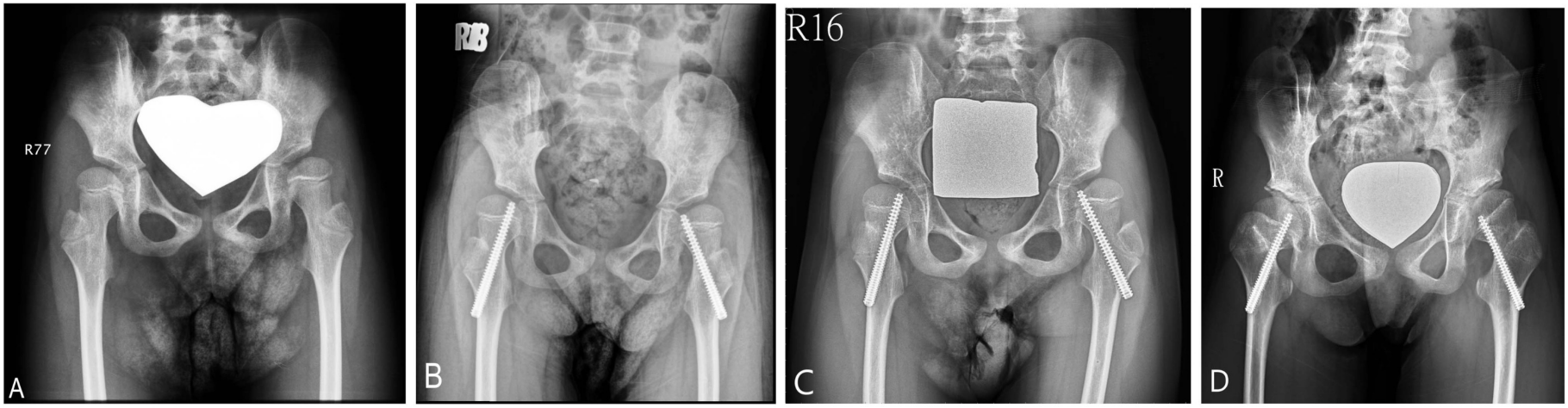
Guided growth i höftleden vid CP



Guided growth i höftleden vid CP

- 2019 två studier varav en 5-årsuppföljning
- 2022 första Review-artikeln – 4 studier

children

MDPI

Systematic Review

Guided Growth of the Proximal Femur for the Management of the 'Hip at Risk' in Children with Cerebral Palsy—A Systematic Review

Moritz Lebe [1], Renée Anne van Stralen [2,*] and Pranai Buddhdev [1]

1 Broomfield & Addenbrookes Hospitals, Chelmsford CM1 7ET, UK; moritz.lebe@nhs.net (M.L.); pranai.buddhdev@nhs.net (P.B.)
2 Erasmus MC Sophia Children's Hospital, 3015 CN Rotterdam, The Netherlands
* Correspondence: r.a.vanstralen@gmail.com; Tel.: +31-(0)-653793855

- Dock dålig kvalitet på ingående studier
- Långtidsuppföljning saknas, men endast 5 – 21% av barnen behöver korrigerande skelettkirurgi inom 2 år

children

MDPI

Systematic Review

Guided Growth of the Proximal Femur for the Management of the 'Hip at Risk' in Children with Cerebral Palsy—A Systematic Review

