A newborn who was diagnosed with congenital clubfeet in utero using ultrasound was born with a human tail (Figure 1A). Clinical examination revealed a pigmented stain and a pilonidal dimple above the tail (Figure 1B). No neurologic dysfunction was noted, and the reflexes were intact. In view of Figure 2 MRI of the Lumbar Spine

Sagittal T1-weighted (A) and T2-weighted with fat-sat (B) images show a terminal intraspinal lipoma (arrow) attached to the conus medullaris (arrowhead). The cord is tethered at L5-S1 level. There is also a central cystic dilation in the spinal cord (asterisk) consistent with a hydrosyringomyelic cavity. Axial T2-weighted images at S2/S3 level (C) demonstrating defect of fusion of posterior arches (arrow) and Co2/Co3 level (D) showing tubular appendage composed of subcutaneous fat tissue and covered by skin, emerging in the paramedian sacrococcygeal region, compatible with the tail (arrow).
the presence of tail/dimple, MRI of the spine was performed which showed occult spinal dysraphism, a tethered cord caused by an intradural lipoma and a hydrosyringomyelic cavity (Figure 2). The patient underwent surgery (Figure 3) to excise the intradural lipoma and the human tail.

Patients with cutaneous stigmata such as a dimple, pigmented stain, skin appendage, or asymmetric gluteal cleft should be investigated radiographically with ultrasound or MRI for underlying spinal cord abnormalities such as spinal dysraphism and spinal cord tethering, even in cases without neurologic symptoms. While tail position tends to correlate with underlying etiology, the cause may vary dramatically.

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References
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