VEPTR as an alternative for early kyphectomy in children congenital kyphosis in myelomeningocele

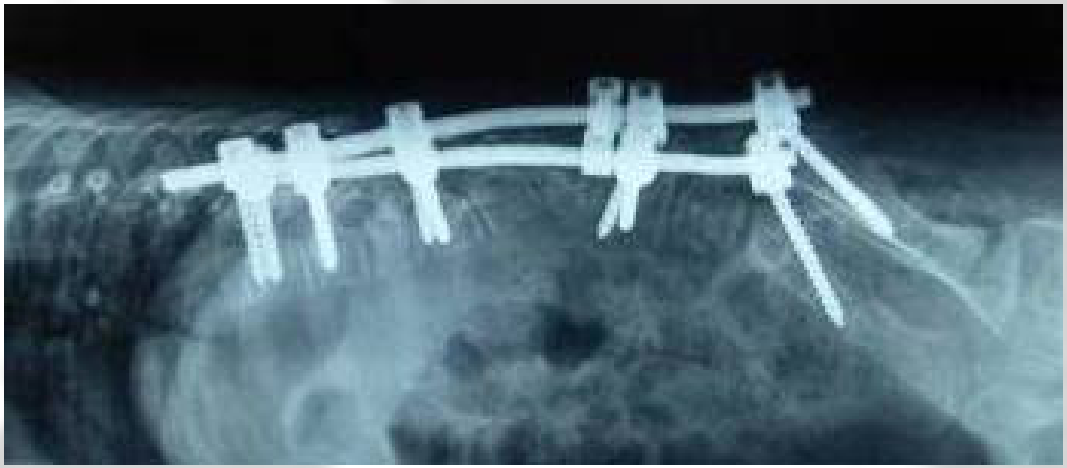
- Michal Latalski
- Marek Fatyga

Children Orthopaedic Department