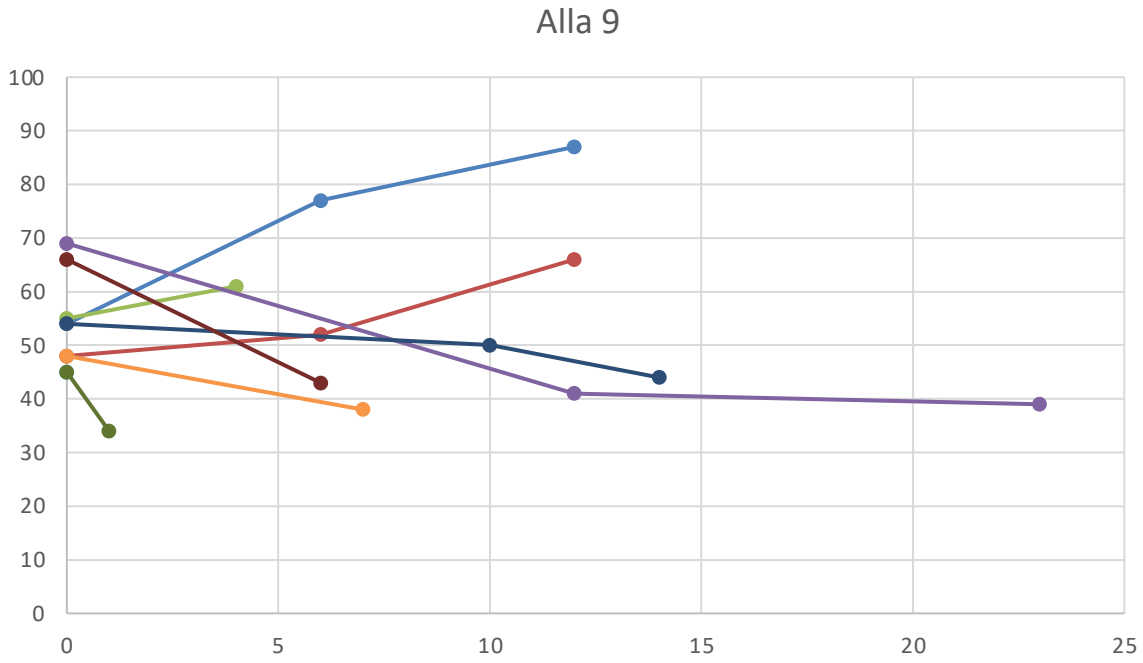
Moritz Lebe [1], Renée Anne van Stralen [2,*] and Pranai Buddhdev [1]

[1] Broomfield & Addenbrookes Hospitals, Chelmsford CM1 7ET, UK; moritz.lebe@nhs.net (M.L.); pranai.buddhdev@nhs.net (P.B.)
[2] Erasmus MC Sophia Children's Hospital, 3015 CN Rotterdam, The Netherlands
* Correspondence: r.a.vanstralen@gmail.com; Tel.: +31-(0)-653793855

considerations and the limitations of this novel technique. Results: Four studies (93 patients; 178 hips) met the eligibility criteria for inclusion in the meta-analysis. All three radiographic measurements showed significant changes at a minimum of 2 years of follow-up. Mean changes for MP were 8.48% (95% CI 3.81–13.14), HSA 12.28° (95% CI 11.17–13.39) and AI 3.41° (95% CI 0.72–6.10), with I^2 of 75.74%, 0% and 87.68%, respectively. The serious complication rate was overall low; however, physeal 'growing off' of the screw was reported in up to 43% of hips treated. Conclusion: TMH-PF is an effective and predictable method to treat CP patients with 'hips at risk', and the overall complication rate is low; however, further work is required to identify the best candidates and surgical timing, as well as choice of technique and implant.

Guided growth i höftleden vid CP 2022

- Totalt 9 pat opererade, varav 2 ej med i CPUP
- 6 st uppföljda minst 6 mån, ytterligare 2 < 6 mån
- 1 avliden (4 mån uppföljning)
- Av de 6 uppföljda har 2 behövt reop pga skruvsläpp



Journal of Orthopaedic Science 27 (2022) 1082–1088

Contents lists available at ScienceDirect

Journal of Orthopaedic Science

journal homepage: http://www.elsevier.com/locate/jos

Original Article

The effectiveness of adding guided growth to soft tissue release in treating spastic hip displacement

Huan Sheu, Wei C. Lee, Hsuan K. Kao, Wen E. Yang, Chia H. Chang*

Department of Pediatric Orthopedics, Chang Gung Memorial Hospital, Chang Gung University, Taoyuan, Taiwan

Methods: This retrospective study comprised patients with cerebral palsy who underwent soft tissue release alone (Group STR) or soft tissue release plus guided growth (Group GG) for hip displacement (mean age, 8.1 years; mean follow-up, 4.9 years). Difference in the MP and rate of controlling MP <40% at 2 years postoperatively and rate of revision surgeries at 5 years postoperatively were compared between the groups.

Results: The two groups were comparable in age, side, and gross motor function level, but Group GG (n = 24) had more severe hip displacement preoperatively than did Group STR (n = 64). Group GG had a significantly greater 2-year decrease in the MP (−14.8% vs. −11.8%, $p < 0.05$) than did Group STR. Among patients with a pre-operative MP >50%, the rate of MP <40% was greater in Group GG (73%) than in Group STR (41%). Revision surgeries, mainly repeated guided growth and soft tissue release, were comparable between the groups.

