Case-Matched Comparison of Spinal Fusion Versus Growing Rods for the Surgical Treatment of Progressive Idiopathic Scoliosis in Skeletally Immature Patients

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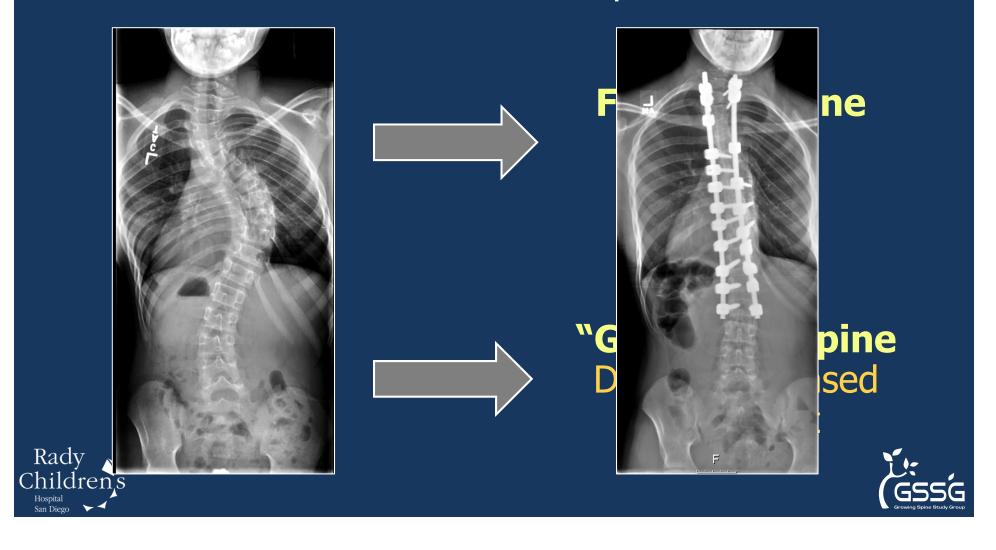
DISCLOSURES

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Harms Study Group	(a) DePuy-Synthes, OREF
Growing Spine Study Group	(a) Growing Spine Foundation

INTRODUCTION

Patients with progressive juvenile idiopathic scoliosis face various treatment options



INTRODUCTION

Spinal Fusion

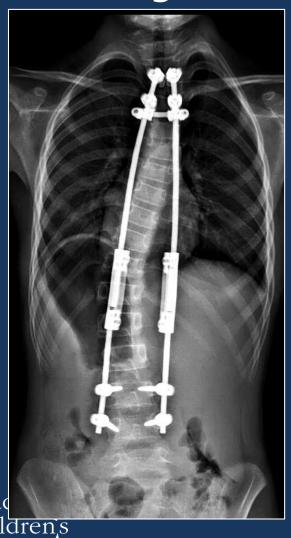


- + Single surgery treatment
- + Low complication rate
- + Proven improvement in quality of life
- ! Stops growth of fused levels prior to skeletal maturity
- ? Effect on spinal/thoracic height



INTRODUCTION

Growing Rods

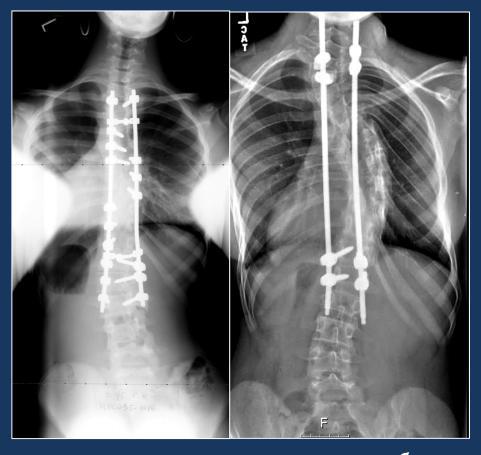


- + Maintains spinal/thoracic growth
- + May help prevent short stature and pulmonary disease
- + May minimize risk of crankshaft
- ! High rate of complications
- ! Burden of repeated surgeries
- ! Impact on quality of life not well-understood

PURPOSE

 Compare spinal fusion vs. growing rods using a casematched series









- Multicenter EOS database was used to identify patients:
 - Skeletally immature (open tri-radiates)
 - 9-11 years old at initial surgery
 - Major thoracic curve
 - Idiopathic etiology
 - Growing rod surgery
 - Underwent "final" spinal fusion





- Multicenter AIS database was used to identify patients:
 - Skeletally immature (open tri-radiates)
 - 9-11 years old at surgery
 - Major thoracic curve
 - Definitive fusion
 - Minimum 2-years follow-up





- A one-to-one patient match was performed using:
 - Pre-op age (+/- 12 months)
 - Major curve size (+/- 10°)
 - Location of curve apex (+/- 2 levels)
- All x-rays were reviewed to confirm similar curve patterns





- Study time points
 - Pre-op
 - 1st post-op
 - After index surgery for growing rods
 - Latest follow up
 - After "final" fusion for growing rods





Demographics

	Growing Rods	Spinal Fusion
# of patients	11	11
Mean age at pre-op	10.1 years	10.8 years
Mean age at latest follow up	15.7 years	13.2 year
Mean follow-up	5.6 years	2.5 years





Mean Major Curve Size

	Growing Rods	Spinal Fusion	p Value
Pre-op Cobb	58°	60°	<i>p</i> =0.145
Post-op Cobb	35°	17°	<i>p</i> =0.005*
Latest Cobb	31°	24°	p=0.131
Initial Cobb correction	38%	71%	p=0.004*
Overall Cobb correction	45%	58%	p=0.110





Mean T1-T12 Thoracic Height

	Growing Rods	Spinal Fusion	p Value
Pre-op T1-T12	228 mm (187-263 mm)	210 mm (175-236 mm)	p=0.041*
Post-op T1-T12	234 mm	228 mm	<i>p</i> =0.035*
Latest T1-T12	265 mm	237 mm	p=0.002*
Initial % increase	8%	9%	<i>p</i> >0.05
Overall % increase	18%	13%	<i>p</i> >0.05





Mean T1-S1 Spine Height

	Growing Rods	Spinal Fusion	p Value
Pre-op T1-S1	350 mm	341 mm	p=0.269
Post-op T1-S1	379 mm	369 mm	p=0.437
Latest T1-S1	429 mm	386 mm	p=0.001*
Initial % increase	9%	8%	<i>p</i> >0.05
Overall % increase	25%	13%	p=0.01*





of Levels Instrumented

	Growing Rods	Spinal Fusion
Initial surgery	12.0 levels	10.5 levels
Latest follow up	13.1 levels	11.1 levels





Surgical Procedures

Growing Rods	Spinal Fusion
26 lengthenings Mean = 2.4 per patient	N/A
10 revision surgeries	2 revisions
5 of 11 patients (45%)	2 of 11 patients (18%)
47 total surgeries	13 total surgeries





CONCLUSIONS

- Compared to spinal fusion, growing rod patients:
 - Similar overall curve correction
 - Similar increase in thoracic height
 - 47 surgeries vs. 13 surgeries
 - **2.5x** rate of revision surgery
 - Marginally greater spine height
 - Does this remain true until skeletal maturity?
 - Is this clinically relevant?





CONCLUSIONS

- Not all patients reached skeletal maturity at latest follow up
- Next step
 - Analyze data when all patients are skeletally mature





THANK YOU



The Growing Spine Foundation acknowledges and thanks all donors who support its cause.



