

OP12

Outcome after ulnar to musculocutaneous nerve transfer surgery for obstetrical brachial plexus palsy

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Introduction: The obstetric brachial palsy Erb type causes severe neurological impairment in children. Surgical treatment is indicated in children who do not have spontaneous recovery. The authors analyzed a series of 169 children with brachial plexus injury and ten children undergoing surgery for nerve transfer with biceps dysfunction.

Methods: From January 2010 to January 2012 were studied 169 children with brachial plexus injury. Were operated ten children with obstetrical brachial plexus palsy Erb type. Ulnar to musculocutaneous nerve transfer technique was used for transfer to improve elbow flexion. The authors retrospectively analyzed the variables related to the type of injury, site of onset, severity of it. The analysis of surgery, postoperative follow-up and results of the procedure were performed according prospective protocol.

Results: We initially performed a retrospective analysis of clinical characteristics in a series of children with brachial plexus injury. This first analysis showed 26% of children without elbow flexion at six months. The right side was involved in 6 cases evaluated and operated. The average age at time of surgery was 8 months. Patients with Erb palsy were submitted to ulnar fascicles transfer to musculocutaneous nerve. The surgical procedures were uneventful clinics. The children remained hospitalized about 2 days. There was no gender predominance. The use of a sling during the postoperative period was well tolerated by children. There was an improvement to grade III (BRMC) in 80% of operated cases.

Conclusions: We observed in the first part of the study that spontaneous improvement occurs only in a percentage of 74% of children. The nerve transfer surgery is a simple surgical option with good results in paralysis of brachial plexus Erb type.