

# Health-Related Quality of Life in EOS Patients Treated Surgically: EOSQ Scores in Traditional vs. Magnetically-Controlled Growing Rods

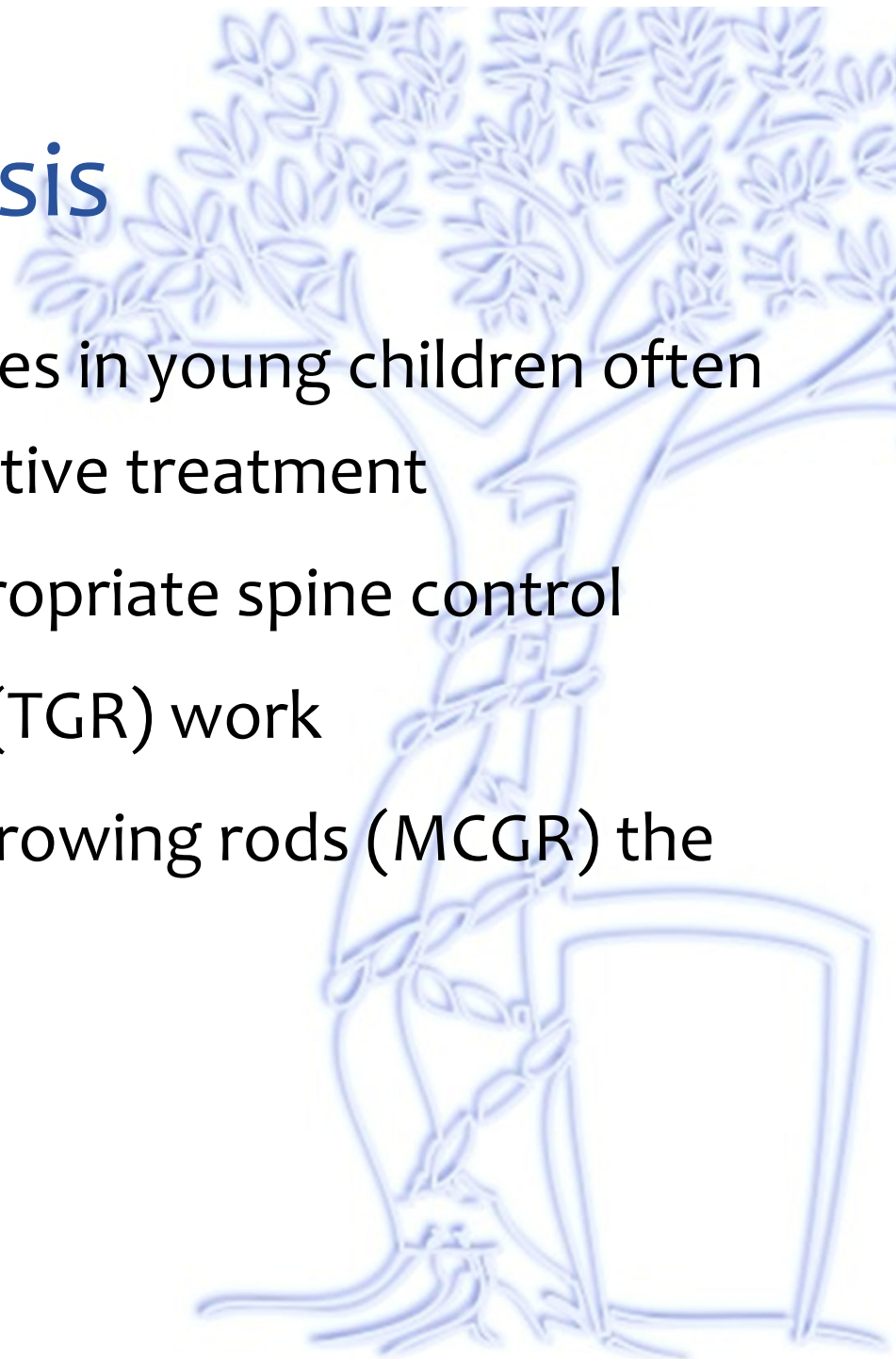
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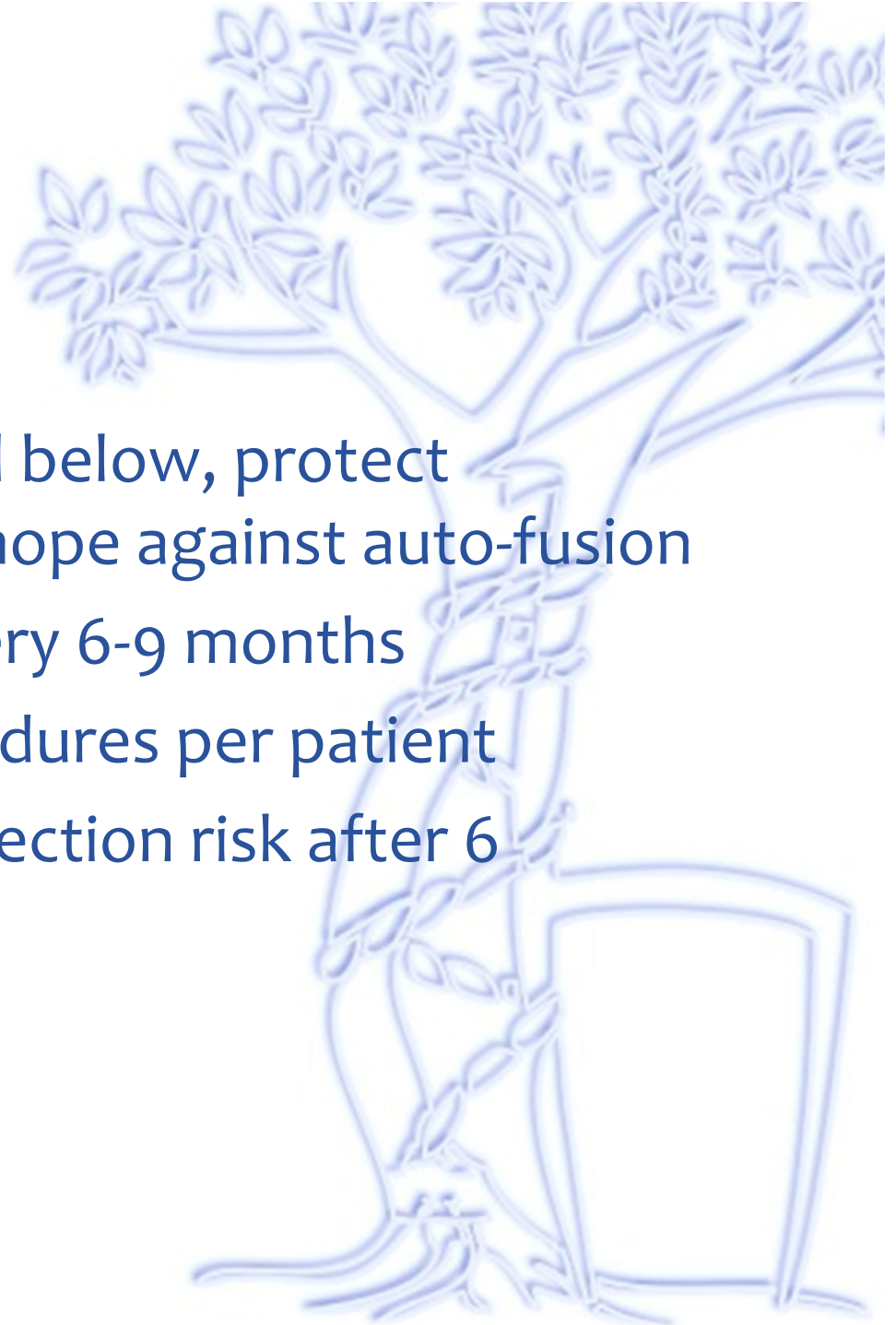
# Early-onset Scoliosis

