

Growth Modulation of the Spine

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San Diego – Orthopaedics



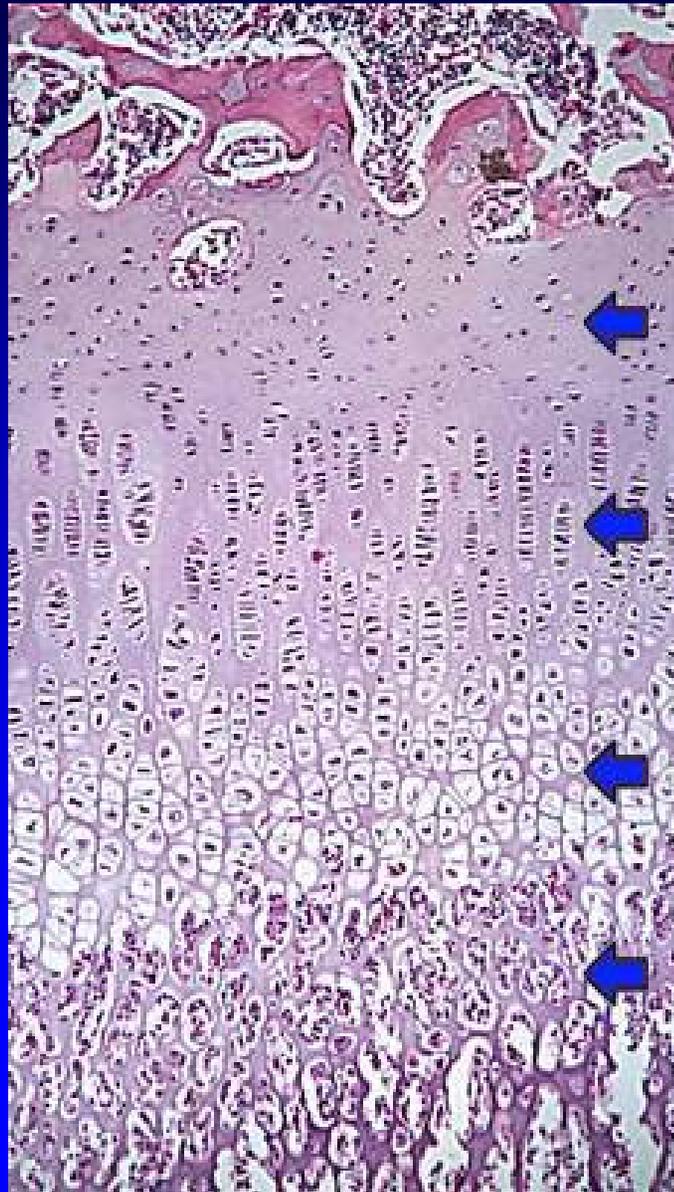
Disclosures & Acknowledgements

- **DePuy Spine: Royalties, Consultant, Research support**
- **EOS Biospace: Research**
- **OREF, POSNA, SRS, CSF: Research support**



Endochondral Ossification - Physis

Growth



Epiphysis

Resting Zone

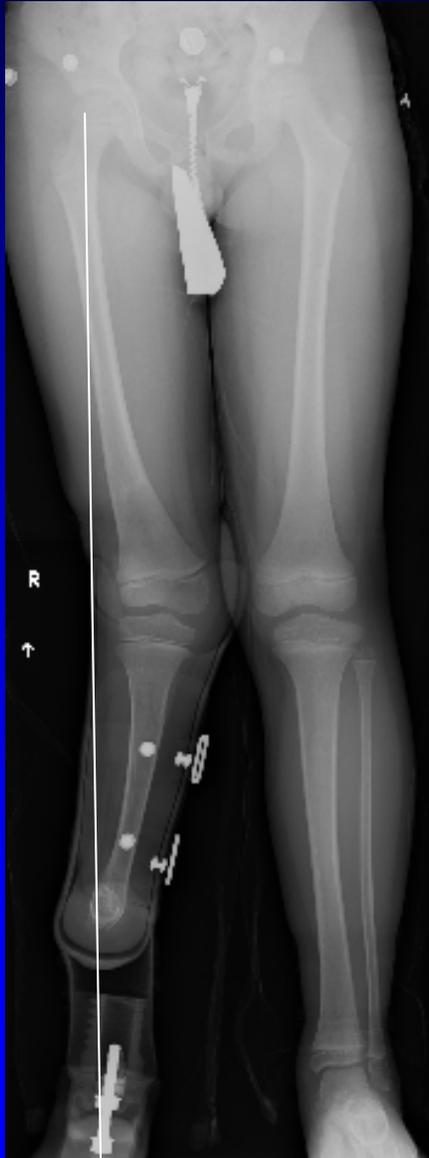
Proliferative Zone

Hypertrophic Zone

Trabecular Bone

Metaphysis

Long Bones...

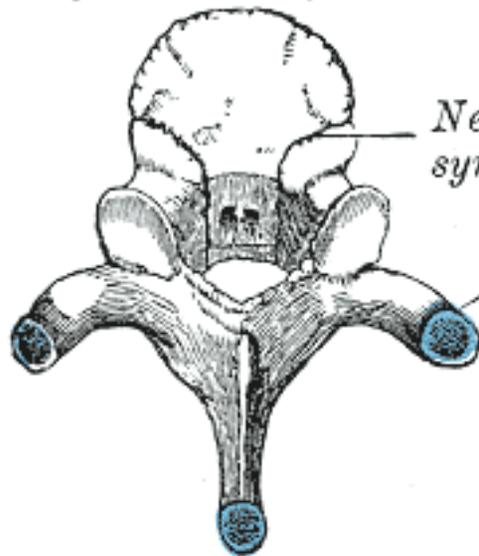


Dist Femur: 10 mm/yr



Spinal Growth

By 3 secondary centers

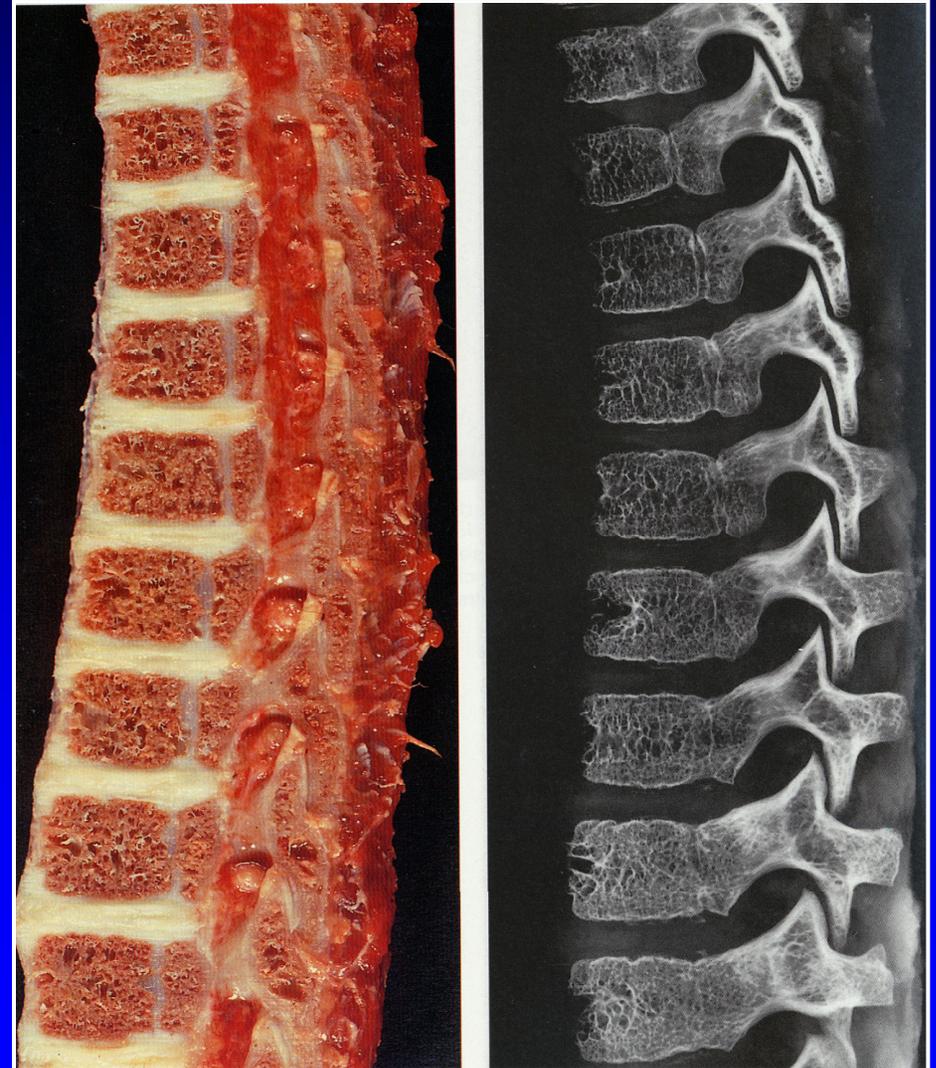


*Neurocentral
synchondrosis*

*1 for each
trans. process
16th year*

1 for spinous process (16th year)

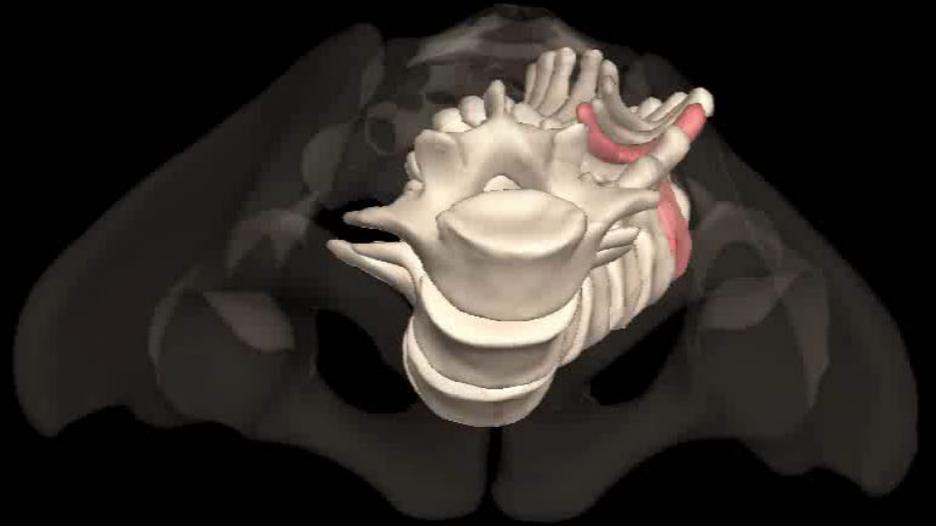
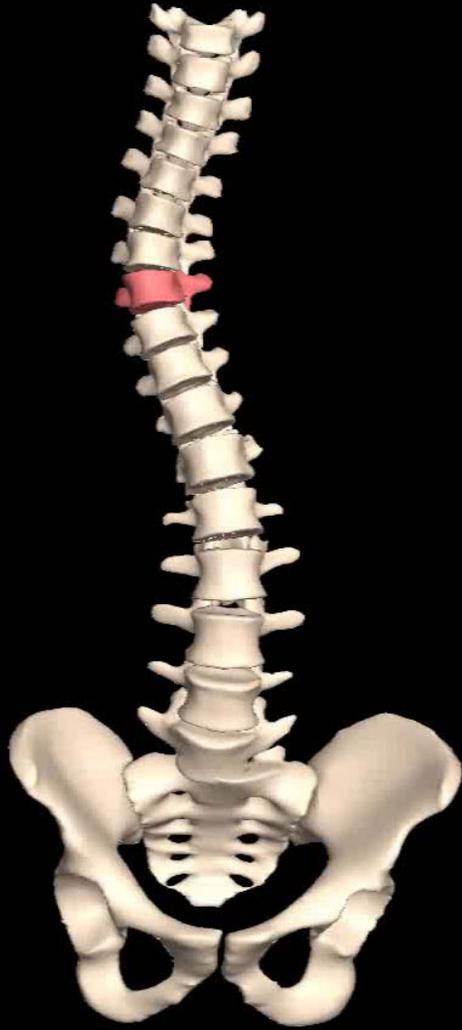
Thoracic Vert: 0.7 mm/yr



Idiopathic Scoliosis “Disorder of Growth”

- **Too much anterior spine, rotates out of plane to “shorten” the anterior column**
- **Thoracic curves**
- **Primary driver of all 3 planes of deformity**





Surface 2

Ex: 1215

Se: 4

Volume Rendering No cut

Childrens VCI

I 4

F 18

Feb 21 2007

DFOV 29.0 cm

STND

453/2

R

156

L

156

No VCI

kv 140

mA 298

Rot 0.50s/HE+ 20.5mm/rot

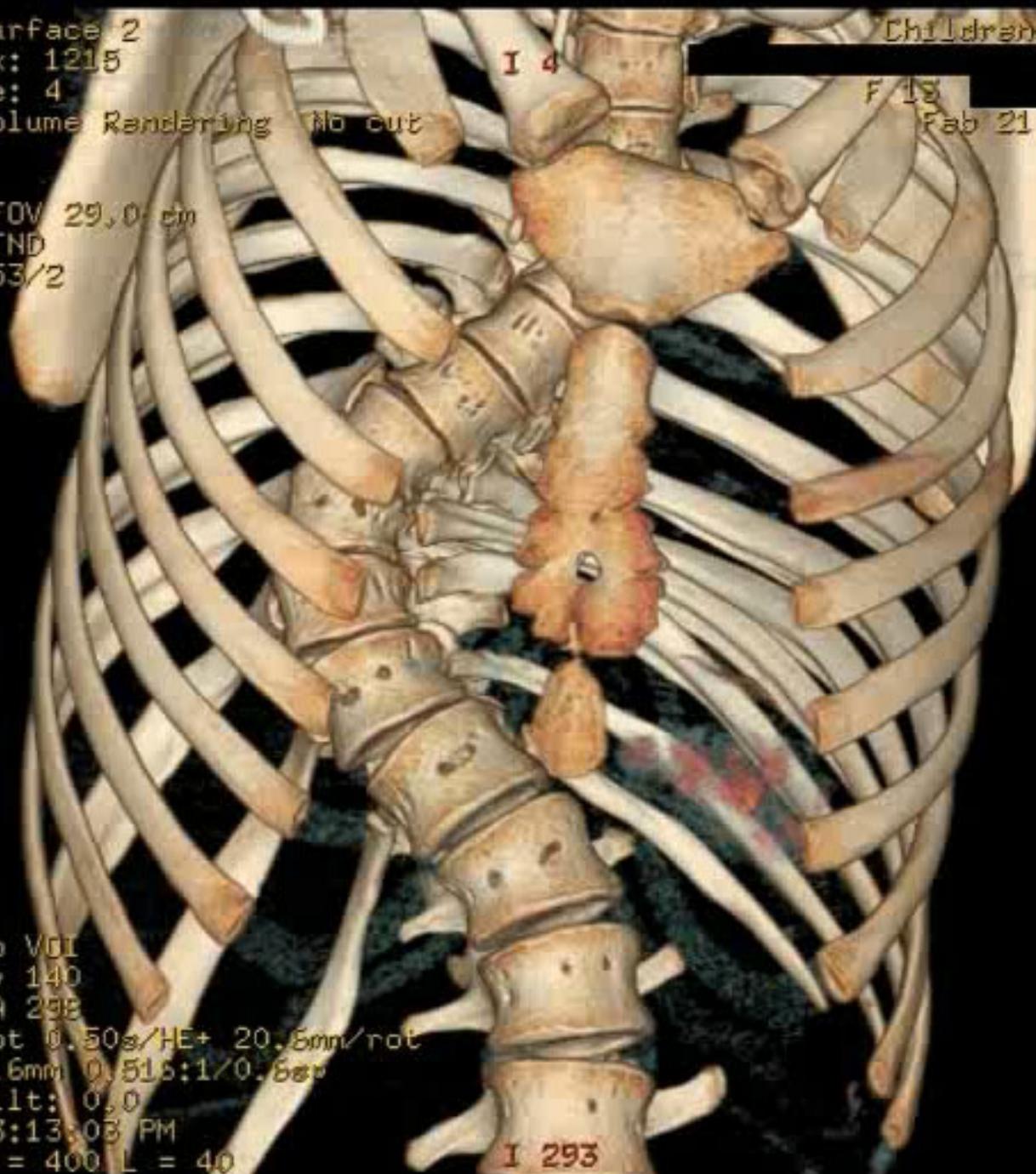
0.6mm 0.51s:1/0.8s

Tilt: 0.0

03:13:03 PM

W = 400 L = 40

I 293



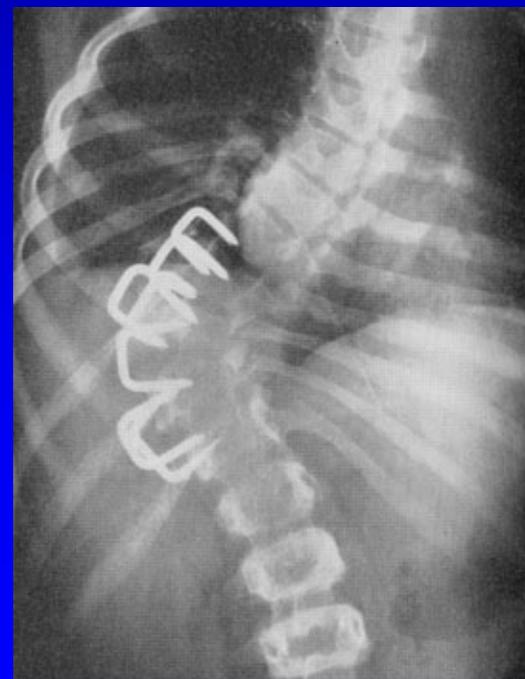
Potential Solutions

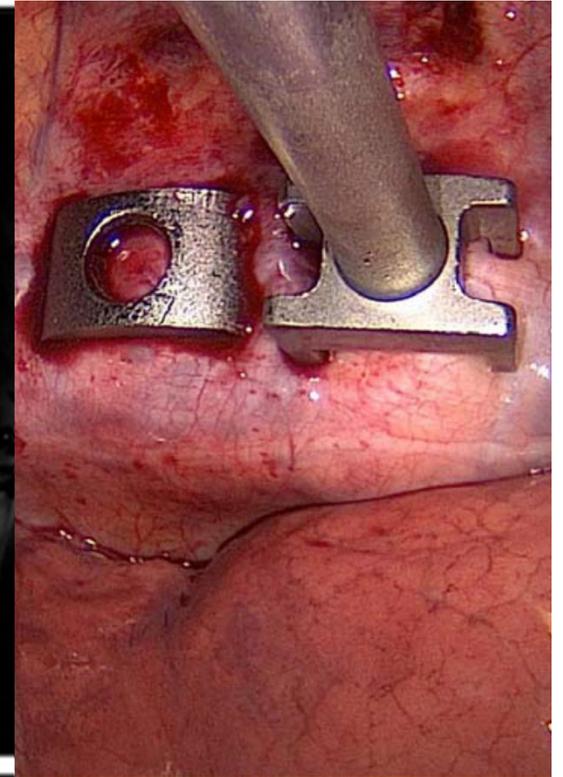
- **Shorten the anterior column**
- **Lengthen posterior column**
- **Mechanically**
- **Biologically**
- **Over time (with growth as the engine...)**



Vertebral Staples

- **Traditionally used for long bone correction**
- **Historical results in spine disappointing**
- **Advances in staple design**
- **Nitinol – Alloy with shape memory properties**



