PP44

Congenital spondyloptosis: two case reports

Ibrahim Alatas[1], Huseyin Canaz[2], Serhat Baydin[3], Akın Gokcedag[3], Mehmet Tokmak[4], Osman Akdemir[5]

[1] *Florance Nightingale Science University, Spina Bifida Research Center, Istanbul, Turkey*
[2] *Department of Neurosurgery, Kahramanmaraş State Hospital, Kahramanmaraş, Turkey*
[3] *Department of Neurosurgery, Kanuni Sultan Süleyman Research and Training Hospital, Istanbul, Turkey*
[4] *Department of Neurosurgery, Medipol Faculty of Medicine, Istanbul, Turkey*
[5] *Department of Neurosurgery, GOP Taksim Research and Training Hospital, Istanbul, Turkey*

Congenital spondyloptosis could appear secondary to tethered cord or without tethered cord. Both types are rare. We presented two congenital spondyloptosis cases.

First case is a 4 month girl who was consulted us because of subcutaneous mass at the back. We diagnosed torachal diastematomyelia and L5-S1 spondyloptosis. Overactive bladder was determined in urodynamic study. We did not notice any neurological defisit in lower extremities. Repair of diastematomyelia and L5-S1 posterior decompression was performed in the same seance. We noticed improvement in urodynamic findings in postoperative follow up.

Second case is a 4 month girl who was consulted us because of hairy pacth in lumbar region. Lumbar tethered cord and L3-L4 spondyloptosis were diagnosed. Urodynamic evaluation was normal. We did not determine any neurological defisits. We decided to follow up the patient with neurourological evaluation.

Treatment of congenital spondyloptosis is not clear beacuse of accompanying anomalies, level of defect and different neurourological findings. Pedicule diameters are too small in newborns so it is not possible to replace and stabilize by posterior fixation. The youngesr patient who underwent posterior stabilization was 18 month boy. Urodynamic findings made us to prefer surgery in the first case. Normal neurourological findings let us to wait for performing a surgery in a more appropriate age.