A vaginal CSF leak

Figure Currarino triad

(A) CT scan: following retrograde injection, contrast is tracking up the spinal canal. (B) MRI scan: the ventral sacral meningocele and anterior sacral defect are clearly shown. 1 = sacrum; 2 = thecal sac; 3 = sacral defect; 4 = meningocele.

A 26-year-old woman presented to her gynecologist with persistent clear vaginal fluid loss for 2 months, accompanied by symptoms of headache and vertigo. Subsequently, she developed tenesmus. Surgical exploration revealed a duplicated anus and a presacral mass draining clear fluid containing white particles. In the following hours the patient developed a fulminant meningitis. Imaging (figure) revealed a neuroenteric fistula communicating with the thecal sac through a ventral sacral meningocele. This combination of anorectal malformation, sacral defect, and meningocele is known as the Currarino triad.^{1,2} Early recognition of this entity is of paramount importance in preventing a potentially devastating meningitis.

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