# Neural tube defects and spina bifida 

## Epidemiology

## Affects ~1/1000 pregnancies (USA)

1.2-1.7 times more common in girls

Combination of genetic and environmental factors implicated

- Highest rates in Hispanic women

Incidence decreasing due to screening

## Clinical features

- Motor \& sensory deficits in legs
- Bony deformities
- Bowel and bladder dysfunction
- Hydrocephalus
- Chiari malformation

Often associated with learning disabilities and executive dysfunction

## Management

Antenatal diagnosis and parental counselling
Specialised obstetric care and planned birth
Foetal surgery (between week 19 and 25)
Neonatal management

- Neurosurgery for open spina bifida
- Monitor for hydrocephalus $+/$ - shunt
- Supportive care
- Bladder management

Follow-up by a MDT is required

## Classification

Can affect the brain (anencephaly, encephalocele) or any level of the spinal cord

Myelomeningocele: when the spine + meninges are exposed (open)

Meningocele: only the meninges are exposed
Spina bifida occulta: involving the vertebral arches only- affects $10 \%$ of the population and usually causes no issues

## Diagnosis

Most are diagnosed antenatally or at birth

## Antenatal triple testing (15-20 weeks gestation)

- Alpha-fetoprotein, unconjugated oestradiol and hCG
- Primarily for Down's Syndrome but high AFP suggests NTD


## Antenatal ultrasound

- Lemon sign (hydrocephalus)/ banana sign (Chiari malformation)


## Foetal MRI

- Defines structural brain anomalies associated with NTD

Others: Cranial/ spinal ultrasound, CT head

## Prevention

Preventable by maternal folate supplementation

- 400 micrograms/ day before pregnancy and the first 12 weeks

Higher dose ( 5 milligrams) if there is a higher risk of NTD

## Risk factors

- Inadequate maternal folate/ B12 intake
- Previous pregnancy affected by NTD
- Personal/ family history
- Foetal chromosomal abnormalities
- Ante-natal exposure to anti-epileptics
- Maternal obesity
- Maternal diabetes


Meningocele


Myelomeningocele

