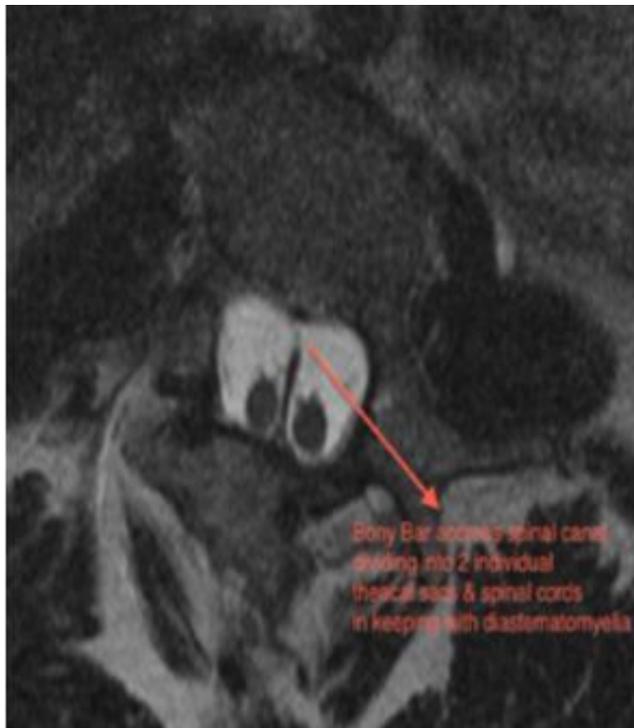
Clinically she had scoliosis and was tender to palpate posterior to the greater trochanter in a soft tissue/muscular distribution. She also had lumbar spine pain which radiated to the groin and anterior thigh.

MRI revealed Diastematomyelia with a bony bar at L3 and resultant low lying cord extending to L4-L5. The lower nerve roots were found posteriorly within the thecal sac and it was felt adhesions from previous surgery resulted in a posterior fusion anomaly in the lower lumbar region. The defect in the posterior elements extended from mid L4 to at least S2 level. The images obtained were classical images of this relatively rare condition (Figure 1).

Diastematomyelia is classified as a rare congenital anomaly (1) and is one of two types of 'split cord' malformations (2) which can occur as part of a spectrum of neural tube defects. As in our case, it is often associated with Spina Bifida and is more common in females. It accounts for approximately 5% of all congenital spinal defects (3) and is manifested as a longitudinal split in the spinal canal. The most common location of the lesion is L1-L3, also in keeping with this case presentation.

Diagnosis is usually made in childhood although patients can become symptomatic at any age. Neurological symptoms are nonspecific and indistinguishable clinically from other causes of cord tethering. Symptoms can be progressive.

To conclude, it is unusual for adults to present with Diastematomyelia, however with modern imaging techniques, diagnosis of congenital anomalies in adults is occurring more frequently. Although treatment options are essentially surgical, it is important to be aware of more unusual presentations of back pain to rheumatology.



**Figure 1:** Bony bar across spinal canal dividing into 2 individual thecal sacs & spinal cords in keeping with diastematomyelia.