- Severely progressive curves in young children often unresponsive to conservative treatment
- Balance growth with appropriate spine control
- Traditional growing rods (TGR) work
- Magnetically-controlled growing rods (MCGR) the implant of the future?



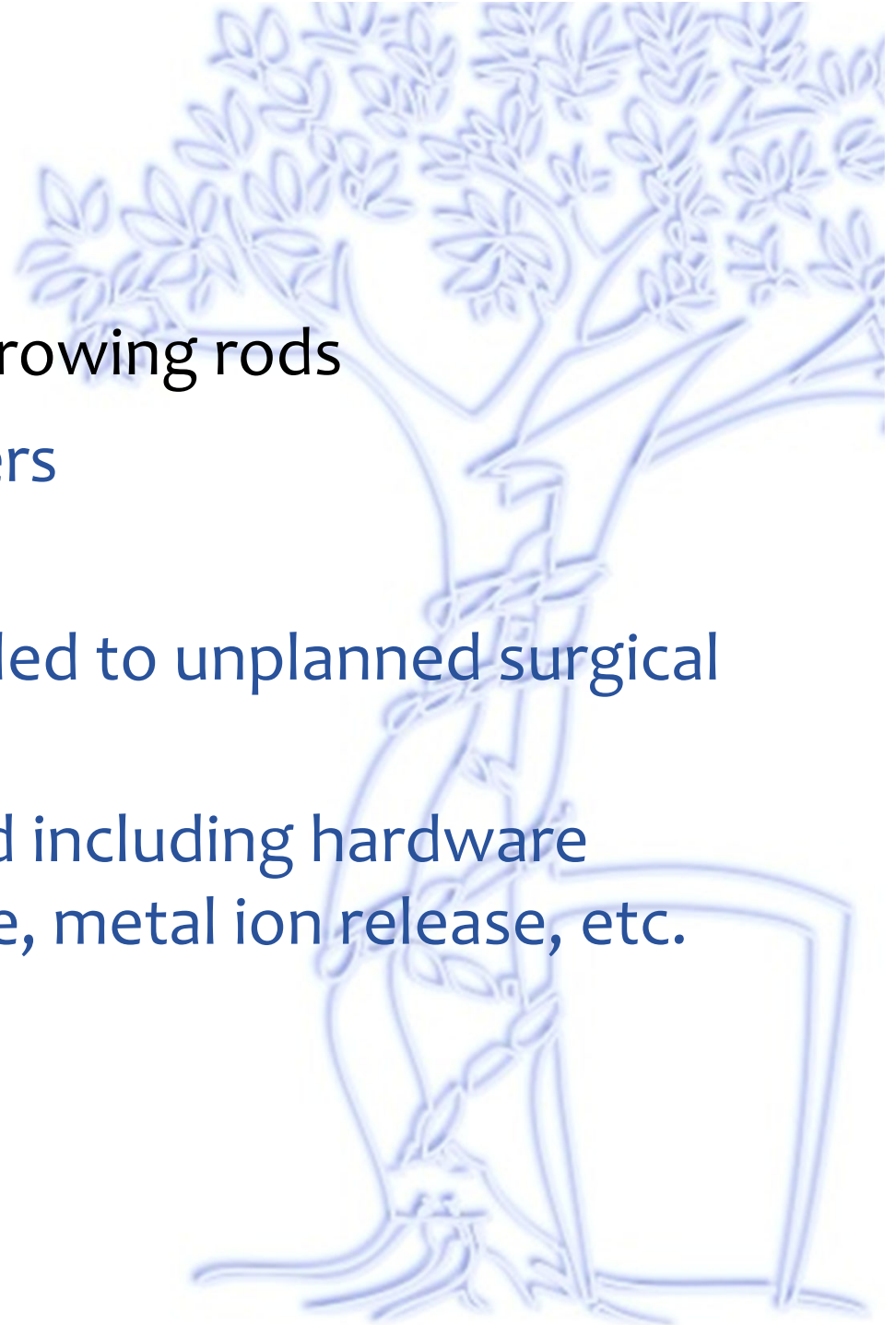
# TGR vs. MCGR

- Traditional growing rods
  - Short fusion above and below, protect periosteum between, hope against auto-fusion
  - Serial lengthenings every 6-9 months
  - Average of 10-20 procedures per patient
  - Up to 50% increases infection risk after 6 lengthenings



