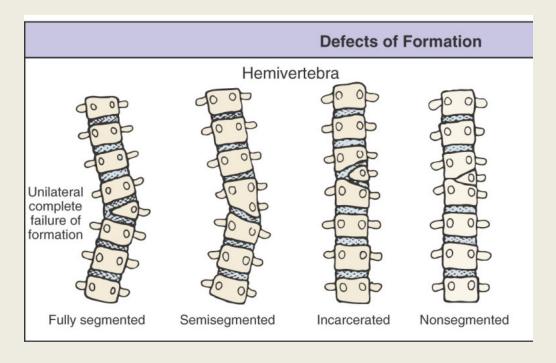
Lesson Learned: Hemivertebrae Resection



Charles E. Johnston MD ICEOS Utrecht 2016

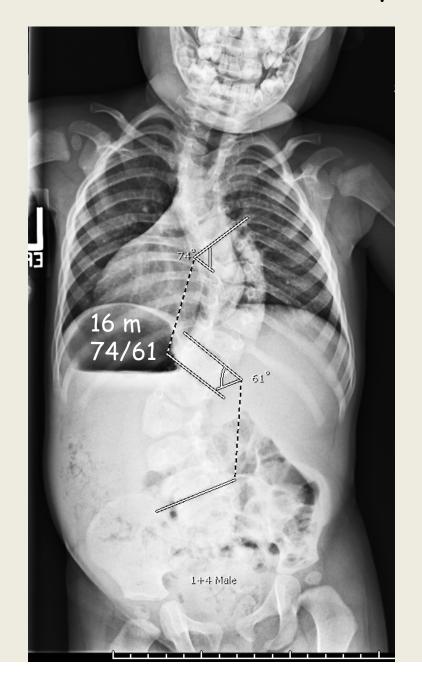
DB dob 4/9/12 1st seen at 1+4

PMH: Twin - identical brother unaffected (dx in utero)

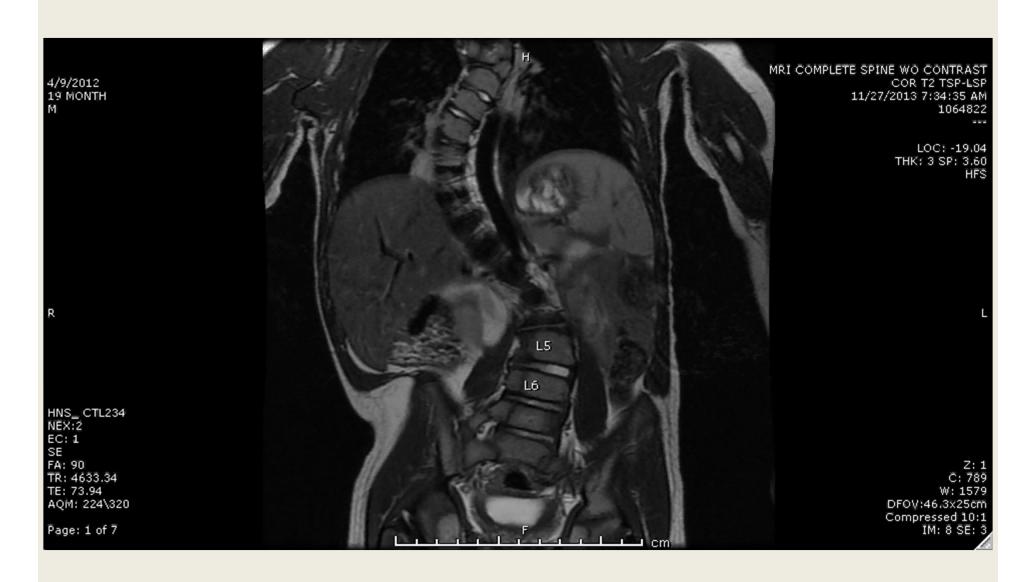
No other abnormality (-MRI, -U/5) NI G&D (walk 14 mo) NI chest wall



