

FAUNTAIL NAEVUS

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A case of fauntail naevus in a teenaged girl with radiological evidence of bifid vertebrae without any neurological, urological or orthopaedic complications is presented.

Key words : Fauntail naevus , Bifid vertebrae

Introduction

Fauntail naevus is a developmental defect with a tuft of long, soft, silky hair, usually occurring in the lumbosacral region, often associated with bony defect in the form of bifid spine or spinal cord defect in the form of diastematomyelia which is characterised by splitting of the spinal cord. We report one such case.

Case Report

A teenaged girl attended the department of dermatology, with a tuft of long hair in the lower back since birth. There was increase in size, pigmentation and texture of the hair since two years. There were no bowel, bladder disturbances, or trophic ulcers over the feet. There were no other developmental defects of eyes, palate, teeth, hair, nail, bone and heart. She had attended the department only with cosmetic embarrassment. Her milestones of development were said to be normal. Family history was non contributory. Examination revealed, a tuft of

long, pigmented hair in the lumbosacral region extending on to both sides of midline. There was no dimple, nodule, cyst, pigmented nae-



Fig. 1. Fauntail naevus in the lumbosacral region.

vus or portwine stain at the base of the lesion. Slight body defect was observed at the fourth and fifth lumbar spine. No sensory or motor deficit was observed over the lower limbs. Radiological examination revealed the body defect in third, fourth and fifth lumbar vertebrae.

Discussion

Faun is a latin rural diety with goats legs, horns and tail. Fauntail naevus, a dimple, a lipoma, a dermoid cyst, a skin tag, a pigmented macule

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or port wine stain are the cutaneous telltale signs of spinal dysraphism, which refers to a group of congenital anomalies of spines in which midline



Fig. 2. X-ray showing bifid L₃, L₄, L₅ vertebrae.

structures fail to fuse.^{1,2} If the lesion is confined to the bony posterior arch at one or more levels, it is termed as spina bifida. It can be either spina bifida cystica in which there is herniation of meninges, with C.S.F. with or without neural elements so called, meningocoele, meningomyelocele, or spina bifida occulta in which underlying defect is masked by the intact overlying skin. There are very few case reports of fauntail naevus published in Indian literature. Dhar, et al published a case with neurofibromata.³ There may be absence of subcutaneous fat or dermal collagen at the site of tuft of hair.⁴ Skin biopsy was refused by our patient. Our patient has been asymptomatic even to this date, though several compli-

cations like foot drop, paraplegia, bladder disturbances are known to develop during adult life.⁵

Controversy exists regarding the role of prophylactic surgery in the prevention of 'tethering' of the spinal cord to the superficial tissue, in which spinal cord comes under traction, as the spinal canal lengthens.⁵ Surgery is recommended when neurological, urological, or orthopaedic complications appear.

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