

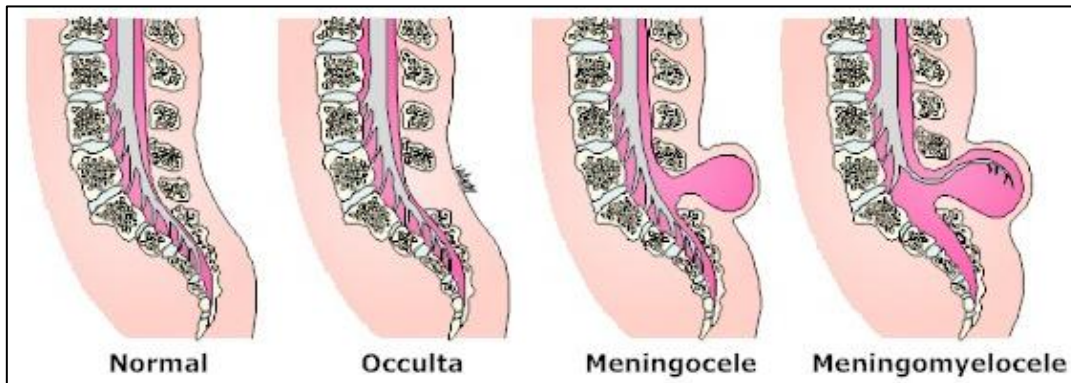
SACRAL DIMPLE MANAGEMENT

SACRAL DIMPLE

- Is the base of the dimple unseen or not covered with skin?
- Is there a tuft of hair in the dimple?
- Are there any associated problems, such as weak lower limbs?
- Is the dimple >2.5cm from the anus?

IF NO TO ALL QUESTIONS:
Parental reassurance

IF ANSWERING YES TO ANY QUESTIONS:
Registrar review
Consider USS lumbar spine



“In the newborn child, isolated midline sacral dimples and small pits can be safely ignored. Only atypical dimples are associated with a high risk for spinal dysraphism, particularly those that are large (>5 mm), high on the back (>2.5 cm from the anus), or appear in combination with other lesions.”

“If there are other stigmata of spinal dysraphism or associated congenital abnormalities, US of the neonatal lumbar spine is the investigation of choice. MRI is indicated when US is abnormal/equivocal, when there are neurological signs, or when there is a discharging lesion.”

Ref: The Royal College of Radiologists. Sacral dimple or other cutaneous stigmata in children (eg, hairy patch). In: iRefer: Making the best use of clinical radiology [Internet]. London: The Royal College of Radiologists; 2012.