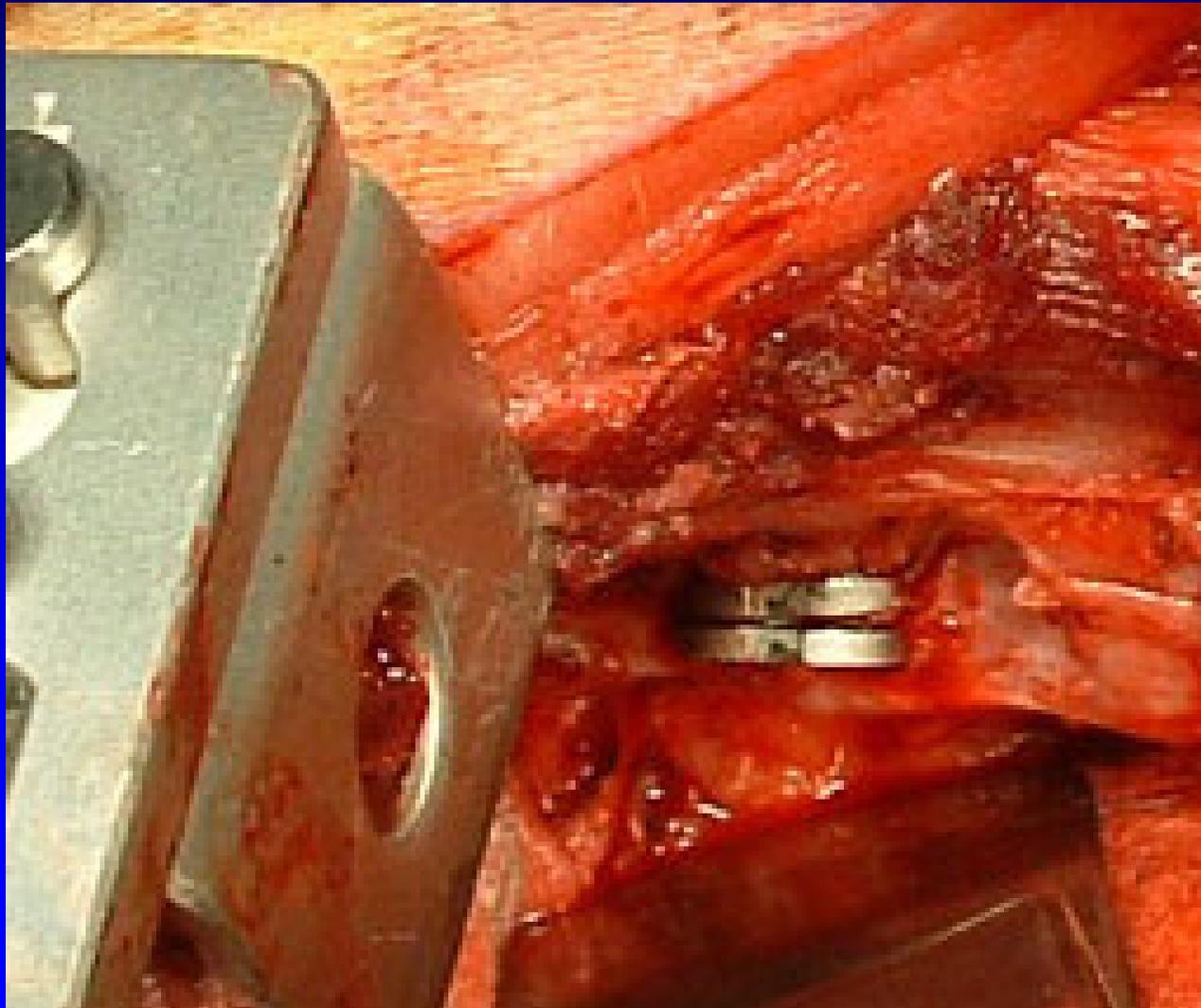


R Betz



Betz et al.,
Spine 2003

Pig Model: Nitinol staples





Pre-op

Post-op

1 month

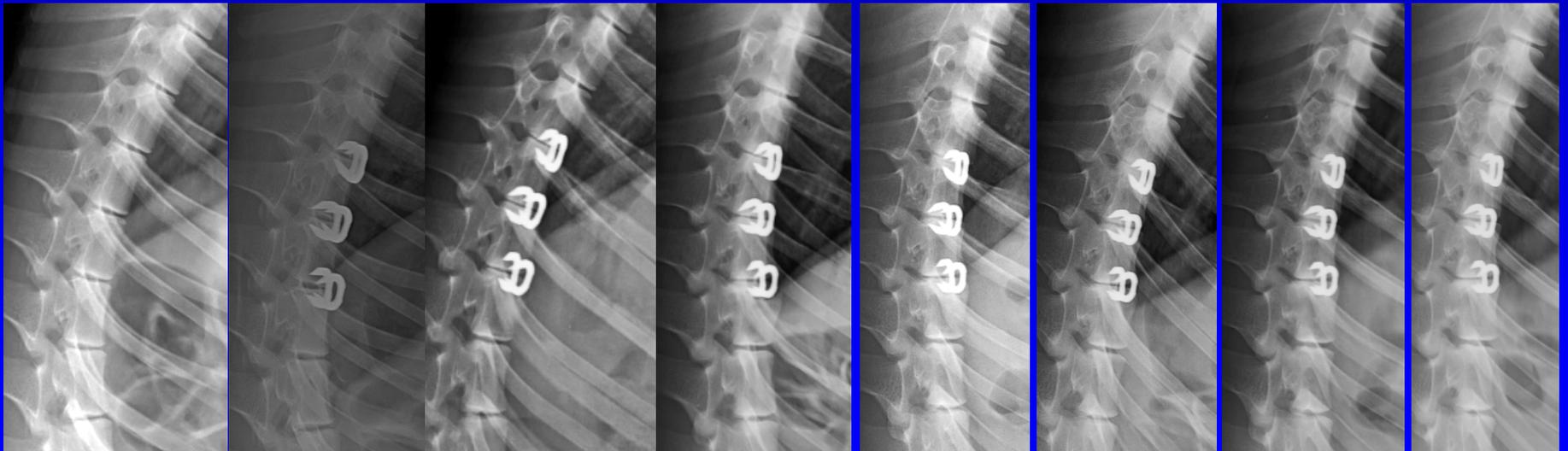
2 mos

3 mos

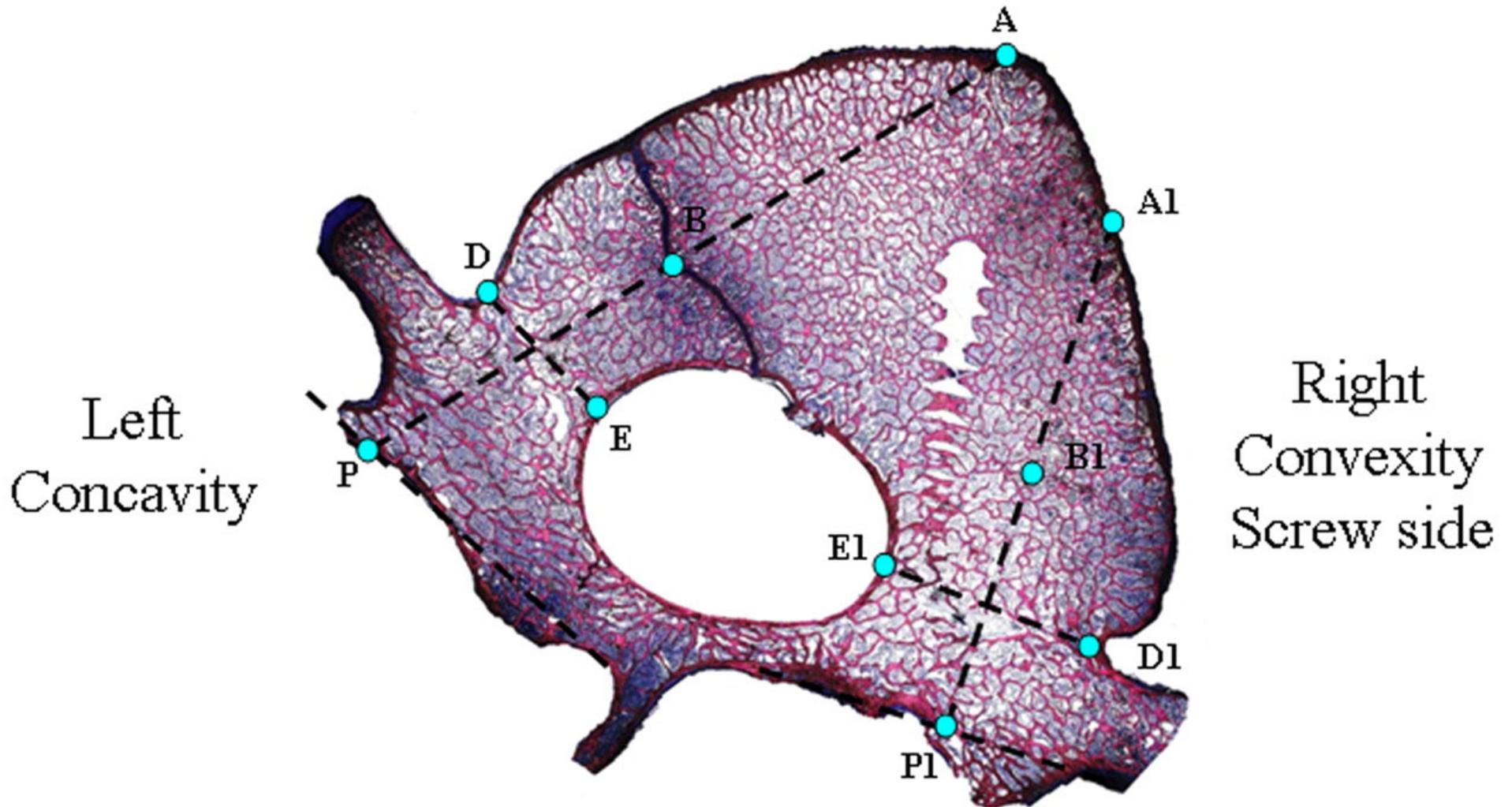
4 mos

5 mos

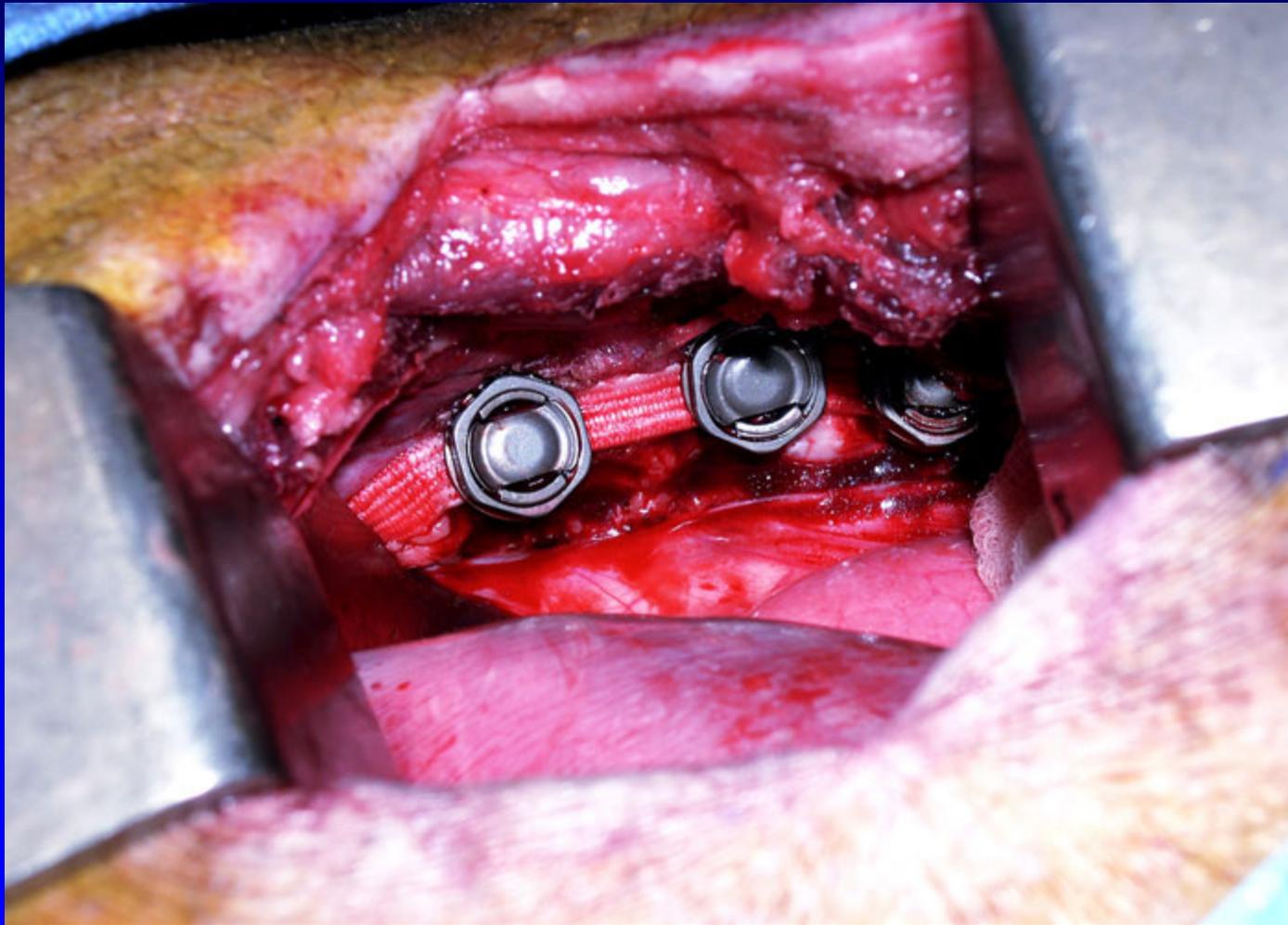
6 mos



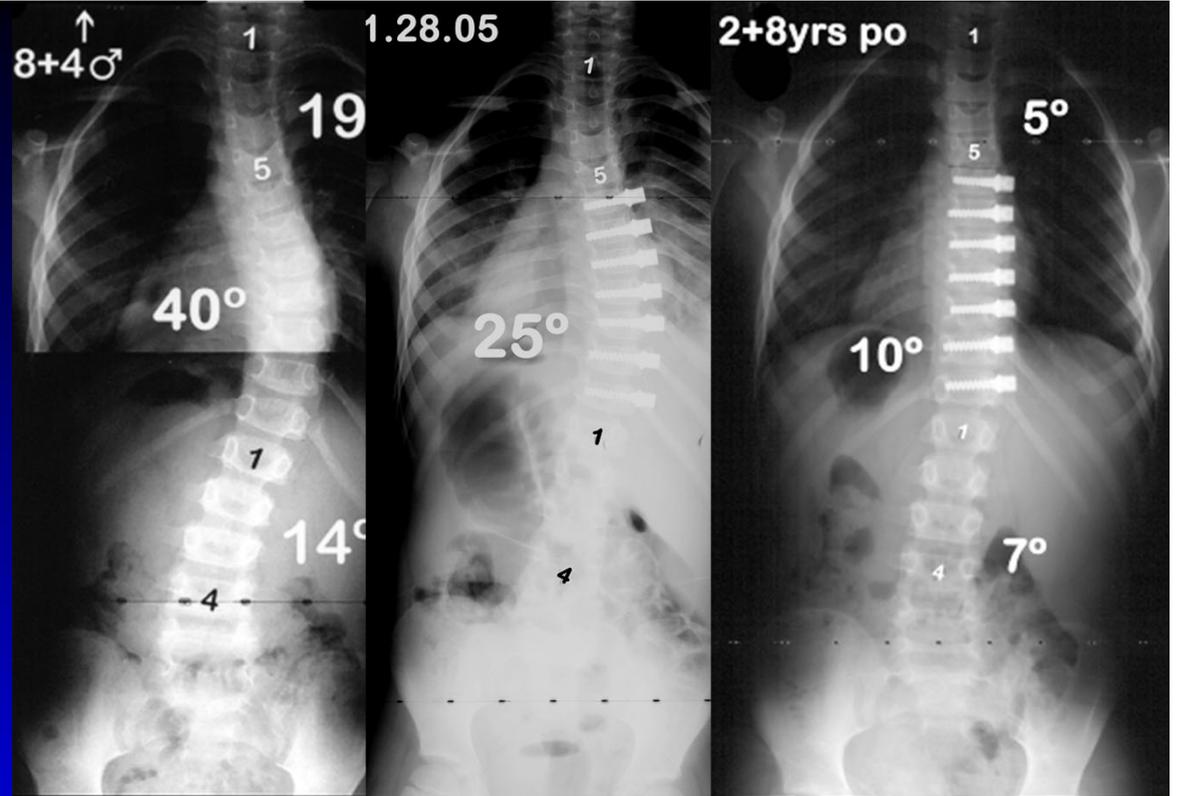
Synchondrosis closure



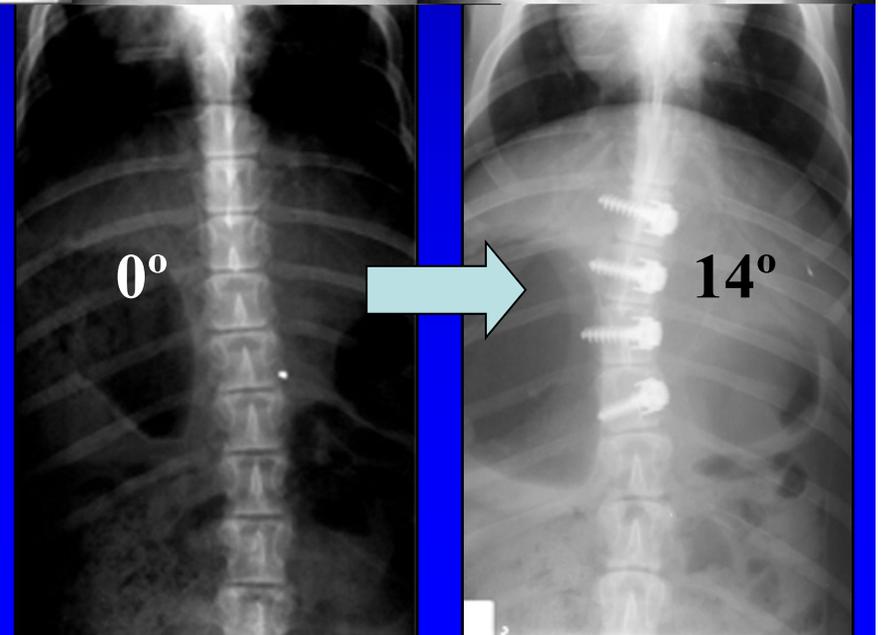
Anterior Spinal Tethering



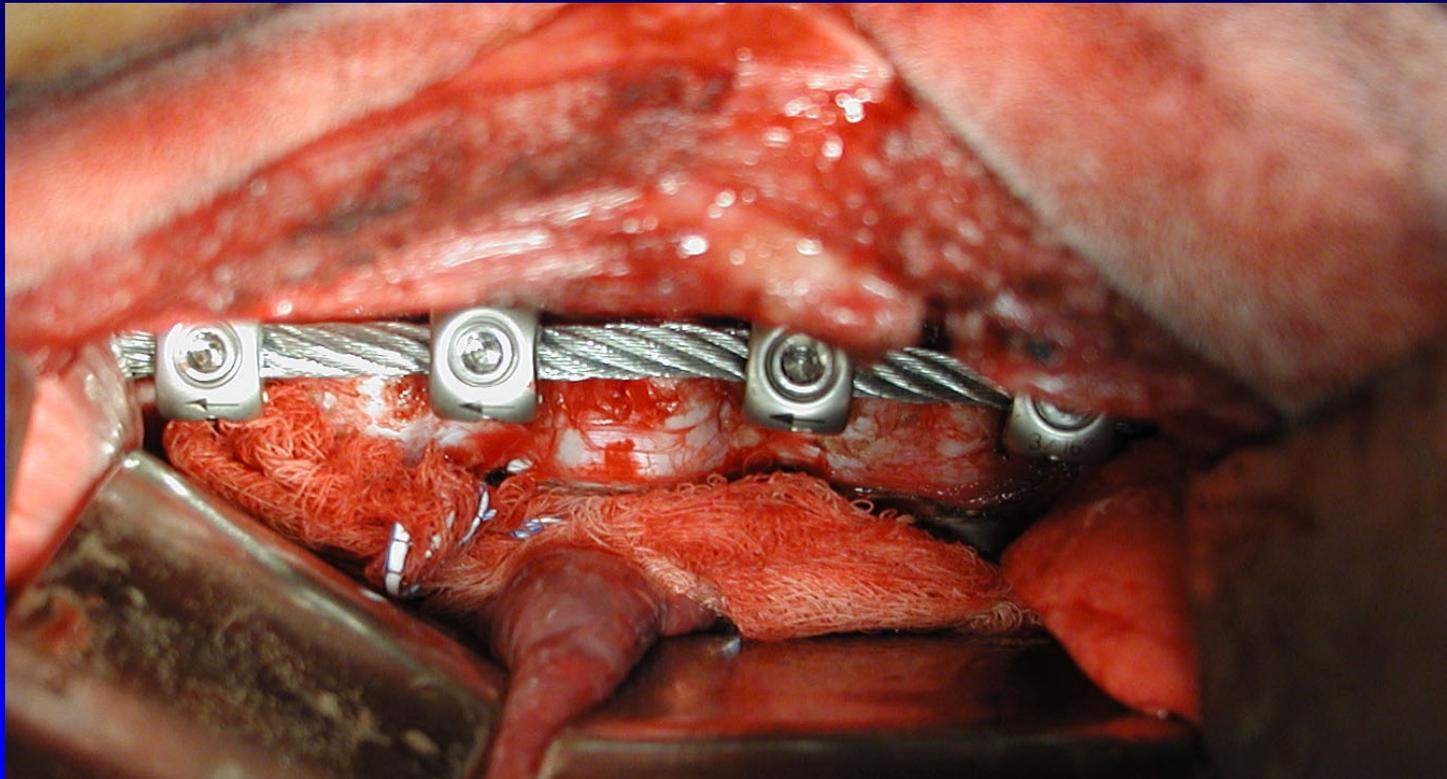
Clinical Application (Lenke case)



Experimental Application



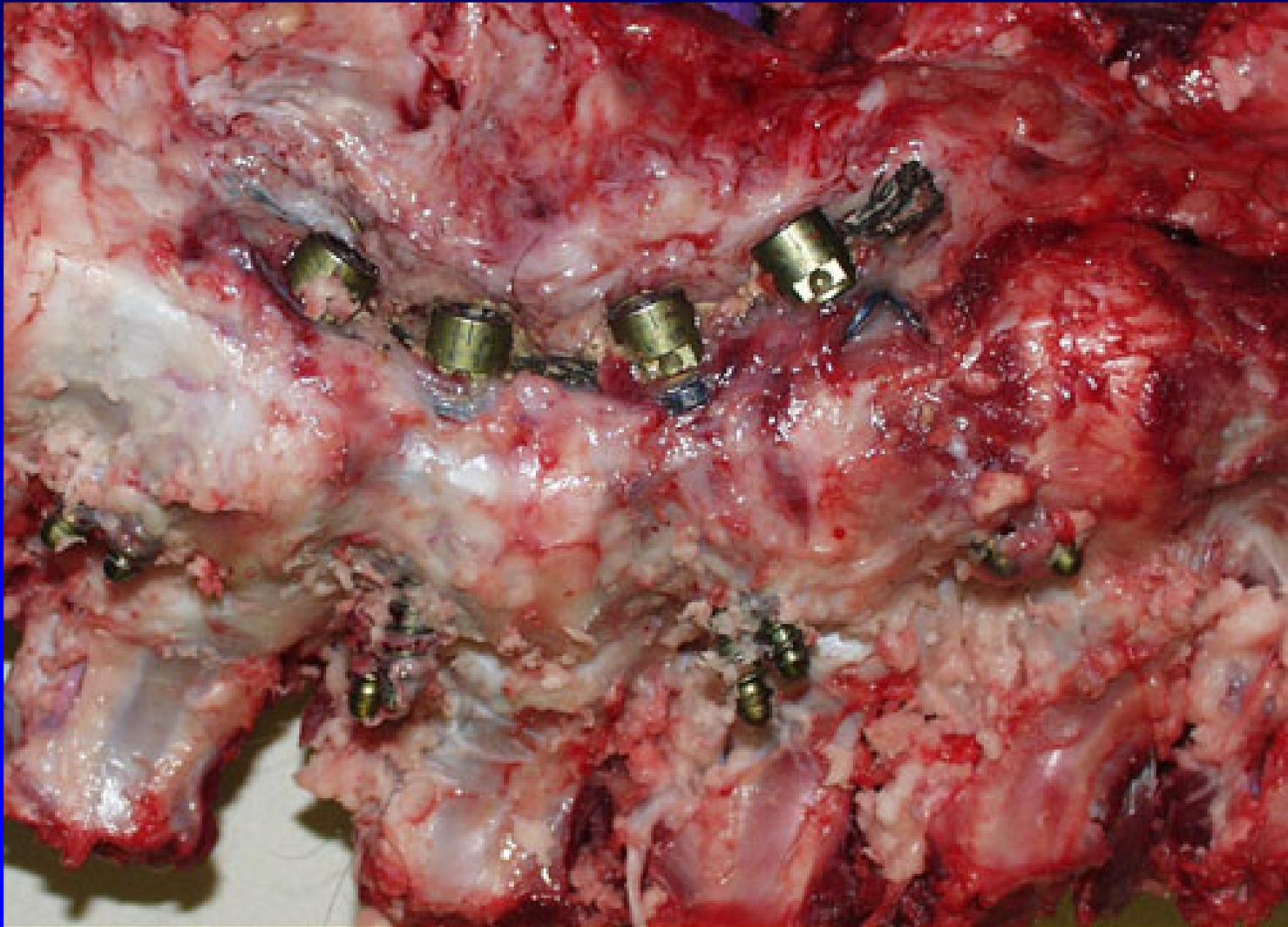
Bovine Model...



