

Case Review:

42 year old male with
Congenital Kyphocoliosis.
Treated with a posterior spinal
fusion from T2-Pelvis

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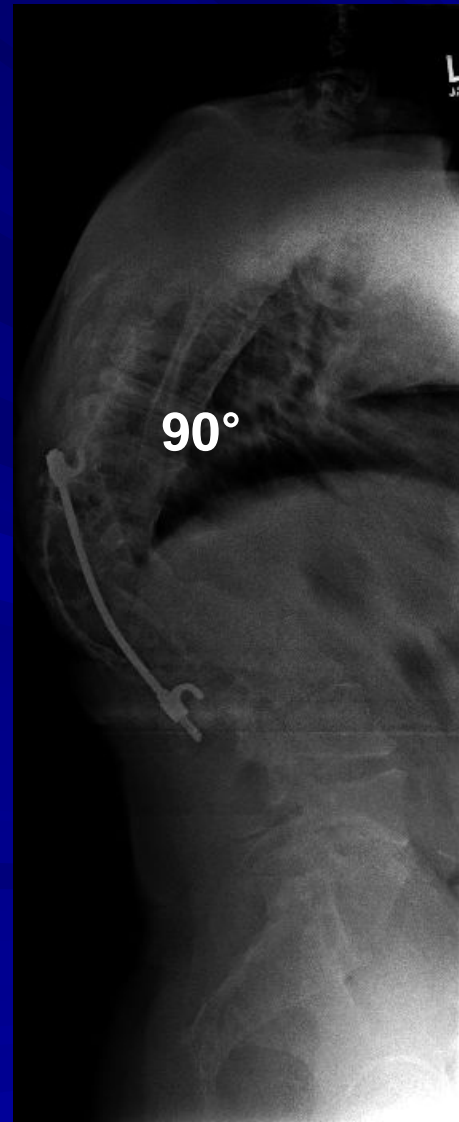
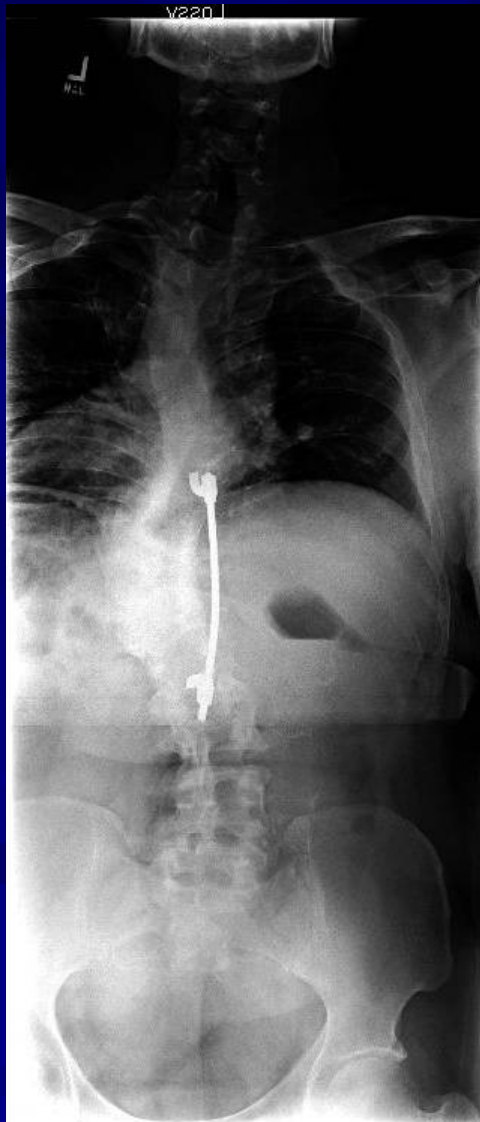
Scoliosis and Spinal Deformity Surgery

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Patient History

- 42-year-old male
- Congenital kyphoscoliosis
- Neck pain
- Lower extremity weakness
- Status post Harrington rod instrumentation in 1971
- V.A.T.E.R. syndrome with iatrogenic and congenital kyphosis, with apex at approximately T10.
- The patient has multiple vertebral anomalies proximally and distally, with jumbled spine up to T2, multiple hemivertebrae, and kyphoscoliosis.

