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Multidisciplinary treatment of children with Spina Bifida in the "Center of Spina Bifida"

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Statement of the Problem: Spina Bifida is a malformation of the Spine, accompanied by a variety of clinical manifestations of the Spine, Spinal Cord and lower extremities. Today, the multidisciplinary treatment approach is gaining more and more development, it brings together specialists who work as a single team, their actions are coordinated, and this provides a rational approach to the implementation of the tasks of habilitation and rehabilitation.

Aim: To substantiate the use of a multidisciplinary approach in the treatment of patients with Spina Bifida.

Materials and Methods: The research is based on the examination and treatment of 144 patients who were observed in multidisciplinary council in 2018-2019. We have developed a registration card for spina bifida patients, which were used when examining and interviewing children and / or their parents were performed. The registration card consists of several modules: general part, orthopedic part, using orthotics, neurological, urological and ophthalmological parts. To determine the nature of neurosegmental lesions in children with spina bifida, we used the Sharrard classification, according to were 27 patients with Thoracic; L1-L2 - 13 patients; L3-L4 - 46 patients; L5-S1 - 31 patients; S2 - 27 patients.

Results: All 144 patients with Spina Bifida were examined by multidisciplinary team. 18 (12.5%) patients required repeated neurosurgical interventions (8-ventriculoperitoneal bypass grafting, 6-spinal cord mobilization, 2-elimination of diastematolmyelia, 2 - removal of the terminal filament lipoma). Children with the Spina Bifida have a wide range of congenital and acquired Orthopedic Deformities. In the research group 114 (79%) patients had orthopedic pathology. The elimination of contractures and deformities of the lower extremities required 54 (37.5%) patients. Surgery on the feet required 17 patients. In the studied group only 56 (39%) parents of patients were aware of the urological pathology that the child had. Intermittent bladder catheterization was required in 52 (36%) patients with Spina Bifida. 132 (92%) children needed a comprehensive urological examination. Examination of ophthalmologist showed decrease in visual acuity in 98 (68%) patients. The main causes were refractive errors, more often Myopia and Astigmatism; Amblyopia With Anisometropia, Strabismus and Nystagmus; Optic Nerve Atrophy, damage to the central neurons of the optic pathways.

Conclusion: Our preliminary research showed the need for a comprehensive multidisciplinary examination and treatment of patient with Spina Bifida. The developed individual map of habilitation and rehabilitation allows to determine the sequence of treatment and continuity between specialists.

Biography

Stanislav V Ivanov, Head of Department N5 (Department of Cerebral palsy and Center Spina Bifida), G.I.Turner National Medical Research Center for Childrens Orthopedics and Trauma Surgery. He is a leading specialist in the treatment patient with Spina Bifida and Cerebral Palsy. Developed and implemented the system of multidisciplinary approach in the treatment of patients with Spina Bifida and Cerebral Palsy in Russia.

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