

## Clinical Image

### Midline Spinal Hamartoma

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Figure 1: Reddish tubular structure at the lower back midline.

A 5-day-old newborn female child presented with a red coloured tubular swelling over the lumbosacral region since birth. There was no bleeding or neurological deficit. At surgery, the abnormal tissue was excised and underlying dural defect repaired. Histopathology showed smooth muscle, nerve tissue, sweat glands, congested vessels, cartilage, and hair follicles, consistent with spinal hamartoma.

Congenital midline spinal hamartomas are rare lesions composed of mature and well-differentiated elements at an abnormal location.[1] The components of the hamartoma are mature and identical to those found in the remainder of the organ, but are arranged in a disorganized fashion. Presenting with a skin dimple, cutaneous angioma, subcutaneous mass, or normal overlying skin, these lesions have no neurological deficit at birth, however, associated tethering of cord may produce late sequelae.[1] MRI is extremely useful in characterizing these masses and differentiating it from other spinal cord lesions although not performed in our case. Surgery is curative and can

deal associated spinal cord tethering which was not observed in the index case.

**Consent:** Authors have submitted signed consent form from legal guardian of the patient and available with editorial office.

**Authors' contribution:** All the authors equally contributed in concept, design, drafting of manuscript, and approved final version of the manuscript.

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