The fetus of a 34-year-old primigravida with gestational diabetes but no folate deficiency was found to have a posterior sacral cystic lesion at 21-week ultrasound. Fetal MRI at 22 weeks revealed a 2.3 × 1.1 × 2.2 cm hyperintense cystic lesion, resembling a meningocele without bony or intracranial abnormalities (Figure 1). Postnatally, a midline fluid-filled sacral mass with squamous epithelial covering was seen (Figure 2A). Neurologic examination was normal. Postnatal MRI confirmed the diagnosis of limited dorsal myeloschisis (LDM) and also detected...
Chiari I malformation (Figure 1). LDM should be considered in posterior sacral cystic lesions without bony abnormalities and has a better prognosis than meningoceles.²

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**Figure 2 Clinical Images**

(A) 3.5 × 5 cm limited dorsal myeloschisis. Intraoperative photographs: (B) fibroneural stalk (arrow); (C) location of surgical coagulation and sectioning of tethered cord (dashed line); and (D) detethered cord (arrow).

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**Appendix**

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