

RECONSTRUCTIVE OPERATIONS IN CHILDREN AND TEENAGERS WITH SPINE DEFORMATIONS

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WORK'S GOAL: RISING OF QUALITY OF THE LIFE OF CHILDREN WITH SPINE DEFORMATIONS, BY WORKING OUT OF SURGICAL TREATMENT ALGORITHM.

MATERIAL AND METHODS: 109 PATIENTS WITH SPINE DEFORMATIONS HAVE BEEN PRE- AND POSTOPERATIVELY EXAMINED. THE EVALUATION INCLUDED COLLECTING OF ANAMNESIS DATA, CLINICAL EXAMINATION, LABS AND IMAGING (STANDARD RADIOGRAPHY/ WITH FUNCTIONAL TESTS, MAGNETIC RESONANCE) WITH A FOLLOW-UP OF 1 TO 5 YEARS. CHILDREN WERE AGED BETWEEN 3 AND 17 YEARS; THEY WERE PREDOMINANTLY BOYS – 61(56 %). ETIOLOGY OF SPINE DEFORMATIONS WAS: TRAUMATIC INJURIES IN THE ACUTE STAGE – 29 (26,6 %) PATIENTS, POSTTRAUMATIC CYPHOSIS DEFORMATIONS – 5 (4,6%) PATIENTS, SCOLIOSIS – 58 (53,2%) CHILDREN, SPONDYLOLISTHESIS – 17 (15,6%) PATIENTS.

RESULTS: THE MAIN GOALS OF SURGICAL INTERVENTIONS WERE: ELIMINATION OF THE COMPRESSION FACTOR, DEFORMATION AND DISBALANCE CORRECTION AND SPINE STABILIZATION.

SURGERY ALLOWED OBTAINING THE FOLLOWING RESULTS:

1. REPOSITION (REDUCTION) OF THE BODY OF DISPLACED VERTEBRAS;
2. RECONSTRUCTION OF FORWARD AND AVERAGE SPINE COLUMNS;
3. RESTORATION OF PHYSIOLOGICAL SPINE PROFILES;
4. RESTORATION OF NORMAL ANATOMY OF THE VERTEBRAL CHANNEL;
5. STABILIZATION OF THE SPINE-IMPELLENT SEGMENT.

THE COMPARATIVE ANALYSIS OF THE QUALITY OF LIFE OF PATIENTS WITH SEVERE SPINE DEFORMATIONS (ACCORDING TO A QUESTIONNAIRE „EQ-5D”), BEFORE AND AFTER SURGICAL INTERVENTION, HAS SHOWN THAT THE QUALITY OF LIFE OF PATIENTS IN POSTOPERATIVE PERIOD ESSENTIALLY IMPROVED, IN COMPARISON WITH THE PREOPERATIVE PERIOD, FROM 12,7±0,3 POINTS TO 6,7±0,1. THE DISTANT RESULTS OF SURGICAL TREATMENT WERE GOOD– 85, 1%, SATISFACTORY– 11,2 % AND UNSATISFACTORY – 3,7%.

CONCLUSION:

1. IN FRESH CASES OF THE COMPLICATED SPINAL - MARROW TRAUMA WITH MILD AND AVERAGE DEGREE OF A NEUROLOGIC SYMPTOMATOLOGY (DEGREE OF D ON FRENKEL) THE PREFERENCE WAS GIVEN TO THE CLOSED, INDIRECT

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DECOMPRESSION. AT A SERIOUS NEUROLOGIC SYMPTOMATOLOGY (A, B, C DEGREE) CARRIED OUT OPEN DECOMPRESSION AND REVISION OF DURAL BAG 'S CONTENTS.

2. OPTIMUM METHODS OF CORRECTION OF DIFFICULT RIGID SCOLIOTIC SPINE DEFORMATIONS WERE: FORWARD SPINE RELEASE; DORSAL CORRECTION, TOTAL FASETEKTOMY (THE BOTTOM AND TOP FACING) THROUGHOUT CORRECTION BY PONTUS' METHOD AND BACKBONE FIXATION BY A METAL CONSTRUCTION.

KEYWORDS: SPINE, DEFORMATION, CHILDREN.