**A case of human tail syndrome with spinal dysraphism**

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**Introduction**
A true or persistent vestigial human tail arises from the most distal remnant of the embryonic tail, is covered by skin and contains adipose tissue, connective tissue, muscle, blood vessels and nerves but no bone, cartilage, notochord or spinal cord. It arises by retention of structures normally found in fetal development and is easily removed surgically, without residual effects. Pseudotail is a lesion with a lumbosacral protrusion and a superficial resemblance to a true tail, for e.g. anomalous prolongation of coccygeal vertebrae, lipoma or teratoma. We report a child with a tail-like caudal appendage that had been present since birth.

**Case report**
A healthy 17 day old neonate was brought for investigation of a tail-like structure that had been present in the lumbosacral area since birth (see Figure 1).

On physical examination, the appendage was tail-like, soft, well circumscribed, 10 cm long and 3 cm thick. It was located on a soft disc like lipoma and was soft, non-tender and covered with normal skin. There was no voluntary movement in the tail. No significant findings were noted in general and systemic examination. Child had no other congenital defects. The possibility of a true neonatal tail as opposed to a pseudotail was considered. Magnetic resonance imaging (MRI) of the spine showed spina bifida in the lumbosacral area (Figure 2).

Excision of tail was done. The post-operative specimen is shown in Figure 3. Histopathological examination revealed that the tail-like structure contained skin, muscle and adipose tissue only. Baby recovered uneventfully and no neurological deficit was evident on follow-up until 12 months of age.

**Discussion**
In our patient the histopathology of the excised tail revealed skin, muscle and adipose tissue but no bone, cartilage, notochord or spinal cord, making it probable that it was a true human tail. The true tail may be as long as 13 cm and can move and contract. In our patient the tail was 10 cm long and there was no voluntary movement of the tail. The absence of nerves on histopathology may account for the absence of voluntary movement in the tail of our patient. The human tail is often associated with occult spinal dysraphism. In our patient, MRI of the spine showed spina bifida in the lumbosacral area. The presence of a tail-like appendage in the lumbosacral region should alert the clinician to the possibility of underlying spinal dysraphism.

**References**

**Figure 1:** Tail-like structure

**Figure 2:** Magnetic resonance imaging of spine showing spina bifida

**Figure 3:** Post-operative specimen