3/16" Cable from Home Depot (1990's)



Big Deformity, Big Animal



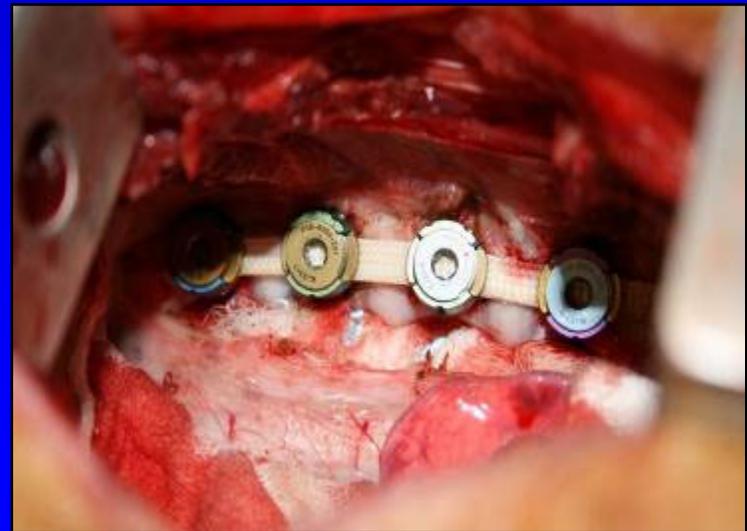
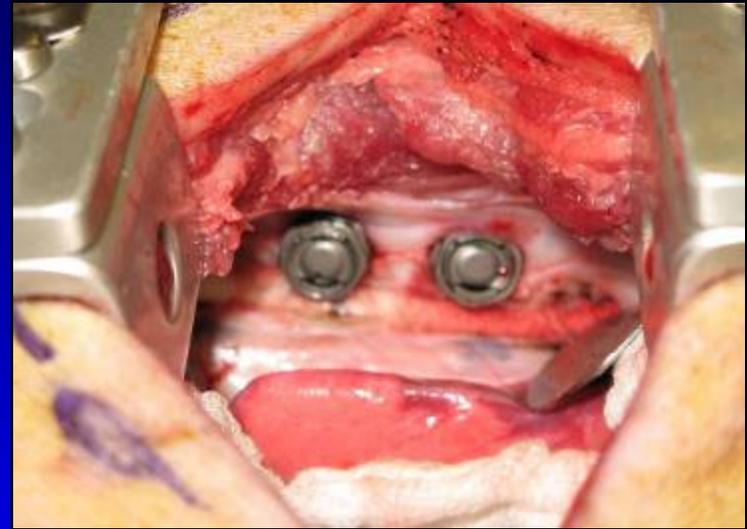
Yucatan Mini Pig Porcine Studies

- **Twelve 7-month-old Mini-Pig**
- **Right sided double thoracotomy**
- **T8-T11 instrumented**



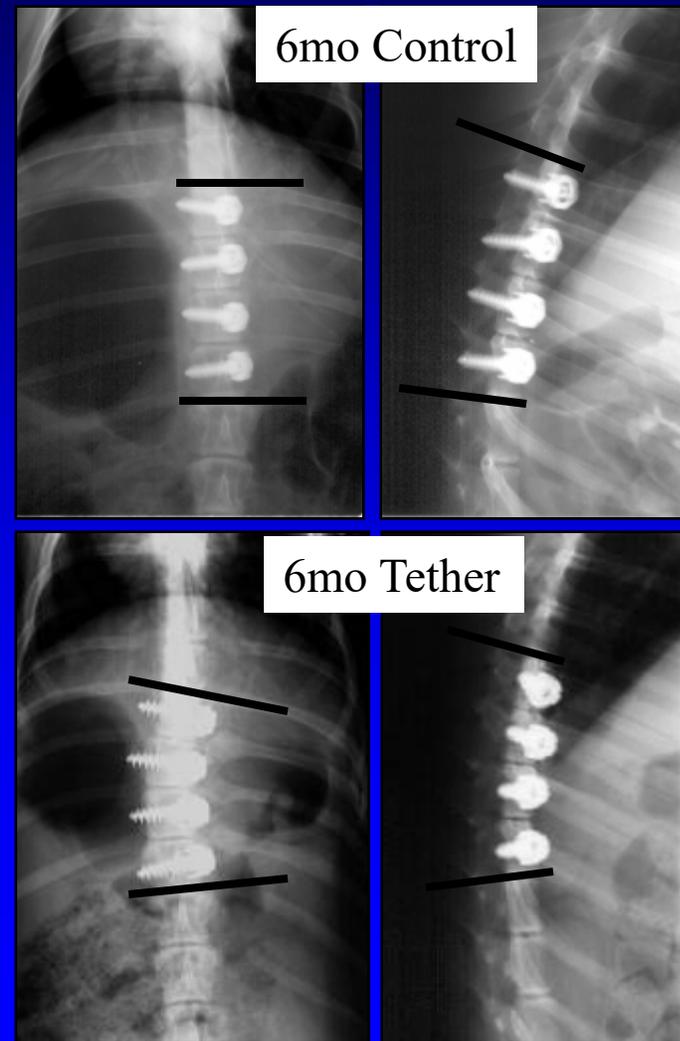
Control vs. Tether Groups

- **Control group (n=6):**
 - Sham surgery with only screws
- **Tether group (n=6):**
 - Tapered screw-staple design with a UHMWPE ribbon
- **6-month survival**



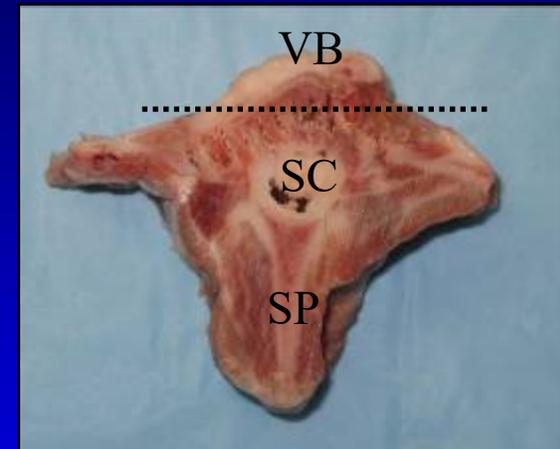
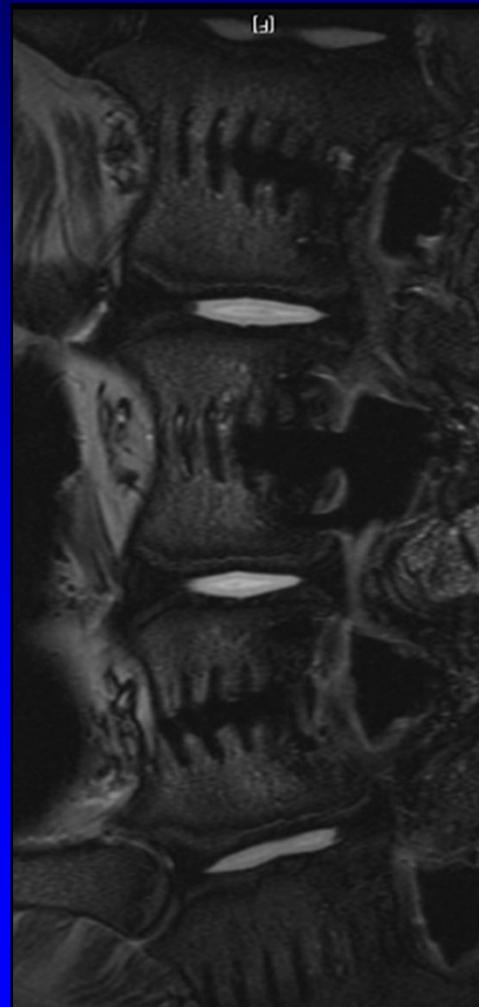
Radiographic Analysis

- **Assess deformity creation**
- **Radiographs**
 - Coronal Cobb
 - Sagittal Cobb
 - Vertebral body wedging
 - Intervertebral disc wedging
- **Computed Tomography**
 - Vertebral body and intervertebral disc heights
 - Vertebral body rotation



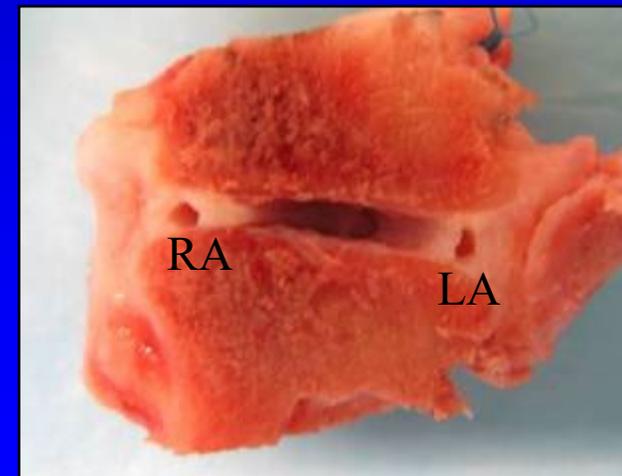
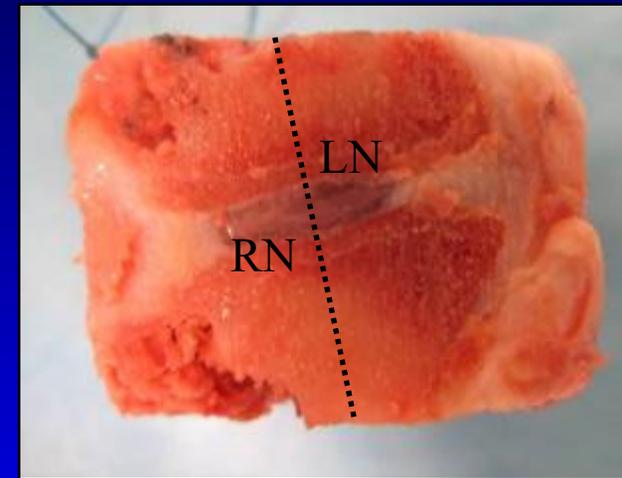
Qualitative Analysis

- **Magnetic resonance imaging**
- **Gross morphology**



Biochemical Analysis

- **Percent Water**
- **Proteoglycan content (GAG assay)**
- **Collagen content (hydroxyproline assay)**
- **Cell Density (DNA assay)**

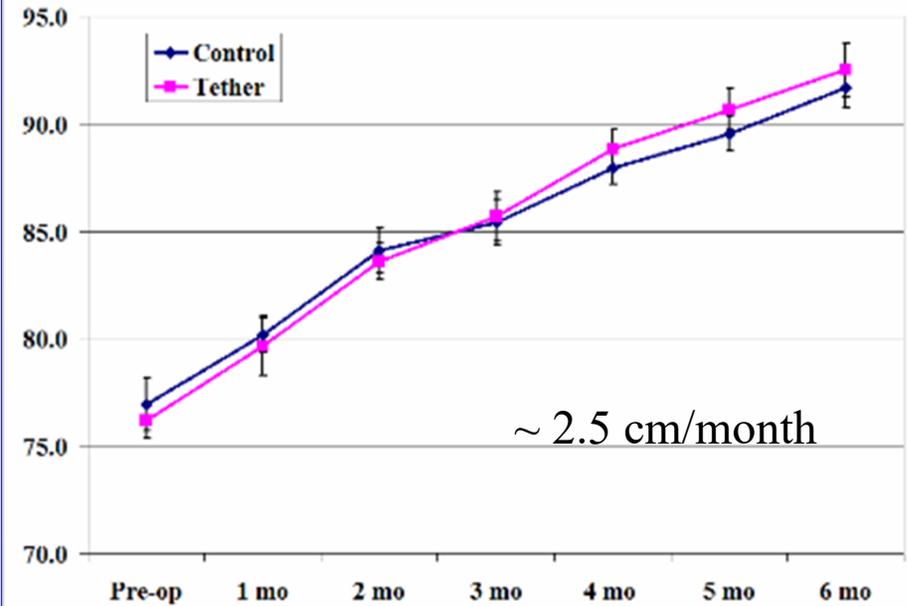
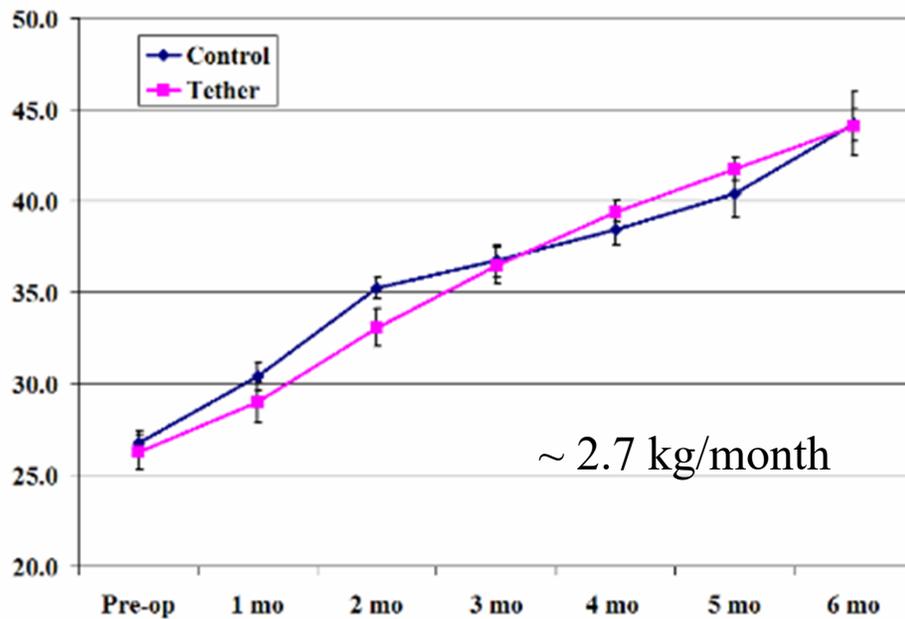


Statistics

- **ANOVA**
 - Radiographic data, CT measurements
- **Chi Square Analysis**
 - Thompson grade, MR grade, Histological grade
- **MANOVA**
 - Water content, GAG content, Hydroxyproline content, cell density
- **Bonferroni correction : $p < 0.0125$**



Porcine Growth

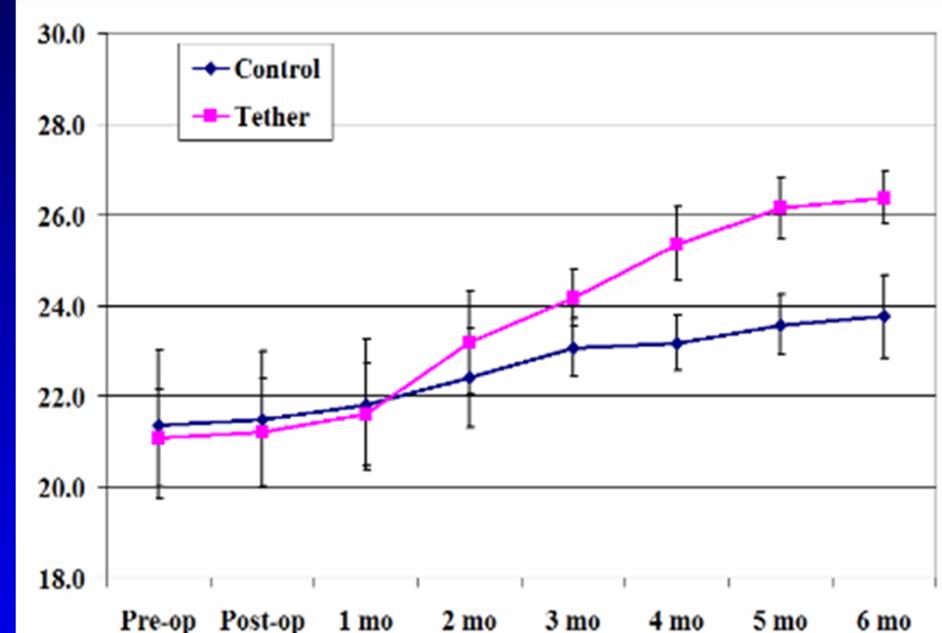
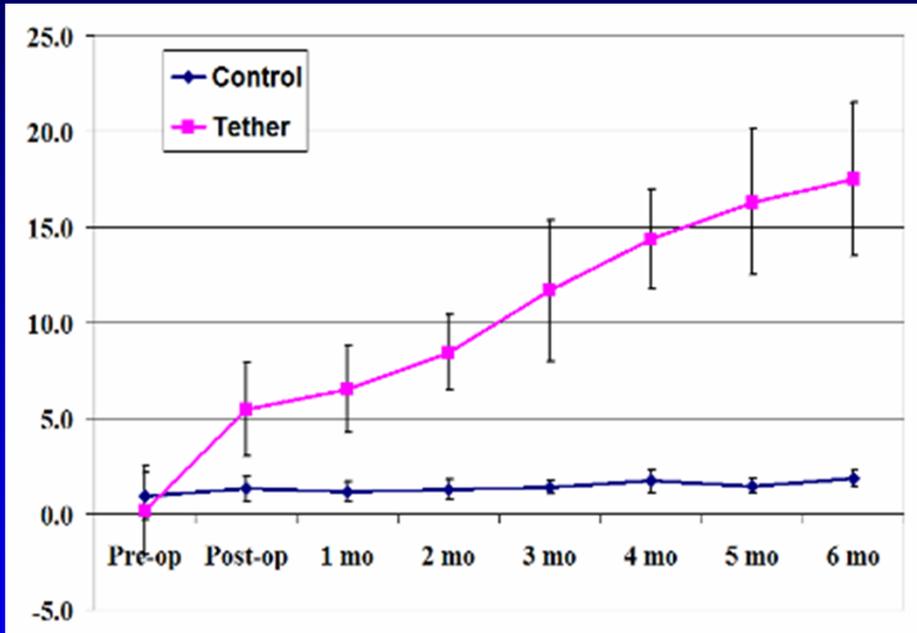


Weight (kg)

Length (cm)

No significant differences in growth rate between the control and tether groups ($p > 0.73$)

