



Treatment Outcomes in Early Onset Scoliosis: *Compared to What ?* Michael G. Vitale MD MPH

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Morgan Stanley Children's Hospital of NewYork-Presbyterian Columbia University Medical Center



Columbia Orthopaedics Pediatric Orthopaedic Surgery

Successful Ortho-paedic "Outcome"

96 deg

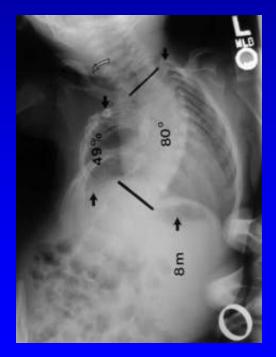
26 deg





Endpoints

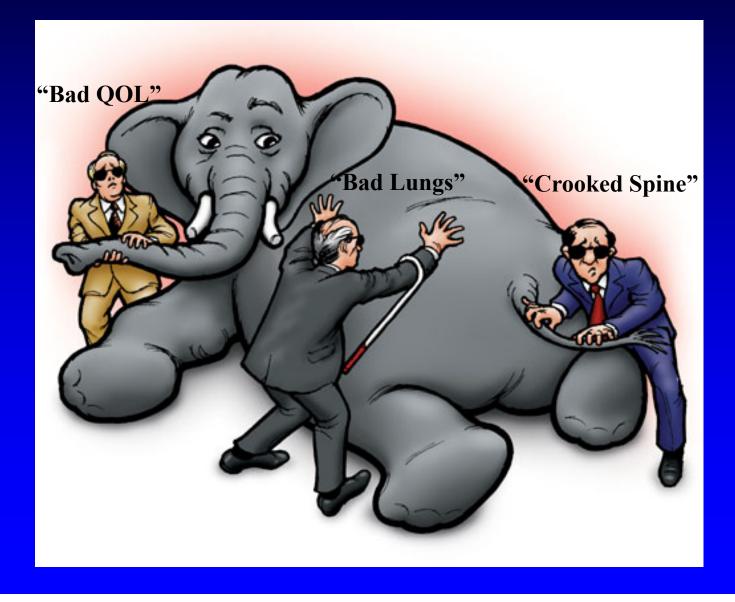




- Pulmonary Function
- Quality of Life
- Life Expectancy



Don't be the Blind Man



Patient-Based Outcomes

- "In the field of scoliosis, there is one rule: keep your eye upon the patient, and not upon the curve."
- **-** Cobb, 1948

"Treat the patient, not the x-rays."
Blount, 1955



Outcomes: Compared to What ?

- Natural History
- Early Fusion
- Comparison of various techniques eg GR vs
 VEPTR
- How to measure ?
 - Life expectancy
 - Pulmonary Function
 - Quality of Life
 - Burden of Care
 - Psychosocial Effects of Repetitive Surgery

What We Know

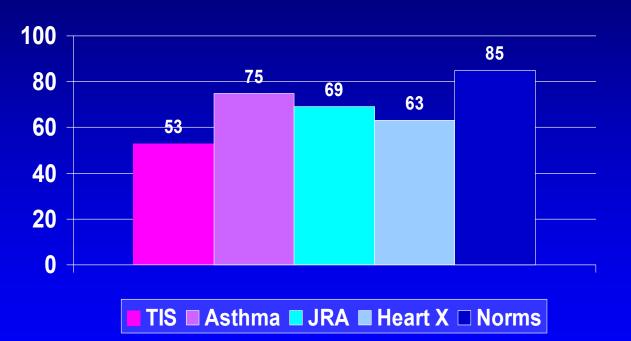
- EOS can be a bad disease
 - PFT
 - QOL
 - Life Expectancy