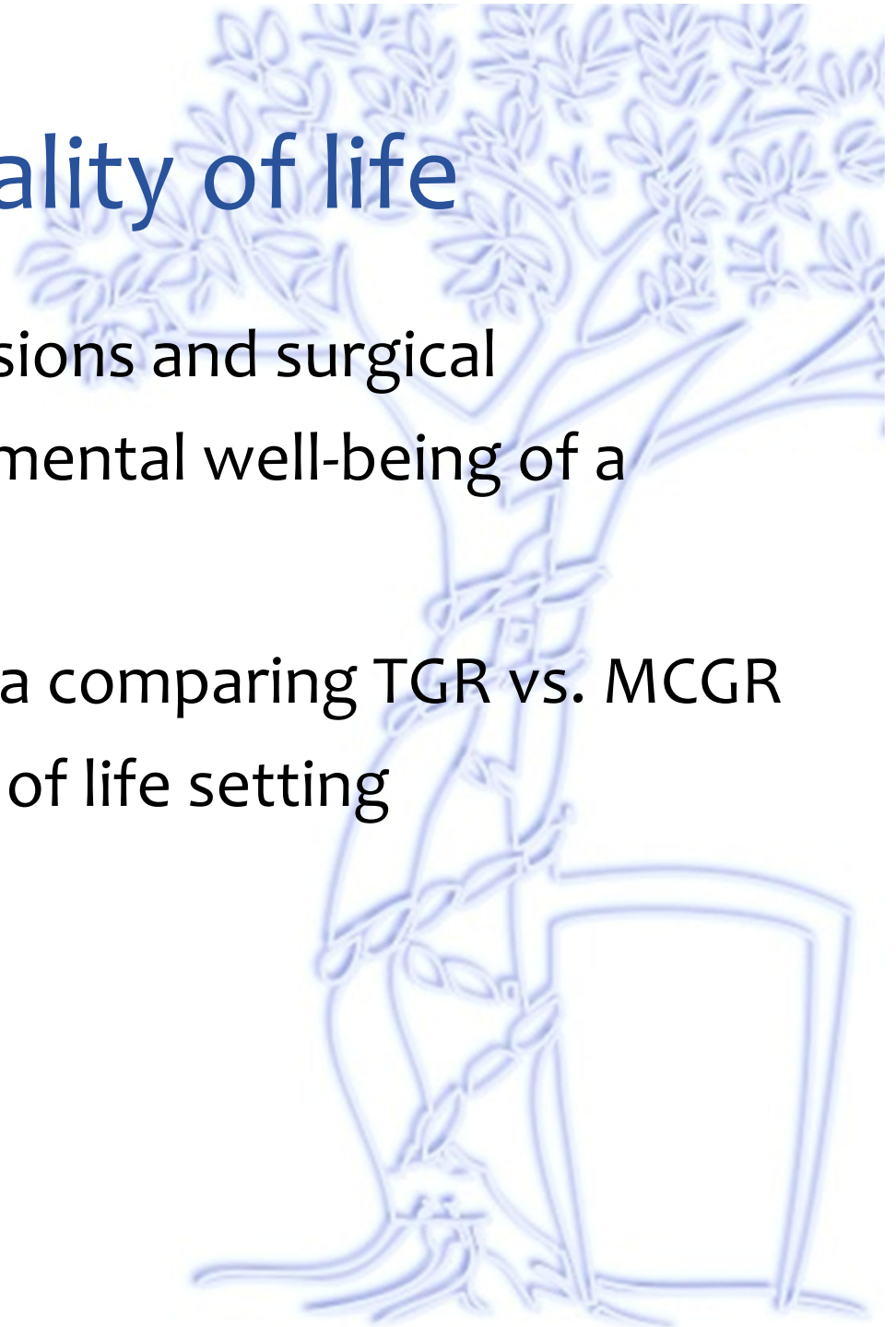
# TGR vs. MCGR

- Magnetically-controlled growing rods
  - The answer to all prayers
  - Expensive
  - Faulty first-generation led to unplanned surgical procedures
  - Complications reported including hardware breakage, motor-failure, metal ion release, etc.



