

Proximal Junctional Kyphosis in Early Onset Scoliosis

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Disclosures

- ▶ Grants / Research Support
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 - Halifax Biomedical Inc.



Overview

- ▶ PJK Definitions
 - Adult
 - Paediatric
- ▶ PJK Studies – Radiographic
- ▶ PJK Studies – Variability
- ▶ PJK Studies – Clinical Significance



PJK – Non EOS Deformity

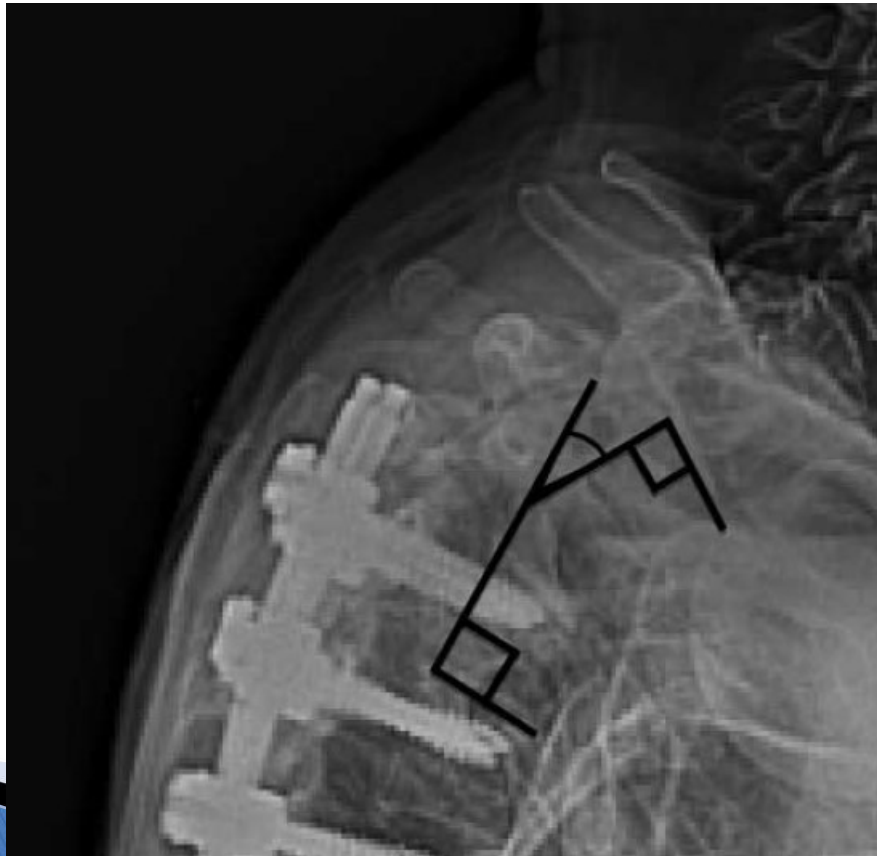
- ▶ Non-physiologic, sagittal plane angulation that occurs cephalad to an instrumented spine.