Early Spine Fusion is Associated with Adverse Pulmonary Outcome

- Goldberg CJ, et al. Respiratory function and cosmesis at maturity in infantile-onset scoliosis.
- Emans JB, et al. Earlier and More Extensive Thoracic Fusion is Associated with Diminished Pulmonary Function: Outcomes after Spinal Fusion of 4 or more Thoracic Spinal Segments Before Age 5.
- Karol, L. et al. The effect of early thoracic fusion on pulmonary function in non-neuromuscular scoliosis.
- Vitale et al; Retrospective Cohort Study of Pulmonary Function, Radiographic Measures and Quality of Life in Children with Congenital Scoliosis: An Evaluation of Patient Outcomes after Early Spinal Fusion

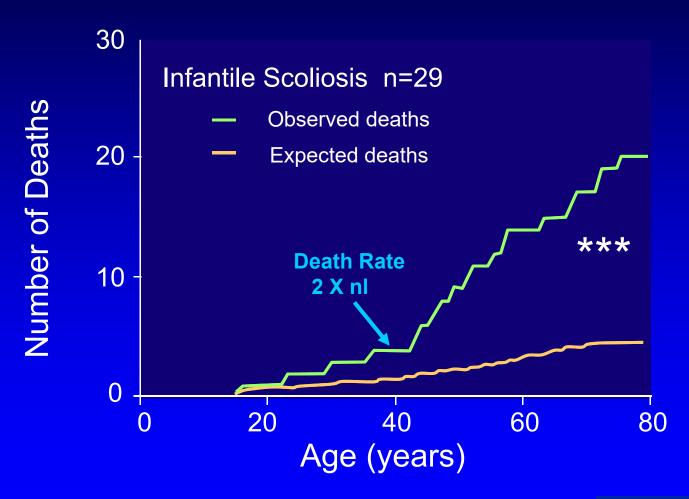
Quality of Life in Thoracic Insufficiency Syndrome

- These scores are among the lowest observed in pediatrics
 - Asthma
 - JRA
 - Heart transplant



QOL in Pediatrics

Natural History <u>Infantile</u> Idiopathic Scoliosis

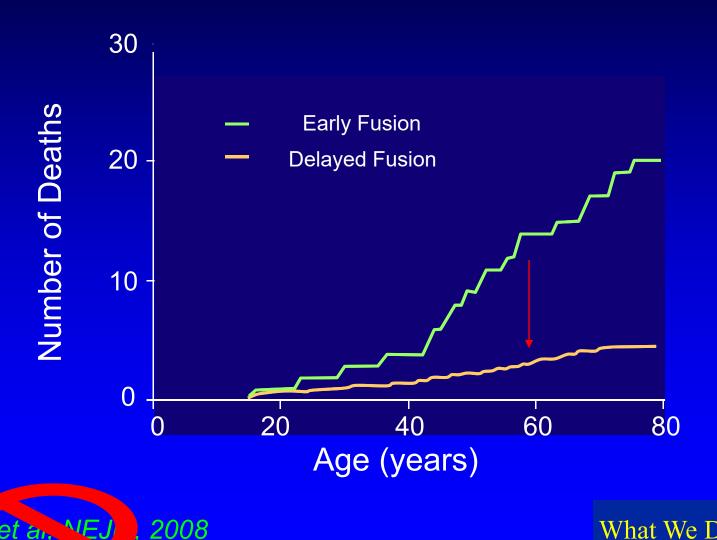


Pehrsson, Larssson, Oden & Nachemson, Spine, 1992

What We Know

RCT: Natural History of EOS VS NonFusion

Natural Hx n=416 **Growth Strategies/ Delayed Fusion N = 405**



Vita

et an

What We Don't Know

How to Behave in the Absence of Evidence

• Eminence based medicine

- "I have always"
- "you must"
- "you don't need a RCT to prove that jumping out of an airplane wo a parachute is a bad idea"