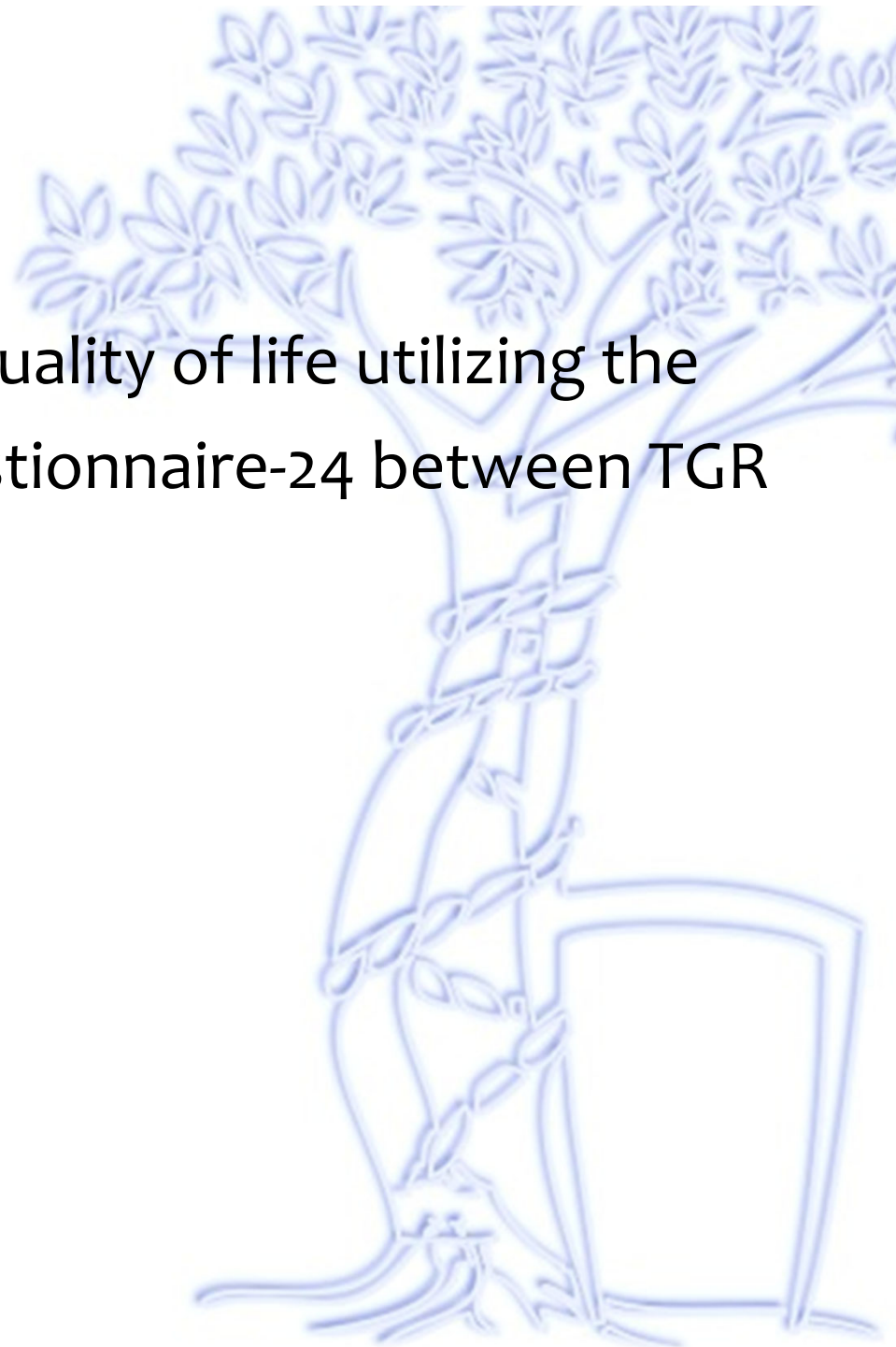
# Health-related quality of life

- Repetitive hospital admissions and surgical procedures detract from mental well-being of a fragile patient group
- No previous objective data comparing TGR