WESTERN CAPE ASSOCIATION FOR PERSONS WITH DISABILITIES
TM WCAPD

PO Box 1544
Millerton
7435

Phone : (021) 555-2881
Fax : (021) 555-2888
E-mail : director@wcapd.org.za
Website : www.wcapd.org.za

ShareCall : 0861 APD INFO
0861 273 4636

More information

Association for Spina Bifida & Hydrocephalus

Andrea Compton
14 Avonwold
Saxonwold
2196

Tel : (011) 646-9162
Fax : (011) 646-9156
andrea@icon.co.za

adding value to lives

Focus on... Spina Bifida

What is Spina Bifida?

Spina Bifida is one of the most common congenital defects, occurring within the first 25 days of pregnancy, and affecting between one and three infants per thousand in most parts of the world. Spina Bifida is a neural tube defect which occurs when the neural tube does not close properly along its length so part of the meninges or spinal cord protrudes through the spinal column, often resulting in physical disability. The severity of the problems caused by spina bifida depends on the size of the lesion, its location along the spine and the extent of the damage caused to the spinal cord. It can result in lack of bladder or bowel control, paralysis of the legs and abnormal spinal curvature.

More than 85 % of children with Spina Bifida also have Hydrocephalus or develop this at a later stage. It is due to an abnormality that prevents free circulation and drainage of the cerebrospinal fluid (fluid that circulates in the brain and spinal cord). As a result, the fluid accumulates and causes the head to enlarge excessively. If not treated this may cause brain damage and may lead to mental disability.

What is the incidence of Spina Bifida?

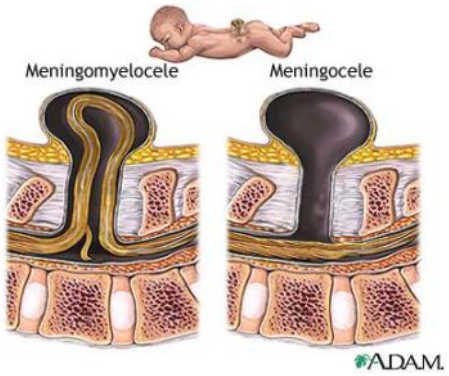
Spina Bifida is a result of lack of absorption of folic acid . The quality of food can have an influence on this, though other preventive measures may also be necessary. Research in many countries has shown that periconceptual folic acid intake can greatly reduce a woman's risk of having a baby with a neural tube defect.

The incidence of neural tube defects varies according to region, social class and population group. The incidence in South Africa is believed to be around 1 in 500 to 800 births making these conditions an important field of research. Inheritance is multifactorial which means that genes from both parents interact with some factors in the environment to cause a defect.

Types of Spina Bifida

The three most common types of Spina Bifida are: Spina Bifida occulta, meningocele and myelomeningocele.

Spina Bifida Occulta is a mild form of Spina Bifida which is very common. Estimates vary but between 5% and 10% of people may have Spina Bifida occulta. It must be emphasised that, for the vast majority of those affected, having Spina Bifida occulta is of no consequence whatsoever. Often people only become aware that they have Spina Bifida occulta after having a back x-ray for an unrelated problem. However, for a few (about 1 in 1,000) there can be associated problems



Meningocele In this form, the sac contains tissues which cover the spinal cord (meninges) and cerebro-spinal fluid. This fluid bathes and protects the brain and spinal cord. The nerves are not usually badly damaged and are able to function, therefore there is often little disability present. This is the least common form.

Myelomeningocele (meningomyelocele) is the most serious and more common of the two forms of cystic Spina Bifida. Here the cyst not only contains tissue and cerebro-spinal fluid but also nerves and part of the spinal cord. The spinal cord is damaged or not properly developed. As a result, there is always some paralysis and loss of sensation below the damaged region. The amount of disability depends very much on where the Spina Bifida is and the amount of nerve damage involved. Many people with this condition have bowel and bladder problems because of damage to the nerves going to the bowel or bladder from the bottom end of the spinal cord.

What is the prognosis?

Spina bifida and hydrocephalus, separately or in combination, are serious impairments. Spina Bifida is a condition that cannot be cured. In most cases several surgical interventions are needed, such as the closure of the back after birth. Good medical care and intensive training can prevent many complications and improve the quality of life.