Deformity Creation

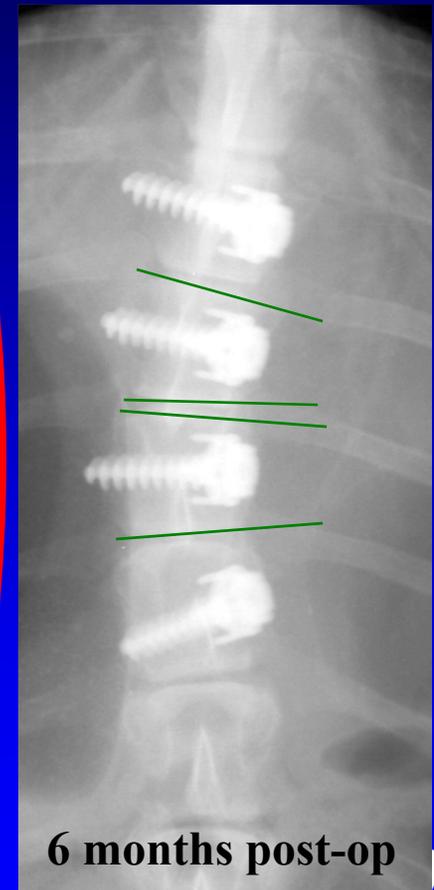
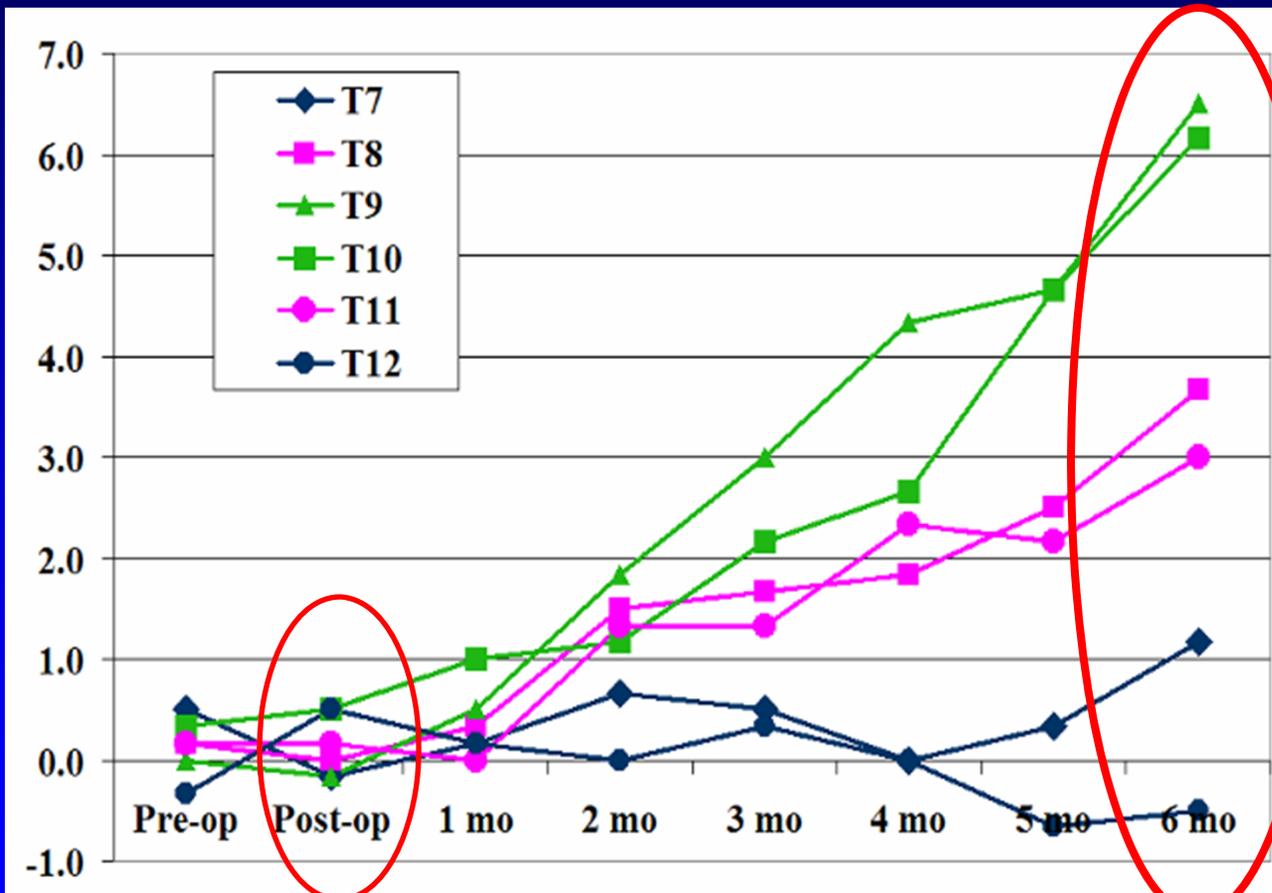


Coronal Cobb

Sagittal Cobb

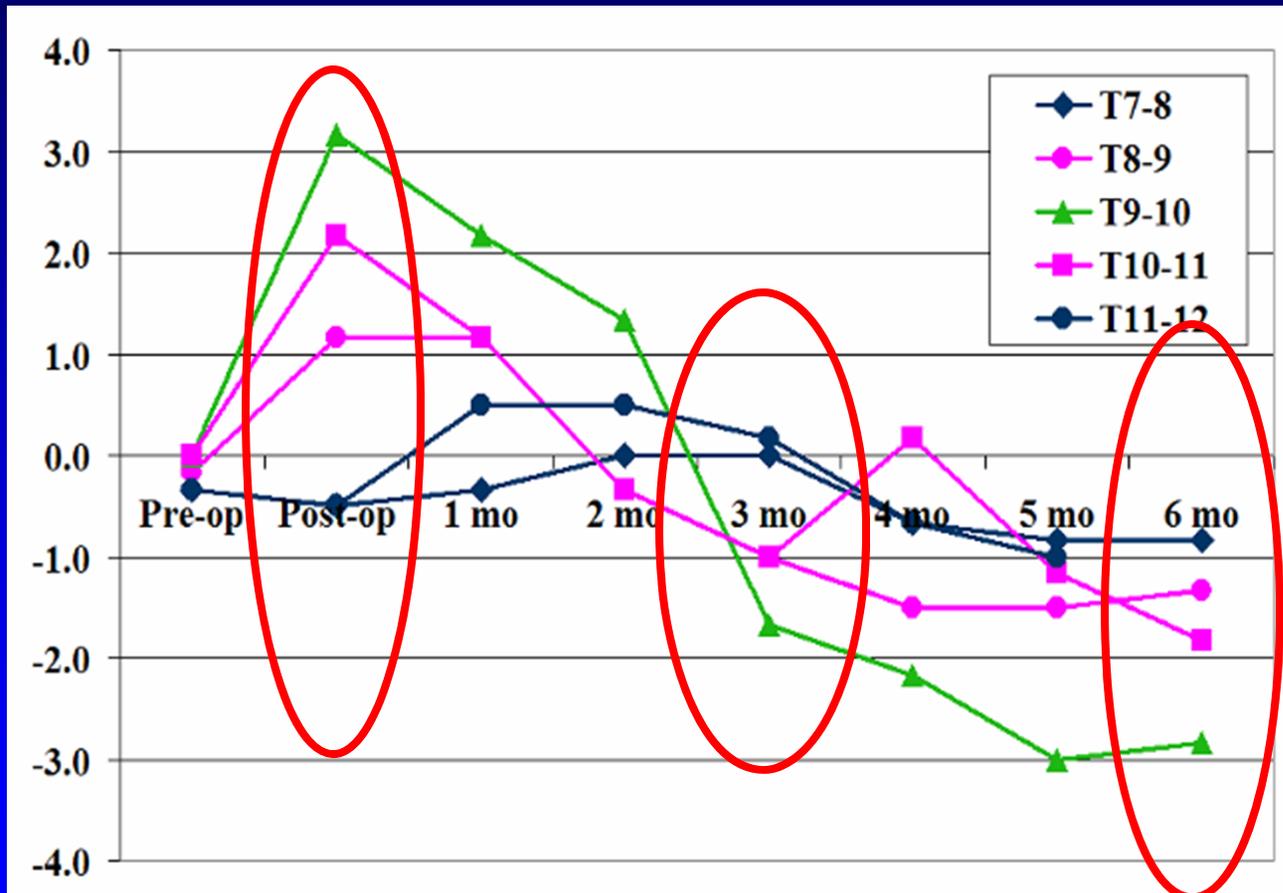
Significant increase in the Coronal Cobb
($p < 0.001$) and the Sagittal Cobb ($p < 0.01$)

Effect of the Tether



Vertebral Body Wedging

Effect of the Tether



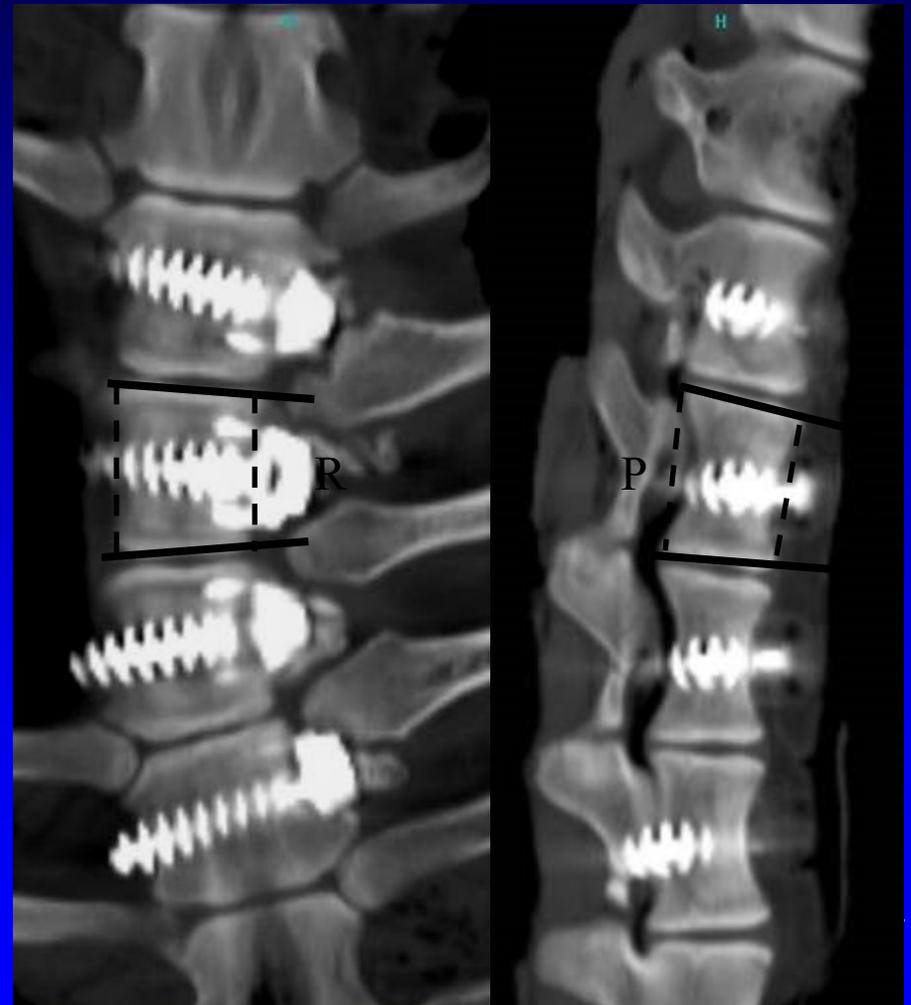
Intervertebral Disc Wedging



Computed Tomography



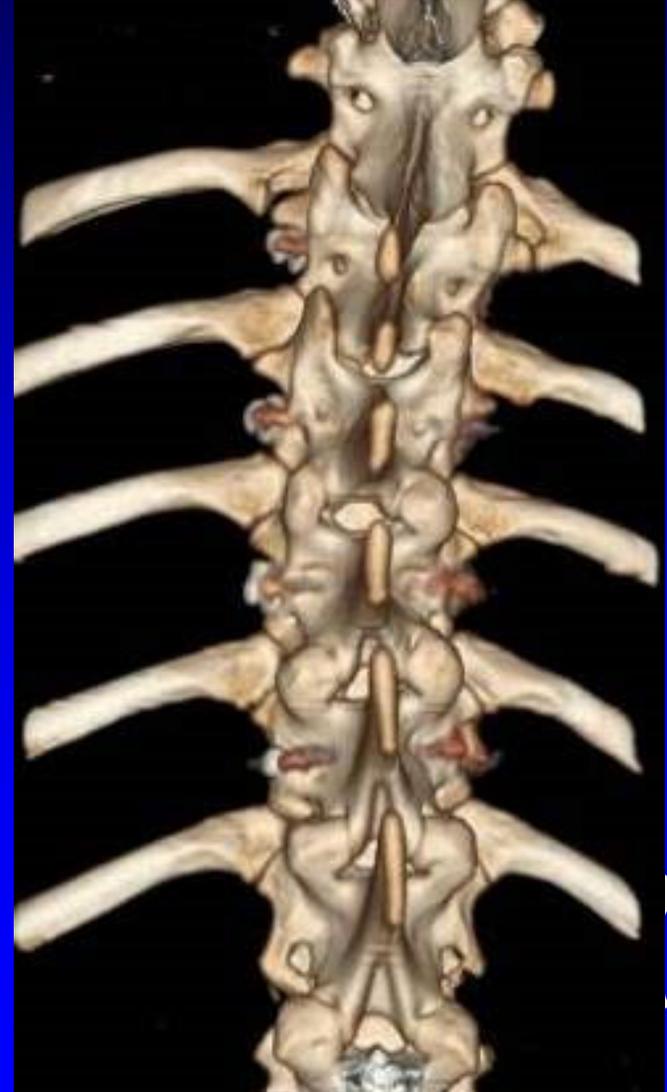
Control – 6 month post-op



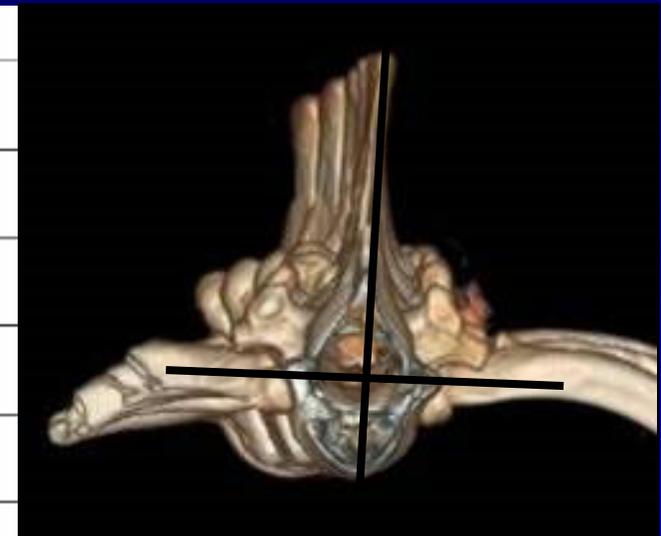
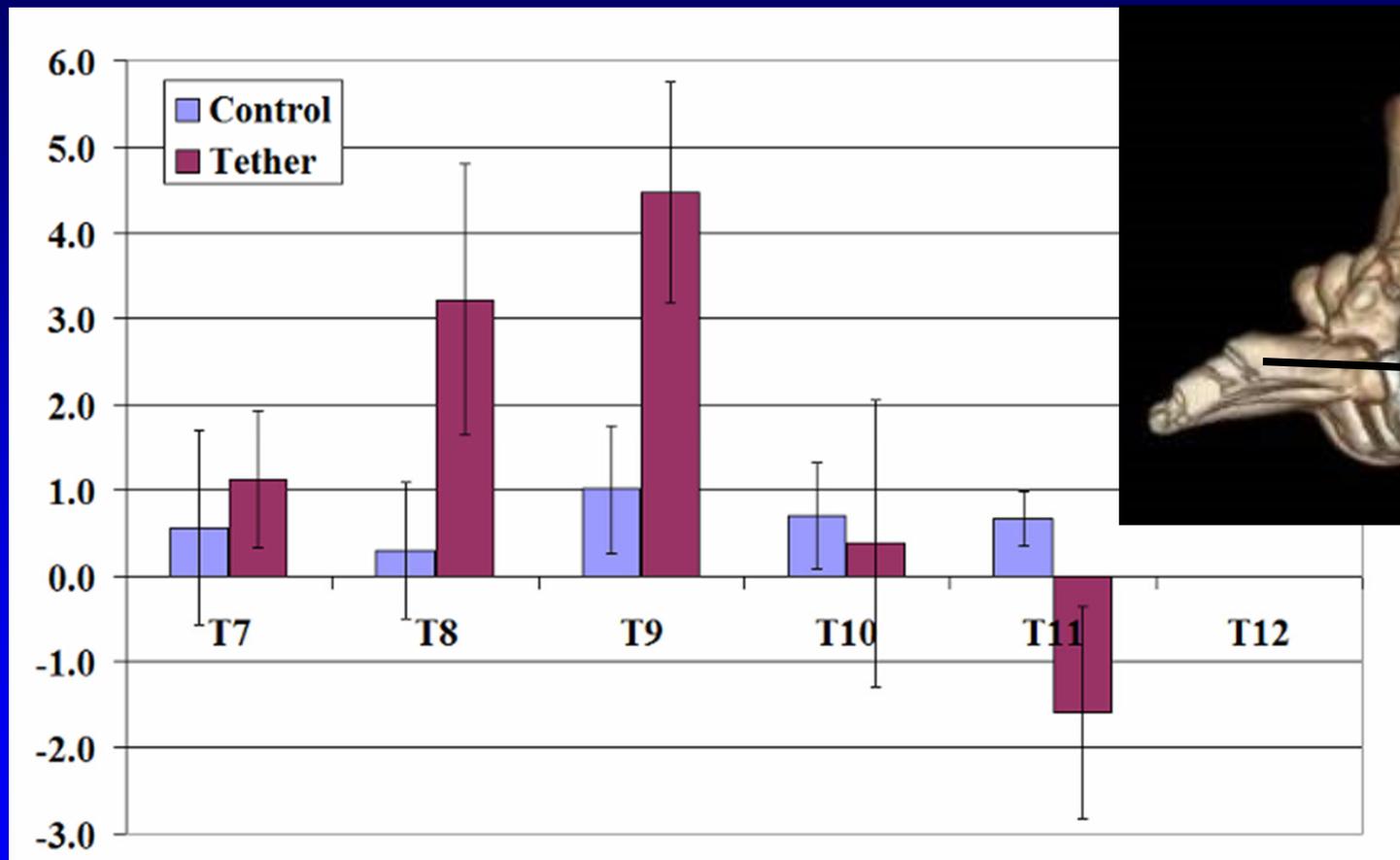
Tether – 6 month post-op

3D CT Reconstruction

**Tether –
6 month
post-op**



Axial Plane Deformity



Vertebral Body Rotation

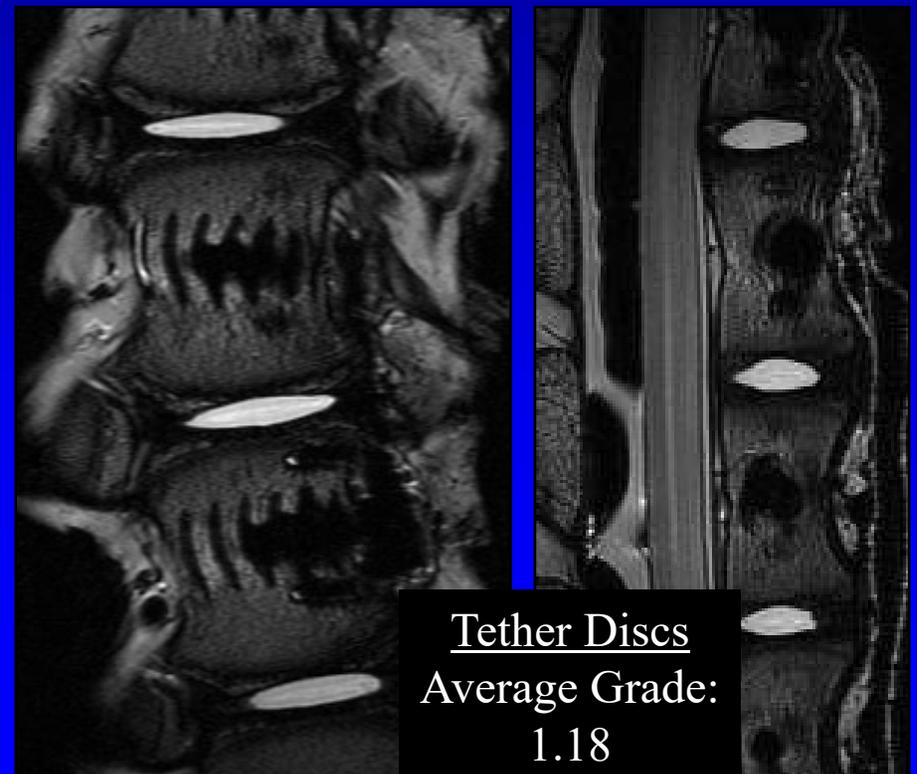
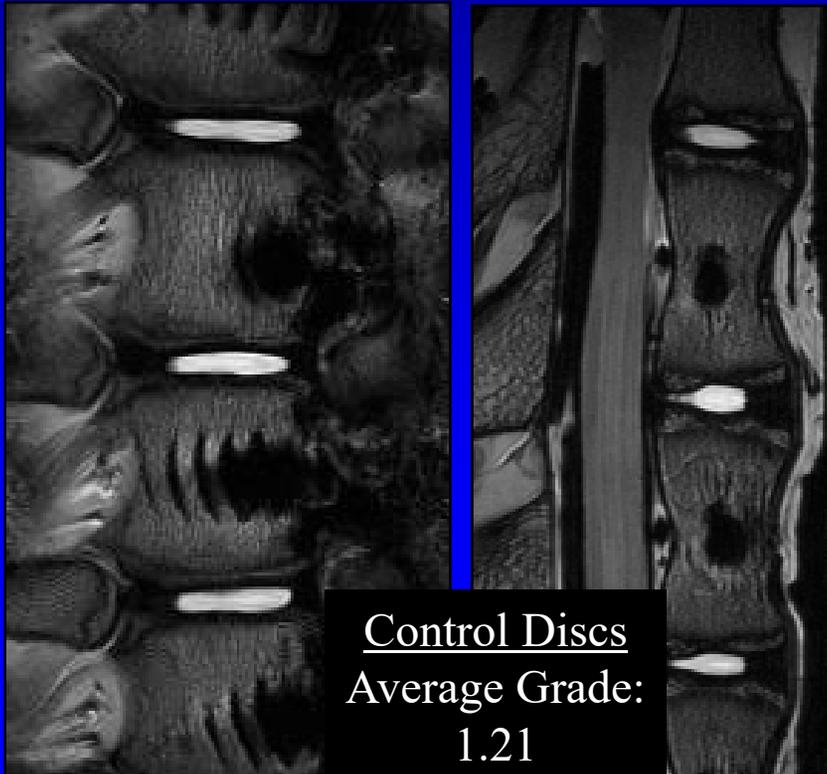


3T Magnetic Resonance Imaging

Classification of Disc Degeneration*

Grade	Structure	Distinction of Nucleus and Anulus	Signal Intensity	Height of Intervertebral Disc
I	Homogeneous, bright white	Clear	Hyperintense, isointense to cerebrospinal fluid	Normal
II	Inhomogeneous with or without horizontal bands	Clear	Hyperintense, isointense to cerebrospinal fluid	Normal
III	Inhomogeneous, gray	Unclear	Intermediate	Normal to slightly decreased
IV	Inhomogeneous, gray to black	Lost	Intermediate to hypointense	Normal to moderately decreased
V	Inhomogeneous, black	Lost	Hypointense	Collapsed disc space

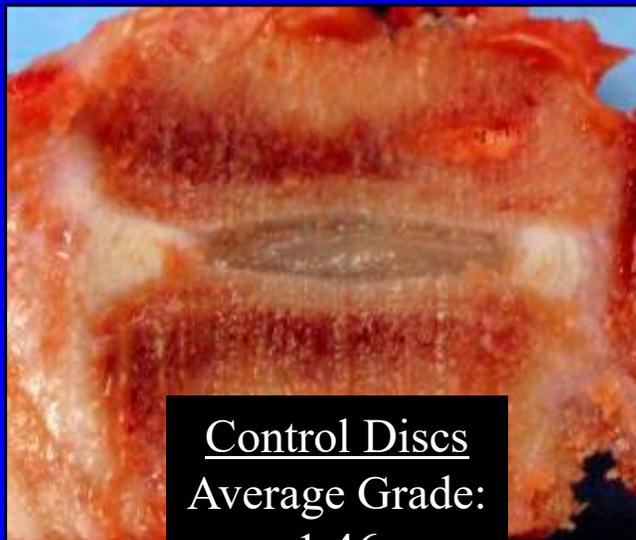
* Modified from Pearce (cited by Eyre et al⁹).



