

# A Literature Review of the Correlation between Faun Tail Nevus presentation and Spinal Dysraphisms

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## Background

Faun tail nevus (FTN) is a rare congenital cutaneous finding characterized by a localized tuft of hair over the lower lumbar vertebrae, typically in a midline distribution. Although faun tail nevus can be present without underlying spinal abnormality, it is frequently seen in the presence of underlying occult spinal dysraphism, most commonly spina bifida occulta. The presence and severity of accompanying cutaneous features, such as dense hypertrichosis, midline dimpling, dermal sinus tracts, or visible subcutaneous tracking, may correlate with the extent of underlying spinal pathology. Given this association, spinal imaging with ultrasound in infants or magnetic resonance imaging in older patients should be considered even in the absence of neurologic symptoms, as a preventive measure to identify occult abnormalities.

## Objectives

To highlight the association between faun tail nevus and spina bifida occulta and to emphasize the role of dermatologists in early identification and referral.



Figure 1: Clinical presentation of faun tail nevus, highlighting a key cutaneous marker prompting evaluation for underlying spinal anomalies.

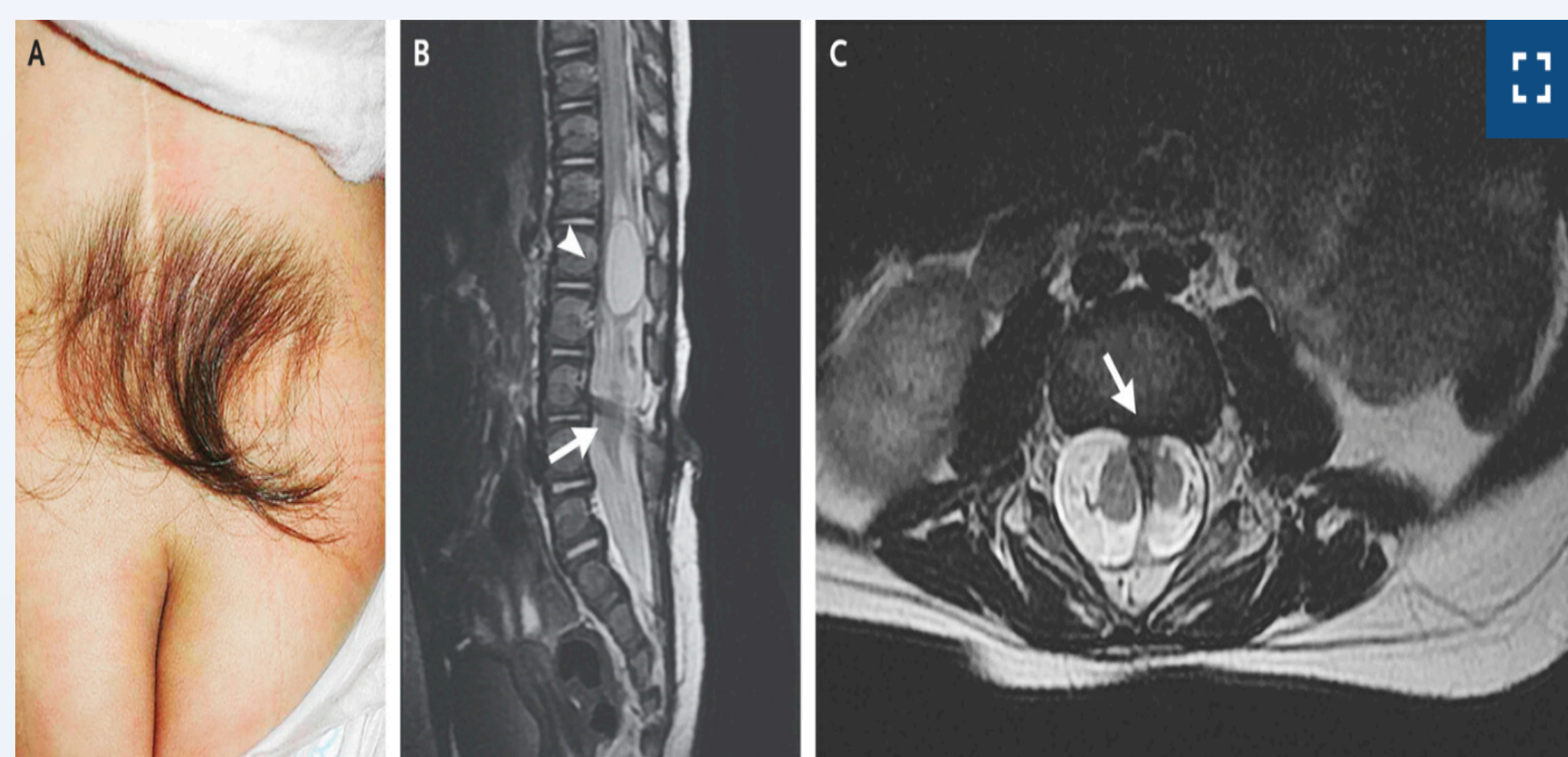


Figure 2: Faun tail nevus with associated spinal dysraphism. (A) Localized lumbosacral hypertrichosis. (B-C) MRI demonstrating underlying spinal cord abnormality (arrows). Adapted from *New England Journal of Medicine*

## Methods

A review of updated case reports and literature published on accredited journals such as PubMed and JAMA was performed. An emphasis was placed on cases and literature focusing on associated spinal imaging findings, neurologic presentation, and management. Severity of faun tail nevus presentation was compared with extent of abnormal MRI findings. Findings were analyzed to assess the correlation between FTN and occult spinal anomalies

PERCENTAGE OF CHILDREN WITH FTN AND COEXISTING ABNORMALITY (N=15)