vs. MCGR in a health-related quality of life setting



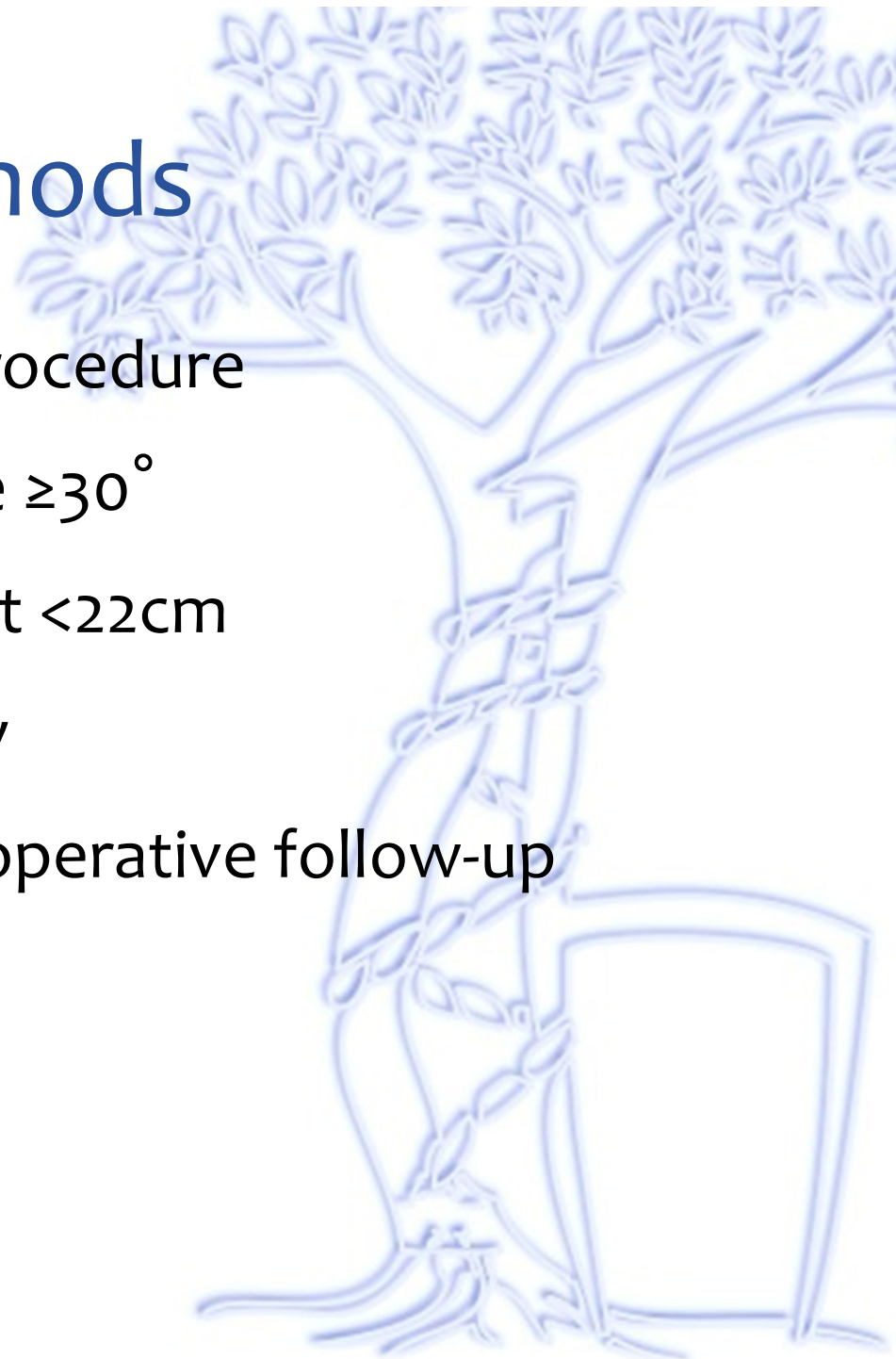
# Objective

- Compare health-related quality of life utilizing the Early-onset Scoliosis Questionnaire-24 between TGR and MCGR patients



