

## FP26

**Clinical evolution of spinal cord dysraphisms that undergo early surgical intervention: a single institutional experience**

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**Introduction:** Spinal dysraphisms comprise a wide spectrum of congenital malformations with diverse clinical manifestations. The role of surgery for complex lesions such as spinal cord lipomas has generated controversy and significant changes in their management, ranging from total removal of the lesion to a more conservative management. In our institution, patients with occult spinal cord dysraphisms, particularly spinal lipomas, undergo early surgical intervention. In this study, we report our institutional experience with spinal cord dysraphisms, focusing particularly on the clinical evolution of patients with spinal cord lipoma.

**Material and Methods:** We reviewed the medical records of all patients diagnosed of spinal dysraphism managed by neurosurgery and physical medicine and rehabilitation between 1992 and 2012. Only patients with complete clinical data (clinical, radiological and surgical management data) were included in the study.

**Results:** Eighty-six patients were included in the study including 6 patients with sacral agenesis, 12 with spinal dermal sinus tracts, 35 patients with myelomeningocele, 3 meningocele (all of them operated) and 30 patients with spinal lipomas (22 lipomas of *conus medullaris* (20 operated) and 8 *filum terminale* lipomas (5 operated)). The percentage of patients with lipomas of *conus medullaris* that required a second surgical intervention was of 35% (7 of 20). This percentage drops to 25% (7 of 28) if patients with meningocele and *phylum terminale* lipomas are included; these required no further surgeries.

**Conclusions:** According to other series that review the evolution of spinal cord lipomas, we have a high percentage of patients with lipomas of *conus medullaris* that require further surgeries. Consequently, our surgical approach as well as our surgical techniques needs to be reevaluated.