Pre-op X-rays



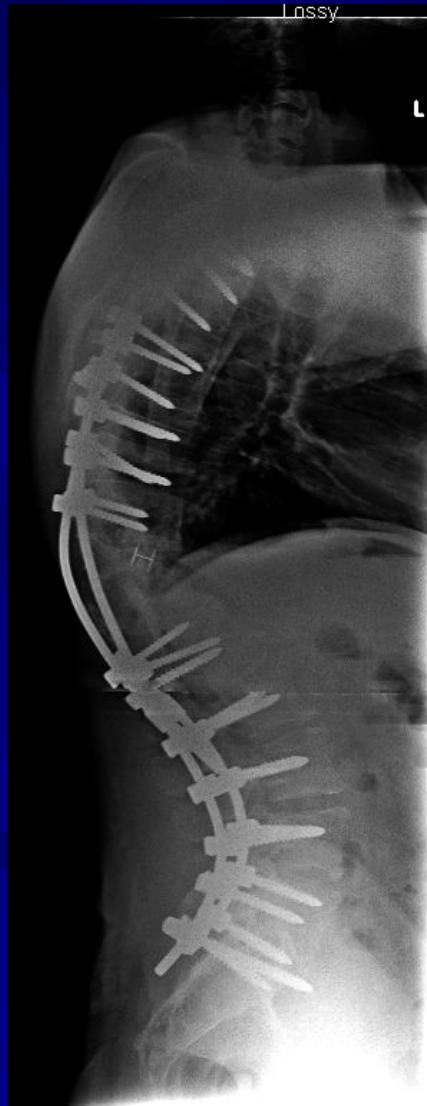
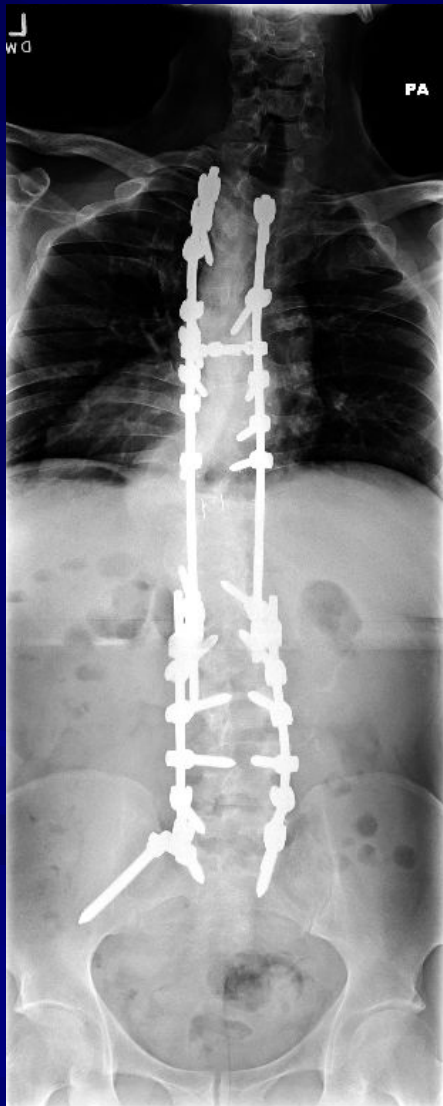
Indications for Surgery

1. Kyphoscoliosis, status post anterior-posterior spinal fusion.
2. Impending neurologic compromise, with increasing weakness of the lower extremity due to congenital kyphosis.
3. Vertebrae, Anus, Trachea, Esophageal, and Renal (V.A.T.E.R.) syndrome, with vertebral anomalies and imperforate anus, cardiac anomalies, and renal anomalies, status post operations for correction, midline defects.
4. Retained hardware.
5. Increased pain, upper back and lower extremities, due to the above diagnoses, with failed conservative therapy.

