

Complete Information on Diastematomyelia with Treatment and Prevention

Diastematomyelia is an inborn circumstance in which a region of the spinal cord is divide, normally at the degree of the upper lumbar vertebra. Diastematomyelia may happen with spina bifida or with a shuttered backbone. Females are affected much more commonly than males. This condition occurs in the presence of an osseous, cartilaginous or fibrous septum in the central portion of the spinal canal which then produces a complete or incomplete sagittal division of the spinal cord into two hemicords. This condition may be an isolated phenomenon or may be associated with other segmental anomalies of the vertebral bodies such as spina bifida, kyphoscoliosis, butterfly vertebra, hemivertebra and block vertebrae which are observed in a high proportion of cases. Adult presentation in diastematomyelia is unusual. With modern imaging techniques, various types of spinal dysraphism are being diagnosed in adults with increasing frequency.

The signs and symptoms of diastematomyelia may seem at any moment of living, although the diagnosis, in contemporary times, is normally made in childhood. Cutaneous lesions, such as a furry piece, dimple, hemangioma, subcutaneous people, lipoma or teratoma nullification the stricken region of backbone in much than half of cases. In children, symptoms may include the "stigmata" mentioned above and foot and spinal deformities, weakness in the legs, low back pain, scoliosis, and incontinence. In adulthood, the signs and symptoms often include progressive sensory and motor problems and loss of bowel and bladder control. This delayed presentation of symptoms is related to the degree of strain placed on the spinal cord over time. Neurological symptoms are nonspecific, indistinguishable from other causes of cord tethering. The symptoms are caused by tissue attachments that limit the movement of the spinal cord within the spinal column.

A diagnosis of diastematomyelia can be made if an additional derriere echogenic direction is seen on prenatal sonography. Splaying of the posterior elements of the fetal backbone is often existing. The presence of diastematomyelia has no force on the prognosis when spina bifida is existing. When diastematomyelia presents as a closed neural tube defect, the prognosis for neurological function may be enhanced by early surgical removal of the septum, dural reconstruction into a single tube, excision of associated developmental masses and division of the tethering filum. Patients, who are asymptomatic and have been identified with this anomaly while being investigated for other unrelated issues, do not require surgical treatment. The pregnancy should be managed differently depending on whether the diastematomyelia is isolated, with the skin intact, or is in association with more serious neural tube defects. This distinction is possible prenatally.

About the Author

Juliet Cohen writes articles for [health care blog](#). She also writes articles for [hairstyles gallery](#).

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