

Anterior sacral myelomeningocele treatment

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[Anterior sacral myelomeningocele](#) treatment typically involves surgical repair.

The goal of surgery is to protect the exposed spinal cord and nerves from damage and to prevent infection. The timing and approach to surgery will depend on the severity of the ASMM and the presence of associated complications.

In most cases, surgery for ASMM is performed in early infancy. The surgical approach may involve a combined abdominal and sacral approach, which allows the surgeon to repair the defect and protect the spinal cord and nerves. In some cases, multiple surgeries may be needed to correct the defect and address associated complications.

Surgery is the mainstay for the management of ASM. Surgery should aim to obliterate the communication between the meningocele and the spinal subarachnoid space; to decompress the pelvic structures by meningocele excision; and to untether the spinal cord, if necessary ^{1) 2)}.

The standard approach for ASM is through a posterior sacral laminectomy. This route permits ligation of the base, to disrupt its connection with the thecal sac and also manages tethered cord if present. A dural fibrin patch may be used to close the open defect ³⁾.

Following surgery, individuals with ASMM will require close monitoring and ongoing medical care.

Complications may include neurogenic bladder and bowel dysfunction, scoliosis, and motor and sensory deficits. These complications may require additional medical interventions, such as medication, physical therapy, or surgery.

Overall, the prognosis for individuals with ASMM will depend on the severity of the condition and the presence of associated complications. With appropriate medical care and support, many individuals

with ASMM are able to lead fulfilling and productive lives.

1)

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