Correlation of Pulmonary Function to a Novel Radiographic Parameter of Collapsing Parasol Deformity in Spinal Muscular Atrophy



Spinal Muscular Atrophy

- Degeneration of anterior horn cells
- Proximal muscle weakness
- Parasol deformity
 Campbell 2007
- Pulmonary decline
 - Bridwell 1999, Brown 1989





Background

- Current assessment of rib deformity largely qualitative
- Previous literature does not address:
 - Vertical droop
 - Asymmetric deformity
 - Pulmonary function data
 - Measurements on nonoperative or pre-operative patients

THERE ARE THREE KINDS OF PEOPLE IN THE WORLD

THOSE WHO CAN C

AND THOSE WHO CANNOT



- **Study Design**
- Retrospective analysis of all patients with Spinal Muscular Atrophy diagnosis seen at single institution from January 2007 to January 2018 with usable scoliosis x-rays
- Measurement process:





SMA: Reliable Quantification & Pulmonary Function **15 Measured Parameters**



15 Measured Parameters:

- Rib Vertical Displacement (R, L)
- Thorax Width (T6, Apical)
- Hemithorax Width at T6 (R, L)
 - All displacements measured both in x-y plane and normalized to vertebral endplate

- Apical Vertical Displacement

Apical Vertical Displacement Normalized

- Rib Vertical Angle Difference
- Cobb Angle
- Pelvic Obliquity

Patient Descriptive

- 35 patients
 - -22 male, 13 female
- Age: 8.3 ± 3.7 years
- Weight: 26.5 ± 13.3 kg
- Height: 123.1 ± 21.8 cm
- BMI: 17.3 ± 4.7
- Cobb angle: 33.6± 26.4°

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Statistical Analysis

Part 1: Assessment of Inter- and Intra- Reliability of Measurements

- Intraclass Correlation Coefficient (ICC)
 - n= 28
 - ICC > 0.75 accepted as strong reliability

Part 2: Correlation to Pulmonary Function Testing Data (Forced Vital Capacity and Forced Expiratory Volume)

- Pearson Correlation Coefficient
 - n= 21

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SMA: Reliable Quantification & Pulmonary Function Results of Reliability Assessment

- 14 parameters demonstrate strong intraand inter-rater reliability
- Intraclass Correlation Coefficient (ICC)
 –Intra-reliability= 0.86 0.99
 - –Inter-reliability= 0.79 0.97



Identification of Rib Collapse Index and Pulmonary Function Pulmonary Correlations

 $A = \frac{T6 \text{ concave hemithoracic width}}{T6 \text{ convex hemithoracic width}}$ B = A normalized

 $C = \frac{Apical \text{ concave hemithoracic width}}{Apical \text{ convex hemithoracic width}}$ D = C normalized

 $E = \frac{Apical rib convex vertical displacement}{Apical rib concave vertical displacement}$ F = E normalized

Rib Collapse Index:

 $G=B \ \ast F \ \ast \ \frac{Apical \ thoracic \ width \ normalized}{T6 \ thoracic \ width \ normalized}$

H= Rib Vertebral Angle Difference (RVAD) I= Cobb Angle

- A-I correlated to Pulmonary Function Testing data
- Rib Collapse Index
 - Intra-rater ICC: 0.961 0.995
 - Inter-rater ICC: 0.937 0.952
 - FVC: R= -.607, p=.004
 - FEV1: R= -.528, p= .014

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SMA: Reliable Quantification & Pulmonary Function **Potential Implications**

- Quantification of progression of parasol deformity that takes into account vertical droop
 - Guide timing of treatments and surgical intervention
- Ability to predict pulmonary function when testing difficult to perform due to respiratory status or age



НО



- We identified 15 parameters measured on x-rays that demonstrate strong intra- and inter- reliability
- We found a novel, reliable, clinically significant quantification (Rib Collapse Index) of parasol rib deformity in patients with SMA
- We demonstrated that the Rib Collapse Index can be used as a predictor of pulmonary function in SMA patients



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