Skaggs 2007

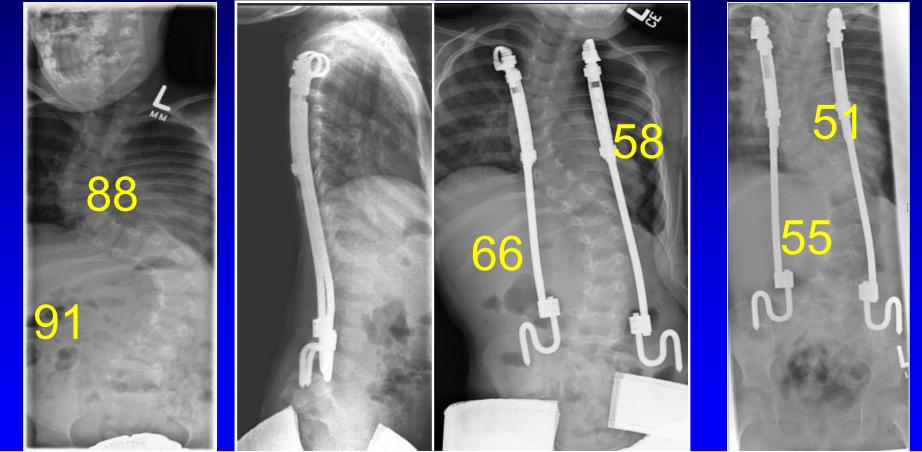


CDH- 6 months after Bilateral VEPTR "Better lung function, fewer respiratory illnesses"

5/07

7/07

11/07



<u>T1-S1 216 mm</u>

<u>256 mm</u>

<u>266 mm</u>

<u>VEPTR in SMA Syndrome</u> 7 yo male twins with SMA II



Both with Multiple Problems





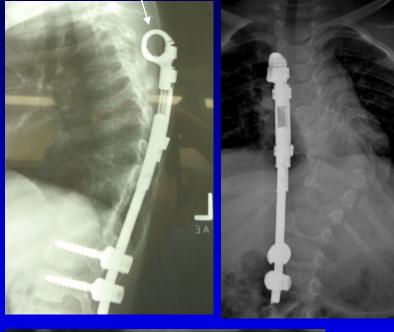


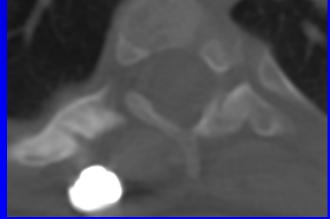
Status post revision to lumbar screws

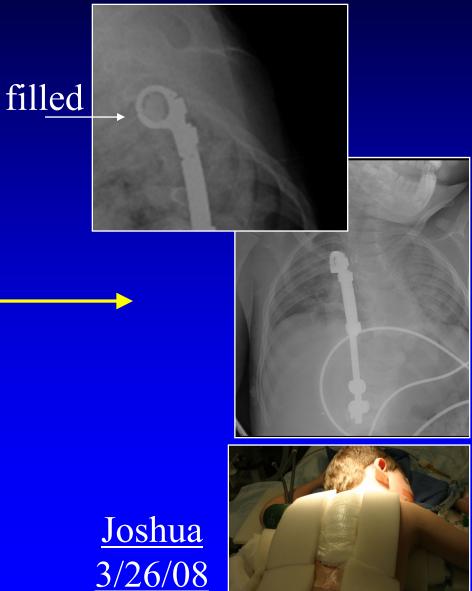
LB

2.5 months later

"Complications" or "anticipated obstacle"?









What We Know

- EOS can be a bad disease
- Outcomes in EOS are hard to measure
- Evidence is difficult to accumulate
- "Expert consensus plays an important role, especially in absence of rigorous evidence"

Closing Thoughts

- "investigate...and suspend judgment... because we do not have the final truth."
 Pyrrho (4th-3rd c. B.C.) and the Skeptikoi
- "primum non nocere" vs Do Something (new) Hippocrates
- "...they also serve who stand and wait." John Milton – On My Blindness
- "absence of proof is not proof of absence" W Cowper 1875





Thank You





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