Management of Gibbus Deformity using Rib-based Distraction to the Pelvis:

John T. Smith, MD Jennie Mickelson, BS

> University of Utah Salt Lake City, Utah USA

Disclosures

- Consultant: Synthes Spine
- Royalties: VEPTR 2
- Board Member: Chest Wall and Spine Deformity Research Foundation
- Research support: Chest Wall and Spine Deformity Research Foundation

Background

- Gibbus Deformity in the growing child:
 - Challenging
 - Skin breakdown
 - Infection
 - Poor outcomes with early fusion/VCR
 - Secondary thoracic insufficiency syndrome

Surgical Options

- Kyphectomy
- Skin Flaps
- Neonatal resection



Associated with a high rate of complications and a short trunk.

Utah Experience

- IRB approved Single-Surgeon Consecutive Case Series
- Congenital Gibbus Deformity managed with Bilateral Rib-Based Distraction to the Pelvis

Demographics

- 4 Patients (2 males; 2 females)
- Diagnosis: Myelomeningocele (2)

Congenital Kyphosis (1)

Congenital Kyphoscoliosis (1)

- Average Age at Surgery: 20 Months (16-25 Mo.)
- Average Follow-up: 26.2 Months (10-48 Mo.)

Cases

18 month old child with kyphosis of Myelodysplasia



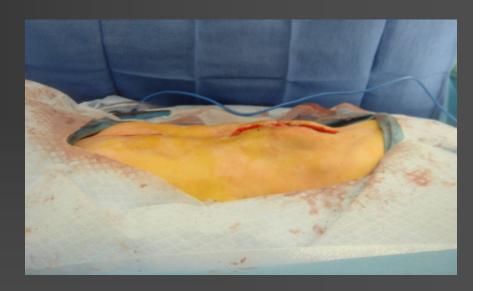
Smith et al; JBJS, October 2010

Intra operative



Prior to VEPTR insertion

Skin expanders in place

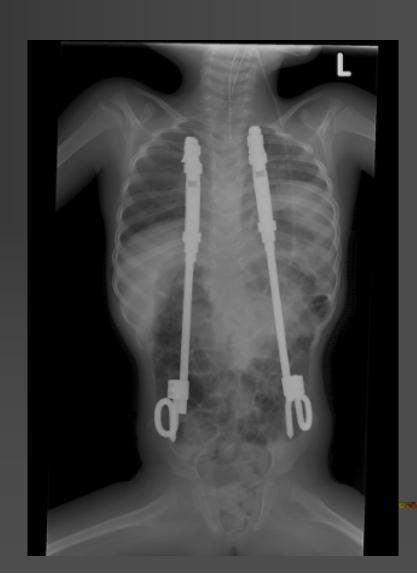


Post VEPTR insertion

No vertebral resection

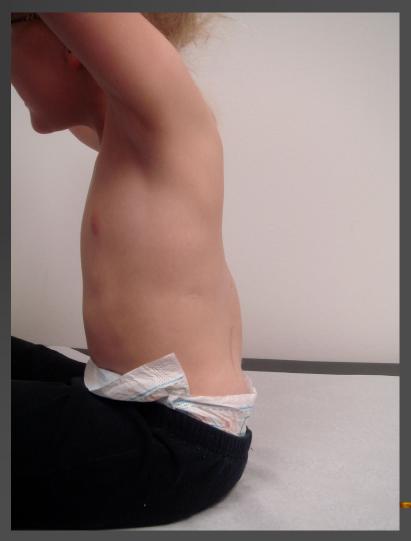
1 Month Post-op





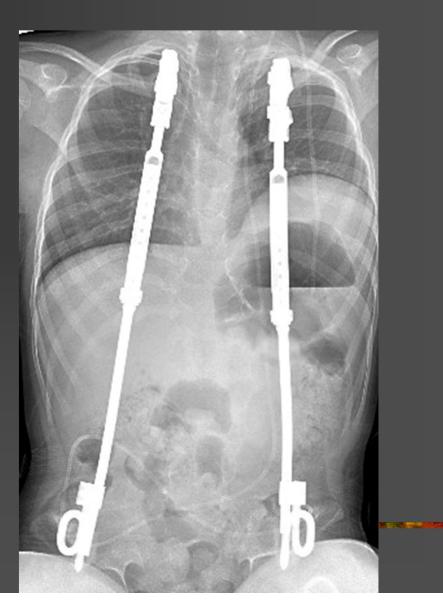
2 years after initial implant and expansions





4 Year follow-up after exchange to VEPTR 2 Devices

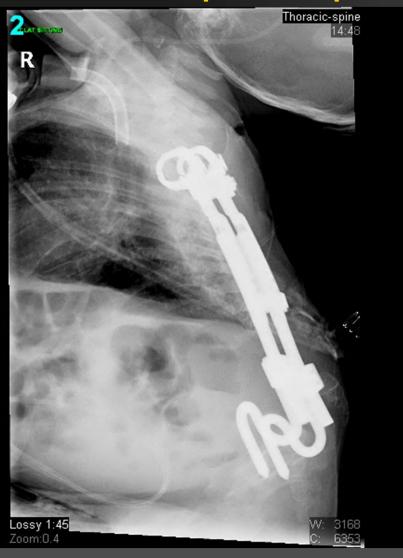


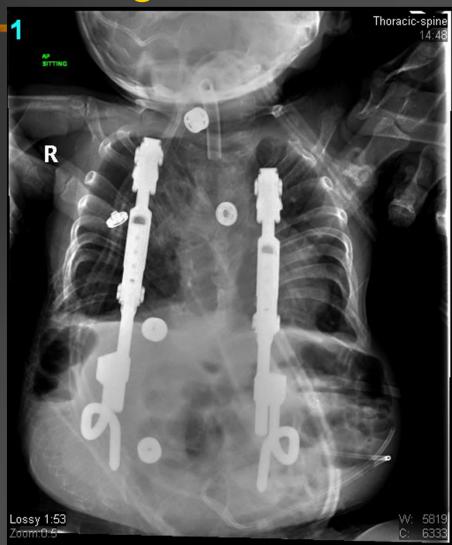


18 Month old boy with Spina Bifida and severe gibbus deformity. Trach dependent



1 month post op. Weaning off ventilator!





18 months/2 expansions from initial implant. Off Ventilator altogether





Results

- Pre-Op Gibbus: 114° (105-154°)
- Post-Op Gibbus: 52° (36-80°)
- Complications: 2
 - Dural leak after expansion
 - Infection after initial implant, resolved with debridement and antibiotics

Discussion

- Advantages:
 - Avoids the poor midline skin
 - Avoids early fusion and short trunk
 - Preserves sitting posture on ischium rather than sitting on the sacrum due to 2° lumbosacral kyphosis
 - Surprising flexibility of the gibbus deformity when done early

Conclusions

- Early results promising
- Recommend early intervention
- Better than early fusion/kyphectomy
- Growth sparing
- Complications acceptable to date