Yagi et al., Spine, 2011

PJA – Non EOS Deformity

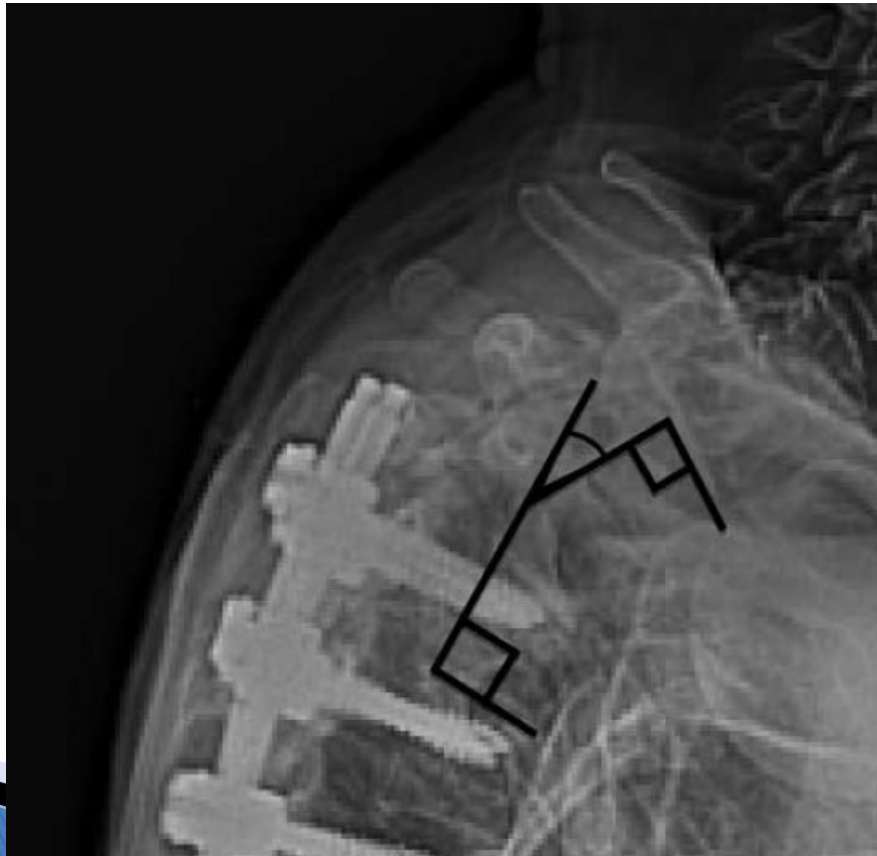
- ▶ Proximal Junctional Angle (PJA)
 - Caudal endplate of the upper instrumented vertebra (UIV) and the cephalad endplate of 2 levels above the UIV



Yagi et al., Spine, 2011

PJK – Non EOS Deformity

- ▶ Abnormal Proximal Junctional Kyphosis
 - $PJA \geq +10^\circ$ and at least 10° greater than pre-operative



Yagi et al., Spine, 2011

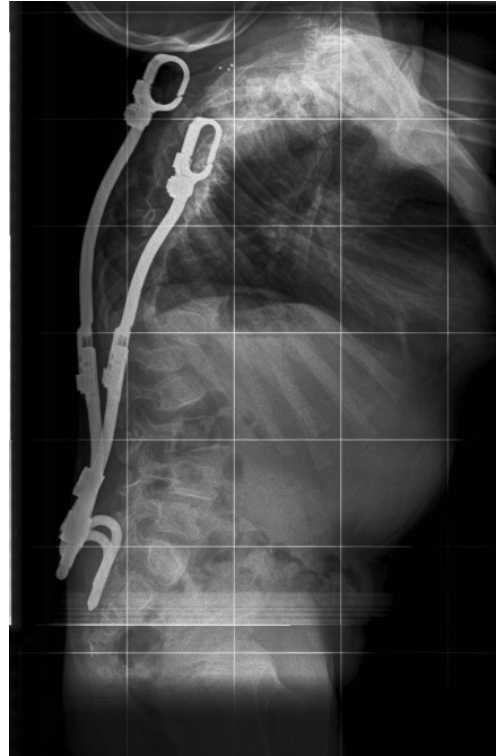
PJK – Non EOS Deformity

- ▶ Systematic Review – 7 Studies
- ▶ PJK Incidence 17% – 39%
- ▶ Risk Factors
 - Increased age
 - Fusion to sacrum
 - Combined ASF/PSFI
 - Thoracoplasty
 - UIV at T1–T3
 - Non-Anatomic restoration of thoracic kyphosis

PJK – Non EOS Deformity

- ▶ Systematic Review – 7 Studies
- ▶ PJK Incidence 17% – 39%
- ▶ No Association
 - Type of implants used at proximal level

