Implant Complications After Magnetically Controlled Growing Rods for Early Onset Scoliosis: a multicenter retrospective review

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Introduction

- Traditional growing rods have a reported wound and implant complication rate as high as 58%.
- More lengthening → more complications



Complications of Growing-Rod Treatment for Early-Onset Scoliosis

Analysis of One Hundred and Forty Patients

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Introduction

- Magnetic-controlled growing rods (MCGR)
 → non-invasive lengthening
- Akbarnia et al. "TGR vs. MCGR...:A case matched 2-year study" Spine Deformity 2014
 - TGR: 73 open surgeries (56 lengthenings)
 - MCGR: 16 open surgeries (137 non-invasive lengthening)





Purpose

• Evaluate the complications (wound and implant related) associated with the magnetic-controlled growing rods (MCGR.



Methods

- International multicenter retrospective study
- Inclusion criteria
 - Diagnosis of EOS of any etiology
 - < 11 years of age at index
 - Preop cobb >30
 - Preop thoracic spine<22cm



- 54 patients met inclusion criteria
 - 30 primary MCGR
 - 24 conversions to MCGR
- 22 M, 32 F
- Mean age 7.3
- Mean f/u 19.4 mo
- 24 patients had 2 year f/u
 - 16 primary, 8 conversion



- 21 (38.9%) patients had at least 1 complication
- 15 required revision surgery
- Wound
 - -2 (3.7%) infections
 - -1 early (2 weeks)
 - 1 late (8 months)



- Implant Related
 - -6 (11.1%) broken rods
 - 7 (13.0%) proximal or distal fixation-related complications
- Broken rods
 - $-2 \times 4.5 \text{ mm rods}$
 - -4 x 5.5 mm rods



- Implant related
 - 6 episodes of lack of lengthening
 - -4 lengthened subsequent visits



Conclusion

- Compared to traditional growing rods, early to intermediate follow-up results demonstrate a lower infection rate (3.7%) with MCGR.
- MCGR does not appear to prevent common implant related complications such as rod or foundation failures.
- Lack of lengthening is now a novel concern, but does not imply failed device
- The long term implication of this remains to be determined.