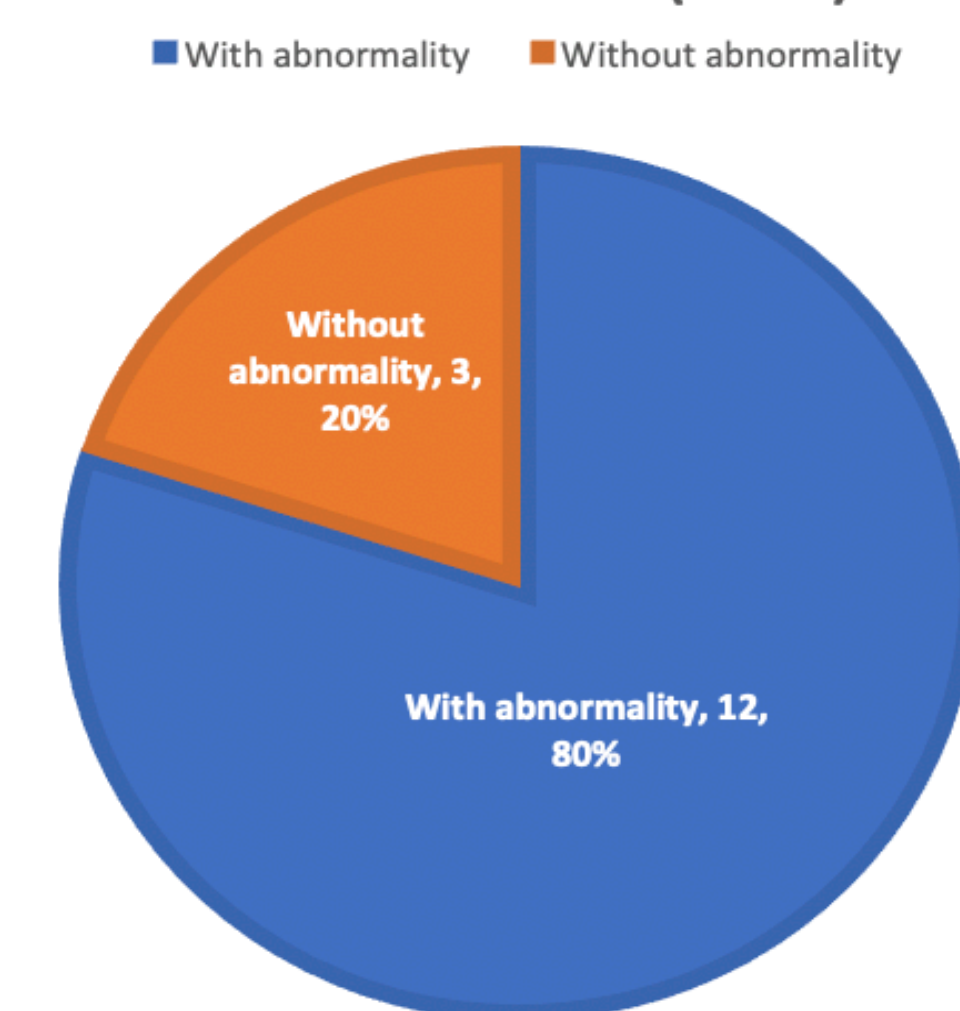


Figure 3: Distribution of spinal abnormalities in reported faun tail nevus cases, demonstrating a high prevalence of associated dysraphism.