PJK – Early Onset Scoliosis

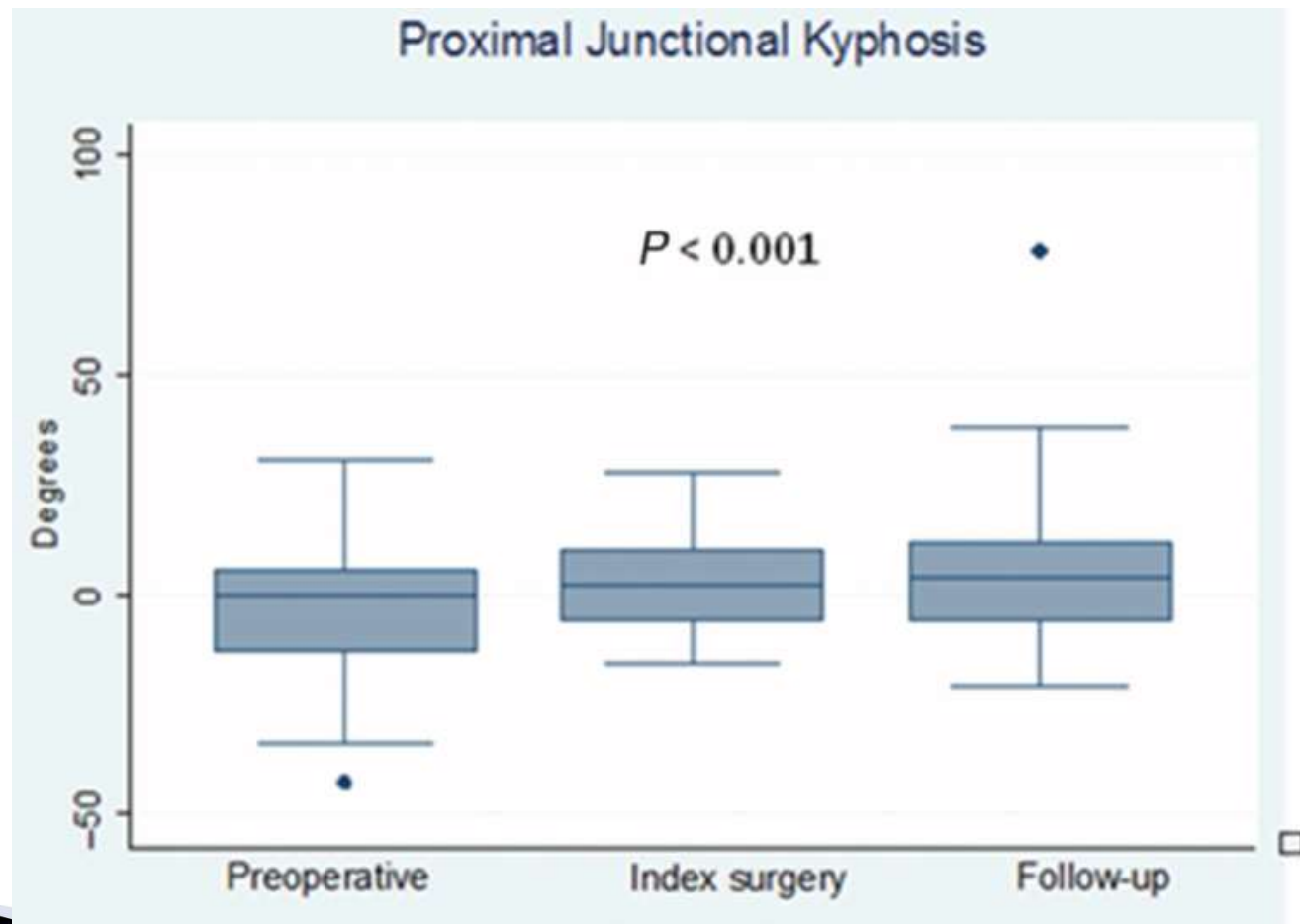


PJK – Early Onset Scoliosis

- ▶ Related to pre-operative sagittal-plane alignment?
- ▶ Related to surgical factors?
- ▶ Posterior Distraction Surgery
 - ?Kyphogenic