Medical University of Lublin, Poland

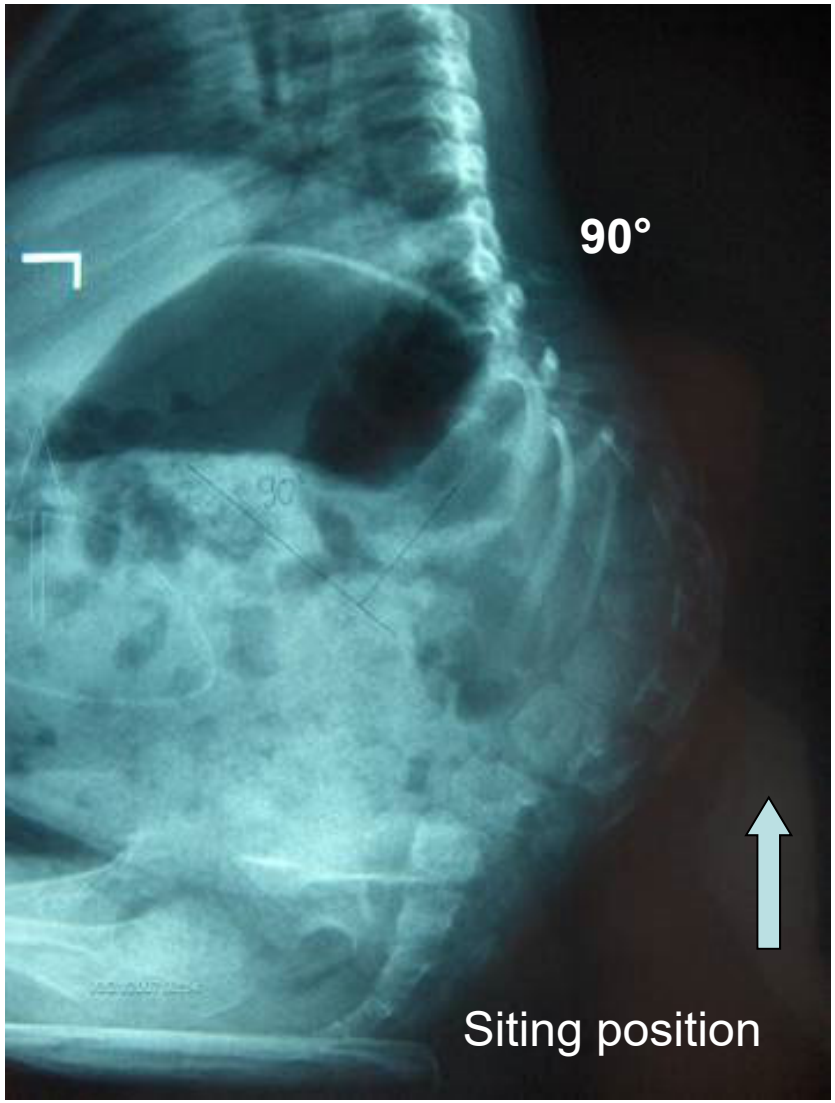
myelomeningocoele

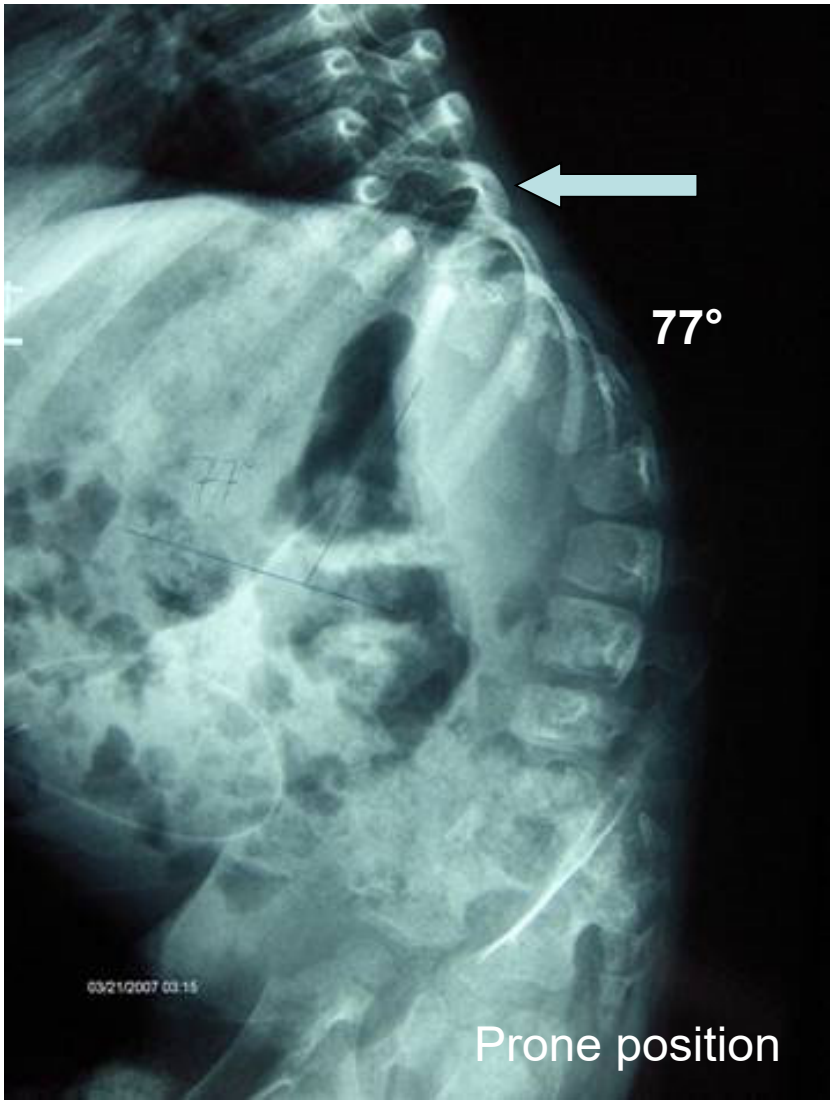
Increasing rigid hyperkyphosis; *decubitus;*
Impossible supine position; Huge, final operation