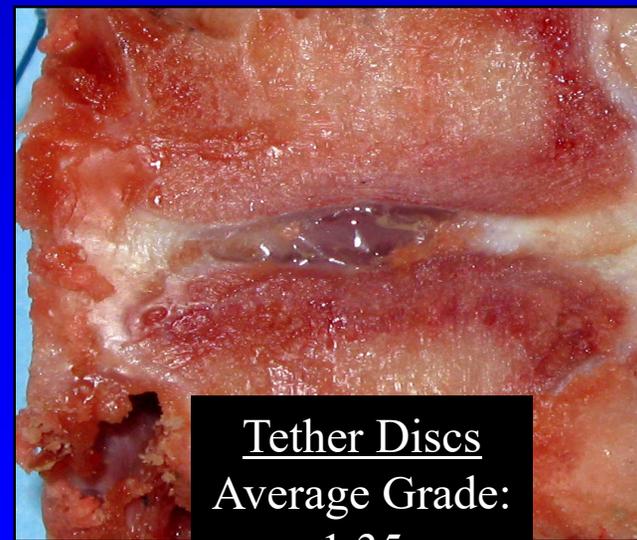
Gross Morphology

The Thompson grading scheme [42] for gross morphology of the human lumbar intervertebral disc

Grade	Nucleus	Annulus	Endplate	Vertebral body
I	Bulging gel	Discrete fibrous lamellas	Hyaline, uniformly thick	Margins rounded
II	White fibrous tissue peripherally	Mucinous material between lamellas	Thickness irregular	Margins pointed
III	Consolidated fibrous tissue	Extensive mucinous infiltration; loss of annular-nuclear demarcation	Focal defects in cartilage	Early chondrophytes or osteophytes at margins
IV	Horizontal clefts parallel to endplate	Focal disruptions	Fibro cartilage extending from subchondral bone, irregularity and focal sclerosis in subchondral bone	Osteophytes less than 2 mm
V	Clefts extend through nucleus and annulus	–	Diffuse sclerosis	Osteophytes greater than 2 mm



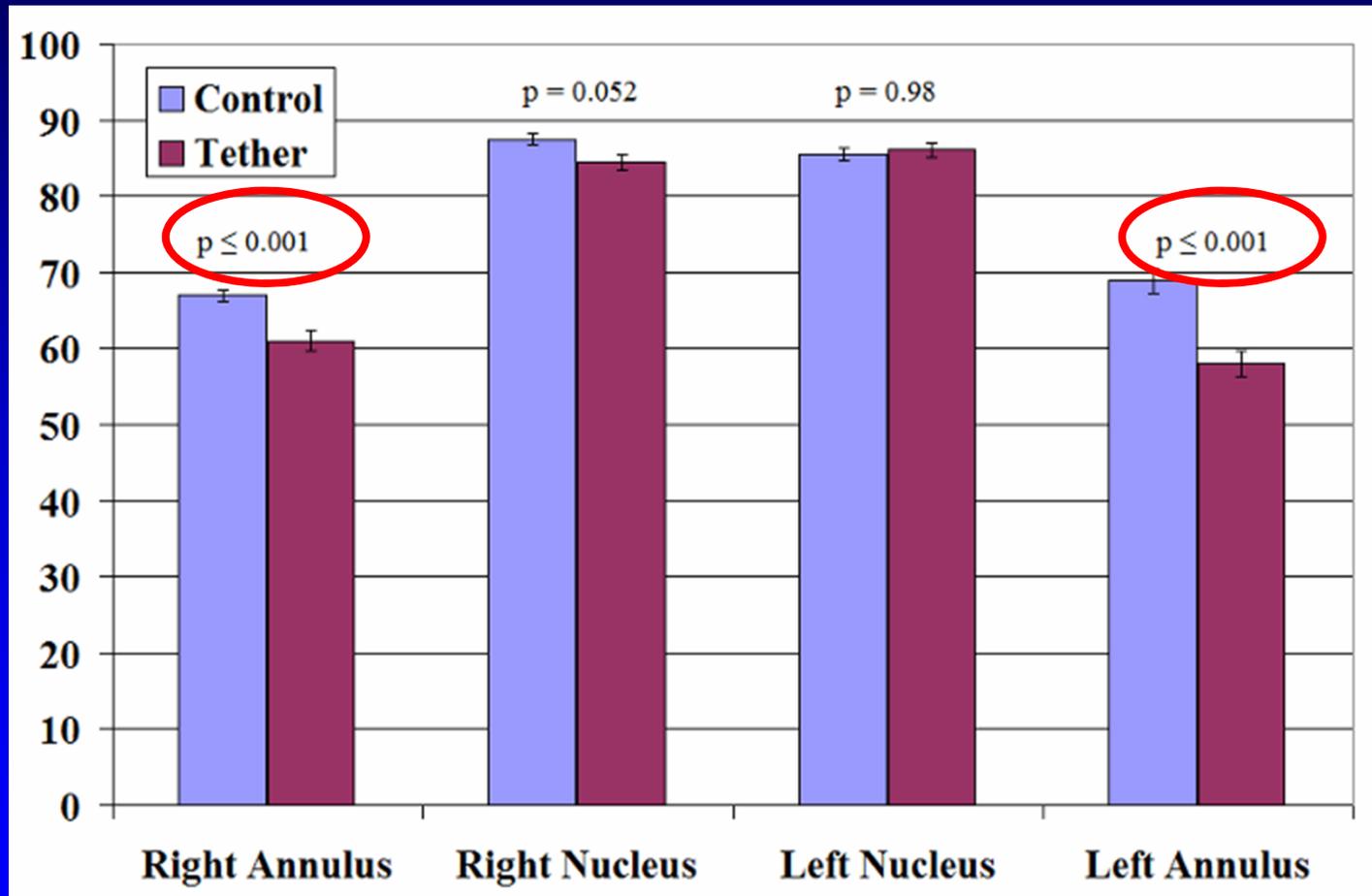
Control Discs
Average Grade:
1.46



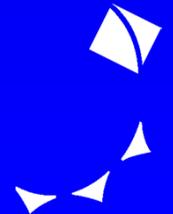
Tether Discs
Average Grade:
1.35



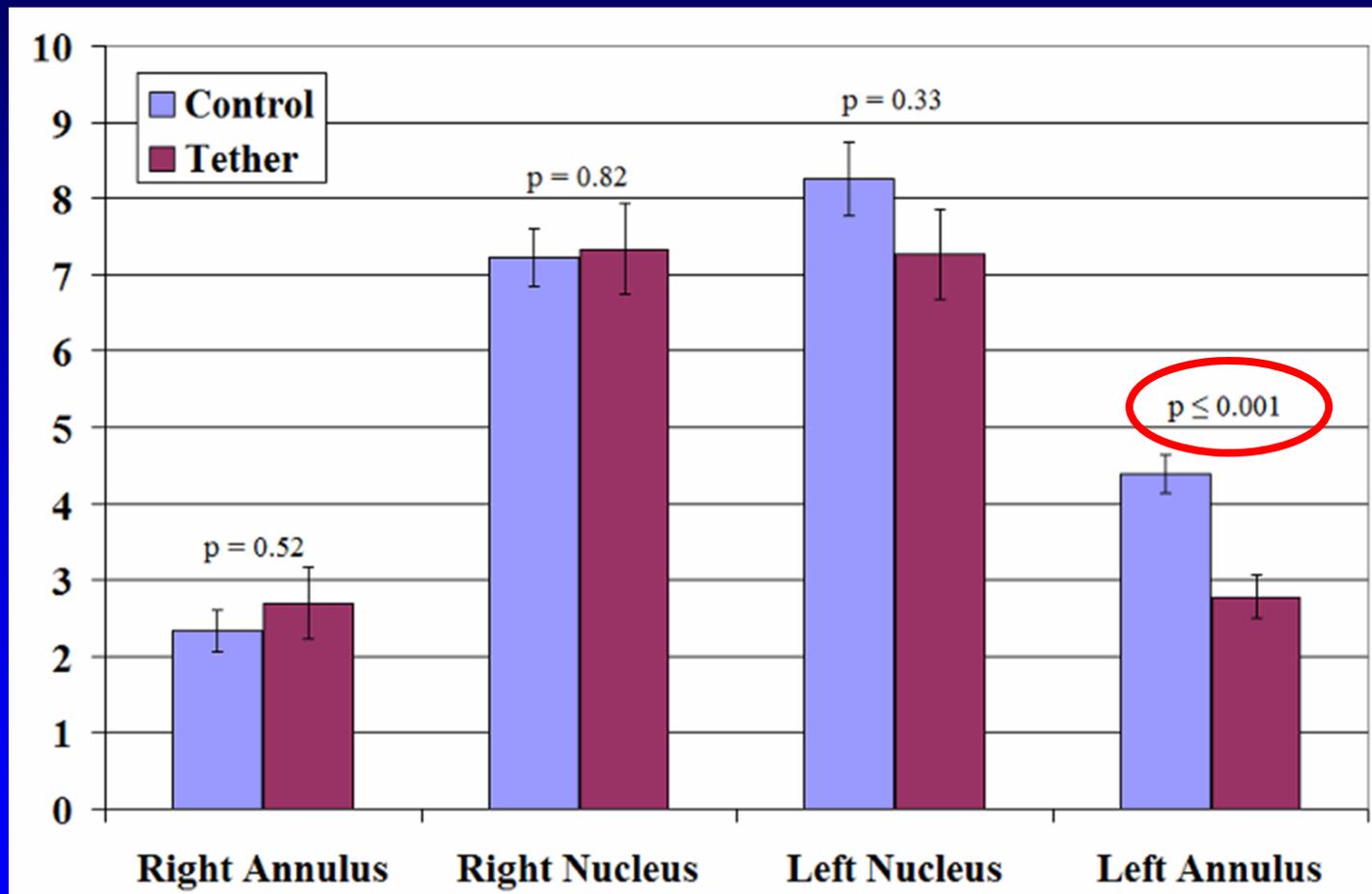
Biochemical Analysis



Water Content (% WW)



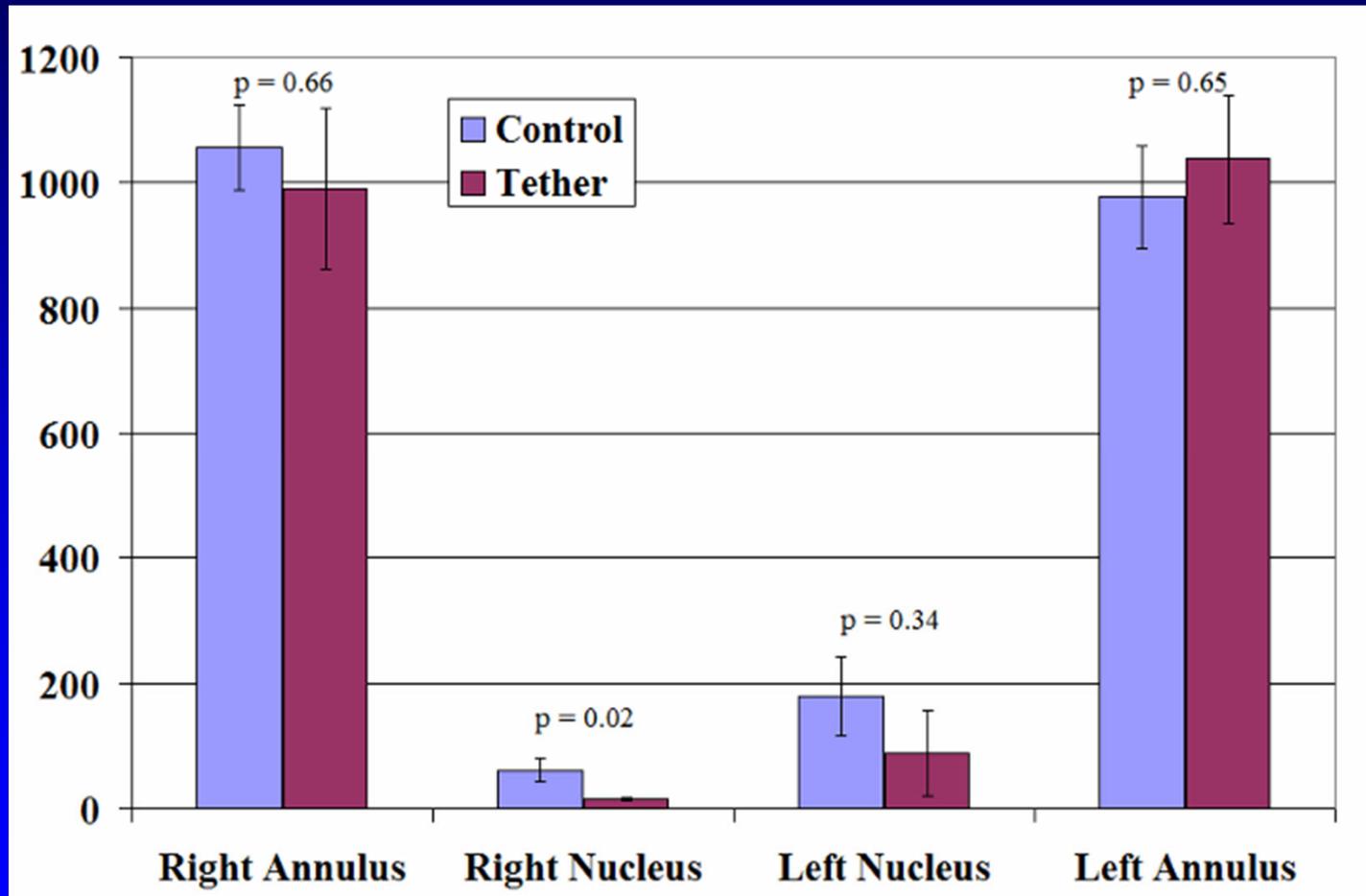
Biochemical Analysis



GAG Content (% WW)

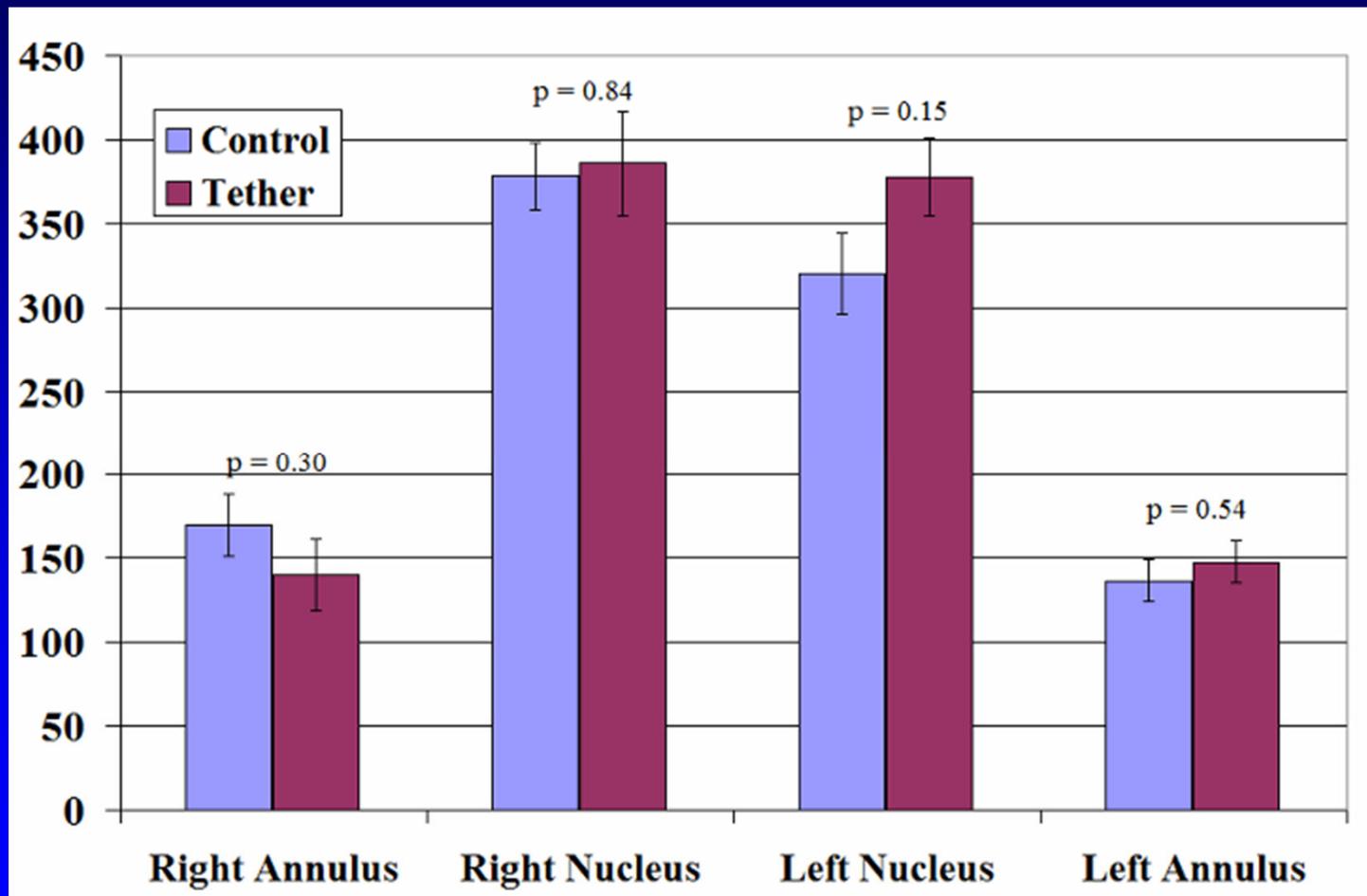


Biochemical Analysis



Hydroxyproline Content (ug/ml)

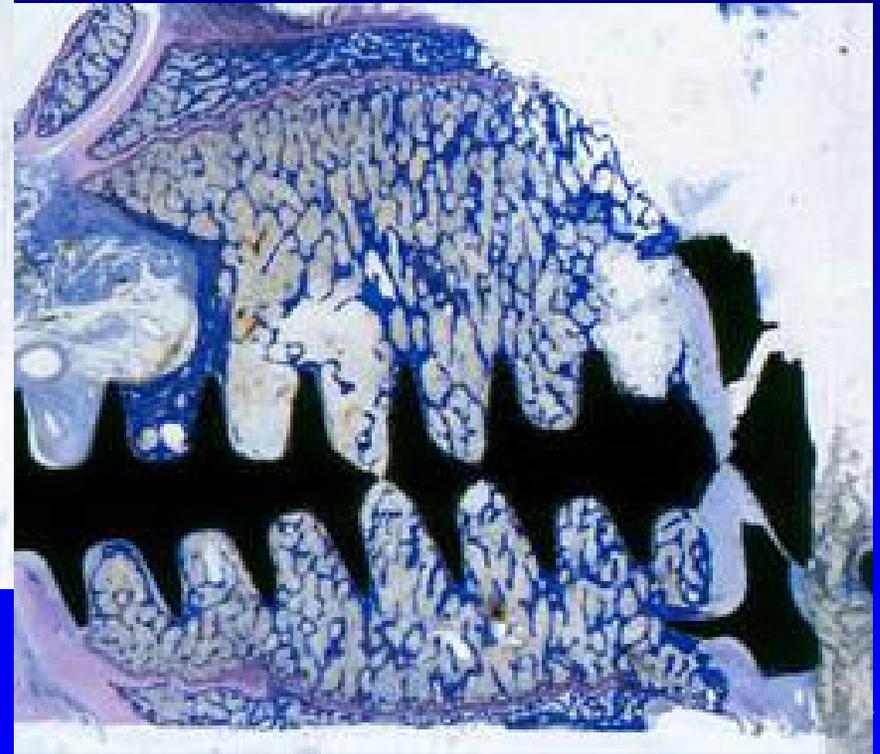
Biochemical Analysis



Cell Density (10⁶ cells/g DW)