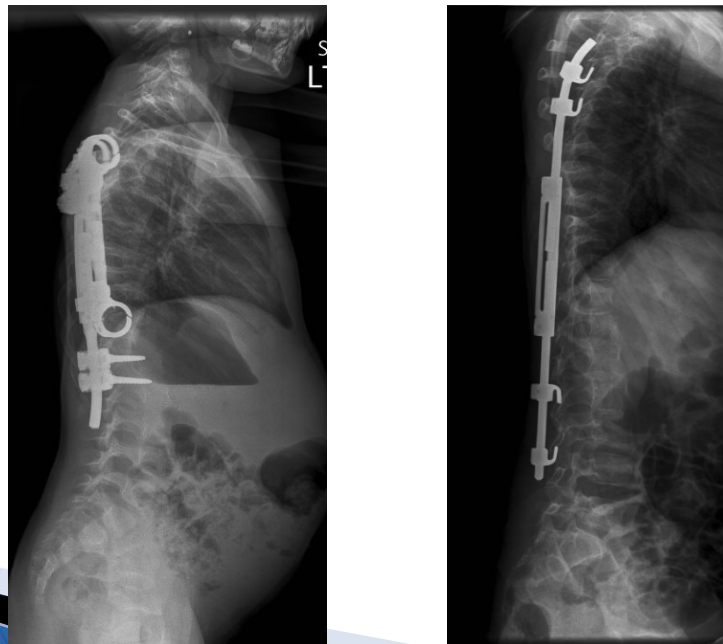
The Effect of Serial Growing Rod Lengthening on the Sagittal Profile and Pelvic Parameters in Early-Onset Scoliosis



CSSG Study



- ▶ Pre-operative and minimum 2-year follow-up
- ▶ N= 40 children with EOS:
 - 24 subjects – Rib-based.
 - 16 subjects – Spine-based.



CSSG Study

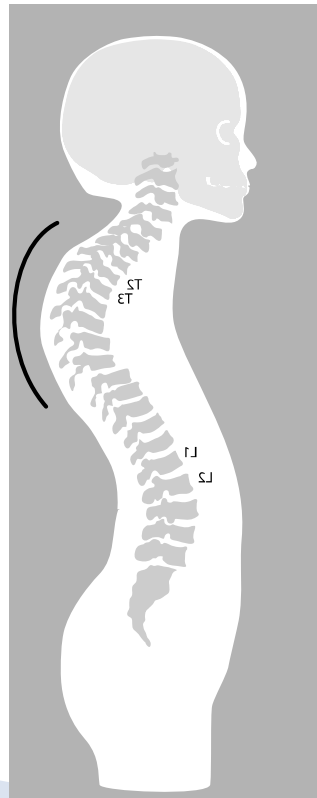


- ▶ PJK – 27.5% of patients (11 of 40)
 - 6 treated with Rib-Based
 - 5 treated with Spine-Based
- ▶ Rib-Based 25% with PJK (6 of 24)
- ▶ Spine-Based 31% with PJK (5 of 16)
- ▶ No significant difference between treatment groups

CSSG Study



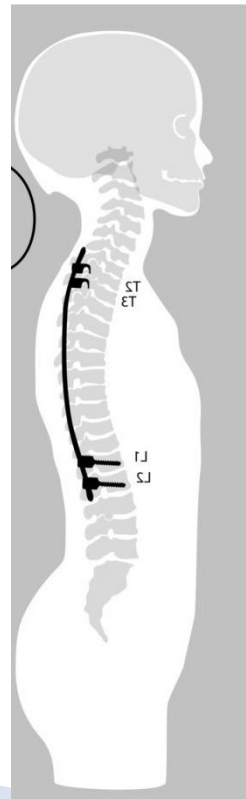
- Subjects with PJK (Pre-Insertion)
 - Older Age
 - Higher Thoracic Kyphosis