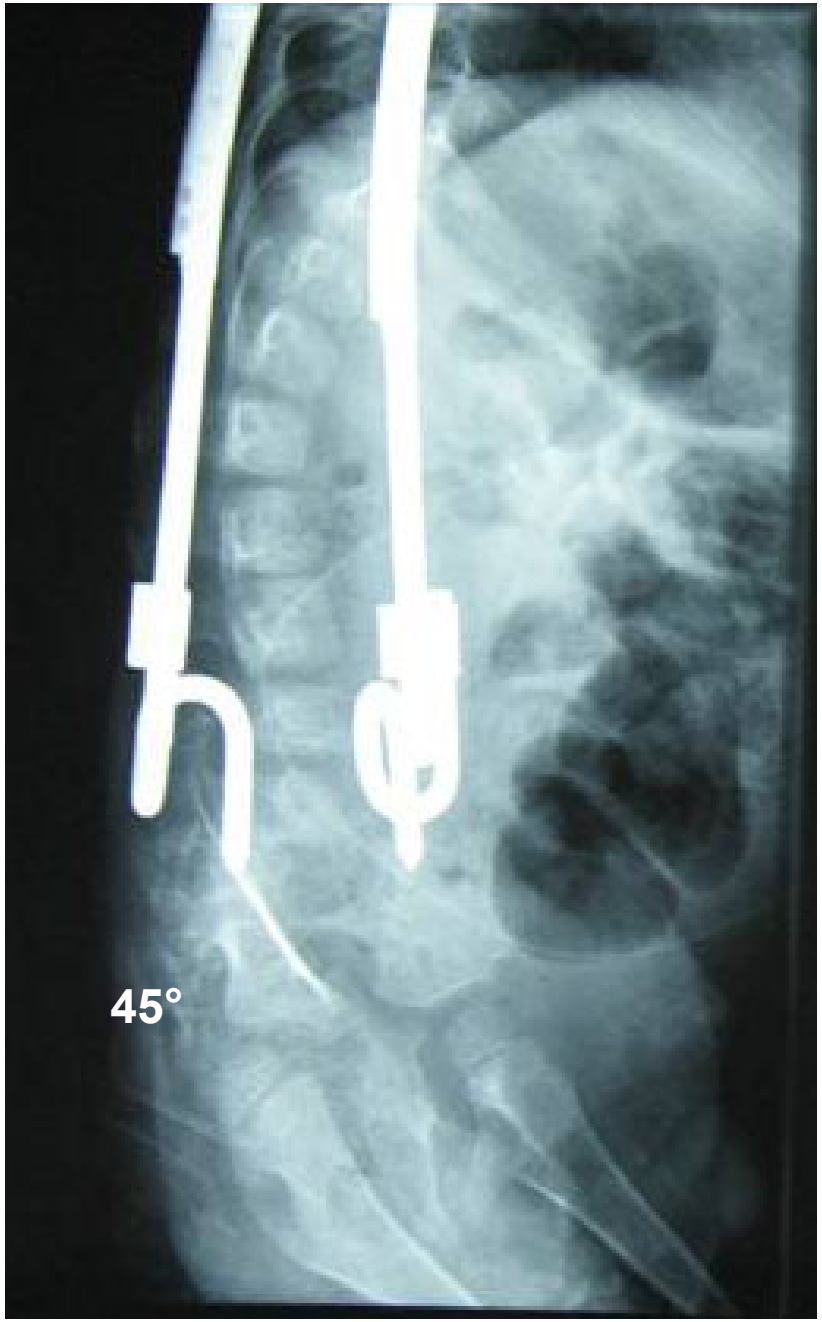
VEPTR system
„Eiffel Tower” configuration
Double „rib – pelvis”

