

DD	Parasitic limb	Spinal Dysraphism	Sacroccygeal teratoma
Definition	Parasitic limb is a form of parasitic twinning which itself is an asymmetrical version of conjoined twins. The parasitic limb is thus a part of the partially formed fetus which is attached to a normal, functioning fetus.	A spectrum of congenital anomalies resulting in a defective neural arch through which meninges or neural elements are herniated	A cystic or mixed tumour attached to the fetus
Etiology	The “fission” theory suggests incomplete separation of the embryo while the “fusion” theory purports coalition of 2 originally distinct parts ⁹ Therefore this is a type of conjoined twinning in which tissues of an incompletely formed twin (parasite) are attached and dependent upon a fully developed twin (autosite).	Failure of primary (aperta dysraphism) / secondary neurulation (occult dysraphism)	arise from toti-potent cells from the node of Hensen at the anterior aspect of the coccyx by about the 2 nd to 3 rd weeks of gestation.
Diagnosis	Diagnosis would be by ultrasound in early pregnancy one would diagnose Monoamniotic twins with abnormal growth of one fetus	High resolution USG Maternal AFP level	USG and Colour Doppler study for hypervascularity
Prognosis	More favorable with the asymmetric (parasitic) than the symmetric conjoined twins because of less vascular and visceral connection in the parasitic twin.	depends on the degree of malformation of the neural placode and the level of defect	Benign- favourable Malignant- guarded
Treatment	Separation surgery	free the placode from the surrounding abnormal skin and reposition into the spinal canal with reconstruction	benign- surgical excision malignant – surgical excision and chemo