

RM Campbell

The Effect of Mid-Thoracic VEPTR Opening Wedge Thoracostomy on Cervical Tilt associated with Congenital Scoliosis











Attack the problem directly?



What about the TIS?



Progression







T1-8: (66% of T spine)

What will be is the long term pulmonary sequellae?







6 y/o female









- 14 patients: 8 male/6 female.
 - age at surgery 4.4 yrs
 - F/U was 3.4 years
- Cervical tilt angle 28.8 ° preimplant
 - 26.9° post-implant
 - 22.9° at F/U. (-5.9°)
- TOTO angle pre-implant 34.4°
 - f/u 31.5° (2.9°)
- Thoracic curves were an avg 78.4° pre-implant

- 53.5° at F/U. (- 20°)



CTIS OH

Campbell, et al., SPINE 2007

- Head decompensation 3.61
 cm pre-implant
 1.53 cm at F/U (2.08 cm)
- Trunkal decompensation
 3.86 cm pre-implant
 1.18 cm f/u (-2.68 cm)
- Shoulder Horizontal angle preop, 8.9°
 6.71° at follow-up. (- 2.19°)
 FVC (n = 10) 53% nl CTIS (H





Co-Morbidities

- 36% C spine anomalies
- 21% cong heart disease
- 21% renal abnormalities
- 43% spinal cord abnormalities

 1 syrinx
 5 tethers



Complications

- 5 pts had no complications
- 9 pts:
 - Asymptomatic migrations
 - 3 pts proximal rib cradles (3.5 yrs)
 - 4 pts spinal hooks (3.25 yrs)
 - 1 pt S -hook fractures
 - 3 pts deep wound infections
 - 1 skin slough
 - 1 transient brachioplexopathy
 - 1 acute rib avulsion
- No spinal cord injuries
- Is it worth it?







- Mid-thoracic VEPTR opening wedge thoracostomy can stabilize cervical tilt associated with thoracic congenital scoliosis and fused ribs
- Spinal growth continues with probable benefit for lung growth
- The procedure is not technically demanding
- Complications are limited and are treatable
- No compromises in possible future spinal surgery are seen
- May have use for primary cervico-thoracic scoliosis without rib fusion

