

FP25

Tethered cord syndrome after myelomeningocele: outcome and retethering

Ricardo Gepp, Rogerio Sacco, Henrique Sousa, Andre Borba

Sarah Network of Hospitals, Brasilia, Brazil

Introduction: The evaluation of the results after the release of tethered spinal cord can be difficult in many cases. The presence of clinically important changes at the time of initial surgery complicates the assessment of the results and the chance to establish new anchoring postoperatively. Patients who already have significant scoliosis or bladder changes have the greatest difficulty for evaluation. The authors studied patients who underwent tethered cord release and assessed the need for reoperation in patients with and without ability to ambulate.

Methods: We studied 82 children with tethered cord secondary to myelomeningocele in the period 2006-2012. Were evaluated ages, gender, level of myelomeningocele, presence of shunt, marching ability and surgery. The final outcome was the need for surgical reoperation. We compared the group of children with walk and the group without walk.

Results: We found that patients able to walk had higher incidence of reoperation when compared to non-ambulating. Children with walking ability were operated due to loss of performance, changes in bladder function, pain or scoliosis. Surgery in children without walk were primarily intended for worsening bladder and scoliosis.

Conclusions: The authors conclude that the incidence of new surgery was higher in children with capacity to walk. There is an assumption that the incidence of retethering should be proportional to both types of patient, but the diagnosis is more performed on patients with able to ambulate.