



## RESEARCH ARTICLE

### OCCIPITAL MENINGOCELE ABOUT A CASE

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#### Abstract

Spinal dysraphisms represent a large set of congenital anomalies reflecting an embryological abnormality in the closing of the neural tube. Their incidence would be 1 to 2 per 1000 births. We report the case of a patient; Admitted for decrease in active foetal movements. On examination, we find a presence of a tri-ventricular hydrocephalus associated with a rounded mass integral with the cephalic pole, of liquid and anechoic tone of 53 mm, evoking a meningocele. Obstetric ultrasound is the only imaging examination performed in systematic screening. It would however be interesting to be able to diagnose DSF and differentiate it from DSO, because the therapeutic possibilities and the prognosis are different.

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#### Introduction:-

Spinal dysraphisms represent a large set of congenital anomalies reflecting an embryological abnormality in the closing of the neural tube [1]. Their incidence would be 1 to 2 per 1000 births the meningocele represents 1.2 / 10,000 births, it is most frequently occipital localization (in 75% of cases)[2].

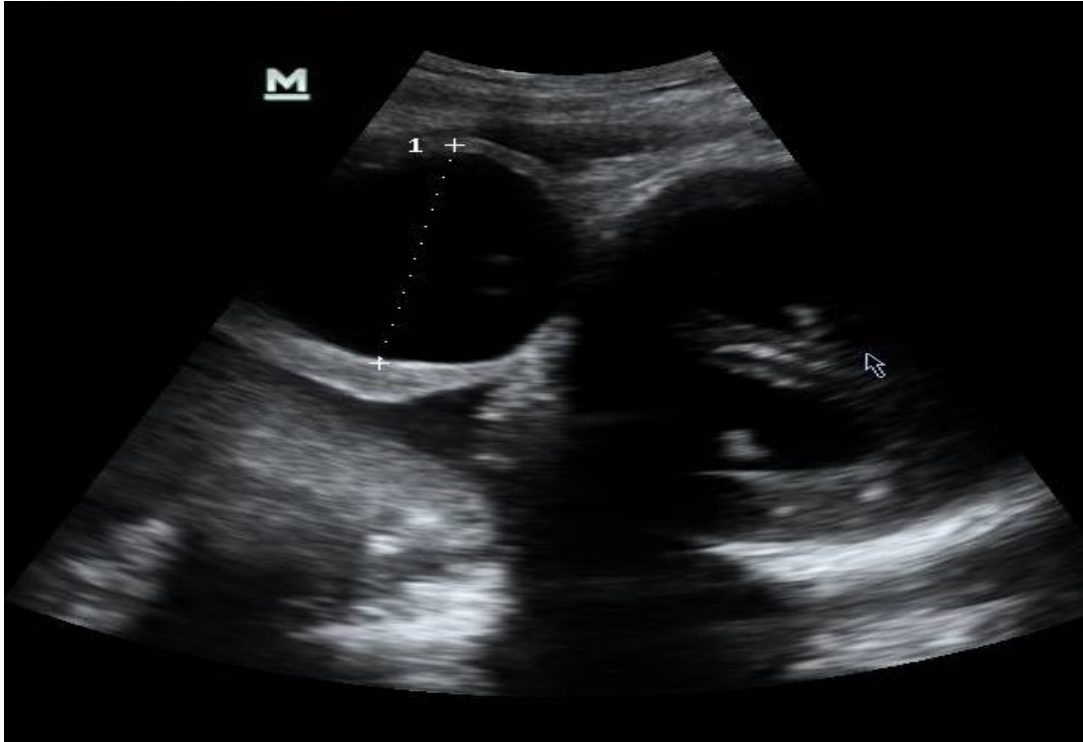
#### Observation:-

We report the case of a patient; admitted to obstetric emergencies aged 34 years 3rd gesture with 02 living children delivered by High way. Admitted for decrease in active foetal movements. On the ultrasound level: non-progressive pregnancy, with the presence of a tri-ventricular hydrocephalus associated with a rounded mass integral with the cephalic pole, of liquid and anechoic tone of 53 mm, evoking a meningocele: pure meningeal hernia (Figure 1); confirmed after birth ( Figure 2).

#### Discussion:-

There are two main types of spinal dysraphisms (DS): open spinal dysraphisms (ODS), without skin covering, where the neural structures communicate with the external environment (with an elevation of alpha-fetoprotein and 1 acetylcholinesterase in amniotic fluid), and closed spinal dysraphisms (CSD), with skin covering (without elevation of these enzymes) [3]. The development of the spinal cord can be summarized in three major embryological stages [4, 5]: gastrulation (2nd-3rd week), primary neurulation (3rd-4th week) and secondary neurulation (5th-6th week). Meningocele refers to a herniated pocket of cerebrospinal fluid (CSD) surrounded by dura mater [2]. The embryogenesis of this type of malformation is little known and could result from an expansion of the meninges through a bony defect following the repeated effect of CSD pulsations in the subarachnoid spaces. It can be posterior (most often), herniated through a defect in the posterior vertebral arcs and responsible for palpation of a subcutaneous mass, or anterior, in which case there is no palpable subcutaneous mass. By definition, it does not

contain neural tissue but sometimes nerve roots or the terminal filum. This malformation is rare, the prevalence of posterior meningoceles being 1/10000 [6]. Obstetric ultrasound is the only imaging test performed in systematic screening, schematically performed around 12, 22 and 32 weeks of amenorrhea. It would currently be the best imaging test to analyze the fetal marrow [7]. To date, foetal MRI appears to be less helpful in demonstrating normal bone marrow anatomy due to the physiological curvature of the spine [6].



**Figure 1:-** Tri-ventricular hydrocephalus associated with a rounded mass integral with the cephalic pole.



**Figure 2:-** Post natal aspect.

**Conclusion:-**

Spinal dysraphisms represent a large set of congenital anomalies reflecting an embryological abnormality in the closing of the neural tube. Obstetric ultrasound is the only imaging examination performed in systematic screening. It would however be interesting to be able to diagnose DSF and differentiate it from DSO, because the therapeutic possibilities and the prognosis are different.

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