

# Gradual correction of the congenital kyphosis in myelomeningocele- 4 year follow up.

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# conflict of interest disclosure

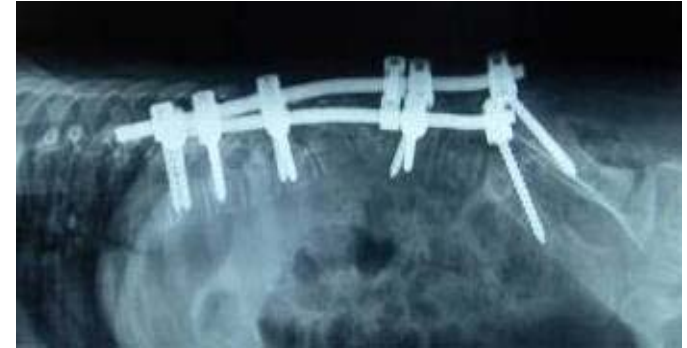
There is no conflict of interest for any author



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# myelomeningocele



**Increasing rigid hyperkyphosis;  
*decubitus*;  
Impossible supine position;  
Huge, final operation**



# VEPTR system „Eiffel Tower” configuration Double „rib – pelvis”

Distractions every 6-10 months

Aim:  
protect from TIS  
decrease spine deformation



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**EURO  
SPINE**

# Material

- 5 children - 2 males and 3 females
- age 4-9 y-s, mean: 5,2
- curve: 90-160°, mean 115 °
- Curve after correction: 40°-145°, mean 75°
- Follow up: 3-5 y-s, mean 4 y-s

three patients further correction after distractions.

two patient initial correction was maintained



# Case boy 4 y.o.



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sitting

90°



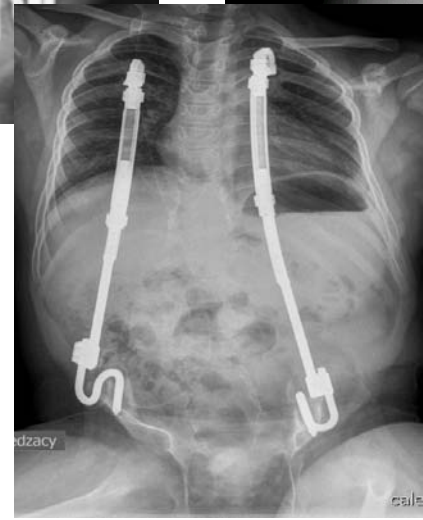
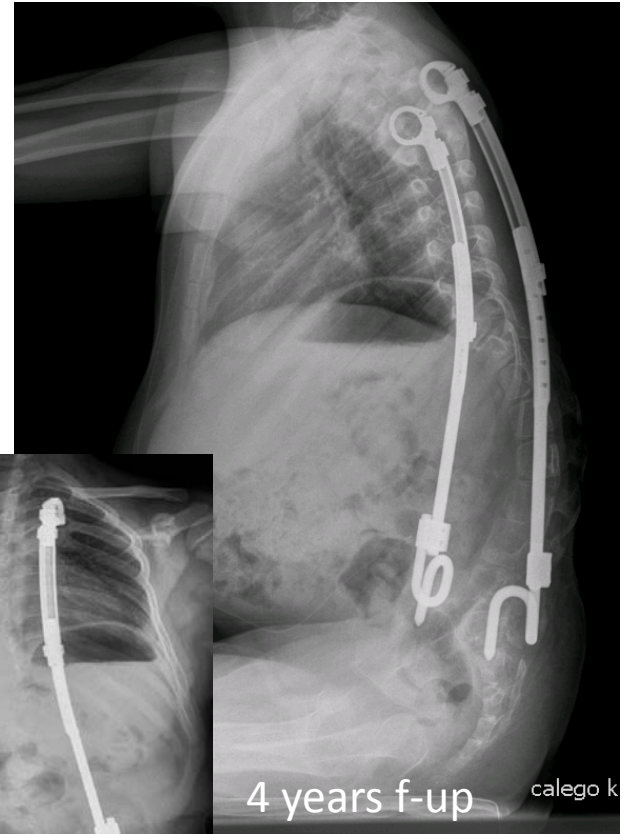
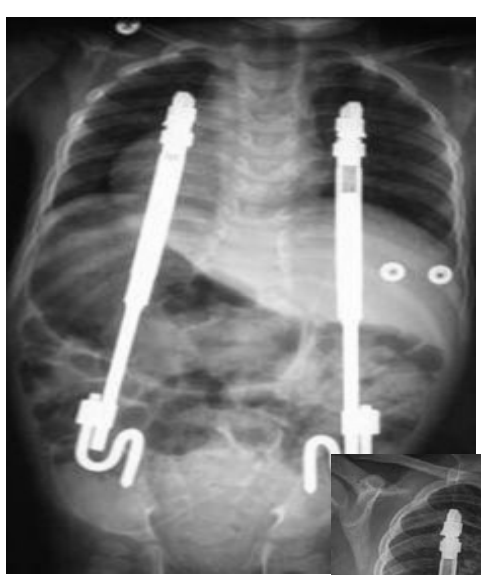
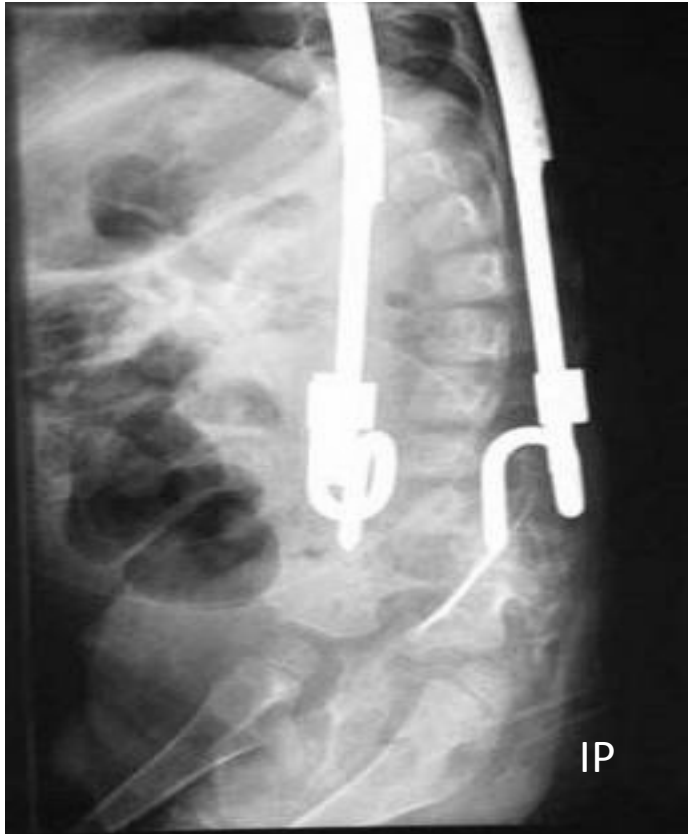
supine

77°



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# Discussion/conclusion

- Hardware protects from the progression of deformation during spine growth
- Younger children/smaller/flexible deformation- better correction
- Gradual correction seems to be a good alternative for kyphectomy in young children
- After spine maturity SF is necessary- some patients probably can avoid kyphectomy



*Thank you*

