CLINICAL GUIDELINE	
Sacral Dimples or Pits	
Scope (Staff):	Nursing and Medical Staff
Scope (Area):	KEMH Postnatal Wards

Child Safe Organisation Statement of Commitment

The Child and Adolescent Health Service (CAHS) commits to being a child safe organisation by meeting the National Child Safe Principles and National Child Safe Standards. This is a commitment to a strong culture supported by robust policies and procedures to ensure the safety and wellbeing of children at CAHS.

This document should be read in conjunction with this DISCLAIMER

Background

Shallow sacral dimples are a normal variant in 4.3% infants and OSD (Occult Spinal Dysraphisms) is unlikely in blind-ending dimples and pits within the natal cleft[1]. Routine ultrasound of the spine **is not** indicated.

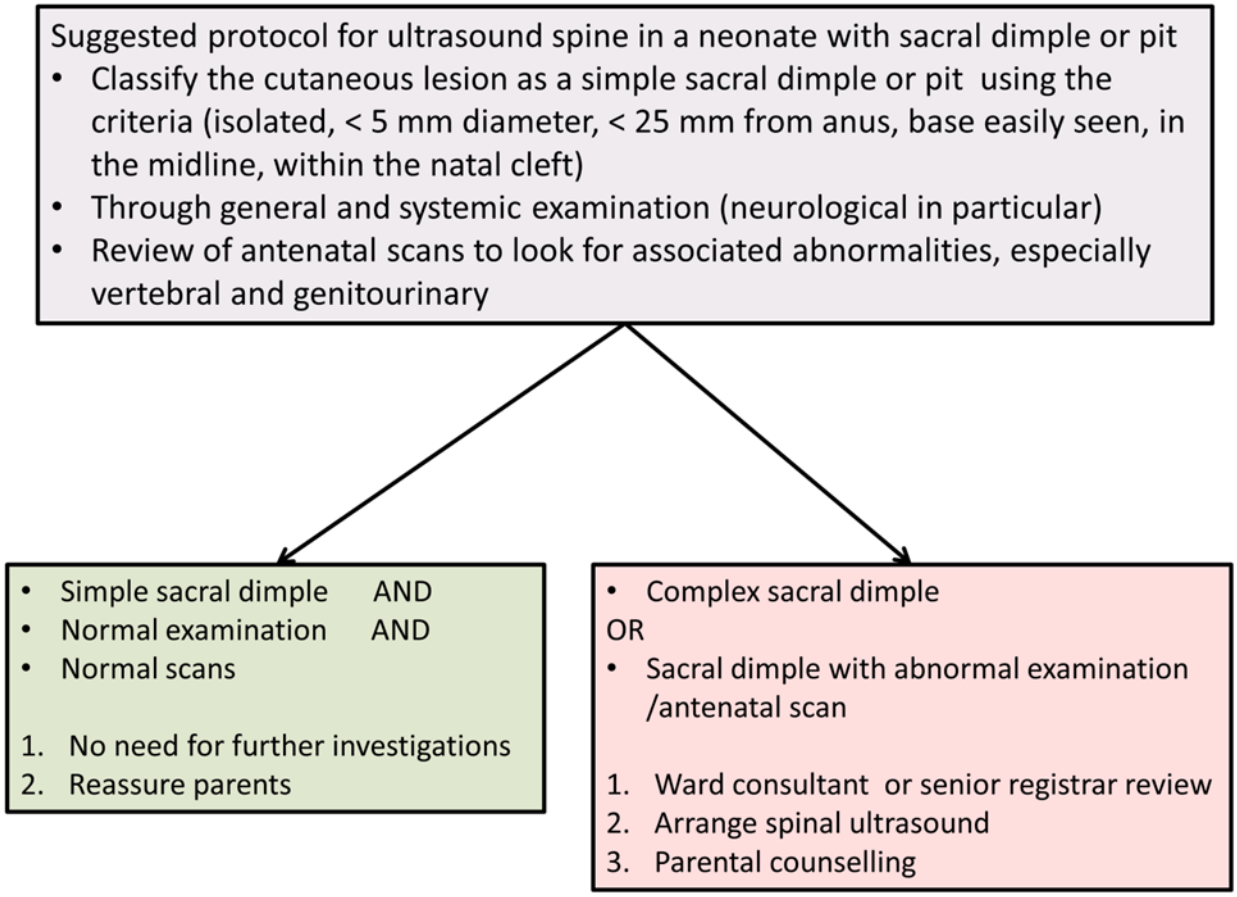
Which Sacral Dimples or Pits can be Safely Ignored and Parents Reassured?

- Simple sacral dimples or pits (solitary dimple, < 5mm in diameter, situated in the midline, and < 25 mm from anus) [2, 3].

Which Sacral Dimples or Pits Should we Worry About?

- Complex sacral dimples or pits: Sacral dimples associated with other cutaneous findings (hypertrichosis, haemangioma, caudal appendage, deviated gluteal fold, discharging sinus, etc) > 5mm in diameter, situated above the natal cleft or > 25mm from anus. [2, 3]
- Abnormal antenatal US scan of spinal column [4].
- In association with other OSD associated congenital abnormalities like CEARMS (Cloacal Exstrophy, Ano-Rectal Malformation Spectrum), genitourinary abnormalities, or VACTERL (Vertebral, Anorectal, Cardiovascular, Tracheo-oesophageal fistula, Renal and Limb anomalies).
- Associated suspicious signs or symptoms:
  - Neurological (weakness, spasticity or loss of sensation - difficult to demonstrate in neonates).
  - Urological.
  - Orthopaedic (scoliosis, pes cavus, talipes, congenital dislocation of hips).

Figure 1: Suggested protocol for ultrasound spine in a neonate with sacral dimple or pit



References and related external legislation, policies, and guidelines

1. Albert GW. Spine ultrasounds should not be routinely performed for patients with simple sacral pits. Acta Paediatr. 2016;105:890-894.
2. Kucera JN, Coley I, O'Hara S, et al. The simple sacral dimple: diagnostic yield of ultrasound in neonates. Pediatr Radiol. 2015;45:211-216.
3. Seregni F, Weatherby T, Beardsall K. Do all newborns with an isolated sacrococcygeal dimple require investigation for spinal dysraphism? Arch Dis Child 2-19;104(8):816-818.
4. Robinson AJ, Russell S, Rimmer S.The value of ultrasonic examination of the lumbar spine in infants with specific reference to cutaneous markers of occult spinal dysraphism. Clin Radiol. 2005 Jan;60 (1):72-7.

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File Path:			
Document Owner:	Neonatology		
Reviewer / Team:	Neonatal Coordinating Group		
Date First Issued:	October 2014	Last Reviewed:	25th May 2020
Amendment Dates:		Next Review Date:	25th May 2023
Approved by:	Neonatal Coordinating Group	Date:	23rd June 2023
Endorsed by:	Neonatal Coordinating Group		
Standards Applicable:	NSQHS Standards:		

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