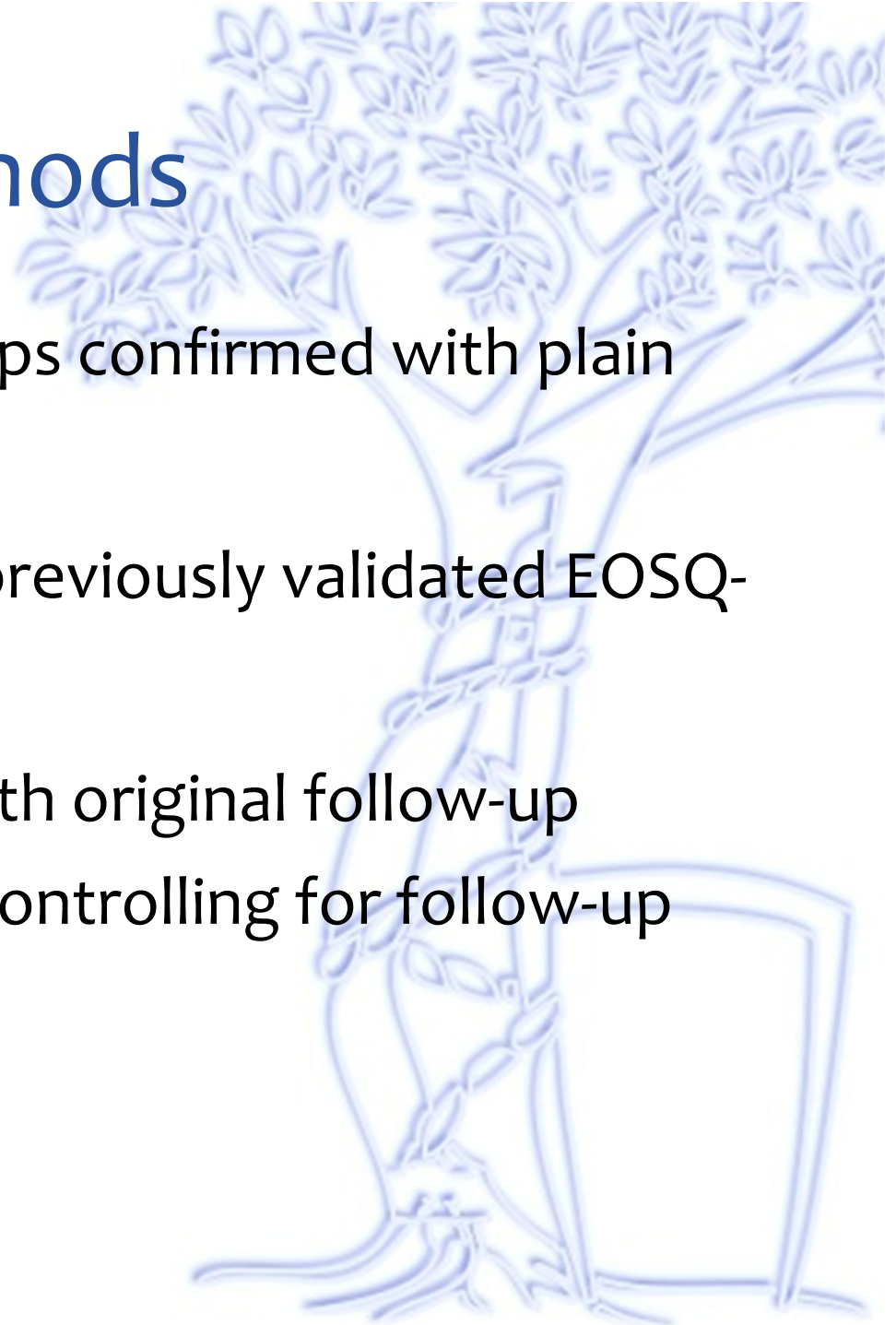
# Patients and Methods

- <10 yrs at time of index procedure
- Pre-operative major curve  $\geq 30^\circ$
- Radiographic T1-T12 height <22cm
- No previous spine surgery
- Minimum 12-month post-operative follow-up



# Patients and Methods

- Lengthening in both groups confirmed with plain radiographs
- HRQL assessed with the previously validated EOSQ-24
- Statistical analyses run with original follow-up duration, and then after controlling for follow-up





