

ICEOS 2016

Five or more Proximal Anchors and including the Upper End Vertebrae (UEV) Protects Against Reoperation in Growth Friendly Constructs

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Disclosures

- a. Grants/Research Support
- b. Consultant
- c. Stock/Shareholder
- d. Speakers' Bureau
- e. Editorial/Governing Board
- f. Other Financial Support

- Liam Harris BS - None
- Lindsay M. Andras MD - Eli Lilly (c); Orthobullets (f)
- Paul D. Sponseller MD, MBA -DePuy (a, b, f); Globus Medical (f); Journal of Bone and Joint Surgery (e); Journal of Bone and Joint Surgery Oakstone Medical (f); Scoliosis Research Society (e)
- John Emans MD - Journal of Children's Orthopedics (e); Medtronic (b); Synthes (b, f)
- David L. Skaggs MD MMM - SRS & POSNA (a); Biomet; Medtronic; Orthobullets; Grand Rounds (b); Zipline Medical, Inc. (b & c); Biomet; Medtronic; Johnson & Johnson (d); Wolters Kluwer Health - Lippincott Williams & Wilkins; Biomet Spine (f)

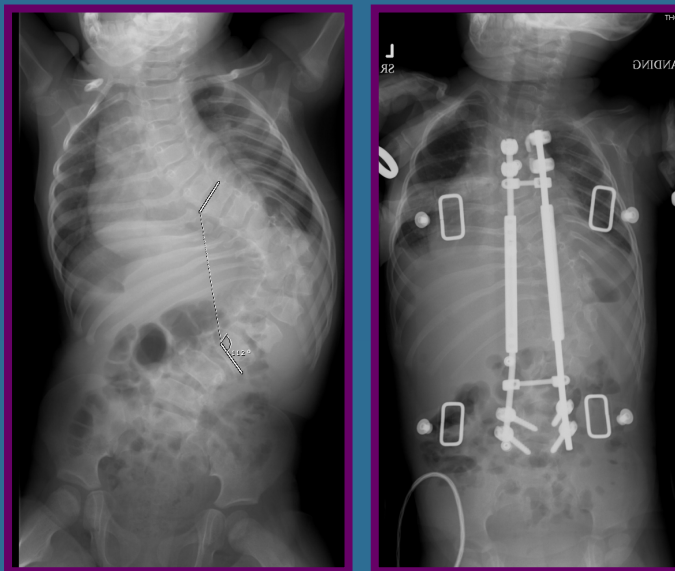
Background

- Implant failure in Growing Spine constructs can approach 80%³
- Common reasons for proximal revision:
 - Proximal Junctional Kyphosis⁴
 - Proximal Anchor Pullout⁵
- Biomechanical studies suggest proximal anchor type, number and location may influence implant failure rates ⁶



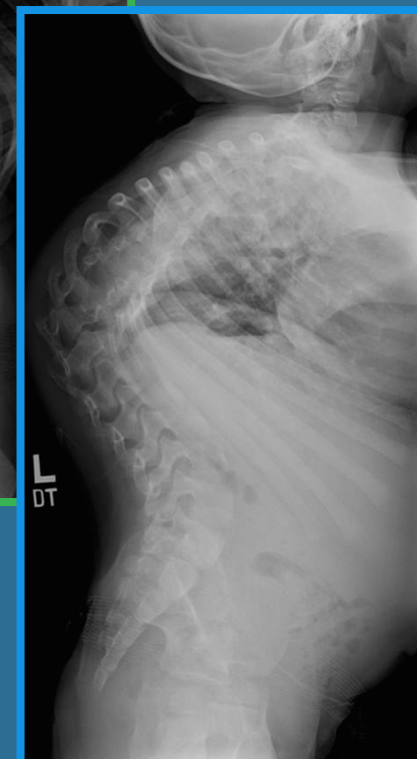
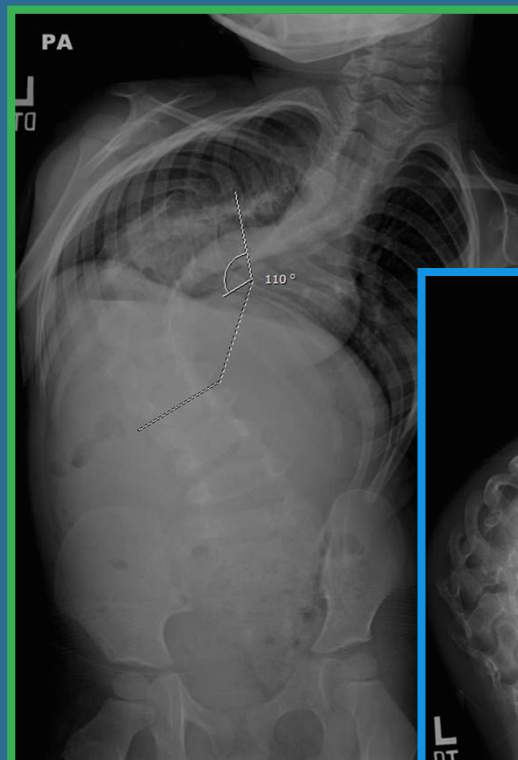
Purpose

To assess the impact of number, type and placement of proximal anchors on complication and revision rates following surgery with growth friendly constructs



Methods

- Retrospective review, multicenter database
- Index instrumentation at < 10 years of age with ≥ 2 year follow up
- Upper end vertebrae of kyphosis (UEV) recorded on lateral radiographs
- Statistical significance analyzed via t-test and multilinear regression analysis



Results

357 patients mean f/u of 6 years:

