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FAUNTAIL NAEVUS

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Two cases of Faun-tail naevus are presented. Both the patients had clinical and radiological evidence of bifid 5th lumber spine. However, neither of them had any neurological complications.

Key Word : Fauntail Naevus

Introduction

Fauntail naevus has been described as a rare developmental defect comprising of hypertrichosis overlying a spinal dysraphism, most commonly occuring over lumbosacral region.[1] The associated bone and spinal cord defects are spina bifida and splitting of the spinal cord respectively.[2] We report herein 2 cases seen by us recently.

Case Report

Case 1. A 4½-year-old girl presented with a tuft of hair over the lower back since birth. The condition was asymptomatic and produced only cosmetic disfigurement. Past medical history including developmental milestones was normal. Family history was noncontributory.

Examination revealed a tuft of darkly pigmented hair on the midline overlying the lumbosacral junction. The tuft of hair formed 2 taillike cords, one going upwards, another downwards (Fig. 1). A firm skin coloured nodule was present at the root of upper cord (Fig. 2). The clinical observation of bony defect of 5th lumber spine was supported by radiological evidence of split of 5th lumber spine. There was no sensory or motor weakness over lower extremities, no bowel or bladder incontinence.

Case 2. A 7-year-old girl was brought with the complaints of a tuft of hair over lumbosacral region. History and clinical examinations were similar as in case 1. However, there was a single 'tail' of hair going downwards and there was no swelling at the base. There was clinical and radiological evidence of split of 5th lumber spine as in case 1. This patient also did not have any neurological deficit.

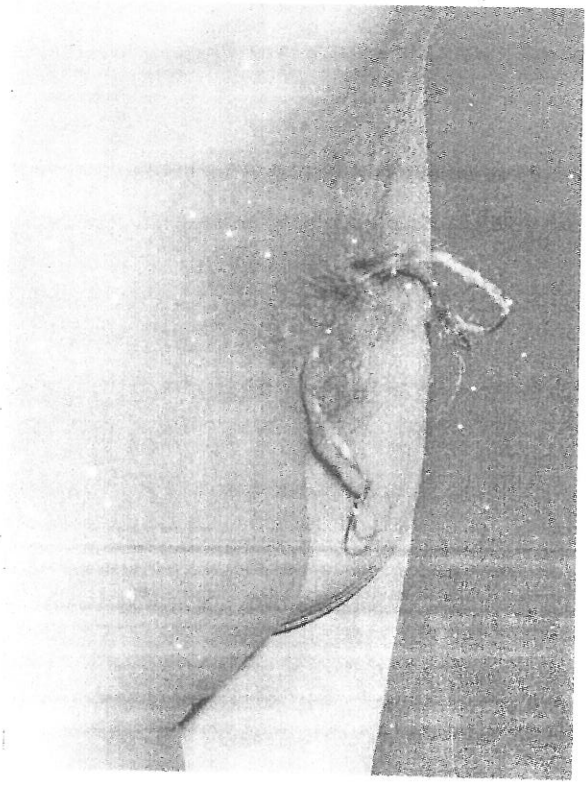

Fig. 1. Two 'tail' like cords of hair, one going upwards, another downwards.

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application at night, in preference to the daytime. It may be conjectured that it was merely for convenience and not in order to avoid a possible photocontact dermatitis. Robinson and Yaffe[5] used 1% Selenium sulphide cream, twice daily for 2 weeks, in their series of 32 cases. They did not encounter a single case of either contact dermatitis or photocontact dermatitis. The concentration of selenium sulphide used by our patient was similar to that of Robinson and Yaffe (1% approximately, after dilution).

The author has known of several cases which developed an irritant dermatitis, with a single application of 2.5% selenium sulphide shampoo, applied at bedtime. Accordingly, a modified regimen has been followed in this hospital, by diluting the shampoo to half strength with water, and advising one application on alternate days for 2 weeks. No other case showing a photocontact dermatitis was encountered by the author. However, a similar case of photosensitivity due to undiluted selenium disulphide shampoo has been veported recently by Nair & Balachandran.[6] In our patient, it was more likely to have been photoallergic contact dermatitis rather than a phototoxic response, as this was the only case encountered, and also because the patient developed the reaction only after the second application, on the third day.

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