

SURGICAL MANAGEMENT OF CHILDREN WITH SEVERE SCOLIOSIS

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WORK'S GOAL: IMPROVEMENT OF QUALITY OF LIFE AT CHILDREN WITH SERIOUS SCOLIOTIC DEFORMATIONS BY DEVELOPMENT OF DIFFERENTIATED SURGICAL TACTICS.

MATERIAL AND METHODS: 109 PATIENTS WITH SEVERE SCOLIOTIC 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 10 YEARS. CHILDREN WERE AGED BETWEEN 5 AND 17 YEARS; THEY WERE PREDOMINANTLY GIRLS – 69(76 %).

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

THE DISTANT RESULTS OF SURGICAL TREATMENT WERE GOOD – 68,4%, SATISFACTORY – 24,1%AND UNSATISFACTORY – 3,5%.

CONCLUSION:

1.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.

2. SURGICAL TREATMENT OF DIFFICULT JUVENILE SCOLIOSES BEGAN AT 8-10 YEARS OLD, WITH THE FOLLOWING DORSAL CORRECTION BY "A GROWING CONSTRUCTION", WITHOUT POSTERIOR SPINE FUSION EXECUTION.

3. IN CASES OF CONGENITAL DEFORMATIONS PRIMARY OPERATIVE DEFECT'S CORRECTION WAS CARRIED OUT AT CHILDREN AT THE AGE OF 5-7 YEARS – "BLOCKING SPONDYLOSYNDESIS" AT CURVATURE TOP WITH THE FOLLOWING DORSAL CORRECTION BY "A GROWING CONSTRUCTION" WITHOUT POSTERIOR SPINE FUSION EXECUTION.

4. FINAL CORRECTION OF DEFORMATION, POSTERIOR SPINE SPONDYLOSYNDESIS AND THORACOPLASTY ARE CARRIED OUT ON THE END OF SPINE GROWTH.

KEYWORDS: SPINE, DEFORMATION, SCOLIOSIS, CHILDREN.

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