FAUN TAIL NEVUS - A CUTANEOUS MARKER OF SPINAL DYSRAPHISM
RANGARAJ MURUGAIYAN
Department of Dermatology, Venerology & Leprosy,
MADRAS MEDICAL COLLEGE AND GOVERNMENT GENERAL HOSPITAL

Abstract : Faun tail nevus is a posterior midline cutaneous lesion that is a marker for its underlying spine and spinal cord anomaly. Spinal dysraphism is a generic term describing pathologic conditions related to improper closure of the caudal neuropore. It encompasses all the conditions associated with spina bifida. We report a series of four cases with faun tail nevus who presented to our OPD over a period of 2 years. All the four cases presented with complaints of excessive hair growth in the lumbosacral region since birth. One of the four patients had neurological manifestations like difficulty in walking and weakness of the muscles of the lower limbs with mild mental retardation. Radiological evaluation revealed spinal abnormalities. Among the remaining three patients who had no neurological manifestations, MRI of the spine showed spinal dysraphism in two cases and one case did not have any spinal abnormality.

Keyword : Faun tail nevus, spinal dysraphism

INTRODUCTION: Faun tail nevus is a dorsal midline birthmark having great significance as markers of underlying neural tube and bony defects. Failure of the caudal neuropore to close at end of the fourth week of intrauterine life results in neural tube defects (spinal dysraphism) which may involve tissues overlying the spinal cord including the meninges, vertebral arch (spina bifida) and the skin. Congenital hypertrichosis over the lumbosacral area may be a sign of an underlying spinal dysraphism. Abnormal lumbar hypertrichosis may present as “Silky down” or a “Faun tail”. When this occurs away from the spine, it is known as simple nevoid hypertrichosis. Silky down presents as soft non-terminal hair, while a faun tail is a wide patch of coarse terminal hair, several inches long. [7]

Case 1: A 16 year old boy presented to our OPD with complaints of tuft of hair near the lower back since birth and difficulty in walking since childhood. There was history of back pain while walking. He gave history of repeated shaving of the hair at the lower back. He had no history of urinary or bowel incontinence. He was born of non consanguinous marriage through normal vaginal delivery and had history of delayed milestones. No other family members had similar lesions. His school performance was below average. His joint reflexes were brisk and he had a limping gait. Dermatological examination showed a circumscribed area of coarse terminal hair measuring 10*5 cms over the lumbosacral region with normal underlying skin. X-ray showed scoliosis and MRI revealed diastomatomyelia and tethering of cord.

Case 1a: Faun tail nevus
Case 1b: X-ray spine showing scoliosis
Case 1c: MRI showing diastomatomyelia
Cases 2 and 3: Two patients (9 year old girl and 12 year old boy) presented to our OPD with tuft of hair at the lower back since birth. They presented only for cosmetic reasons. Both the cases were born of non-consanguineous marriage through normal vaginal delivery. They had no other cutaneous or neurological manifestations. No similar family history was present in both. X-ray lumbosacral spine showed scoliosis and spina bifida at the level of L3-L4 in the boy. Further MRI of spine was done in both and both revealed diastomemyelia and tethering of cord.

Case 2a: faun tail nevus

Case 2b: x-ray LS spine showing scoliosis and spina bifida

Case 2c: MRI showing diastomemyelia

Case 2d: MRI showing tethering of cord with focal syrinx

Case 3a: faun tail nevus

Case 3b: MRI showing diastomemyelia

Case 4: A 8 year old girl presented to our OPD with complaints of tuft of hair over the lower back since birth and was diagnosed to have faun tail nevus. She had no other cutaneous or neurological abnormalities. X-ray and MRI of spine was done and was found to be normal.

Case 4: faun tail nevus

DISCUSSION

The word "faun" refers to an Italian deity in human form with horns, pointed ears with goat's legs and tail. In certain racial groups such as African American, Asian and Hispanic, hypertrichosis in the LS region may be a normal entity. Spinal dysraphism may be open or closed. Open spina bifida is a defect in the spine where the spinal cord, meninges and brain tissue protrude out through the opening. Occult (closed)spinal dysraphism as seen in our patient may occur in as many as 20% of cases, and the defect is covered by the overlying intact skin. But only a small percentage of these will have a significant associated neurological defect. In a series of 1449 healthy American neonates, 70 (4.8%) had dorsal cutaneous stigmata. In 207 infants with...
midline dorsal cutaneous stigmata, there was associated occult spinal dysraphism in 16 (8%) diagnosed on radiological investigation[1]. Closed defects with overlying cutaneous malformations are of particular importance to dermatologists to whom they may present first. In about 50% of cases of spina bifida occulta there is an overlying cutaneous abnormality[3]. Other cutaneous anomalies reported include dermal dimple or sinus (>5 mm diameter or >2.5 cm from the anus), deviation of the gluteal cleft, lipoma, a tuft of long, soft, silky hair, small areas of atrophic or hypertrophic skin, pigmented or depigmented macule, skin tag, tail-like protrusion, dermoid cyst, macular vascular stain, ‘twin’ naevus of vascular stain and naevus anaemicus and aplasia cutis congenital, infantile haemangioma, portwine stain and sacral telangiectasia.

MRI is the investigation of choice for any suspicious lesions over the spine, allowing visualization of the tract and its termination as well as spinal anomalies and tumours compressing the cord[1]. All the four cases presented here had a localised hypertrichosis near the lumbosacral region with one of the cases having clinical symptoms and the other three asymptomatic. But on radiological evaluation three cases had features of spinal dysraphism and one case did not have any spinal abnormality.

**Conclusion:** We present this series of four cases to highlight the importance of radiological evaluation and neurological follow up in such individuals who present with a faun tail whether symptomatic or not.

**References:**


7. Tavafoghi V, Ghandchi A, Hambrick GW, Udverhelyi GB. Cutaneous signs of spinal dysraphism. Arch Dermatol 1978; 114: 573-7. [figures: case1a][case1b][case1c][case1d][case2a][case2b][case2c][case3a][case3b][case3c][case4]