16 mo - presentation



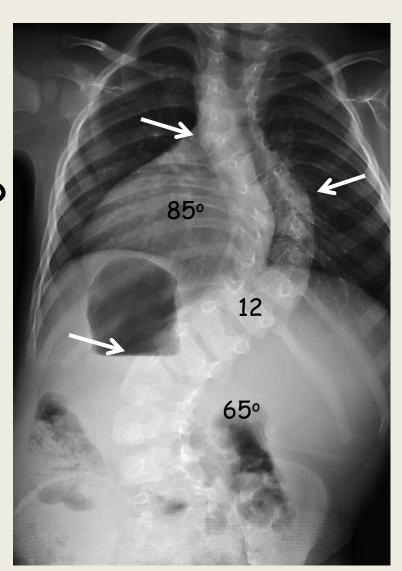




No CT done

Rapid progression → RX @ 21 mo?

- Growth-friendly, long?
 T2-L4/5
- Hemivertebra excision?
 3 choices
- Delay? (cast)





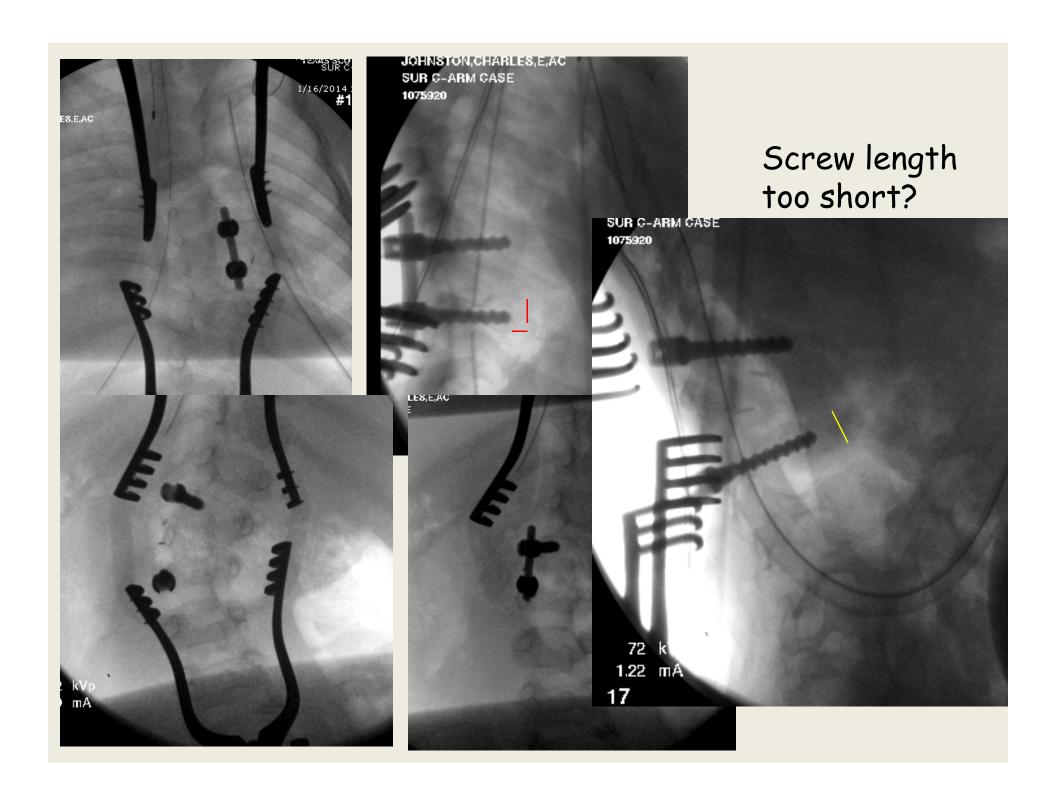


21 mo preop

Dos 1-16-14

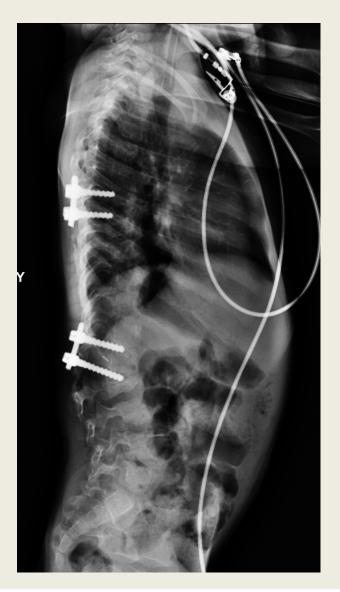
- R thoracotomy, L retroperitoneal anterior excisions Posterior T7-9, L2-4 instr 3.5mm
- Casted x 3 mo