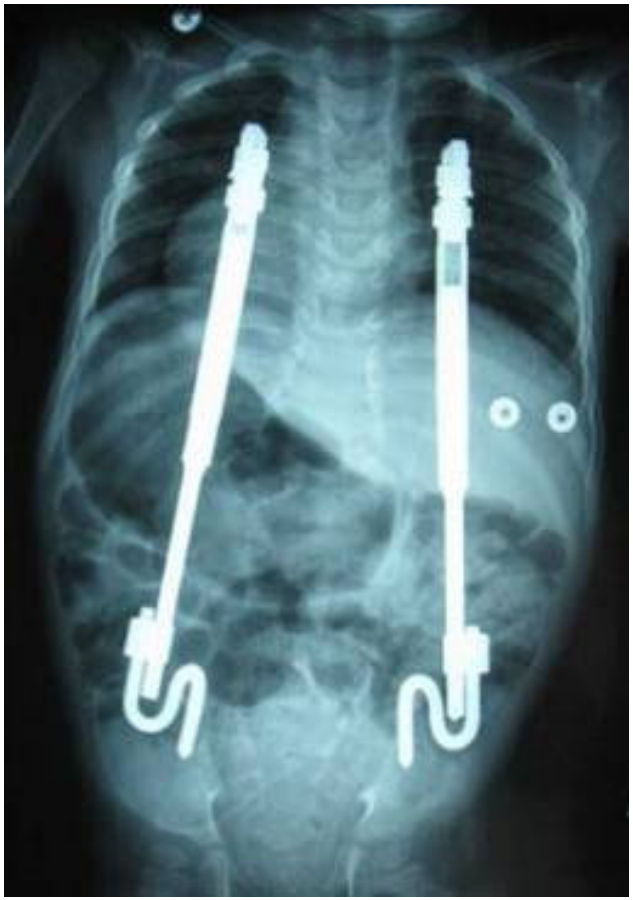
Case 1
4 y.o. boy





14% correction



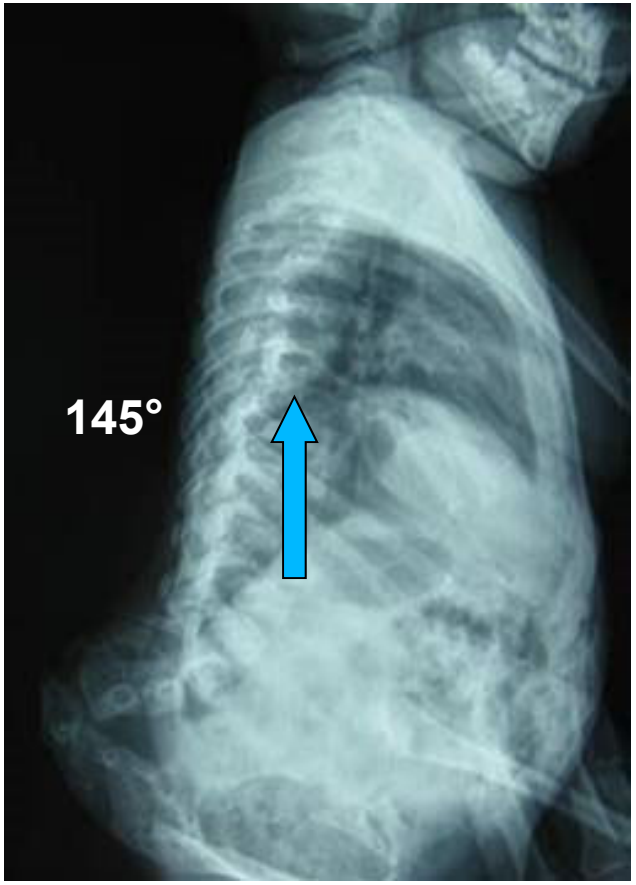


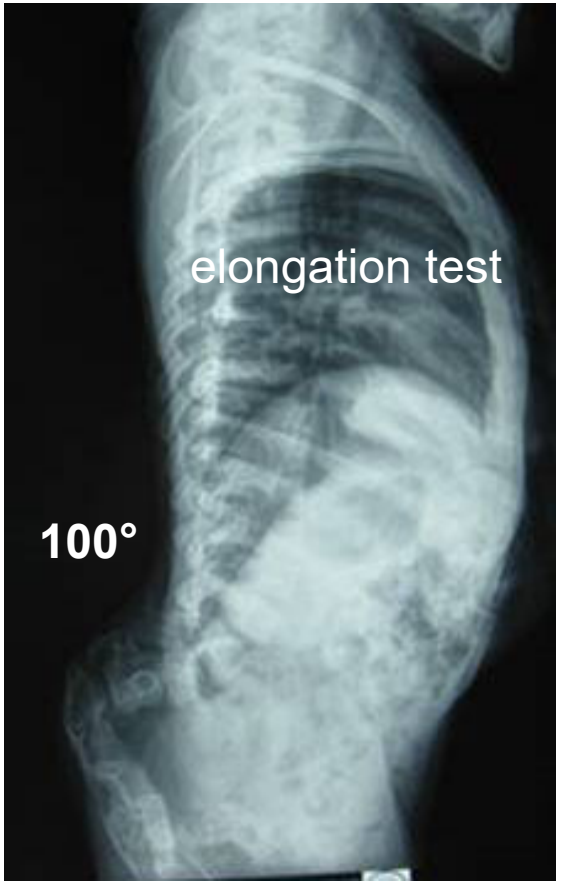
1st operation:
from 90° to 45° = 50% corection

