BACKGROUND

Shallow sacral dimples are a normal variant in 4.3% infants and OSD (Occult Spinal Dysraphisms) are unlikely in blind ending dimples and pits within the natal cleft. Routine ultrasound of the spine is not indicated.

WHICH SACRAL DIMPLES OR PITS CAN BE SAFELY IGNORED AND PARENTS REASSURED?

- Simple sacral dimples/pits (solitary dimple, < 5mm in diameter, situated in the midline and < 25 mm from anus)

WHICH SACRAL DIMPLES OR PITS SHOULD WE WORRY ABOUT?

- Complex sacral dimples or pits (multiple cutaneous markers in combination, > 5mm in diameter, situated above the natal cleft and > 25 mm from anus, base of the pit shows a discharging sinus.
- Abnormal antenatal US scans of spinal column.
- In association with other OSD associated congenital abnormalities like CEARMS (Cloacal Exstrophy, Ano rectal malformation spectrum), genitourinary abnormalities, or VACTERL (Vertebral, Anorectal, Cardiovascular, Tracheo-oesophageal fistula, Renal and Limb anomalies).
- Associated suspicious signs or symptoms:
  1. Neurological (weakness, spasticity or loss of sensation – difficult to demonstrate in neonates)
  2. Urological
  3. Orthopaedic (scoliosis, pes cavus, talipes, congenital dislocation of hips)

REFERENCES:

SUGGESTED PROTOCOL FOR US SPINE IN A NEONATE WITH SACRAL DIMPLE OR PIT

- Classify the cutaneous lesion as a simple dimple or pit using the criteria (< 5mm diameter, < 25 mm from anus, base easily seen, in the midline, within the natal cleft)
- Thorough general and systemic examination (neurological in particular)

Thorough review of antenatal scans to look for:
- Associated abnormalities, especially vertebral and genitourinary

Normal examination
- No dysmorphism
- Systemic exam normal & simple sacral pit/dimple.

1. NO NEED FOR FURTHER INVESTIGATIONS
2. REASSURE PARENTS

Abnormal examination
Dysmorphism or abnormal systemic examination AND complex sacral dimple with other cutaneous markers

1. WARD CONSULTANT OR SR REVIEW
2. ARRANGE SPINAL US
3. PARENTAL COUNSELLING