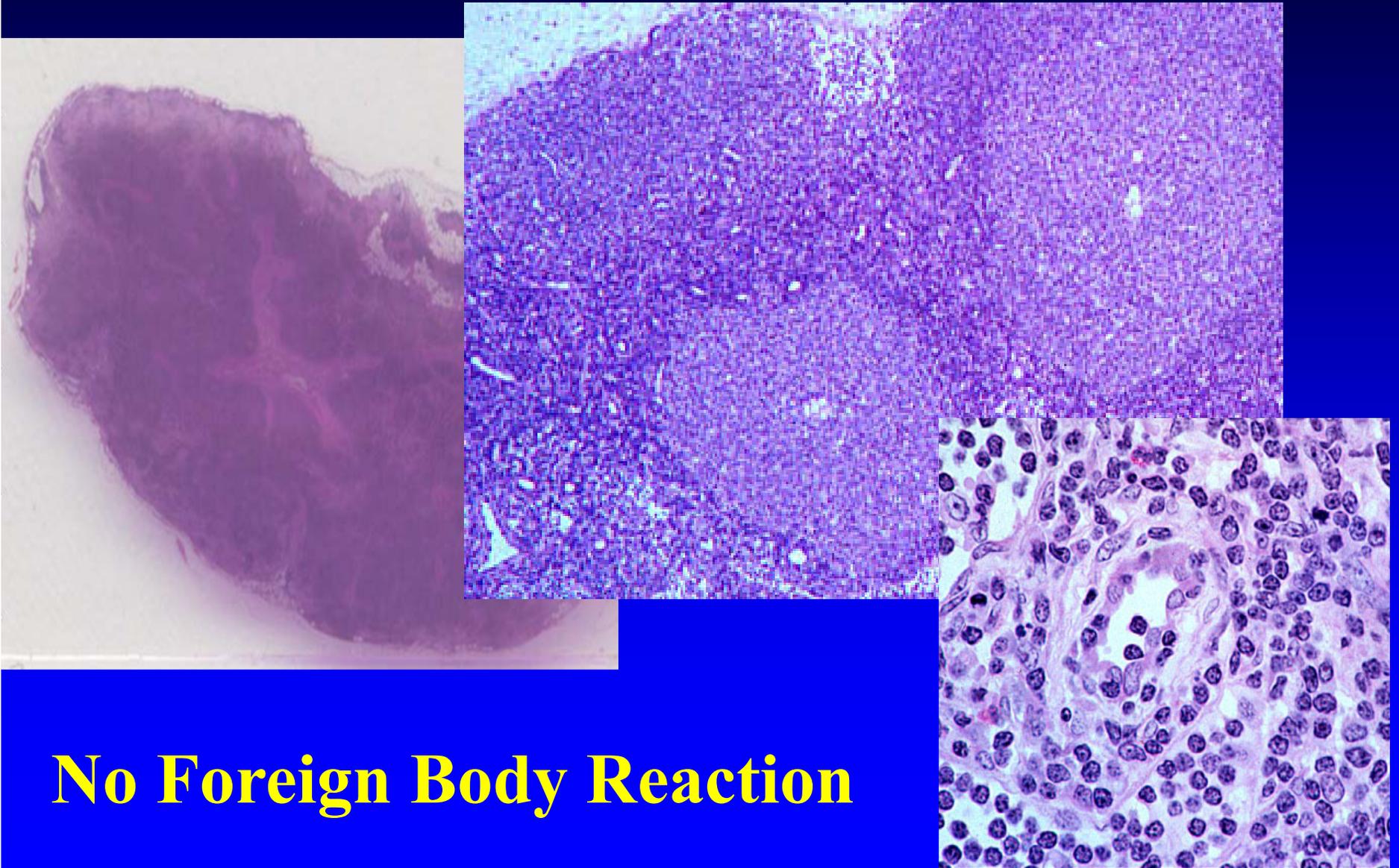
Bone-Screw Interface



No Fibrous Zone or Loosening

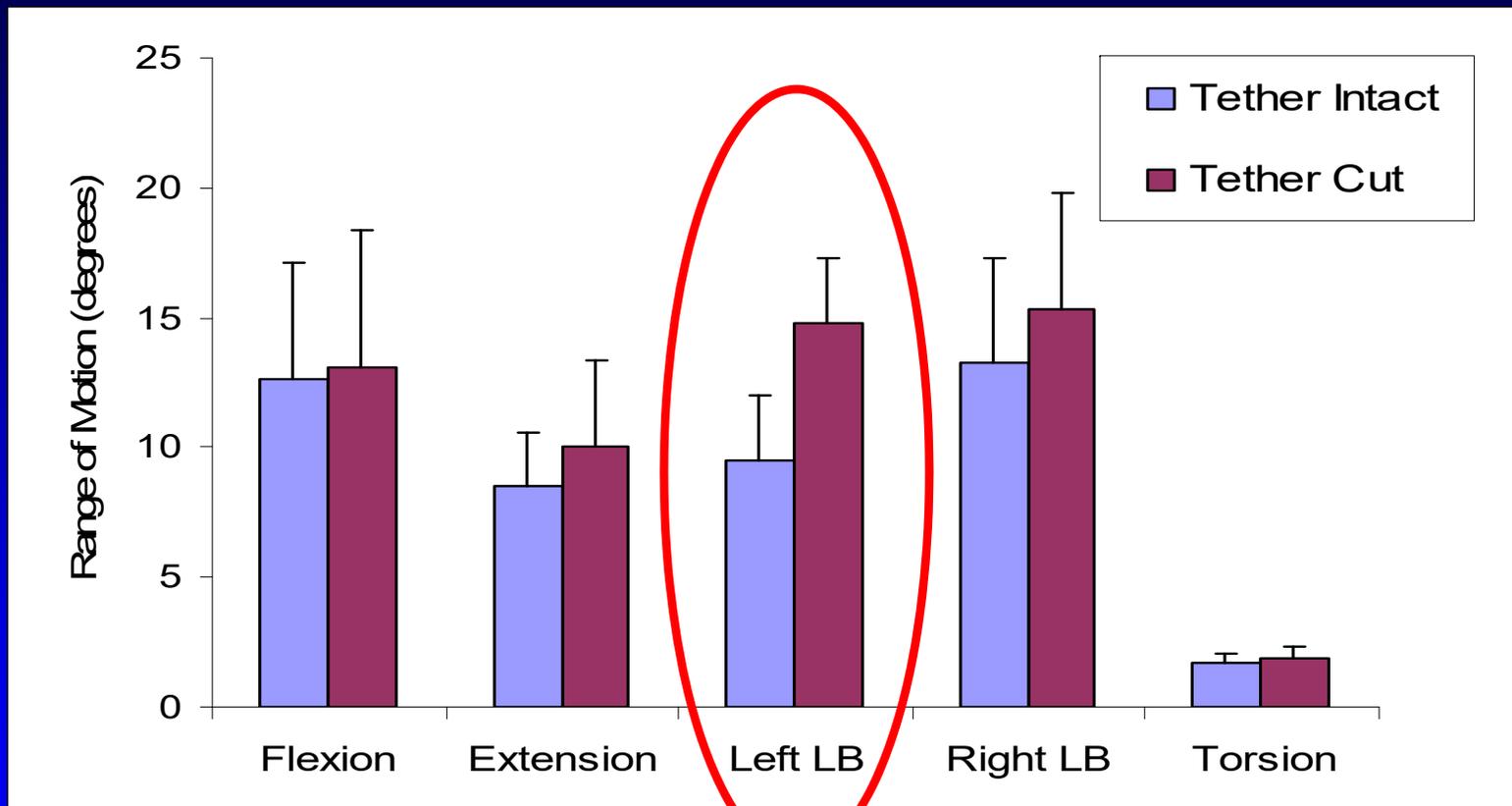


Lymph Nodes



No Foreign Body Reaction

Range of Motion

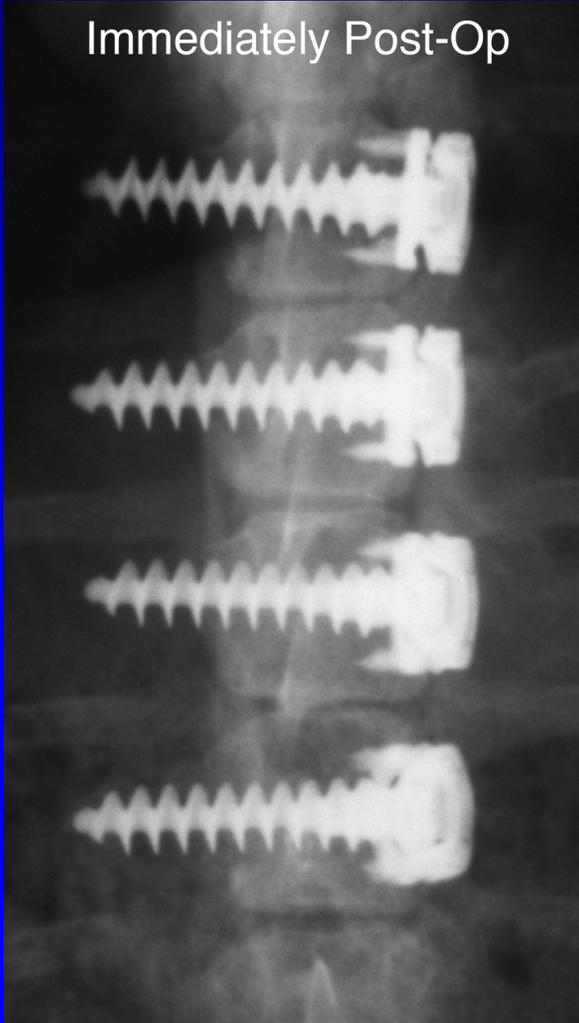


ROM significantly limited in lateral bending away from the tether. (p=0.01)

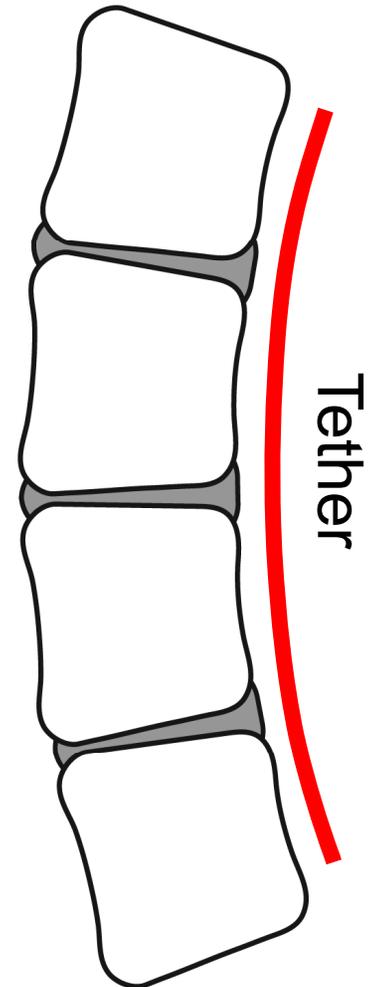
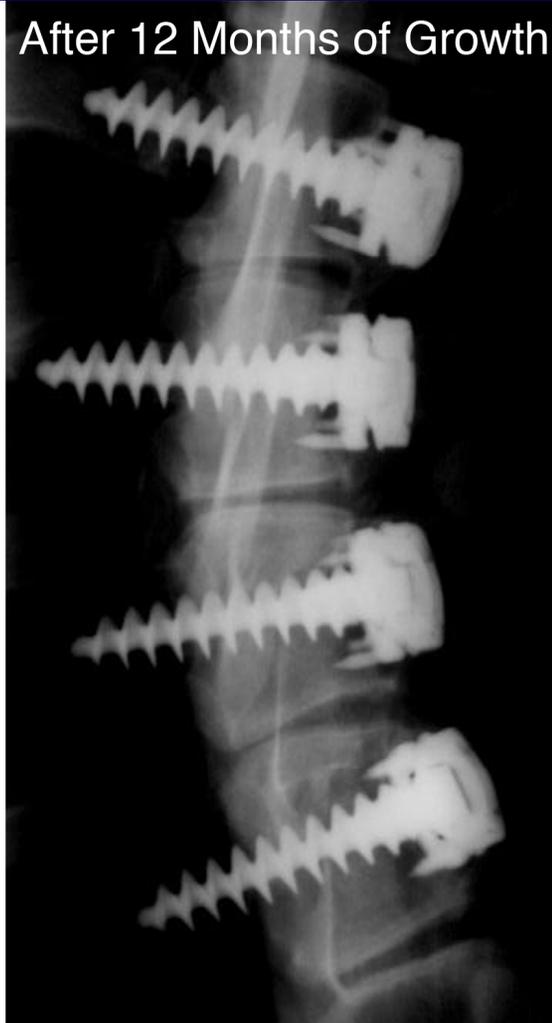


Discs wedged in the opposite direction to the vertebrae

Immediately Post-Op

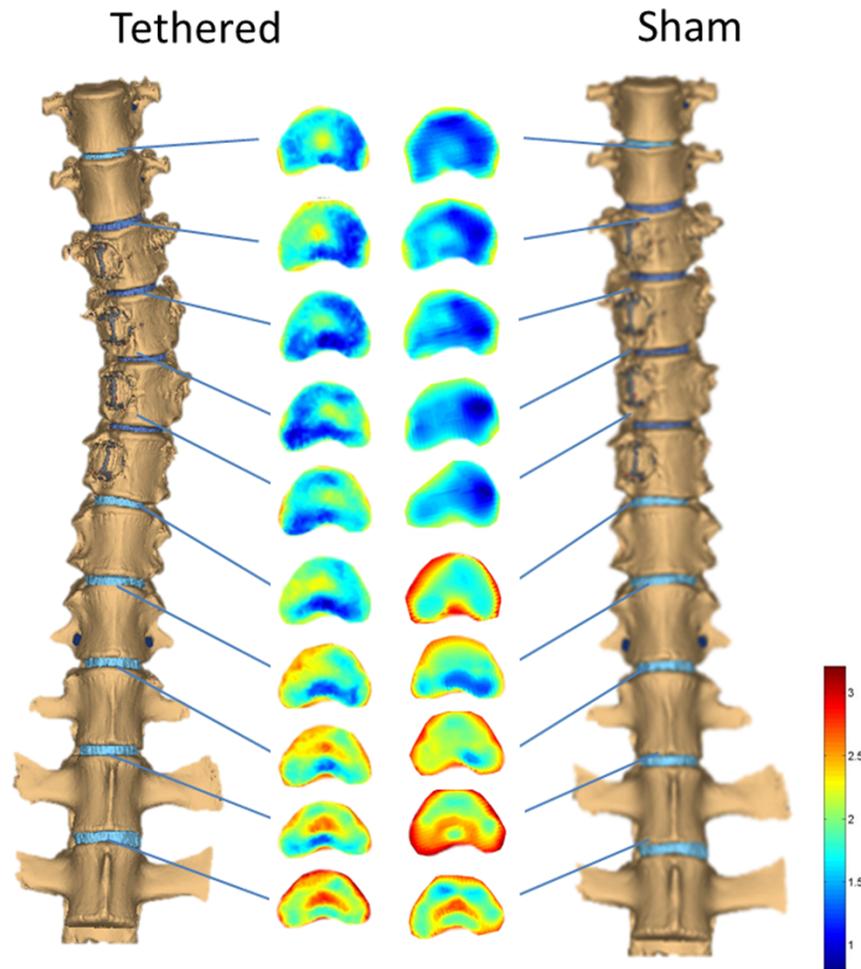


After 12 Months of Growth

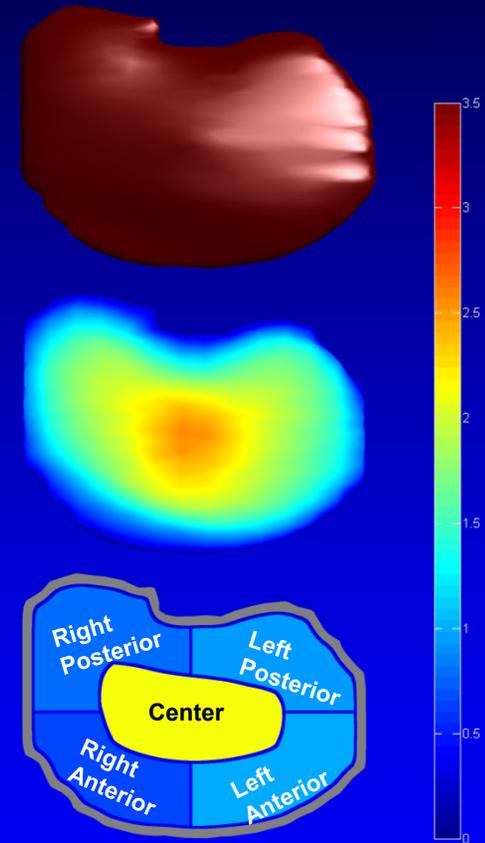


3D Spinal Deformation –MRI

Disc Gradient Map



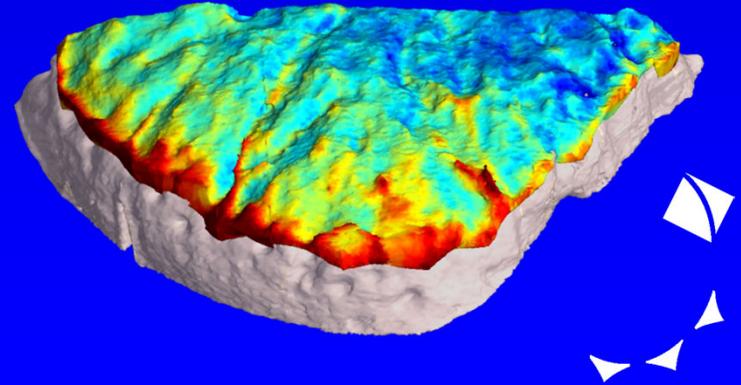
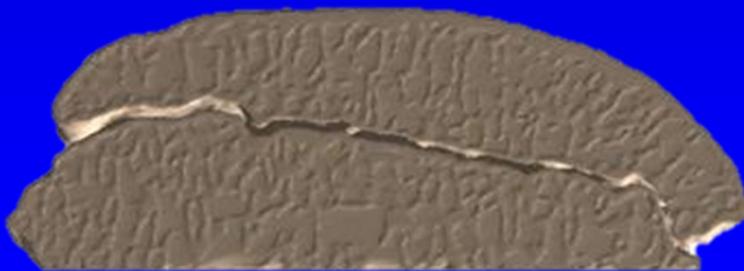
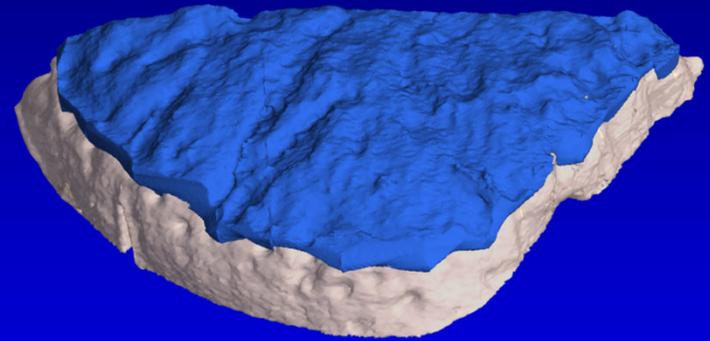
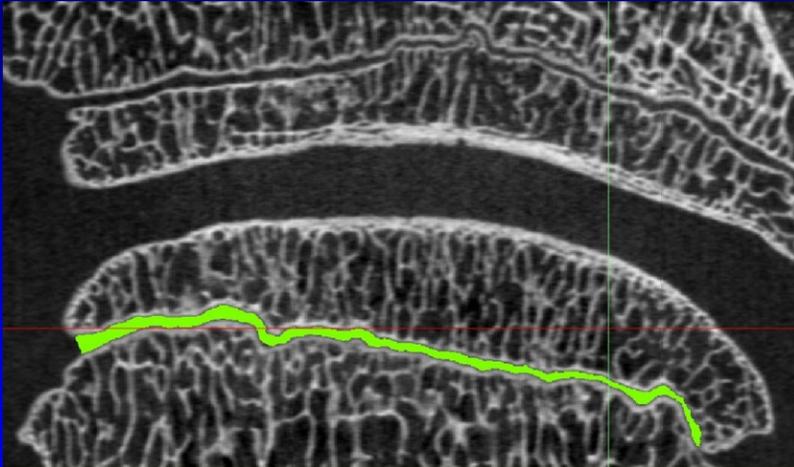
Disc (From MRI)