CSSG Study



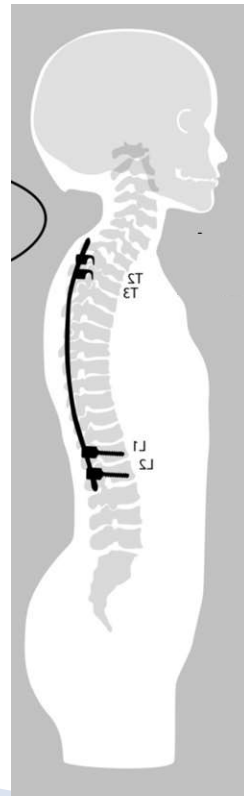
- Subjects with PJK (Post-Insertion)
 - Increased Cervical Lordosis
 - Normal Thoracic Kyphosis



CSSG Study



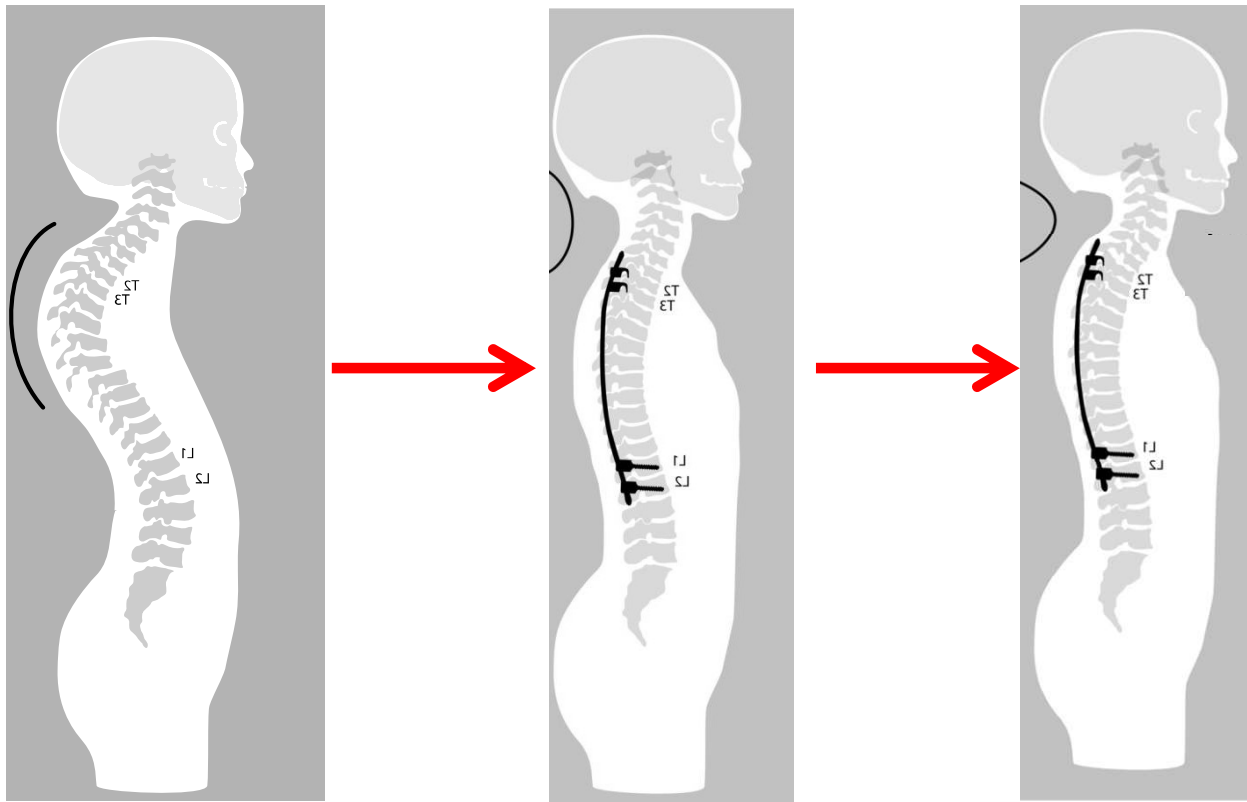
- Subjects with PJK (Final Follow Up)
 - Increased Cervical Lordosis / Increased PJA
 - Normal Thoracic Kyphosis / Increase +SVA



CSSG Study



- Subjects with PJK



ICEOS 2011 – Spinal GR



- Skaggs
 - 2 below UIV to 2 above UIV > 10 degrees and 10 degrees greater than pre-op.
 - 56% rate.

