

FP70**When to operate a patient with tethered cord syndrome?**Angela Bravo¹, Joaquim Correia¹, Eulalia Calado², Jose Cabral¹¹ Department of Neurosurgery, Hospital Egas Moniz (H.E.M.), Lisbon, Portugal² Department of Pediatric Neurology, Hospital Dona Estefânia (H.D.E.), Lisbon, Portugal

Introduction: We reviewed the clinical material of 60 patients operated at H.E.M. from 1999-2009 with Tethered Cord Syndrome. They came from a cohort of 152 patients followed by the Spina Bifida group of H.D.E. in Lisbon. We payed special attention at clinical presentation, surgical results and follow up.

Material and Methods: The 60 patients were diagnosed based on their MRI and clinical observation. 41 had MM, 15 LMM and 4 had true occult spinal disrrafism (TOD). Ages from 1-25 years (average 6,4). The clinical presentation of the MM group, 32 (78%) with motor complaints (MC), 19 (29%) with Genitourinary (GU) problems, 12 (29%) with worsening of orthopedics deformities (OD) and 5 (12%) with pain, on the LMM group 10(67%) MC, 5 (33%) GU, 5 (33%) OD and 3 (20%) pain. The TOD group 3 (75%) MC and 2 (50%) GU. Surgery was always in a latex free room, no microscope and no neurofisiological monitoring used.

Results: We had 4 cases of CSF fistula. One patient had a two level worsening of the motor function, 6 had stabilization of their complaints and 7 had improvement and few year later because of new complaints needed reintervention. At The MM group 23 of the 32 with MC improved, 14 of the 19 with GU problems improved, 9 of the 12 with OD stabilized or improved and and all 5 with pain improved. At The LMM group 7 of 10 with MC improved, 3 of the 5 with GU problems improved, 3 of the 5 with OD stabilized or improved and and all 3 with pain improved. Of the TOD all improved.

Conclusion: It is important to have frequent clinical observation of these patients and in case of worsening surgery should be proposed. The improvements in MC, GU and OD were mostly very slight but with a great impact in quality of life. The results are very good for pain.