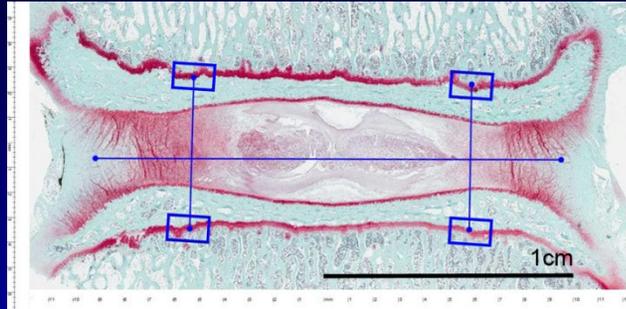
Disc Regions for analysis



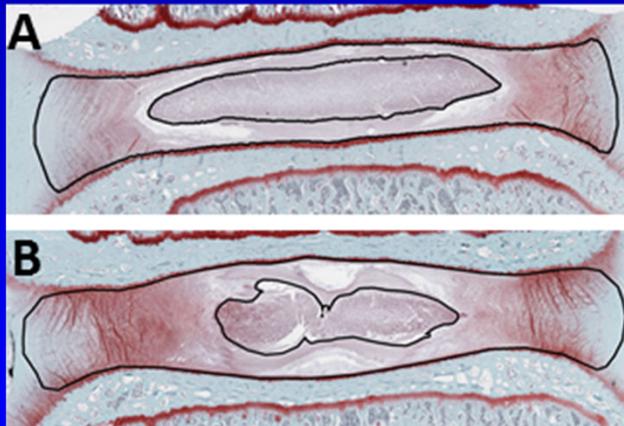
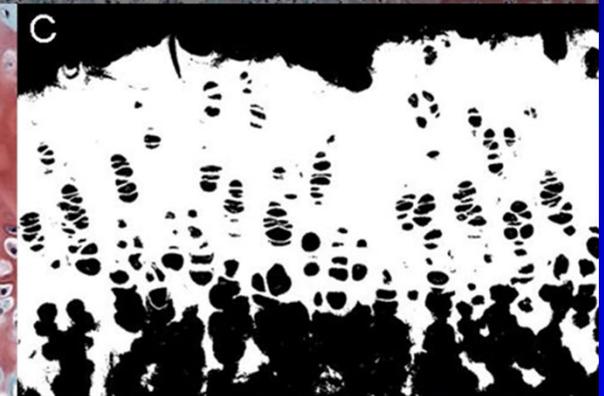
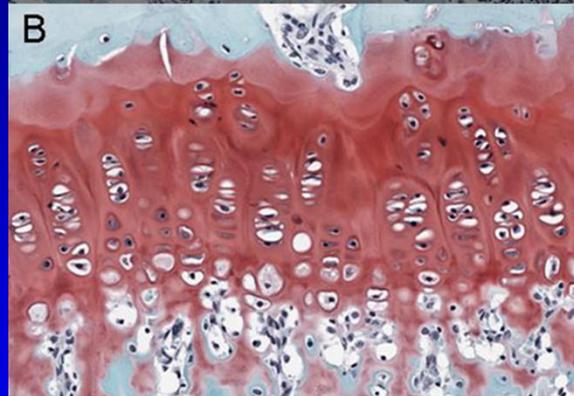
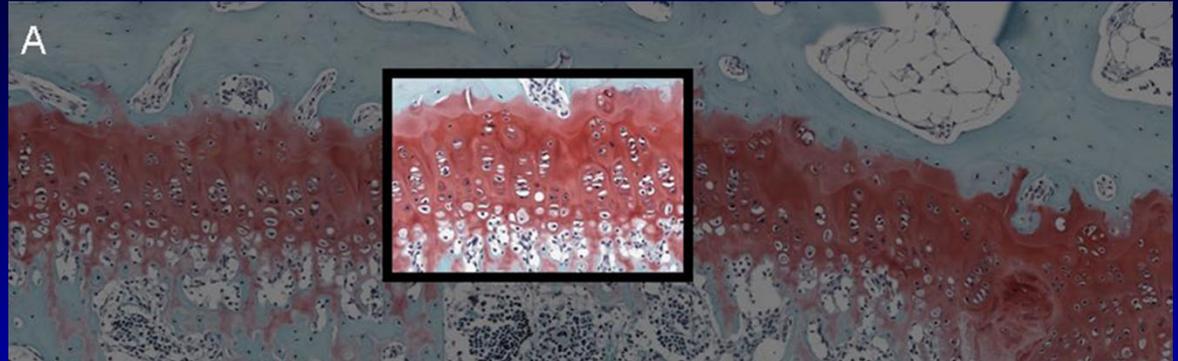
3D Spinal Deformation – Physis



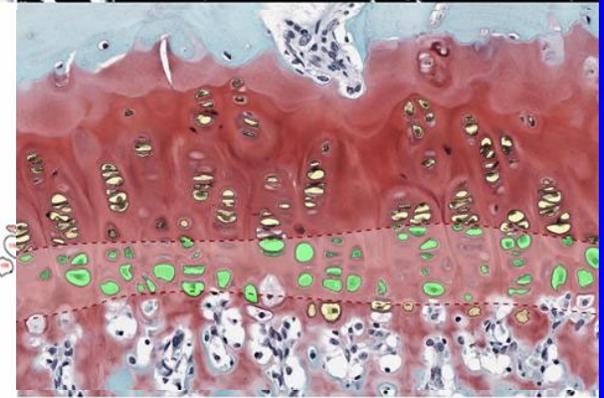
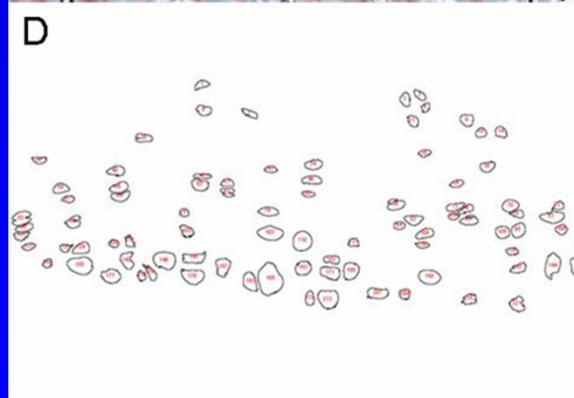
3D Spinal Deformation – Histology



Physis: Cell and Zonal Analysis

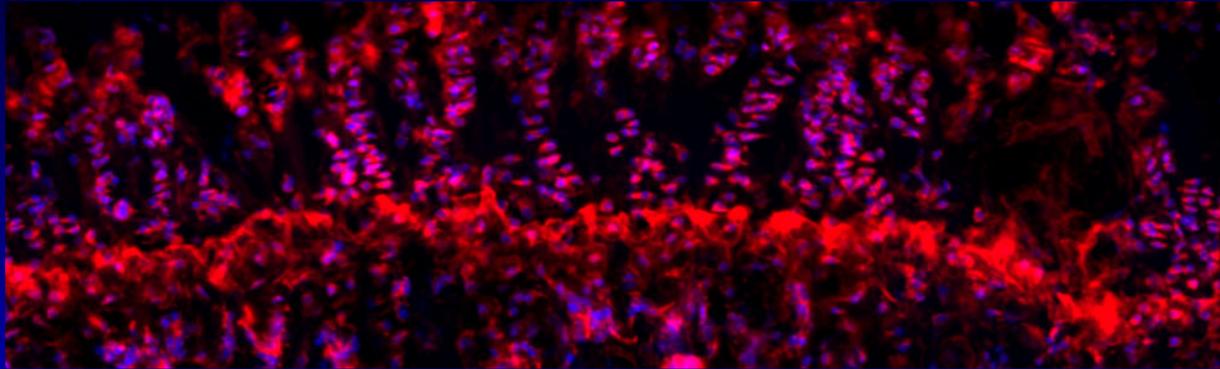


Disc: Shape, Nuclei-to-Disc Ratio, Circularity, Area-to-Volume Analysis

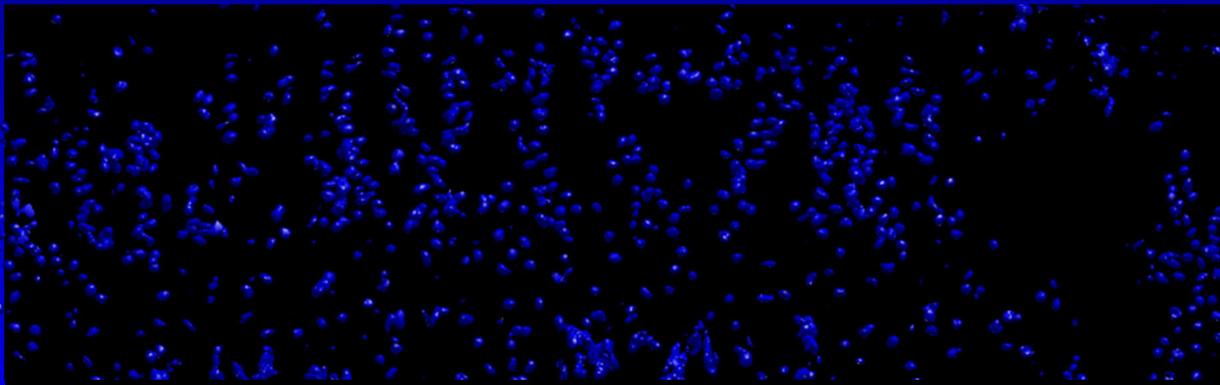


3D Spinal Deformation Analysis –Confocal

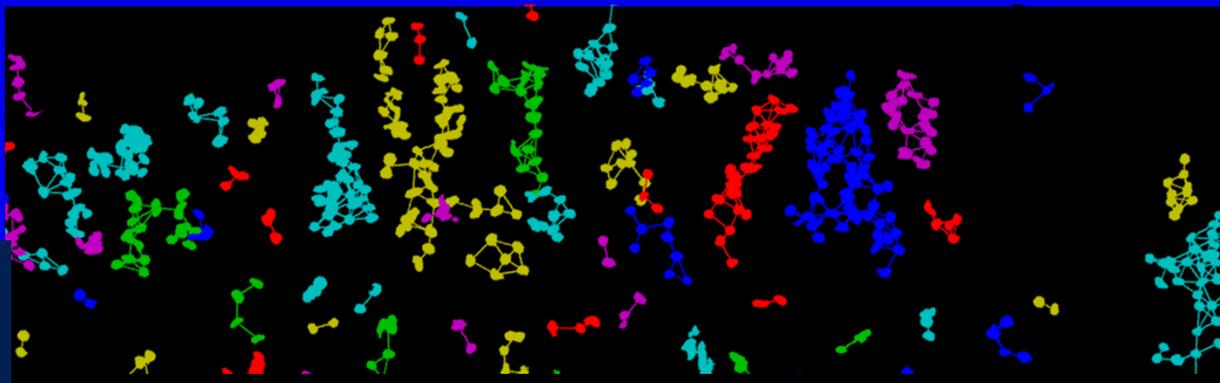
Projection
Plane



Nuclei
Reconstruction



GP Stacks
Analysis



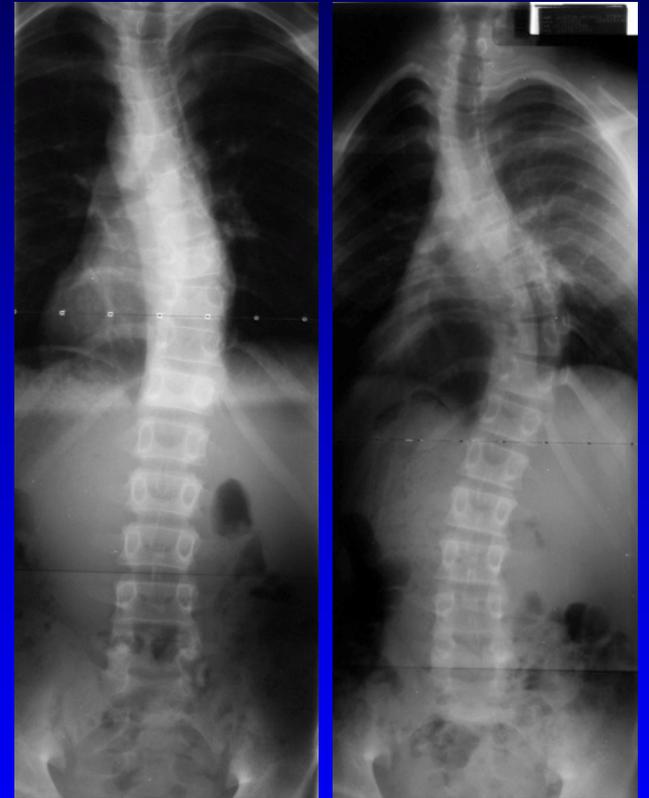
Conclusion

- **Consistent growth modulation.**
- **Disc Motion maintained**
- **Disc metabolism maintained**



Clinical Tethering?

- **Cautious optimism**
- **Potential shift in treatment**
- **Data supports a clinical trial**

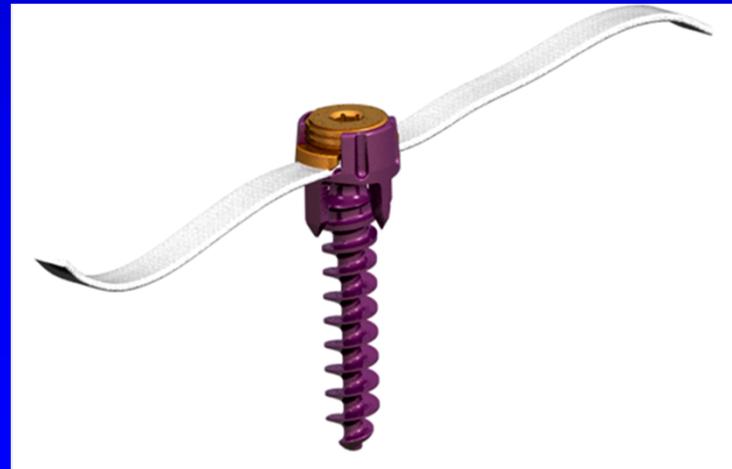


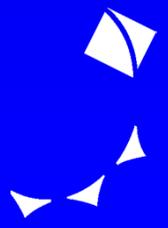
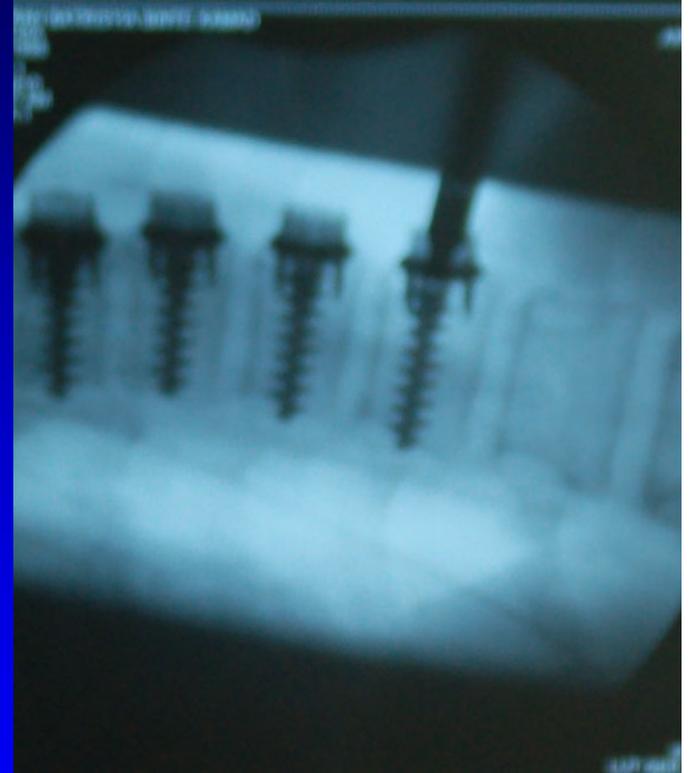
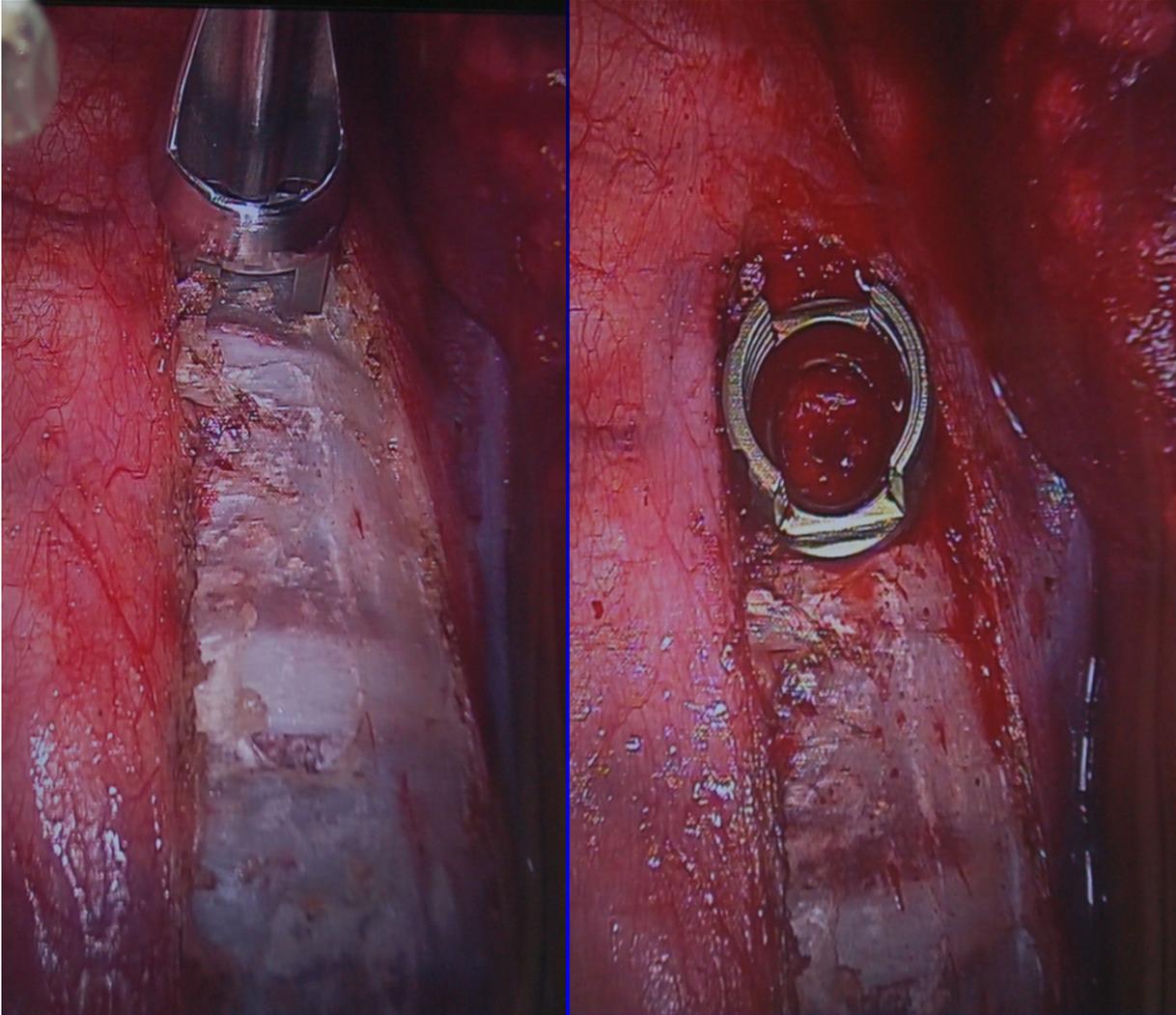
Non-Fusion Correction

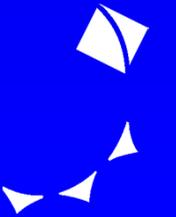
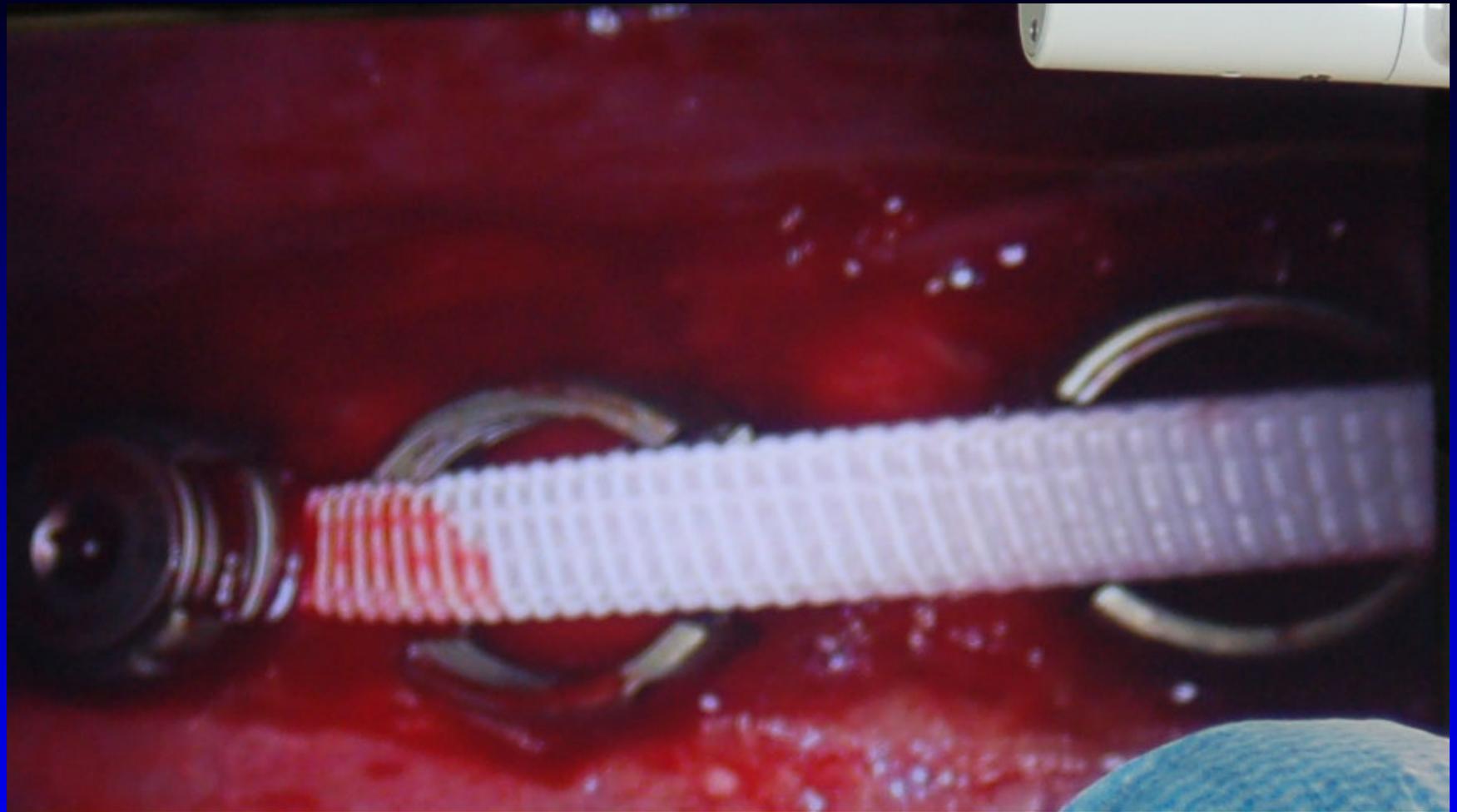