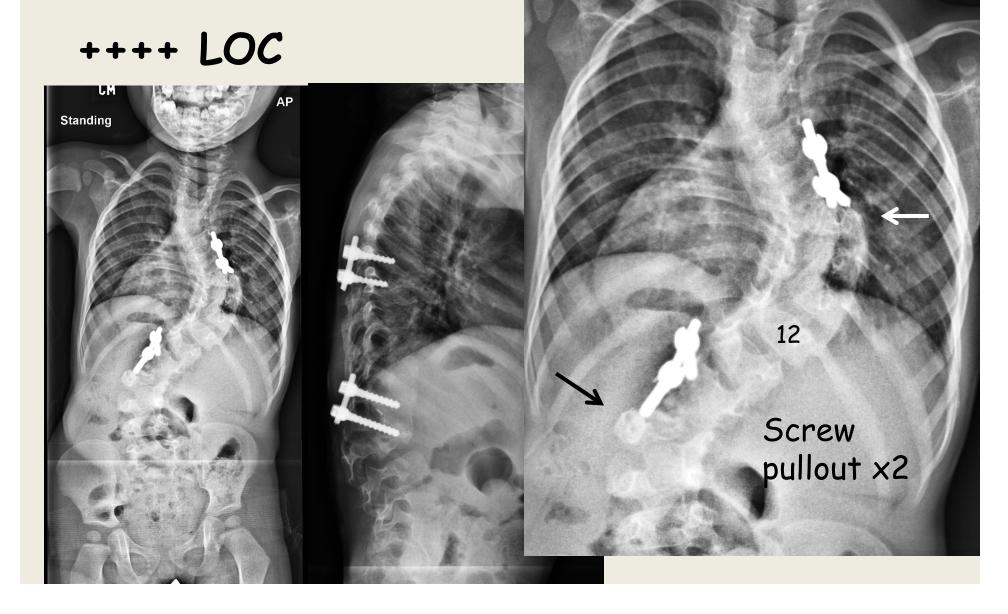
Cast change 6 wks - ? Wound problem, foul odor