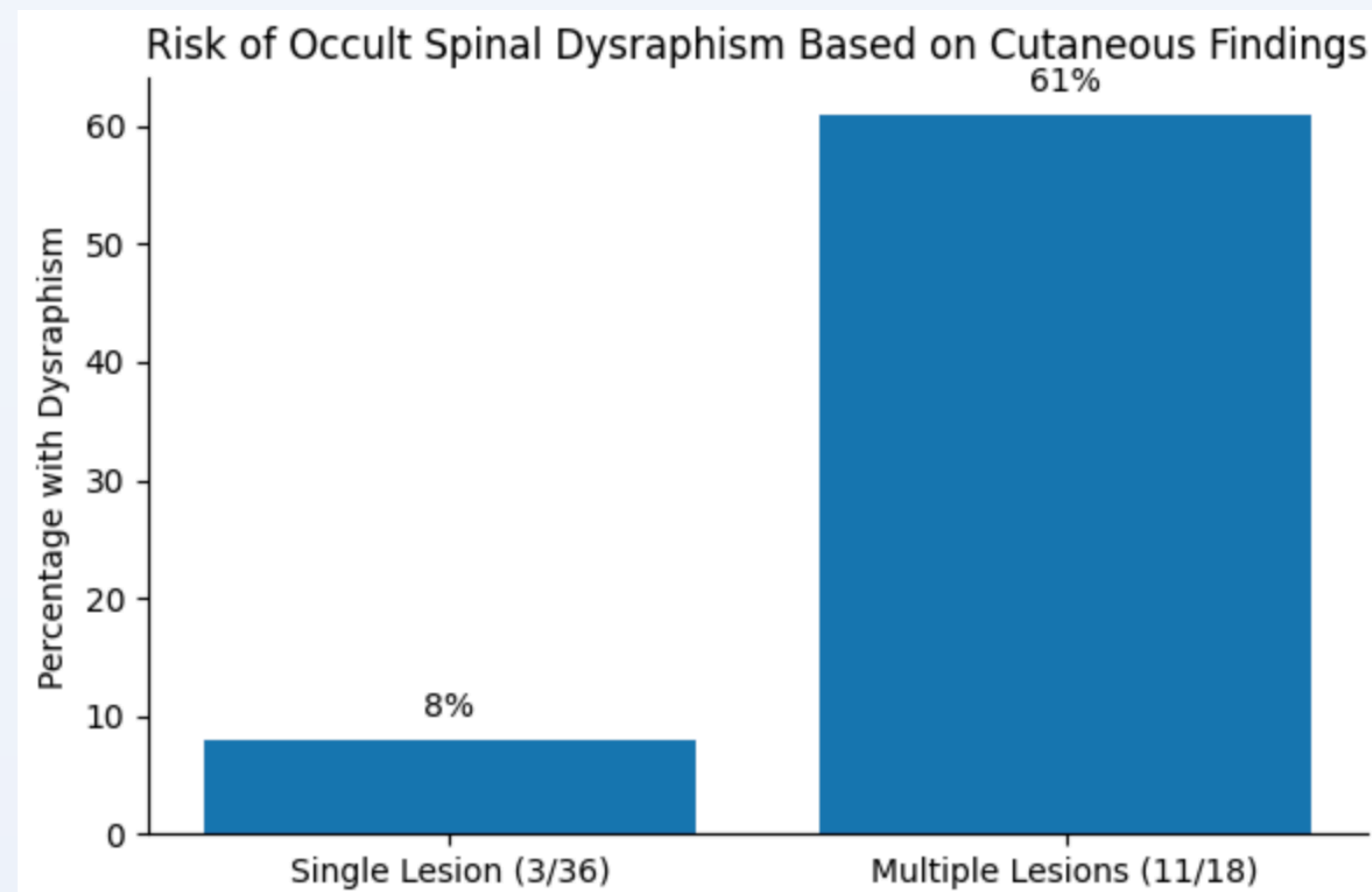


Figure 4: Prevalence of occult spinal dysraphism in patients with single versus multiple lumbosacral cutaneous lesions. Data adapted from *JAMA Dermatology*.

## Results

Review of the literature demonstrates a strong association between FTN and underlying spinal dysraphism, most commonly spina bifida occulta, tethered cord, and diastematomyelia. It is of importance to underline the fact that many affected patients are neurologically asymptomatic at presentation. The underlying spinal abnormalities were typically only discovered after dermatologic recognition prompted imaging. Unfortunately, the tendency for asymptomatic presentation prolonged appropriate diagnostic testing in early years. Although rare cases of isolated FTN without spinal involvement have been reported, the majority of documented cases reveal underlying abnormalities on magnetic resonance imaging. The ability of asymptomatic patients to obtain MRI scans after dermatologic recommendation varied on socioeconomic factors, highlighting the difficulties underserved populations face in the pursuit of preventative care. Notably, many patients lack neurologic or urologic symptoms at presentation, underscoring the importance of visual recognition rather than symptom-driven evaluation. In the absence of such symptoms, many patients may be dissuaded from perceived unnecessary screening.

