Image Article
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Unseen Bifid Spine at Preanaesthetic Discussion

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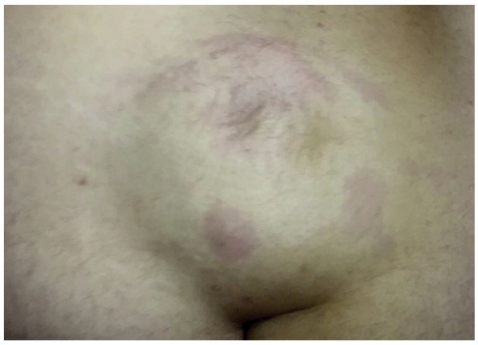

Figure 1. Image of the patient.

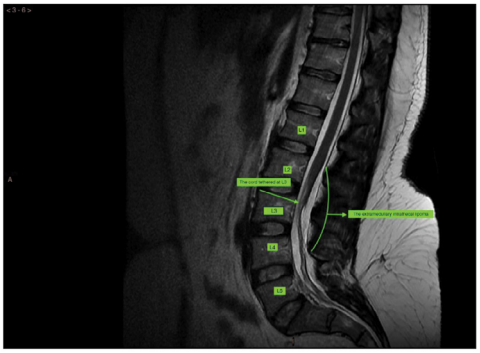

Figure 2. Sagittal lumbar magnetic resonance imaging.

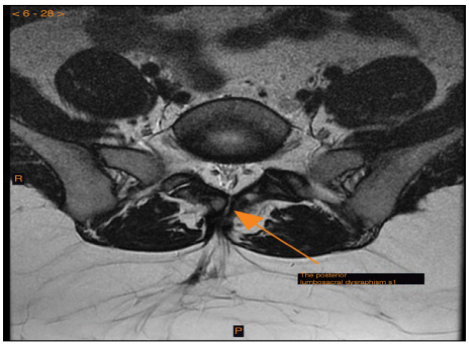

Figure 3. Axial lumbar magnetic resonance imaging.

Image Article

A 32-year-old obese (weight 85 kg, height 165 cm, BMI 31) woman with hypothyroidism (150 g/daily levothyroxine) was seen within the pre-anaesthesia clinic for perianal fistula repair. The physical examination revealed a midline lum bosacral lipoma covered by sparse fine black hair, which the patient reported had been present since birth (Figure 1). Given the suspicion of rachischisis, a nuclear resonance study was requested, which confirmed our suspicion: cord tethered at L3, with extramedullary intrathecal lipoma (Figure 2) and posterior lumbosacral dysraphism (Figure 3). The patient was informed about this incidental finding, and about the relative contraindication of locoregional anaesthesia thanks to the risks related to both this surgery and obstetric epidural (incomplete block, subdural block, medulla spinalis trauma, spinal haematoma, accidental dural puncture) if this could be requested within the future. The patient was mentioned Neurosurgery, where a conservative approach was taken thanks to the absence of clinical symptoms. The patient was given a replica of her pre-anaesthesia assessment report, which described this incidental finding.

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