

SURGICAL TREATMENT OF EARLY ONSET SCOLIOSIS WITH HYPERKYPHOSIS WITH GROWING SPINAL IMPLANTS

Visto a 7 aa **Tiziana Greggi Gifoscolosi toraco holi felena Maredi, Konstantinos Martikos, Francesco Lolli, Elena Maredi, Konstantinos Martikos, Francesco Vommaro, Mario Di Silvestre, Andrea Baioni.** Andatura barillante (anserina) Pronazione del piede su Spinal Deformity Surgery Department, Rizzoli Orthopaedic Institute della marcia anserina nell'ultimo anno Distraction based sytems.....then the hyperkyphosis is not considered as a correct indication.

Aim of our study

Is to show how growing rod can be used safely ad effectively in the treatment of hyperkyphosis.



CASE 1 M 10 years old affected by Morquio syndrome (hemivertebra in T12)



T10-L2 kyphosis was 60°.



CASE 1



Risser Cast Test: flexibility

hemivertebra in T12





MRI: No malformation

Dens hypoplasia without instability





CASE 1 Dual Growing Rod



minivasive



Proximal claw





"cantilever" technique

Distal pedicle screws

Sagittal pre-bending

Two lengthening procedures were performed

CASE 1 Dual Growing Rod T3T4 - L3 L4







CASE 2 F 7 years old affected by Pott disease ("vertebra plana" in T11)



CASE 2



Vertebra plana in T11



Risser Cast Test: flexibility

MRI: No malformation No activity of Pott desease



Preoperatve profilaxis with Isonazide

CASE 2

Growing rod was implanted (proximally hooks and distally screws).

The correction was achieved through a "cantilever" technique



The correction was maintained. No complications occurred.



Conclusions

Those preliminary results showed that growing rods can be safely used in the treatment of hyperkyphosis.

Obviously, the number of patients is very little, and we **need a follow up greater** than one year to confirm the efficacy of the treatment and that lenghthening procedures don't cause loss of correction.