After 6 months:
loss of correction from 45 to 55°

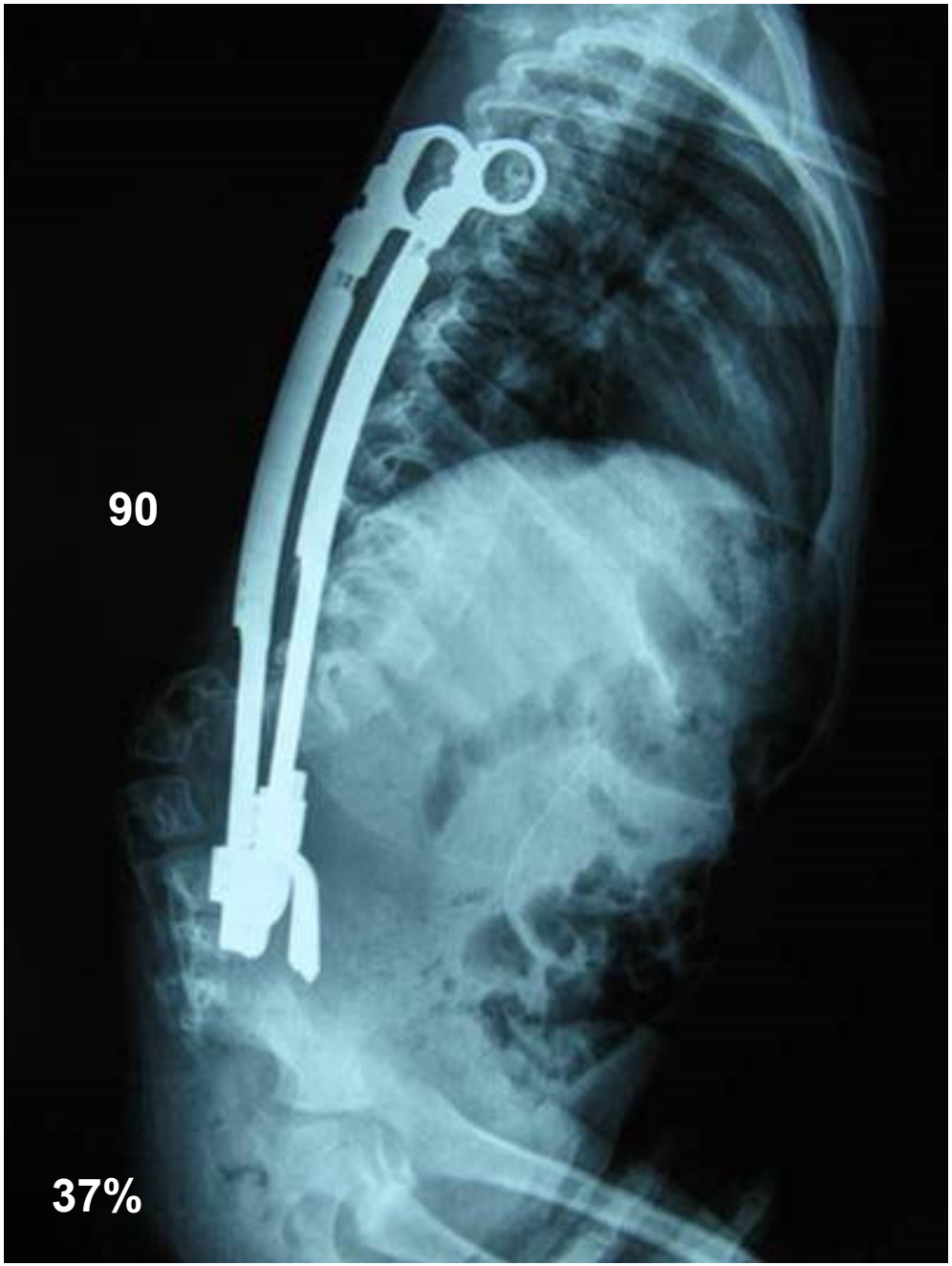
2nd operation and correction to 40°

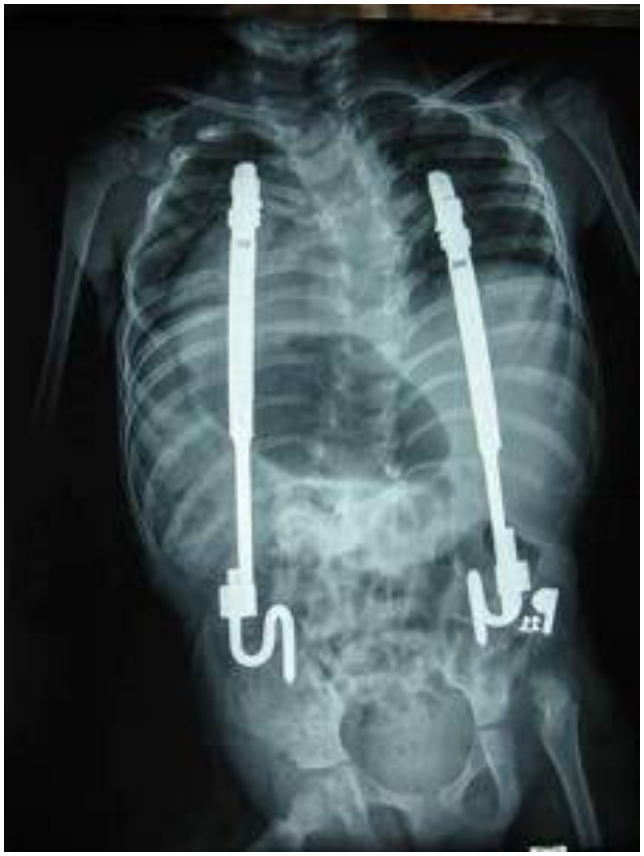
Case 2
5 y.o. girl





Correction 31%



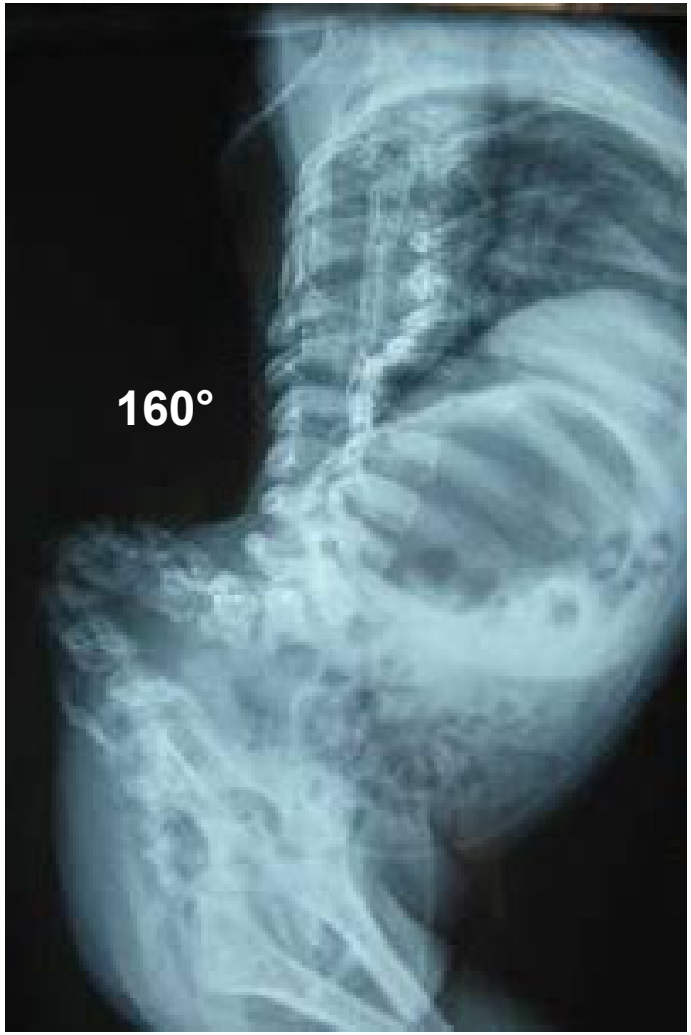


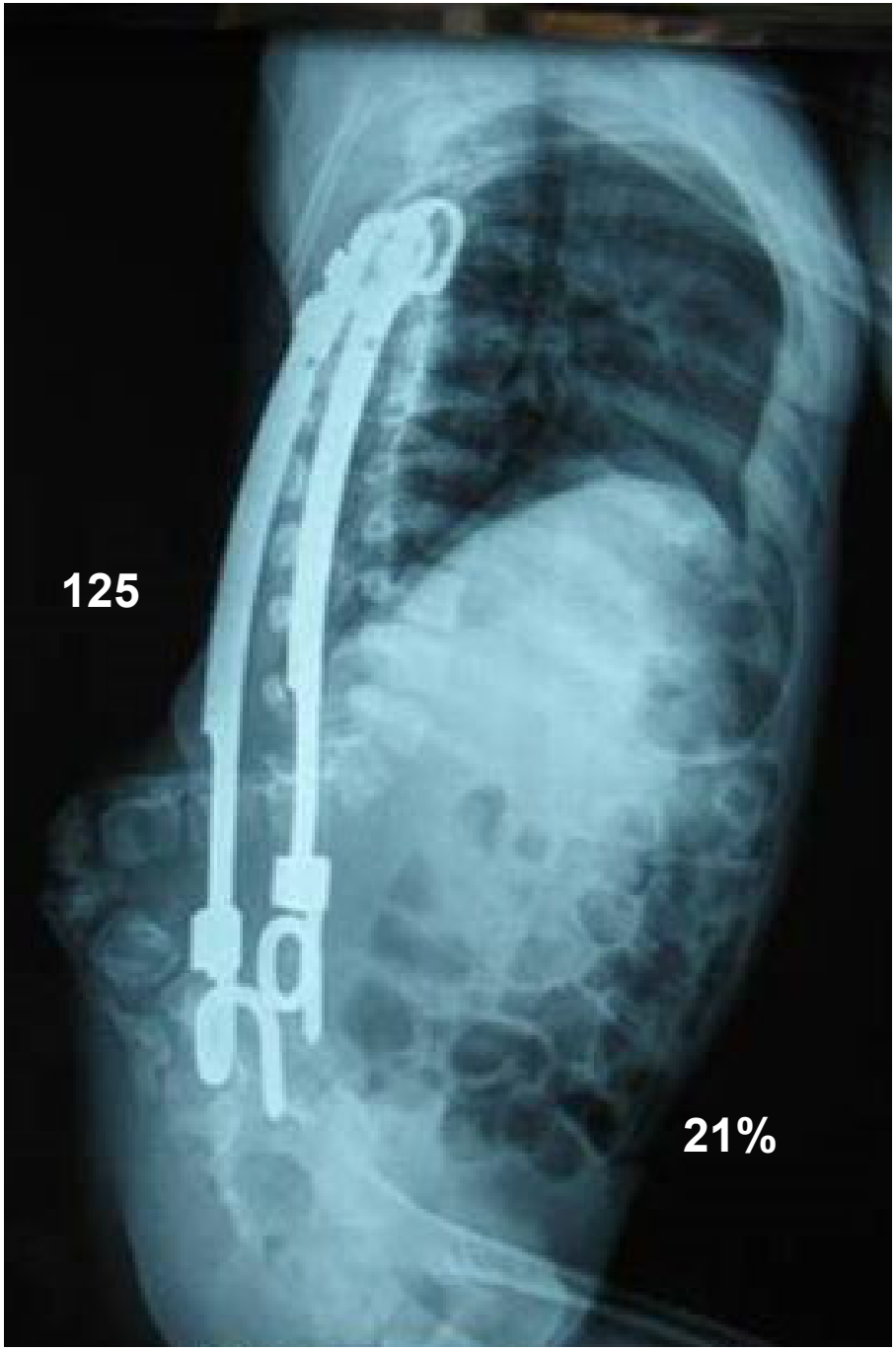
1st operation:
from 145° to 90° = 37% corection

After 6 months:
loss of correction to 100°

2nd operation and correction to 80°

Case 3
8 y.o. girl





1st operation:
from 160° to 125° = 21% corection

After 6 months:
loss of correction to 130°

2nd operation and correction to 125°

Discusion/conlusion

- Hardware protects from the deformation increasing during spine growth
- Younger children/smaller deformation- better correction
- VEPTR seams to be a good alternative for kyphectomy in young children
- After spine maturity SF is necessary- some patients probably can avoid kyphectomy