

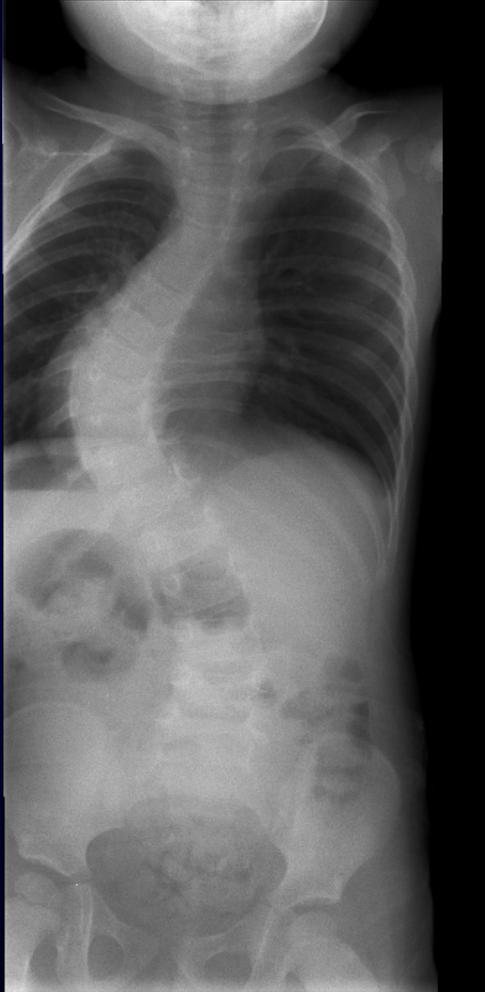
MYTH vs. TRUTH:
Mehta Casts Always Work

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MEHTA'S PHILOSOPHY



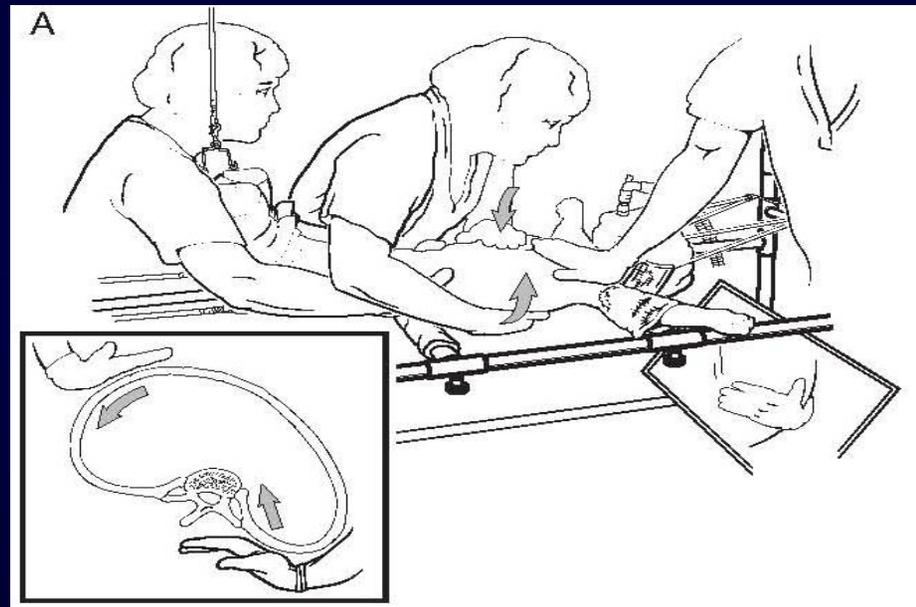
Mehta unique experience
with infantile scoliosis.

Early rapid growth, if
guided by the cast,
would assist an initially
curved spine to
straighten



PREREQUISITES: SURGEON

- Cotrel and Morel EDF: Elongation Derotation Flexion.
- Special Table
- Meticulous Technique



Derotational Casting for Progressive Infantile Scoliosis
James O. Sanders, MD et al; J Pediatr Orthop 2009



PREQUISITES: PATIENT

- Idiopathic Infantile
- Flexible
- Smaller Cobb's
- Younger ages (preferably 1-2 years, may be 3 yrs old)
- Phenotypes



MEHTA'S NEVER MATCHED RESULTS

- Review of 136 patients with infantile scoliosis treated with serial casting.
- Program of serial cast changes under anaesthesia every 8-16 weeks until the curve was nearly resolved.
- Subsequent bracing followed with an underarm brace.
- Results revealed casting achieved full correction in 94 patients, and only partial correction in 42.
- Treatment was much more likely to be successful if started before the age of 2 years.
- James Sanders and Jacques D'Astous had promising results with the same technique (minimal modifications)



INDEPENDENT EVALUATION

- Single report for a life long personal experience.
- Some of infantile curves resolves even with higher Rib Vertebral Angles.
- Best in the 1st and 2nd year of life.
- Sturdy phenotypes responded the best.
- Needs to be adopted and executed by many Centers.



CONCLUSION

- Mehta Casts can correct infantile scoliosis in selected patients.
- For Infantile Progressive Scoliosis there are no many available options.
- Casts are a good delaying tactic.
- Casts work better if started as early as 1st year of life
- Casting program should be stopped once failed especially when available options are possible.