- 306 growing rods with spine anchors
- 16 growing rods with rib anchors
- 35 VEPTRs

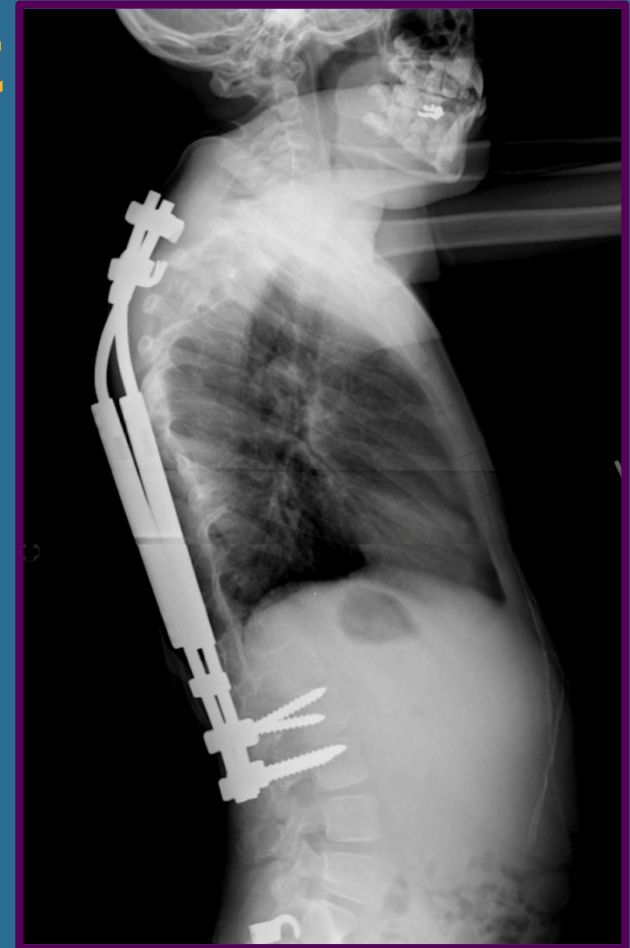
- Implant type (VEPTR vs. Growing Rod) was not associated with Anchor Pullout ($p=0.150$)



Results- Anchor Pullout

- 22% (77/357) patients anchor pullout
- Type of Anchor (screw vs spine hook vs rib hook) did not affect pullout rate (p=0.850)

Anchors	Pullout
≥ 2	22%
≥ 3	20%
≥ 4	20%
≥ 5	12%
≥ 6	10%



2,3,or 4 Vs. 5 or 6 anchors

p=0.01

Results - Proximal Revision

- Mean Index Proximal Instrumentation : T2 (range C7- T9)
- Instrumentation below UEV was associated with increased proximal revision (p=0.026)

UEV of
Sagittal
Cobb



Results - Proximal Extension

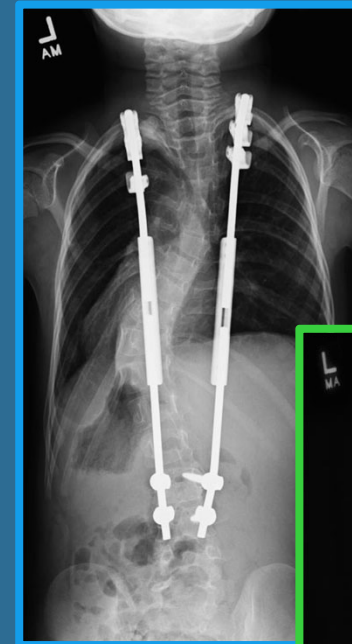
- 24% (47/200) Proximal Extension of Implants (final fusion or revision growth friendly implants)
 - Index Instrumented at or above UEV: **20%** (26/130)
 - Index Instrumented below UEV: **30%**(21/70)
 - Index Instrumentation below UEV associated with higher rate of proximal revision (p=0.027)

Results - Proximal Revision

- Not associated with Proximal Revision:
 - Cobb Angle
 - Total Anchors
 - Type of Anchor
 - Type of Implant
 - Number of vertebrae instrumented
 - Level of UEV of Kyphosis

Conclusions

1. ≥ 5 anchors less pullout ($p=0.010$)
2. Anchors at or above UEV (Sagittal) less proximal extension ($p=0.026$)
3. Not Significant:
 1. Anchor Type (spine hook, rib hook, screw)
 2. Implant Type (VEPTR or GR)



References

1. McCarthy, R.E., et al., *The Shilla growth guidance technique for early-onset spinal deformities at 2-year follow-up: a preliminary report*. J Pediatr Orthop, 2014. 34(1): p. 1-7.
2. La Rosa, G., L. Oggiano, and L. Ruzzini, *Magnetically Controlled Growing Rods for the Management of Early-onset Scoliosis: A Preliminary Report*. J Pediatr Orthop, 2015
3. Sankar, W.N., D.C. Acevedo, and D.L. Skaggs, Comparison of complications among growing spinal implants. Spine (Phila Pa 1976), 2010. 35(23): p. 2091-6.
4. El-Hawary, R., et al., What is the Risk of Developing Proximal Junctional Kyphosis During Growth Friendly Treatments for Early-onset Scoliosis? J Pediatr Orthop, 2015.
5. Watanabe, K., et al., Risk factors for complications associated with growing-rod surgery for early-onset scoliosis. Spine (Phila Pa 1976), 2013. 38(8): p. E464-8.
6. Mahar, A.T., et al., Biomechanical comparison of different anchors (foundations) for the pediatric dual growing rod technique. Spine J, 2008. 8(6): p. 933-9.