Pilot Trial – Hee Kit Wong

- **Male and female**
- **8 to 15 years of age**
- **juvenile or adolescent idiopathic scoliosis**
- **Major thoracic curve of 35° to 55° who are at high risk for progression**
- **At least three years of estimated growth remaining based on hand/wrist radiograph assessment of bone age (less than or equal to 11 for girls, less than or equal to 13 for boys.)**





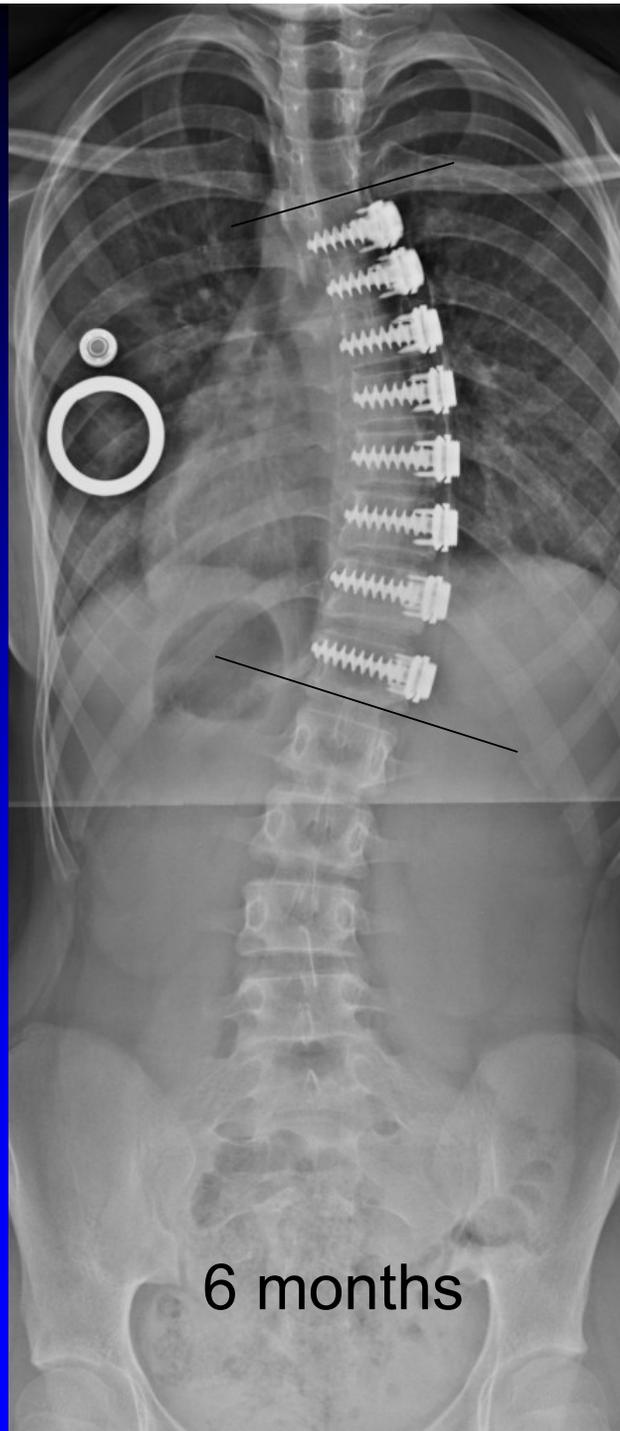
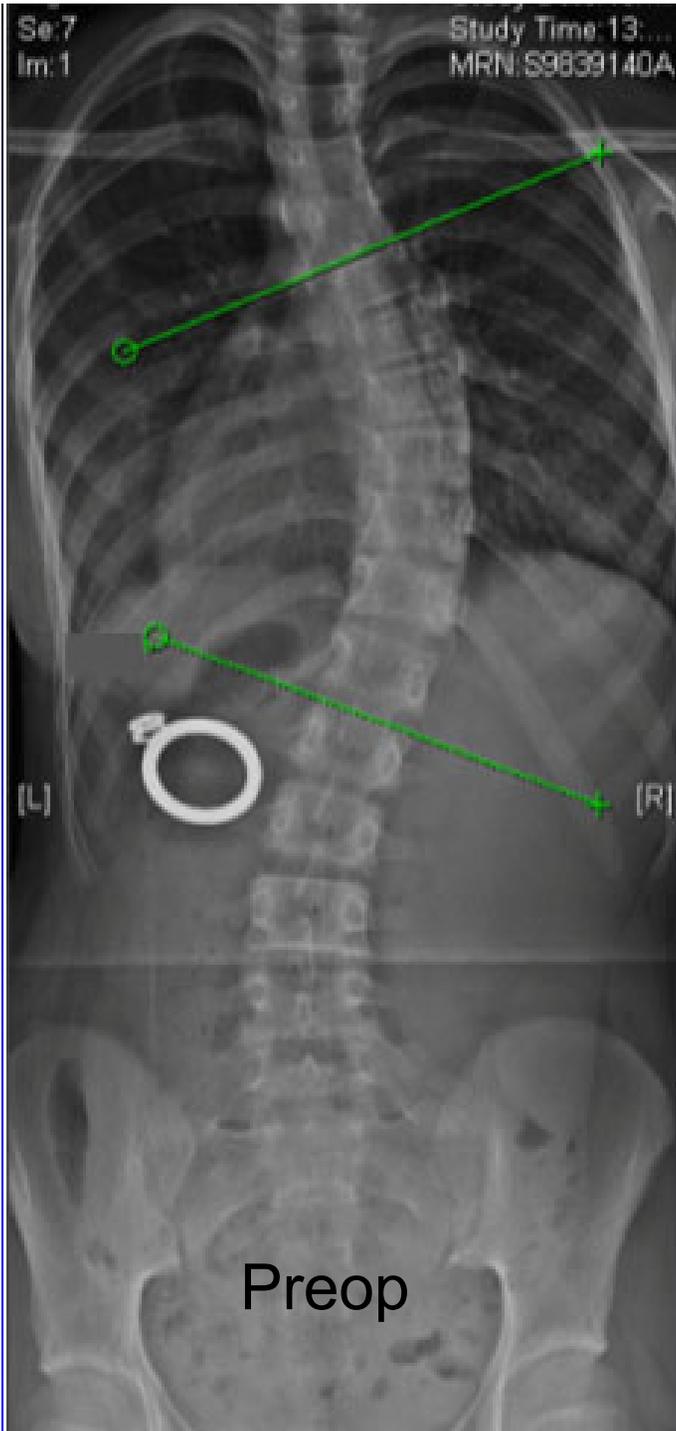


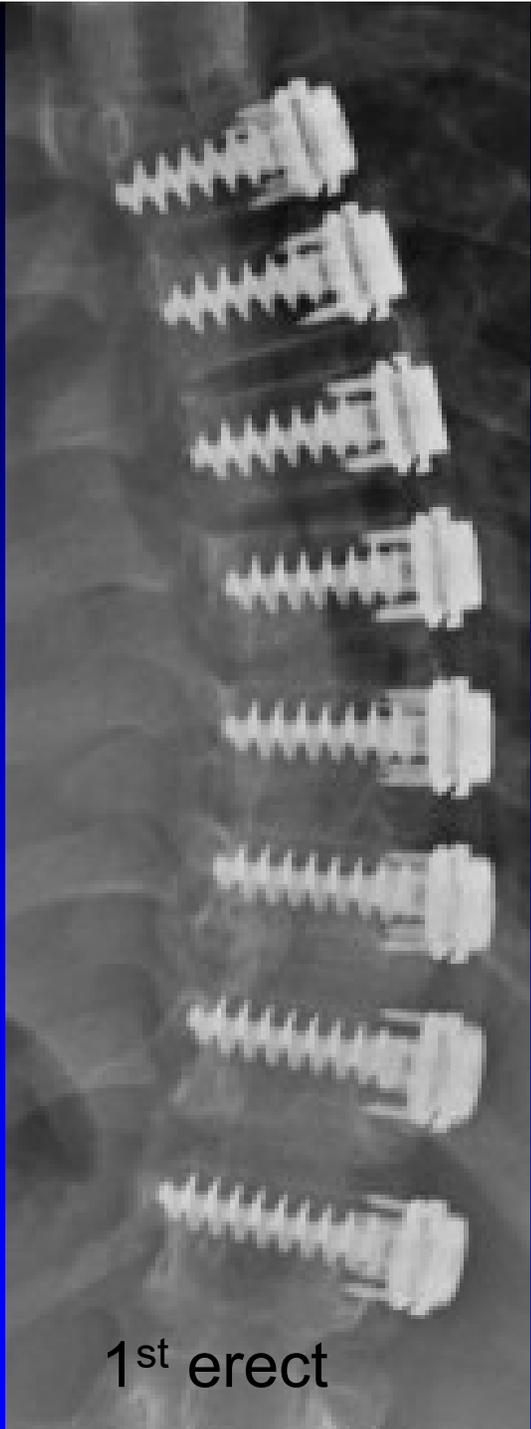
Subject 01



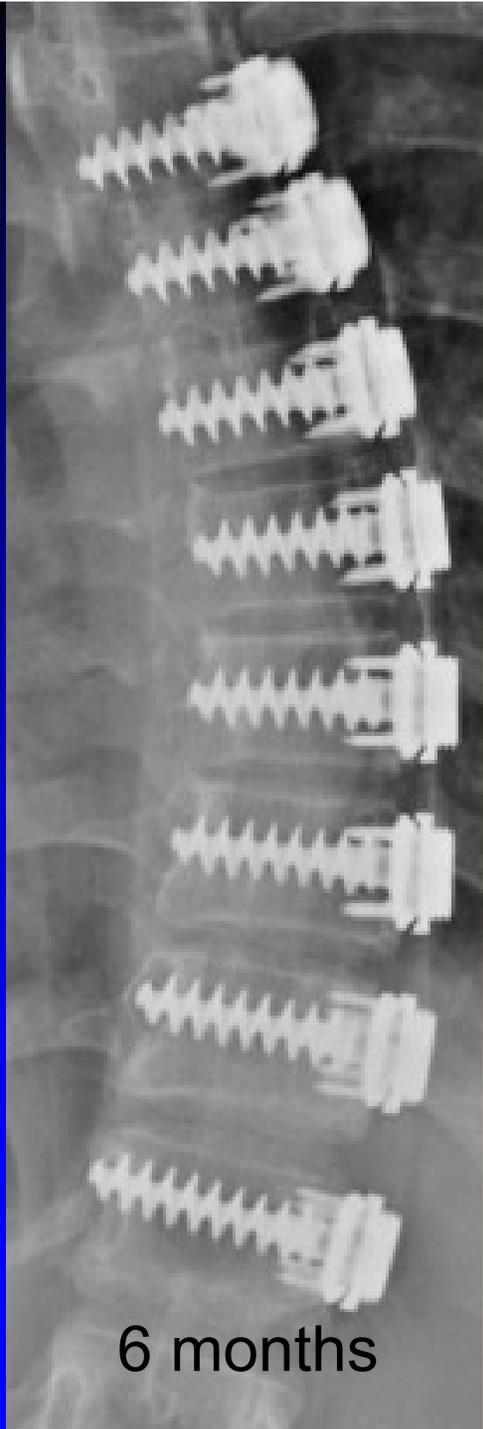
- 13 year old female
- Risser 0
- Cobb Angle 45 degrees
- Instrumentation T5 – T12







1st erect

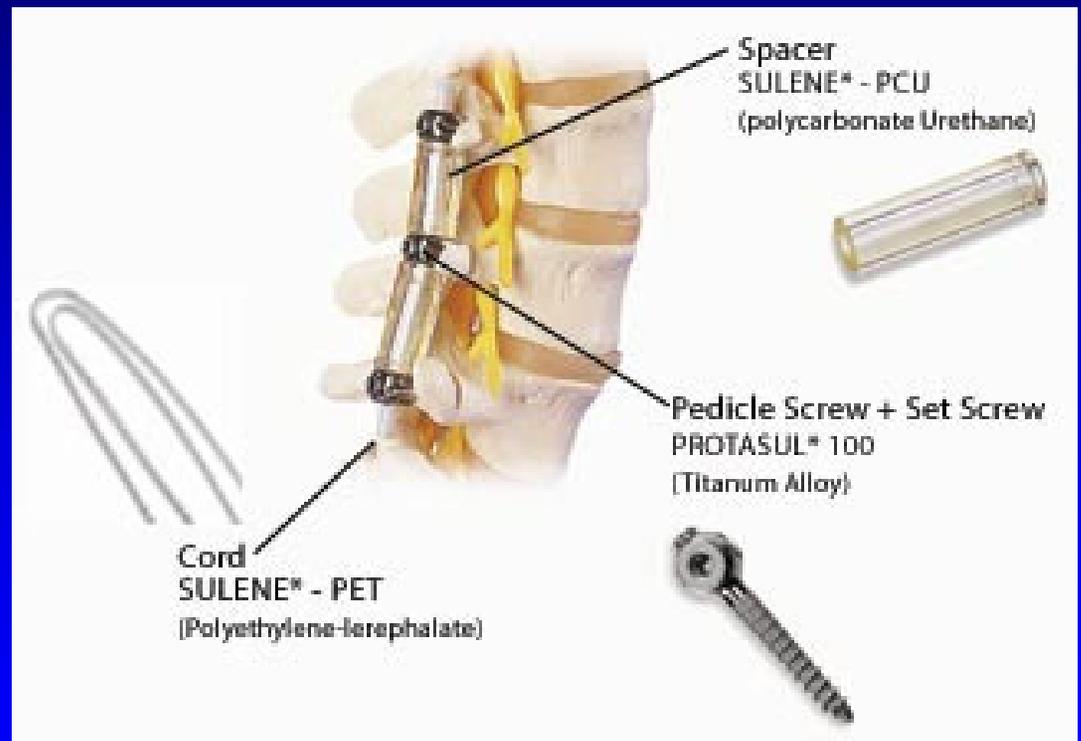


6 months



Off Label Dynesys Anterior

- 9 y/o male
- Prader-Willi
- Progression in brace

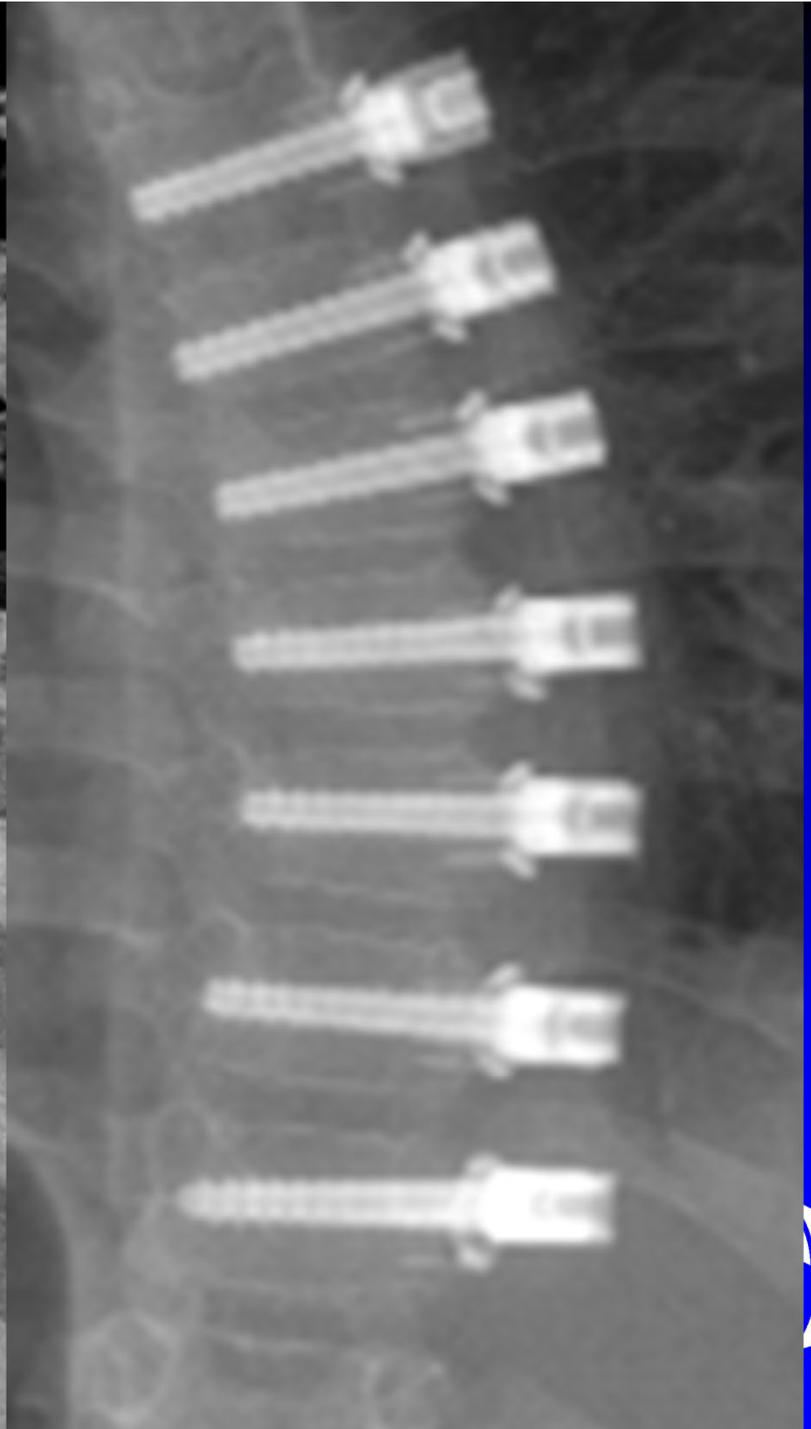
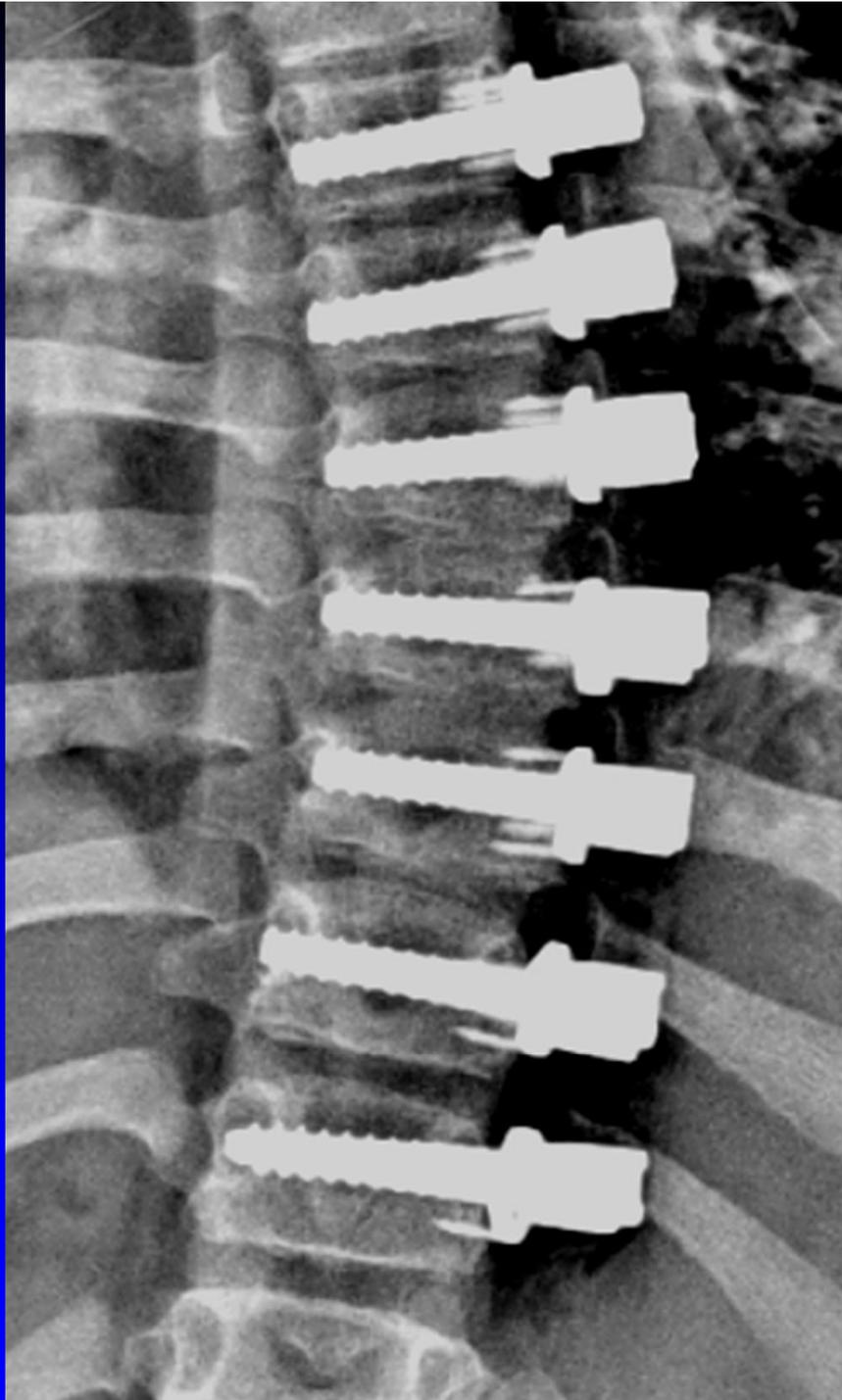








6 weeks



Stay tuned...



Research Team

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- Nicole Carlton
- Aileen Laurente
- Molly Moor
- Joanna Roorcroft



- ***InVivo* Studies – Christy Farnsworth, MS**

- **Biomechanical Studies – Diana Glaser, PhD**

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