Spina Bifida Occulta is a group of conditions affecting the spinal column. The spinal column is made of bones, called “vertebrae.” They support the body and protect a large group of nerves, called the “spinal cord.” The spinal cord carries nerve signals from the body to the brain.

Spina Bifida Occulta is common; 10 to 20 percent of healthy people have it. Normally it is safe, and people often find out they have it through an X-ray. Spina Bifida Occulta normally doesn’t cause nervous system problems. The form of Spina Bifida Occulta that normally doesn’t cause problems can be called “vertebral fusion defect.”

**Forms of Occulta**
There are other forms of Spina Bifida Occulta that do cause problems. They are:

- tethered spinal cord — the lower end of the spinal cord is not attached correctly to the rest of the body. The cord gets stretched and damaged;
- lipomyelomeningocele and lipomeningocele — this is like a tethered spinal cord, except it is attached to a benign fatty tumor;
- thickened filum terminale — the end of the spinal cord is too thick;
- fatty filum terminale — there is a fatty lump at the inside end of the spinal cord;
- diastematomyelia (split spinal cord) and diplomyelia — the spinal cord is split in two, usually by a piece of bone or cartilage; and
- dermal sinus tract (with involvement of the spinal cord) — the spinal canal and the skin of the back are connected by what looks like a band of tissue.

**Signs of Occulta**
People can have these forms of Spina Bifida Occulta even if there is nothing wrong with the spine. Signs are:

- pain in the back or legs;
- weakness in the legs;
- numbness or other changes in feeling in the legs or back;
- deformed legs, feet and back; and
- change in bladder or bowel function.
People who could have a spinal cord problem should see a health care provider right away. What about people with no signs of a problem? Eighty percent of those with a spinal cord problem will have skin over the defect with:

- a hairy patch;
- a fatty lump;
- a hemangioma — a red or purple spot made up of blood vessels;
- dark spots or birth marks — these are red and don’t include blue-black marks, called “Mongolian spots”;
- a skin tract (tunnel) or sinus — this can look like a deep dimple, especially if it’s too high (higher than the top of the buttocks crease), or if its bottom can’t be seen; and
- a hypopigmented spot — an area with less skin color.

No matter the age, people who have these signs should see a health care provider who treats the spinal cord. Not every person with a skin defect of the lower back has Spina Bifida Occulta. This is especially true for those with sacral dimple. An ultrasound (only for newborns) or magnetic resonance imaging (MRI) may be used to confirm a problem.

**Genetics**

People with a first-degree relative (parent, sibling) with Spina Bifida are 5 to 10 times more likely to have Spina Bifida than the greater population. Myelomeningocele (or meningomyelocele) is a form of Spina Bifida where the spinal cord defect is seen through open skin. It occurs more often in families that have had it and probably raises the risk for other types of Spina Bifida. The genetic risk of having Spina Bifida Occulta with symptoms isn’t known.

Testing and genetic or pregnancy counseling should be done case-by-case with trained professionals. Women who can have children should take 400 mcg (0.4 mg) of folic acid each day to reduce the risk of having a baby with Spina Bifida.

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**Questions?**
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*This information does not constitute medical advice for an individual. As specific cases may vary from the general information presented here, SBA advises readers to consult a qualified medical or other professional on an individual basis.*

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