# Results

	<b>MCGR</b>	<b>TGR</b>	<b>p</b>
n	19	25	
Age (years)	7.2	6.5	
Follow-up (months)	24.6	91.6	<0.01
# Lengthenings	6.6	9.2	0.028
Pre-op Cobb (°)	60.68	55.5	
Post-index Cobb (°)	32.94	29.77	
Unplanned procedures/per patient	0.3	0.7	

# Results

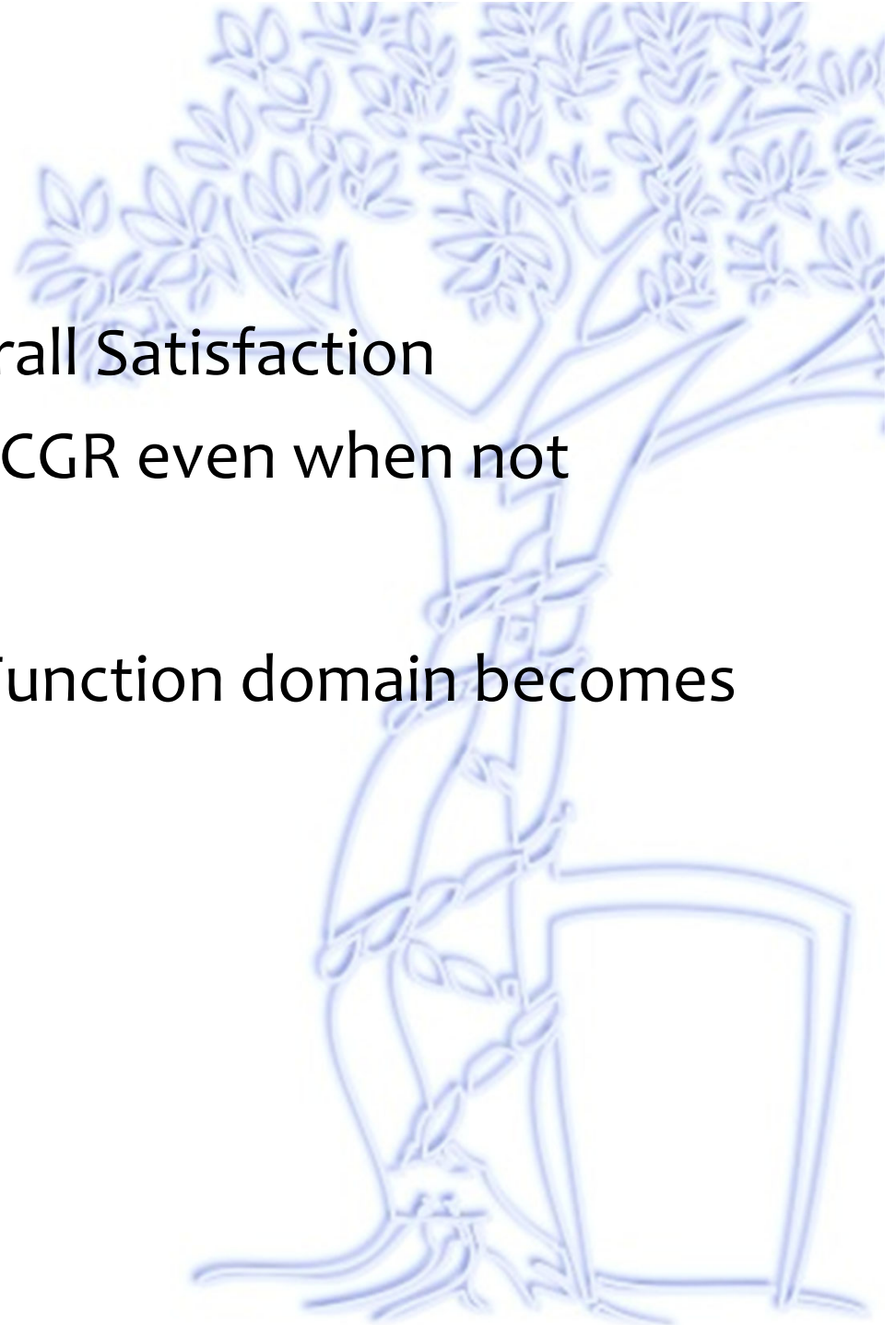
	MCGR	TGR	p
General Health	59.9	58	0.826
Pain/Discomfort	71.1	77	0.306
Pulmonary Function	86.2	87	0.280
Transfer	65.8	51	0.186
Physical Function	72.4	57	0.100
Daily Living	50	61.5	0.281
Fatigue/Energy Level	71.1	77	0.254
Emotion	61.2	52	0.190
Parental Burden	53.4	46	0.379
Financial Burden	61.8	38	0.002
Satisfaction	82.9	67.5	0.006
Mean	66.9	61.1	0.166

