

Radiographic outcome and complication rate of 34 graduates from treatment with vertical expandable prosthetic titanium rib – a single centre report

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Conflict of Interest Disclosure

Daniel Studer

no conflict of interest

- Philippe Büchler no conflict of interest
- Carol Hasler
 Consultant DePuy Synthes



Background «The heritage of enthusiasm for titanium rib prosthesis»



- congenital EOS / TIS
- widen the spectrum of indications
- indirectly control spinal deformities

Retrospective analysis of the treatment strategy and outcome for graduates from growth-friendly sparing surgery with titanium rib prosthesis







Methods

- IRB approval
- Database screened for EOS patients who have completed growth-friendly treatment with titanium rib prosthesis





Methods

- Radiographic parameters
 - main coronal and sagittal plane deformity
 - pre/ post index surgery
 - at the end of lengthening
 - after final fusion (if applicable)
 - at latest f/u

- Complications
 - in case of final fusion surgery



Results



Results treatment at the end of lengthening



5/34 (15%)

r/o implant w/o final spondylodesis

mean f/u
[all congenital]

82% congenital EOS

12/34 (35%)

implant in situ

mean f/u

43 months

39 months

[2 patients w/ recommendation for final fusion inoperable due to comorbidities] [9 congenital, 3 neuromuscular]



r/o implant w/ final spondylodesismean f/u25 monthsage @ final fusion14.6y

[8/17 w/ preop Halo-Gravity Traction]

[6 congenital EOS, 6 neuromuscular, 4 syndromic, 1 idiopathic]





Results				**	*	7
	fusion		(month 150		:	
n	17	r/o in (n	at VEPTR Implantation 50 100			
avg Age at implantation (years)	6.0	1	Age a	fusion	no-fusion	
avg Duration of treatment (years)	7.0	5	5.5	6.5	6.7	
avg Number of lengthenings	11	9		10	10	
Aetiology						
- Congenital	6	5		9	20	
- Neuromuscular	6	0		3	9	
- Syndromic	4		0	0	4	
- idiopathic	1		0	0	1	



Results Evolution of the deformity



Results Preop halo-gravity traction (8/17)



[27 ± 11 days, range, 14-43 days]





Results / Discussion Complications after «final» fusion



- 2x SSI
- 2x PJK
- 1x loss of sagittal balance
- 1x disfunction of ventriculoperitoneal shunt system
- 1x superficial wound healing
- 6 unplanned returns to the OR
 - 35% re-operation rate!

Sawyer et al._Spine Deformity_2016

- n=37 (32 w/ rib-based fixation); 25 PSF
- complications: 15/25 (60%)
- re-operation rate: 24%

Poe-Kochert et al._JBJS_2016

- n=100 (tGR; min. 2-y f/u after final fusion)
- complications: 20/100 (20%)
- 57 unplanned returns to the OR in 20 patients



Results / Discussion Correction with final fusion



				0040	Original Defensity 2010				
Flynn et alJ Bone Joint Surg Am_2013				2013	Sawyer et alSpine Deformity_2016				
Growing-Rod Graduates: Lessons Learned from Ninety-nine Patients Who Completed Lengthening				ns Learned from leted Lengthening	Complications and Radiographic Outcomes of Posterior Spinal Fusion and Observation in Patients Who Have Undergone Distraction-Based Treatment for Early Onset Scoliosis				
 percent of correction after final fusion 				usion					
	_	≤ 20%	in 18%	65%	«no significant curve correction or gains in spine hight and length with PSF»				
	_	21-50%	in 48%	35%					
	_	> 50%	in 15%	0%	Lattig et alClin Spine Surg_2016				
 spine flexibility @ final fusion 				• , •	Treatment of Early-Onset Spinal Deformity (EOSD) With VEPTR				
	_	– 19% mobile			A challenge for the final correction spondylodesis—A cuse series				
	-	19% decrea	ased flexibility		«high degree of rigidity» «spontaneous autofusion»				
	-	62% compl	letely stiff		«final fusion longer than intended»				
	J Child Orthop (2014) 8:237–244 DOI 10.1007/s11832-014-0585-0								
		ORIGINAL CLINICAL ARTICLE							
	Extraspinal ossifications after implantation of vertical expandable								

prosthetic titanium ribs (VEPTRs)

Vanja Zivkovic · Philippe Büchler · Dror Ovadia · Rolf Riise · Ralf Stuecker · Carol Hasler



Conclusion

- High complication rate during treatment with titanium rib prosthesis and with final fusion surgery
- high re-operation rate [«final» fusion ≠ last surgery]
- Stiff spine <u>and</u> thorax allowing for little correction with final fusion
- Reluctant use of halo-gravity traction
- Adapt expectations [patient/family & surgeon] at the beginning of growth-sparing surgical treatment



Thank you for your attention

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