Spina Bifida

Your Name (First M. Last)

School or Institution Name (University at Place or Town, State)

**Spina Bifida**

 **Introduction**

 Spina bifida is a birth defect which is caused by the incomplete closure of the spine and spinal cord during the early development. In the development of the human brain inside the womb of a mother, the top of the tube develops the brain and the remaining part shapes the spinal cord. It is essentially completed by the 28th day of pregnancy. However, brain disorder can occur in case of a complexity which surfaces the defect spina bifida (“Spina bifida (Split Spine): Causes, Symptoms, Diagnoses, and Treatment,” n.d.). Spina bifida is the most prominent birth defect which is affiliated with lives in the United States of America (USA). It ranges from mild to severe as the cases of occurrence are rarely the same in two children. The extent of severity depends on the opening located on the spine. It is imperative to deliberate the causes, symptoms, prevention, treatment and prognosis of spina bifida.

**Types**

 It can occur in several forms as spina bifida occulta, occult spinal dysraphism (OSD) and meningocele. In OSD, most of the babies have a dimple in the lower back. Doctors have to utilize specialized test and tools to be sure as all the babies with dimples do not establish OSD. The other common signs are tufts of hair on the small lump and hyperpigmented patches on the back. The spinal cord struggles to grow an inappropriate manner in OSD and manifests in serious problems. The second type is spina bifida occulta. It is present in approximately 15% of healthy people and called hidden spina bifida. It has no symptoms and rarely causes potential harm. An X-ray of the back makes people aware that they have spina bifida occulta (“What is Spina Bifida?,” n.d.). However, it is necessary to underpin that the diagnosis through an X-ray is deemed an incidental finding because the x-ray is intended for other purposes. In a small group of population with SBO, neurological symptoms and pain may occur. Tethered cord is an insidious complexity which needs the assessment from a neurosurgeon. The third kind is the Meningocele that causes the part of the spinal cord to traverse through the spine as a sac is pushed out. Nerve fluid is present in the sac and causes no nerve damage. However, minor disabilities may occur in minor with these disabilities.

 **Diagnoses**

 Three common checks are present for identification of spina bifida in the baby inside the womb of the mother. First, a sample of mother’s blood can be tested to find out the extent of the specific protein called AFP (16 weeks of gestation). In case AFP level is high, it may indicate the presence of spina bifida or another tube defect in the baby. Another prominent technique used for diagnosis is through ultrasound. The tissues in the body are bounced off by high-frequency sound waves and pictures of the baby are made on the monitor. If the baby has spina bifida, a sack poking outside the spine or an open spine will be visible.

 **Prognosis**

 Children suffering from spina bifida can also lead proactive lives. Activity, prognosis and participation rely on the severity and number of abnormalities and pertinent environmental factors. A wide range of children with this disorder possess intelligence similar to others and can walk with assistive devices. In case a learning complexity develops, educational and appropriate interventions prove productive.

 **Signs and Symptoms**

 All cases which account for the occurrence of spina bifida are not known. Similar to several other complexities, it results from a combination of environmental and genetic risk factors as family history to folate deficiency and tube defect. Spina bifida can cause minor physical symptoms or disabilities. When it is severe, it leads to further critical physical disabilities. It is affected by the location and size of the tube, the skin around the affected area and the spinal nerves coming out of the spinal cord (“Spina bifida - Symptoms and causes,” n.d.). Mobility and walking problems can occur where the factors deciding whether or not a child can walk are dependent on the care received after and before birth. Skin problems can also be found in the c children with spina bifida. They can have wounds on their legs, feet, buttock and back. Blisters or sore can further become critical wounds or foot infections which are hard to cure. Other complexities involve gastrointestinal disorders, depression and urinary tract infections. Learning disabilities may surface in children was difficulty in understanding math, learning and paying profound attention.

 **Treatment and Outcome**

 The treatment of spina bifida is dependent on the severity of the complexity. It is treated shortly after or before birth. Children with Meningomyelocele are primarily operated within 2 to 3 days of birth. It prevents the infection and shields the spinal cord from getting more damage. Surgery is used to treat the child and in most of the cases, children are not paralyzed. Several children with the condition grow without complexities but they ought to be checked as they may have other adverse complexities. For children with OSD, they ought to visit a surgeon. A wide range of experts thinks surgery is required in the early stages to keep the brain and nerves from becoming damaged with the passage of time and growth of children. In spina bifida occulta, treatment is not necessary. However, it is key to discuss outcomes related to the prevention of spina bifida. Though there exist no prominent causes, it has bens that women who are old to give birth to babies ought to take folic acid during the three months and before pregnancy.

References

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