

A Human Pseudotail with Lipomyelomeningocele

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Case Report

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Article History

Received: 12.10.2018

Accepted: 22.10.2018

Published: 30.10.2018

DOI:

10.21276/sjams.2018.6.10.69



Abstract: The human tail is a skin-covered protrusion in lumbosacrococcygeal region, ascribing to the resemblance to animal tails. We present a female child presenting with human tail with lipomyelomeningocele. Surgical excision of tail and lipomyelomeningocele repair was performed after which patient had uneventful convalescence without any neurological sequelae on outpatient clinic follow-up. We report the case due to its' rarity.

Keywords: human tail, pseudo tail, lipomyelomeningocele

INTRODUCTION

A human tail is a benign congenital anomaly resulting in a vestigial lumbosacrococcygeal region dorsal cutaneous appendage which can be categorised as either a 'true tail' or a 'pseudotail' [1,2]. A pseudotail can be distinguished from a true tail as the former is associated with underlying spinal dysraphism. Accurate distinction between these two entities is vital as both management and outcomes vary [1, 2]. We present the second rare case from the same institution as a 'child with tail' [7].

CASE REPORT

A 3 months old female was referred with a cutaneous appendage, arising from the lumbosacral region and presenting since birth. The mother had no significant contributory antenatal history and family history was also not contributory.

On examination, the child had 6.2 cm-long tail shaped soft tissue appendage arising from lumbosacral region which was fleshy without any bony content, non-translucent, completely covered by sensate skin and had no spontaneous movement [Figure 1]. The anal muscle tone was normal and the child had intact sensory-motor component in both lower limbs. A detailed examination revealed no other abnormality. Magnetic resonance imaging (MRI) of the spine showed failure of fusion of posterior elements of L4, L5 and all sacral vertebrae with defect in spinal canal at lower lumbar level along with posterior herniation of large dumbbell shaped sac at L5 level. The sac was covered with lipomatous content of the cutaneous appendage with placode-lipoma interface lying outside the neural canal, confirming the diagnosis of a pseudo human tail [Figures 2]. The tail was excised by making a

longitudinal incision at base. Intradural exploration was done to rule out any connections between the tail and neural tissue which might not have been evident on the MRI. Microscopy of the excised tail showed tissue lined by a squamous epithelium containing adipose tissue, muscle bundles, blood vessels and nerve bundles.

The postoperative period was uneventful. At one month follow-up, the wound had healed well and a neurological examination was normal at subsequent monthly follow-up.

In 2005, in the same institution, we had a case of 20 days old neonate who presented with 'true tail' [figure 3] and was treated with simple excision [7].



Fig-1: The Tail with lipommc in our patient

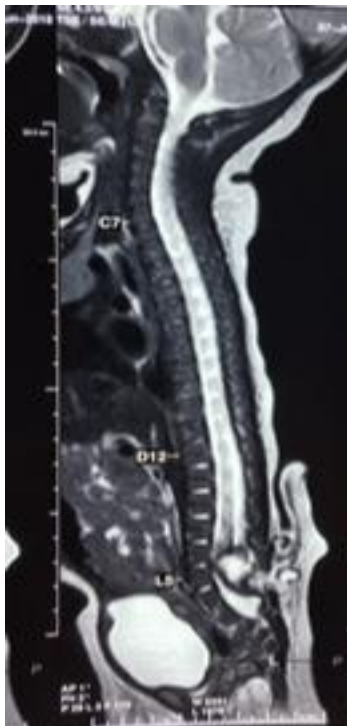


Fig-2: MRI showing pseudotail with dural ectasia

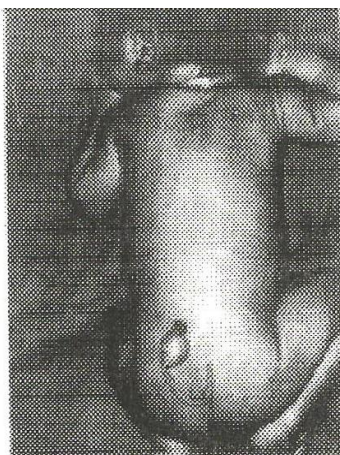


Fig-3: The previously reported neonate with true tail

DISCUSSION

Human tail is a rare, benign, congenital entity. According to Lu *et al.* [2], the presence of a human tail is an abnormality in embryonic development, rather than a regression in the evolutionary process.

True tail is a structure that may be composed of fatty and connective tissues, including muscles, bones, and blood vessels without any connection to the spinal canal [3]. On the other hand, the pseudo tail term includes protruding lesions which are located in

lumbosacral region and having underlying pathologies as spinal dysraphism, lipomyelomeningocele, meningocele, tethered cord, chondromegaly, glioma [3].

Though Dao and Netsky *et al.* [3] had reported the first case in second half of 19th century, the etiology is still not clear. They had studied 33 patients with such lesions and classified among true or pseudo-tails. This classification still holds its place in the centre of many case reports though it is under debate and criticized for insufficient clinical application.

Recent reports have criticized this classification for naming almost all cases as pseudo-tails and it was claimed that this classification was not supported by embryological findings [4].

Lin *et al.* [5] provided another classification system according to which, a lesion located in lumbosacral region is a pseudo-tail, whether associated with spinal dysraphism or not. However, if the same lesion is situated in gluteal or coccygeal region, association with other lesions is important for deciding on diagnosis; it is a pseudo-tail if there are any accompanying vertebral or spinal lesions and it is called a true tail if not.

True human tails are not inherited; however, a single report has been published in which three female generations within one family were born with true human tails [6]. The incidence rate of true human tails is twice in males as compared to females though the exact incidence is not known yet [6]. Till date fewer than 40 cases only are reported in the literature [2].

Treatment of true tail is simple excision for cosmetic reasons while that of pseudo tail is excision along with repair of underlying neural tube defect. Assessment on follow up for true tail 'cosmesis' while for pseudo tail, it is neurological assessment of the involved spinal region.

To provide the correct treatment, the treating clinician should be aware of the rare entity, its' types, the correct treatment and the things to be evaluated on follow up.

CONCLUSIONS

True human tails are simple skin appendages having a favorable outcome and need just an excision. However, pseudo-tails are potentially complex lesions with underlying vertebral or spinal anomaly warranting further diagnostic work-up and special surgical techniques.

The key is to make a clear distinction between true tails and pseudo-tails and to provide correct treatment as lack of knowledge of the condition may lead to concerns about their prognosis and the best management strategies.

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