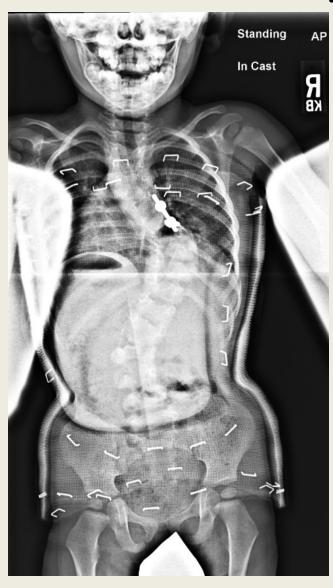


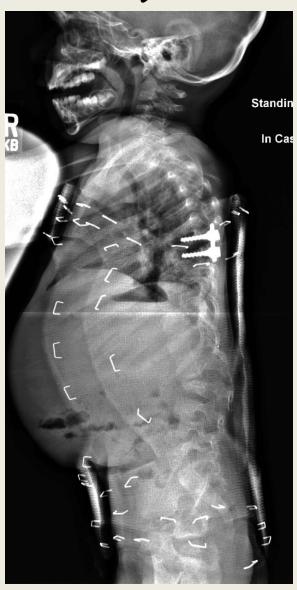
No wound problem -> re-casted

Cast off



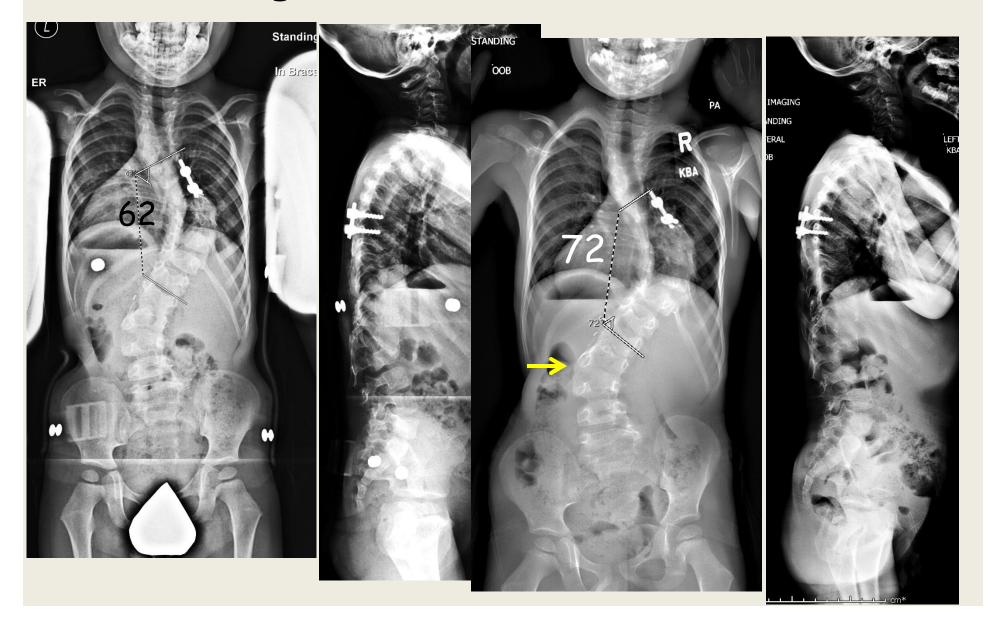
Lumbar HWR (prominence) + Cast





F/u 3/15 age 3 (brace)

8/16 - 4+4



What would I do different?

 21 mo = too young for hemivertebra resection?

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Klemme (2001) - mean age 19 mo
Callahan (1997) - best correct <4yr
Ruf/Harms (2003) - 30/51 pts between age 1-2
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Bollini (2006) - mean age 3.3, n=21

Benli (2006) - mean age 12, n=26

Yaszay (2011) - mean age 5, n=36

Hedequist (2009) - mean age 4+3, n=10

2016 ICEOS #6 & 11 - mean age 3.5, all <5 yr, n=33

Drilling down....

Big series -post only	<u>n</u>	age	<u>ebl</u>	cx imp	l+add/ne	<u>zuro</u>
Ruf	41	3+5 (1+3-7)	I-309	80-1000)	39%	0
		(30 < 2)	II-723	50-1600)		
Yaszay	42	5±4	455±46	1	44%/(5
Smaller series			<0 or >900)?		
Bollini	21	3+3 (1-10)	n.a.		14%	0
Klemme	6	1+7 (all <3)	362 (12	25-700)	0 cast!	0
Hedequist	10	4+3(1+8-10)	270 (10	00-700)	O 3rods	0

EBL - possibly massive (post approach only)
Implants - can be problematic, solution = 3 rod

Ant/post vs Posterior only

- EBL less
- Better visualization/ complete excision
- · "Less demanding"

- EBL increased
- Less visualization
- Neuro cx (dural retraction)
- OR time less?

Optimal age now 4-6 (Hedequist/Emans) Previous recommendation 18-24 mos. (Hall influence)

If I had to do it over again...

Cast first and buy time



Flexibility & correction probable due to what correction achieved on table





If I had to do it over again....

 Use more fixation (would have been easier if patient bigger)



Little
short 3.5
screws
pulled out
while in
cast



Jury still out...

- Age minimum (possibly base on patient weight)
- Go for more than 1 at a time (complexity issue?)
- Necessary amount of fixation?
- Posterior-only approach success depends on EBL, adequacy of excision, comfort level/skill set