# Results (adjusted for follow-up)

	MCGR	TGR	<i>p</i>
General Health	60.8	57.3	0.495
Pain/Discomfort	73.9	74.9	0.889
Pulmonary Function	86.8	86.5	0.968
Transfer	62.2	53.7	0.418
Physical Function	73.9	55.8	0.046
Daily Living	50.6	61.1	0.355
Fatigue/Energy Level	71.6	76.6	0.520
Emotion	60.9	52.2	0.273
Parental Burden	53.3	46.1	0.345
Financial Burden	61.7	38.1	0.004
Satisfaction	82.7	67.6	0.018
Mean	67.1	60.9	0.186

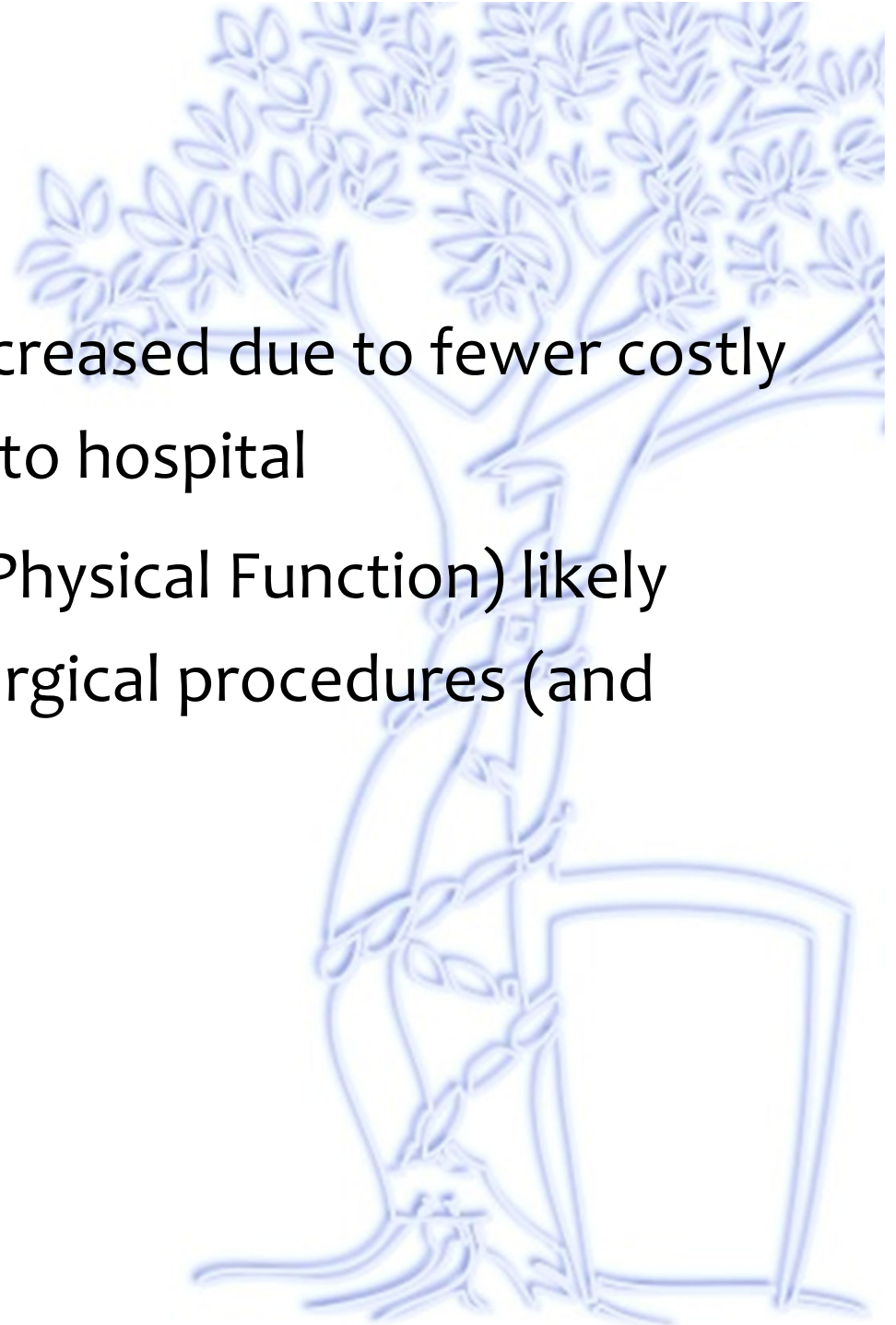
# Results

- Financial Burden and Overall Satisfaction significantly superior in MCGR even when not adjusted for follow-up
- When adjusted, Physical Function domain becomes statistically significant



# Discussion

- Financial Burden likely decreased due to fewer costly travel to and admission into hospital
- Overall Satisfaction (and Physical Function) likely increased due to fewer surgical procedures (and complications)



# Conclusion

- MCGR superior to TGR in a few select domains out of 11 when measured with EOSQ-24 in this population
- MCGR has its advantages; however, TGR is far from obsolete at this time and remains an acceptable treatment method

