

### Introduction

The level of the conus medullaris considered “normal” is a controversial topic in pediatric neurosurgery. Determination of normal level remains extremely relevant in deciding to perform prophylactic detethering on infants with abnormally low-lying conus.

### Methods

We reviewed radiographic images of 219 infants born with concerns for low-lying conus medullaris. The level of the conus was assigned a numerical value (e.g. L1 = 1, L2 = 2, etc.) In patients where the conus was located opposite to the disk space at the junction of two vertebral bodies, the numerical value was averaged.

### Results

The average gestational age at birth in all 219 patients was 38±3.3 weeks (range 26 -41). All 219 patients had an initial ultrasound of the lumbosacral spine. Of all 219 patients, 193 (88%) had an MRI of the lumbosacral spine. In these 193 patients, the average gestational age at which the initial ultrasound was obtained was 43±8.4 weeks (range 27-82), and the average level of the conus medullaris at the time of the first ultrasound was 2.8±0.8 (range L1 to S1). The average age at which the MRI was obtained in these 193 patients was 73±41.8 weeks of gestation (range 35-324), and the average level of conus medullaris at the time of the MRI in these 193 patients was 2.6±0.9 (range L1 to S1). At the time of MRI, white patients, patients with syrinx, and patients with spinal and vertebral anomalies had a statistically significant lower conus level.

Table 1

Level of Conus Medullaris	Number of Patients (US1)	Number of Patients (US2 or MRI)
L1	4	9
L1-L2	6	17
L2	42	63
L2-L3	48	48
L3	82	50
L3-L4	15	9
L4	16	15
L4-L5	2	3
L5	3	2
L5-S1	0	2
S1	1	1

Figure 1

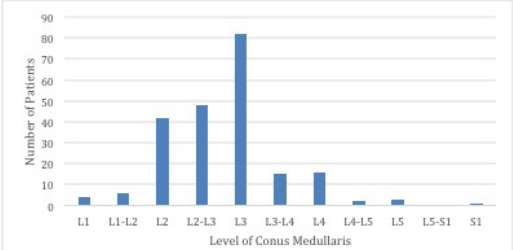
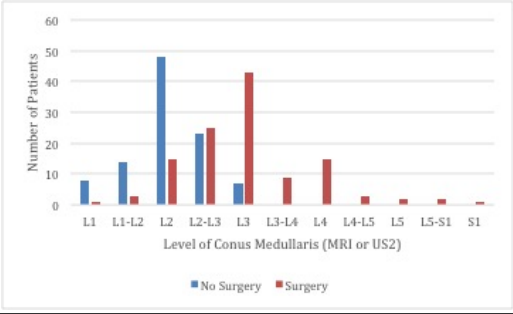


Table 2

Level of Conus Medullaris	Total No. Patients	No. Patients Undergoing Surgery	No. Patients Not Undergoing Surgery
L1	9	1 (11%)	8 (89%)
L1-L2	17	3 (18%)	14 (82%)
L2	63	15 (24%)	48 (76%)
L2-L3	48	25 (52%)	23 (48%)
L3	50	43 (86%)	7 (14%)
L3-L4	9	9 (100%)	0 (0%)
L4	15	15 (100%)	0 (0%)
L4-L5	3	3 (100%)	0 (0%)
L5	2	2 (100%)	0 (0%)
L5-S1	2	2 (100%)	0 (0%)
S1	1	1 (100%)	0 (0%)

Figure 2



### Conclusions

Our findings demonstrate average levels of the conus medullaris based on gestational age in a large patient sample. Further, we identify a number of demographic and clinical features associated with a lower average conus level.

### References

- 1.Yamada, S., D.J. Won, and S.M. Yamada, Pathophysiology of tethered cord syndrome: correlation with symptomatology. Neurosurg Focus, 2004. 16(2): p. E6.
- 2.Hertzler, D.A., 2nd, et al., Tethered cord syndrome: a review of the literature from embryology to adult presentation. Neurosurg Focus, 2010. 29(1): p. E1.
- 3.Rinaldi, F., et al., Tethered cord syndrome. J Neurosurg Sci, 2005. 49(4): p. 131-5; discussion 135.
- 4.Oakes, W.J., The borderlands of the primary tethered cord syndrome. Clin Neurosurg, 1996. 43: p. 188-202.
- 5.Barson, A.J., The vertebral level of termination of the spinal cord during normal and abnormal development. J Anat, 1970. 106(Pt 3): p. 489-97.