Growing Rods
in
Myelomeningocele
for
Scoliosis Treatment:
Long Term Follow-Up

Richard McCarthy, M.D. Behrooz Akbarnia, M.D. Frances McCullough, M.N.Sc. Pooria Salari, M.D. David Skaggs, M.D. George Thompson, M.D. Suken Shah, M.D. Francisco Perez Grueso, M.D. Marc Asher, M.D.

Introduction

- Severe progressive scoliosis is often seen early in the life of spina bifida patients
 - Majority are upper lumbar or thoracic level neurologic involvement
 - Early fusion yields unsatisfactory results
 - Short trunk
 - Thoracic insufficiency





Reporting on our 2 year experience using growing rods in myelomeningocele

Methods

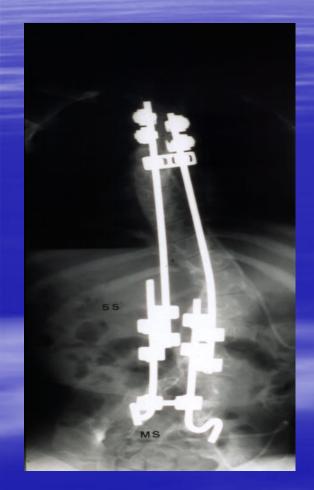
- 15 patients
- Age 6.2 yrs at surgery (range 3-10 yrs)
- All high neurologic level myelo.
- All with 2 yr follow-up (2-14 yrs.)
 - 6 yr. average follow-up

<u>Methods</u>

- Age 7 yrs. at initial surgery
- 7 pts. have reached final fusion and instrumentation
- Average lengthening every 6 months

74⁰ (Range 40-100⁰) Scoliosis 83.9 SAL 85.9

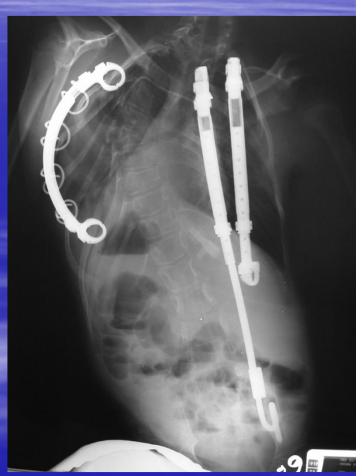
Different constructs used for corrections



Traditional
Dual Rod (5)



Shilla Self-Lengthening Rod (1)



VEPTR (3)

5 Traditional Dual Rod Constructs 3 Hybrid VEPTR's

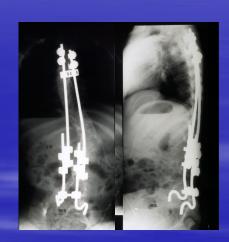
Lengthened every 6 months













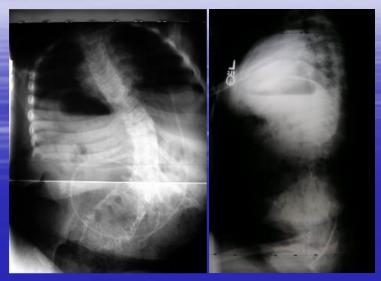
Results

- Curve 74⁰ → 36⁰ at 6 wks → 42⁰ at follow-up
- Trunk height improved 12%
- Number of procedures 86 (15 pts.)
 - Average 5 per pt.
- Number lengthenings averaged 4 per pt.
- Space available for lung (SAL) increased
 11% overall

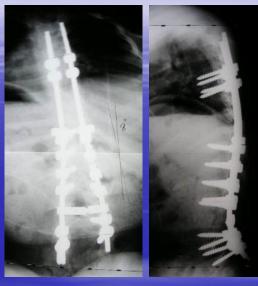
Complications

- 3 pts. with fractured rods
 - One rod migrated into sacrum without consequence
- No infections
- No changes in neuro level
- Complication rate 5.7%
- One death unrelated to spine

AA Spina Bifida Age at Surgery: 7-



Preop



6 wks postop



3 yrs postop

Conclusions

- Complex group successfully lengthened at two year follow-up
 - 7 have reached final fusion
 - 15 pts. had :
 - † Truncal height
 - SAL
 - Acceptable complication rate