- CSSG
 - (PJA) $\geq 10^\circ$ and PJA at least 10° greater than pre-op
 - 31% rate.



ICEOS 2011 – Rib Based



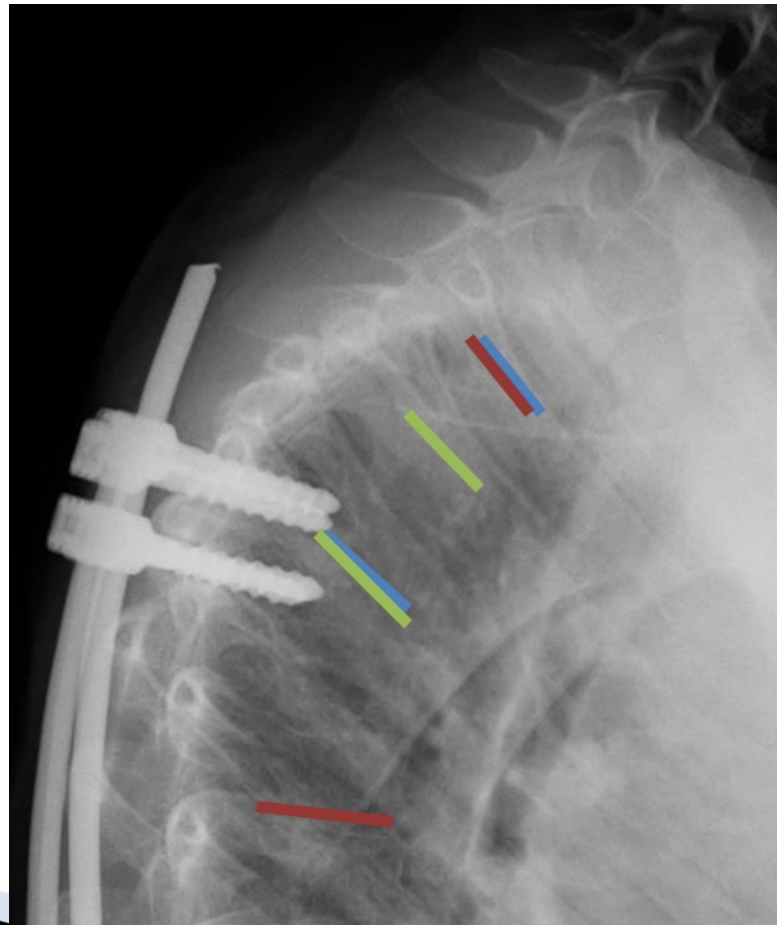
- Karlin
 - “Proximal Segmental Kyphosis”
 - UIV to one cephalad to UIV > 20 Degrees
 - 7% rate.

- CSSG
 - (PJA) $\geq 10^\circ$ and PJA at least 10° greater than pre-op
 - 25% rate.



