INTRODUCTION:
Cobb syndrome or Cutaneomeningospinal Angiomatosis or Spinal Arteriovenous Metameric Syndrome is a rare non-inherited metameric disorder, of which only 50 cases have been documented worldwide\(^1\). It is characterised by coupling of a vascular abnormality of the spinal cord, with associated vascular skin lesion of the same metamere.

MATERIALS & METHODS:
A 12 year-old boy was referred to us to rule out liposarcoma. He had a lipoma excised from his left upper back at 4-year-old and presented with increasing swelling over his right back and gradual onset spastic paraplegia over 1 month. Upon examination, a 18x15cm hyperpigmented vascular lesion was noted in the right posterolateral lower thoracic chest wall associated with a large subcutaneous soft tissue mass extending from the lower thoracic spine medially in continuity with the hyperpigmented lesion laterally.

Examination revealed bilateral spastic lower limb weakness, reduced sensation, upgoing plantar responses, hyperreflexia and clonus.

RESULTS:
CT TAP and angiography demonstrated an AVM at the right lateral and posterior upper chest and upper abdominal wall, measuring 17.6 x 19.3 x 21.1cm (APxWxCC). Spinal angiography demonstrated a capillary malformation arising from the right T8-T11 posterior intercostal and right L1-L2 lumbar arteries.

DISCUSSIONS:
Cobb syndrome was first described by Cobb in 1915\(^2\). Unlike spinal trauma, infection or tumour, the neurological deficit in Cobb Syndrome can evolve over a long period of time, sometimes as long as months. Neurology is believed to result from venous hypertension, cord compression and blood steal syndrome\(^2\).

CONCLUSION:
Although it is very rare, any encounter of a cutaneous vascular lesion with gradual neurological deficit must raise a suspicion of Cobb Syndrome.

REFERENCES: