

**PP33****Neurological improvement after myeloschisis repair**

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Myeloschisis is a rare form of spinal disrafisms. In this type of spina bifida, spinal cord is flattened, plate-like mass of nervous tissue with no overlying membrane. Involved area is not herniated through the skin as myelomeningocele.

Our case is a girl newborn delivered by vaginal route. We inspected myeloschisis starting from L1 segment, through L5 segment. We noticed no motor and sensorial response in lower extremities in neurological examination. We performed surgery to repair myeloschisis defect at first postnatal day. While repairing the defect, we noticed that neural tissue was attached to the edges of the skin defect, and we dissected the spinal cord from surrounding tissues. We recorded no response in motor evoked potentials in the surgery. Patient was cared in the newborn intensive care unit for 5 days after surgery. In the follow up, we noticed spontaneous hip flexion at the fifty fifth day.

Neurological deficits are considered irreversible in myeloschisis cases. We decided the dissection of spinal cord from surrounding tissues, repaired tethered cord and arranged improvement in neurological findings. We stated not only myeloschisis is responsible for neurological deficits, but also tethering of the neural tissue contributes to the findings.