Variability

- ▶ Definition vs. Population



Variability – Same Population

- ▶ Definition 1 = 21.0% T1 vs. 21.8% T2
- ▶ Definition 2 = 38.8% T1 vs. 42.2% T2
- ▶ Definition 3 = 7.2% T1 vs. 6.5% T2

Variability – Same Population

- ▶ PJK (Inter Observer)
- ▶ Definition 1 = Kappa 0.31 Fair
- ▶ Definition 2 = Kappa 0.40 **Moderate**
- ▶ Definition 3 = Kappa 0.38 Fair

Variability – Same Population

- ▶ PJA T1 vs. T2 (Intra Observer)
- ▶ Definition 1 = ICC 0.61 Good
- ▶ Definition 2 = ICC 0.82 Excellent
- ▶ Definition 3 = ICC 0.69 Good

Variability – Same Population

- ▶ Not as variable as we initially thought
- ▶ We want to determine if PJA is predictive of a clinically significant event.
- ▶ Variability does not matter... if a measure is predictive, then we look at ways to improve the variability.



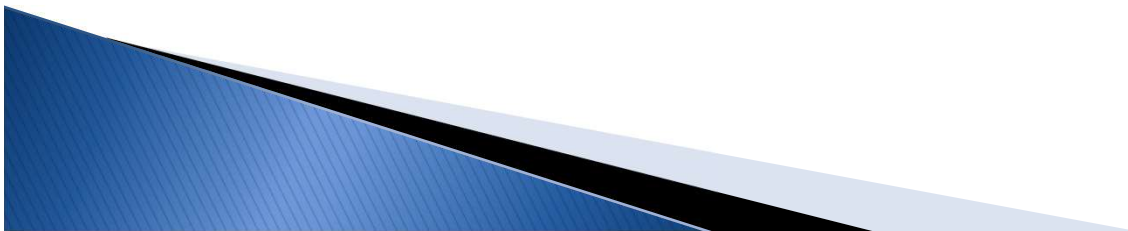
Proximal Junctional Angle

- ▶ Is PJA Predictive?
 - Surrogate for clinically significant PJK
- ▶ How can we improve upon variability?
 - EOS Imager



Clinical Effects of PJK

- ▶ Unwanted clinical effects of radiographic PJK
 - Implant failure which requires superior extension of the upper instrumented level during growth friendly treatment for EOS or during graduate surgery.



Clinical Effects of PJK

- ▶ Purpose – Determine the rate of clinically significant proximal junctional kyphosis (PJK) during distraction based growth friendly surgery.



Clinical Effects of PJK

- ▶ CSSG Registry
 - 397 patients (rib-based)
- ▶ At Implantation
 - Age 5.5 yrs
 - Scoliosis 70°
 - Kyphosis 50°



Clinical Effects of PJK

- ▶ 40 of 397 required a revision surgery that involved superior extension of the UIL
- ▶ 10% rate of clinically significant PJK
- ▶ Younger (4.9 vs 5.5 yrs, $p < 0.05$),
- ▶ Otherwise, the revision group was characteristic of the entire study population



Clinical Effects of PJK

- ▶ Time to revision was 2.3 yrs
- ▶ Scoliosis 67°
- ▶ Kyphosis 55°



Clinical Effects of PJK

- ▶ Two definitions of PJA were predictive of this clinically significant event:
- ▶ PJA-A
 - 5.6° pre-op vs 11.8° at time of revision ($p < 0.05$).
- ▶ PJA-B
 - 13.1° pre-op vs 21.4° at time of revision ($p = 0.07$).



Summary

- ▶ PJK can occur during distraction-based surgery for Early Onset Scoliosis
- ▶ Rates of PJK vary depending upon definition
- ▶ In EOS, most reliable definition of PJK/PJA
 - 2 above UIL to 2 below UIL
 - Moderate Inter-Rater Variability
 - Excellent Intra-Rater Variability



Summary

- ▶ Consider superior extension of upper instrumented level as surrogate for clinically significant PJK
- ▶ 10% rate of clinically significant PJK
- ▶ Quality of radiographs may be an important variable



Thank You



Other Studies

- ▶ PJK in Surgically Treated Young Children with Scoliosis: Incidence, Risk Factors, and Management
- ▶ 61 patients with Congenital Scoliosis Rx'd PSFI
 - 18% rate of PJK
 - Hyperkyphosis
 - Overcorrection of kyphosis
 - ≥ 5 levels
 - Un-matching of rod contour