Surgical Strategy

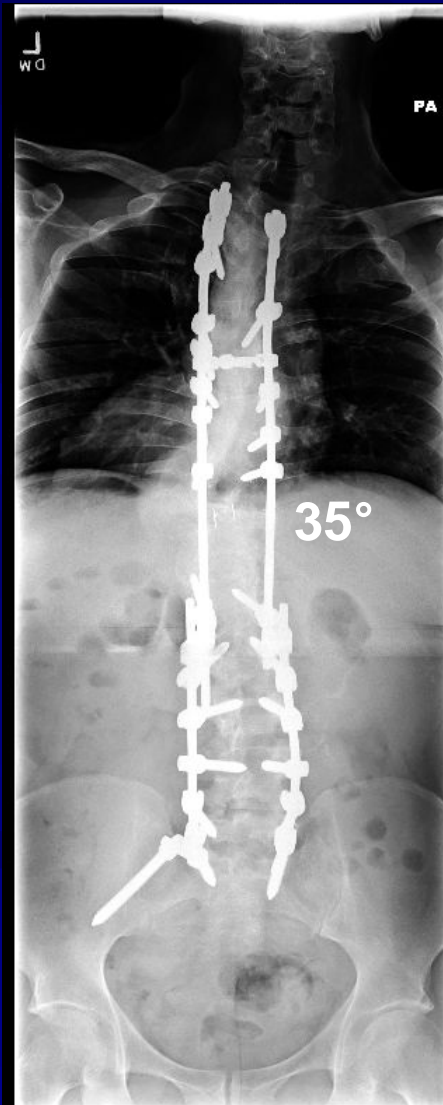
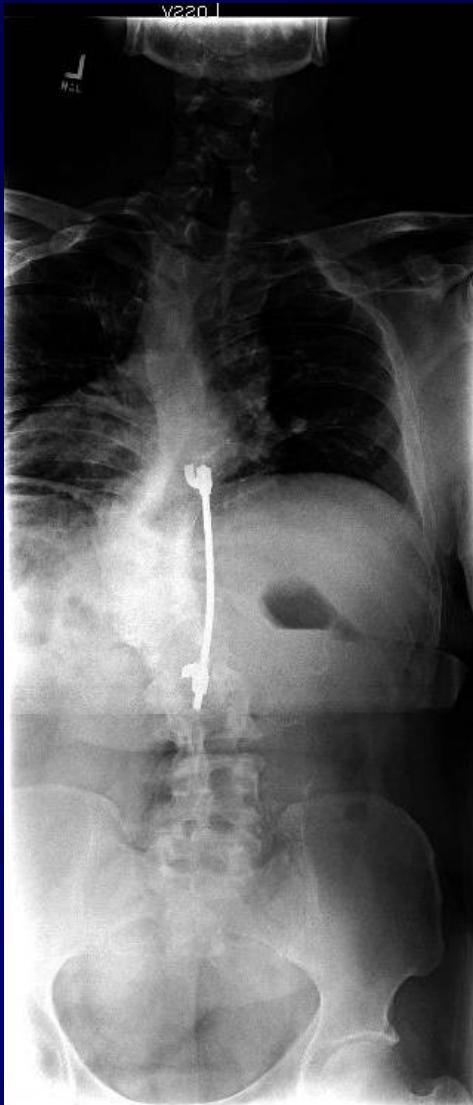
1. Thoracic 2 to sacral pelvis re-instrumentation, with segmental spinal instrumentation, 5.5 stainless steel Legacy pedicle screw rod construct. This is a 17-level fusion.
2. Complete vertebrectomy at T9.
3. Complete vertebrectomy, T11.
4. Kyphectomy/vertebrectomy, T10, with vertebral column resection.
5. Complete laminectomy, T8 to T12, with loupe magnification.
6. Bilateral thoracotomies at T10, and removal of bilateral ribs at T10 for costotransverse isolation of anterior vertebral column.
7. Anterior interbody fusion with polyetheretherketone (PEEK) 13-mm T- lift device, with autogenous central bone graft.
8. Posterior spinal fusion, thoracic 2 to sacral pelvis, using autogenous locally harvested autograft.
9. Intraoperative neuronavigation with stealth and computer imagery.
10. Intraoperative somatosensory evoked potentials (SSEP).
11. Intraoperative fluoroscopy, using interpretation.
12. Removal of retained hardware.

Post-Op Films



The patient looks great in the sagittal and frontal plane and this is proven by the correction on the x-rays. He has some aches and pains managed with conservative treatments.

Pre-Op/Post-op Comparison



Pre-Op/Post-op Comparison

