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Dysraphic Pathologies of the Cervical Spine in Adults

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Background: Occult dysraphism in the cervical spine can be considered absolute rarities with little information from the literature.

Research question: What is the incidence of dysraphic lesions in the cervical spine, what spectrum of lesions may be encountered and which results of treatment can be obtained?

Design: Personal observational study

Methods: All intradural spinal pathologies were entered continuously into a spinal cord data base between 1991 and 6/2024 with data on clinical presentations, surgical management and postoperative follow up.

Results: Among a total of 3717 patients with intradural spinal pathologies, 413 presented with occult dysraphism (11.1%) with 30 (7.3%) involving the cervical spine (22 females, 8 males, age: 16 – 58 years) forming the base of this study. 10 patients demonstrated a cervical tethered cord (split cord malformation type 2 (n=6), a dermal sinus (n = 6) or a lipoma with extradural extension (n = 2), alone or in combination). There were 9 enterogenous and 4 endodermal cysts, 4 lipomas, and 1 dermoid cyst. Patients presented with signs of a slowly progressive myelopathy and a mean history of 7 years. 17 patients underwent 18 operations aiming a resection of hamartomas, untethering the cervical cord and dura reconstruction if required. While 6 patients were advised to postpone surgery, 7 patients refused to undergo the recommended procedure. With an average follow up of 9 years for operated patients, one reoperation was required for a congenital cervicothoracic deformity 5 years after the initial decompression. All other operated patients remained in a stable clinical condition for up to 20 years.

Discussion: In this study, long-term results of surgery were considerably better for cervical occult dysraphism compared to the more common lumbosacral forms. Surgery should be offered to symptomatic patients and aim for complete resection of cystic hamartomas, untethering of the cord and dura reconstruction if needed.