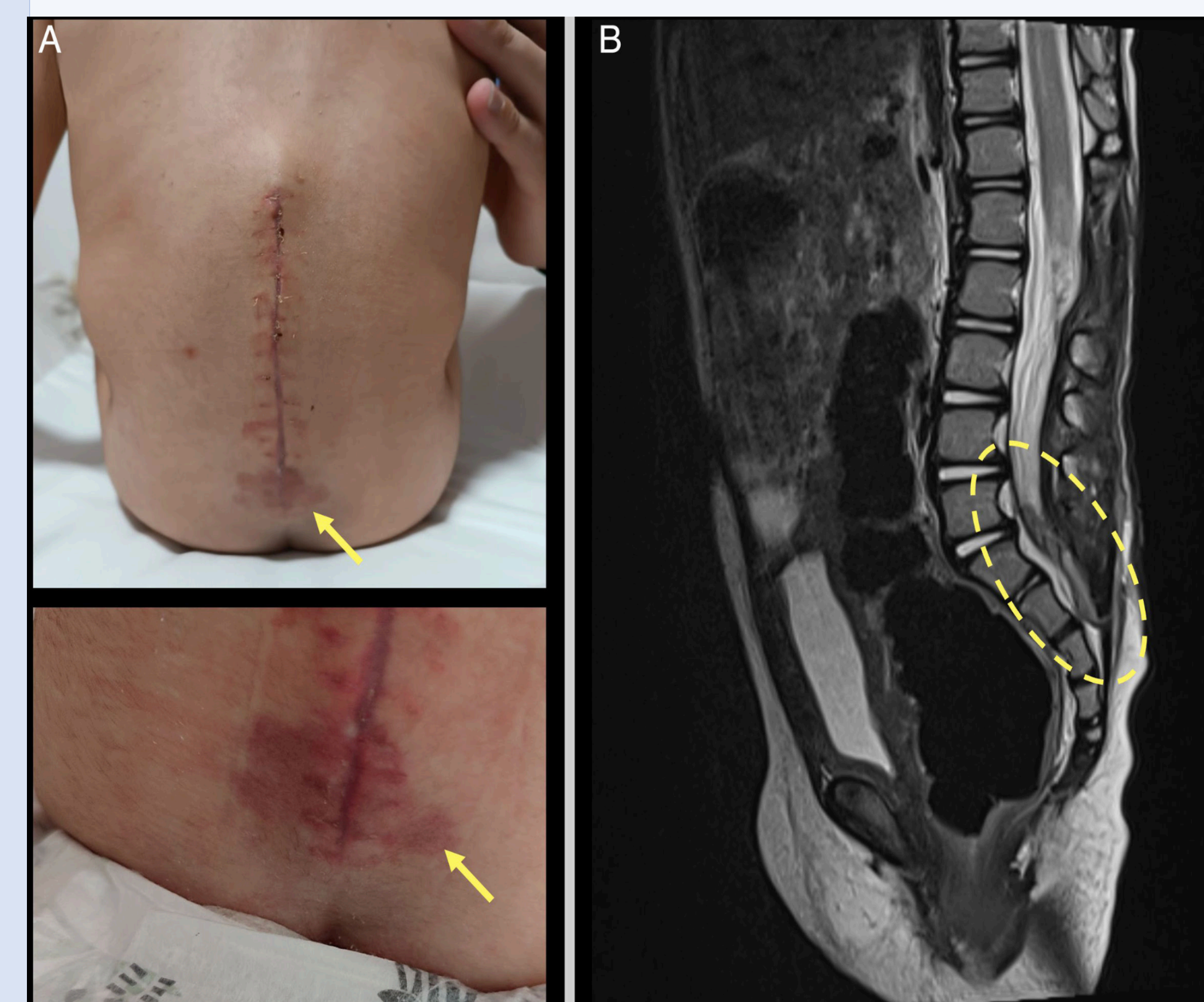


Figure 5: (A) Lumbar infantile hemangioma over the surgical scar (yellow arrows). (B) Postoperative MRI. T2-weighted image, sagittal view: sacrococcygeal fistulous tract probably associated with dermal sinus (yellow dotted circle). Adapted from a case study published in the *Pediatric Journal of Spain*.

## Psychosocial Data and Considerations

Many patients are asymptomatic. The financial cost of screening and lack of access to care has been showed to lead to delayed evaluation

Recognition depends on dermatologic identification, which relies on access to care.

MRI is the gold standard for diagnosis of FTN, as it is necessary for visualization of spinal abnormalities. Lesions present since birth but often not evaluated early

Psychosocial concerns, such as embarrassment of the appearance of the lesion, may drive presentation more than medical symptoms

## Conclusions

Faun tail nevus is a clinically significant dermatologic marker of spina bifida occulta and other forms of occult spinal dysraphism. Dermatologists should maintain a low threshold for spinal imaging when FTN is identified, even in asymptomatic patients, to facilitate early diagnosis and multidisciplinary management.

FTN represents a high-risk cutaneous marker of occult spinal dysraphism. Early identification by dermatologists and prompt spinal MRI can prevent delayed diagnosis and potential neurologic sequelae. Recognition of FTN should trigger collaboration with neurology and neurosurgery prior to cosmetic management.

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