Conclusions: This is the first comparative study to support adding guided growth to soft tissue release, as it results in greater improvements in hip displacement than that with soft tissue release alone. Non-ambulatory patients or severe hip displacement with MP 50%–70% could benefit from this less aggressive surgery by controlling the MP under 40% without femoral osteotomy.

ORIGINAL ARTICLE

Soft Tissue Releases With Simultaneous Guided Growth Decrease Risk of Spastic Hip Displacement Recurrence

Cheng-Min Hsu, MD, Huan Sheu, MD, Wei-Chun Lee, MD, PhD, Hsuan-Kai Kao, MD, PhD, Wen-E Yang, MD, and Chia-Hsieh Chang, MD, PhD

Background: Soft tissue release (STR) is an established treatment for spastic hip displacement, but recurrence of hip displacement is not uncommon. This study aims to (1) evaluate the recurrence of hip displacement after STR, (2) define associated factors of recurrence, and (3) elucidate the effects of guided growth on hip displacement recurrence.

Key Words: spastic hip displacement, guided growth, soft tissue release, cerebral palsy, recurrence

(*J Pediatr Orthop* 2023;43:e707–e712)

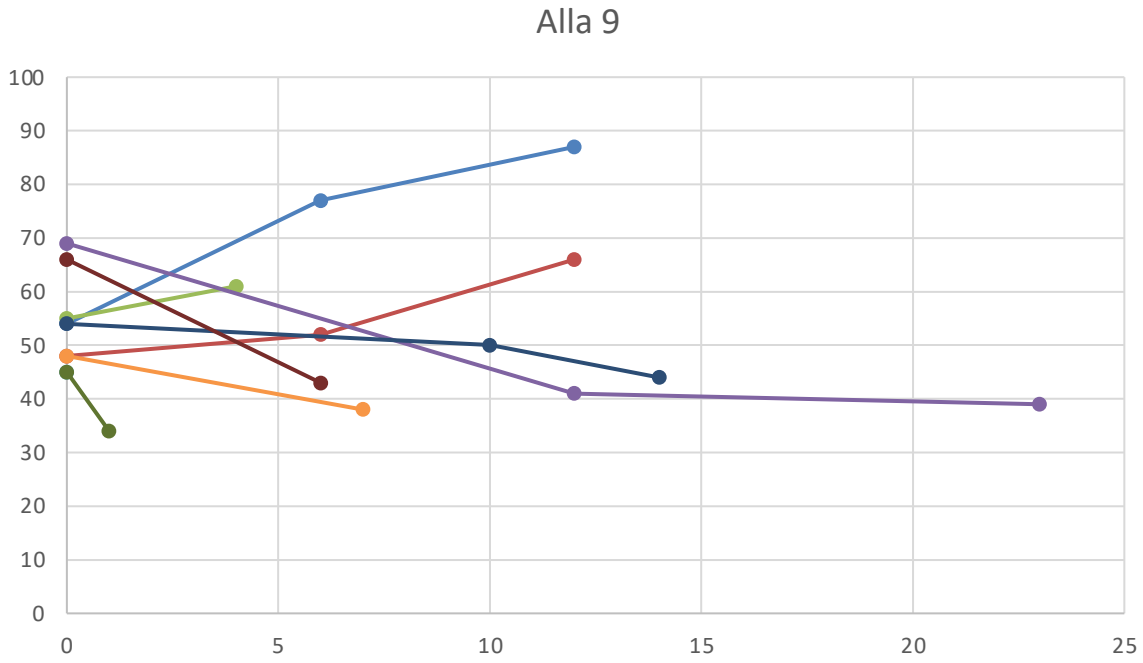
- Jämförde mjukdelsop (STR) med och utan guided growth på 66 pat med spastisk CP (ej ”hypoton el dyston CP”), 46 endast STR och 20 STR + GG
- Man valde att studera ”recurrence” definierat som ökning av MP >5% ett år postop.

- Jämförelse mjukdelsop (STR) med och utan guided growth (GG) på 66 pat med spastisk CP, (46 STR, 20 STR+GG) med målet att hålla MP under 40% (treatment faliure MP>40%),
- Man valde att följa ”recurrence” definierat som ökning av MP >5% ett år postop.
- 19 pat (29%) av alla opererade hade ”recurrence” efter ett år. Denna grupp jämfördes avseende olika riskfaktorer med den grupp som inte fått ”recurrence”
- Guided growth var den enda faktorn som signifikant minskade risken för ”recurrence”, men däremot inte för treatment failure (dvs MP>40%)

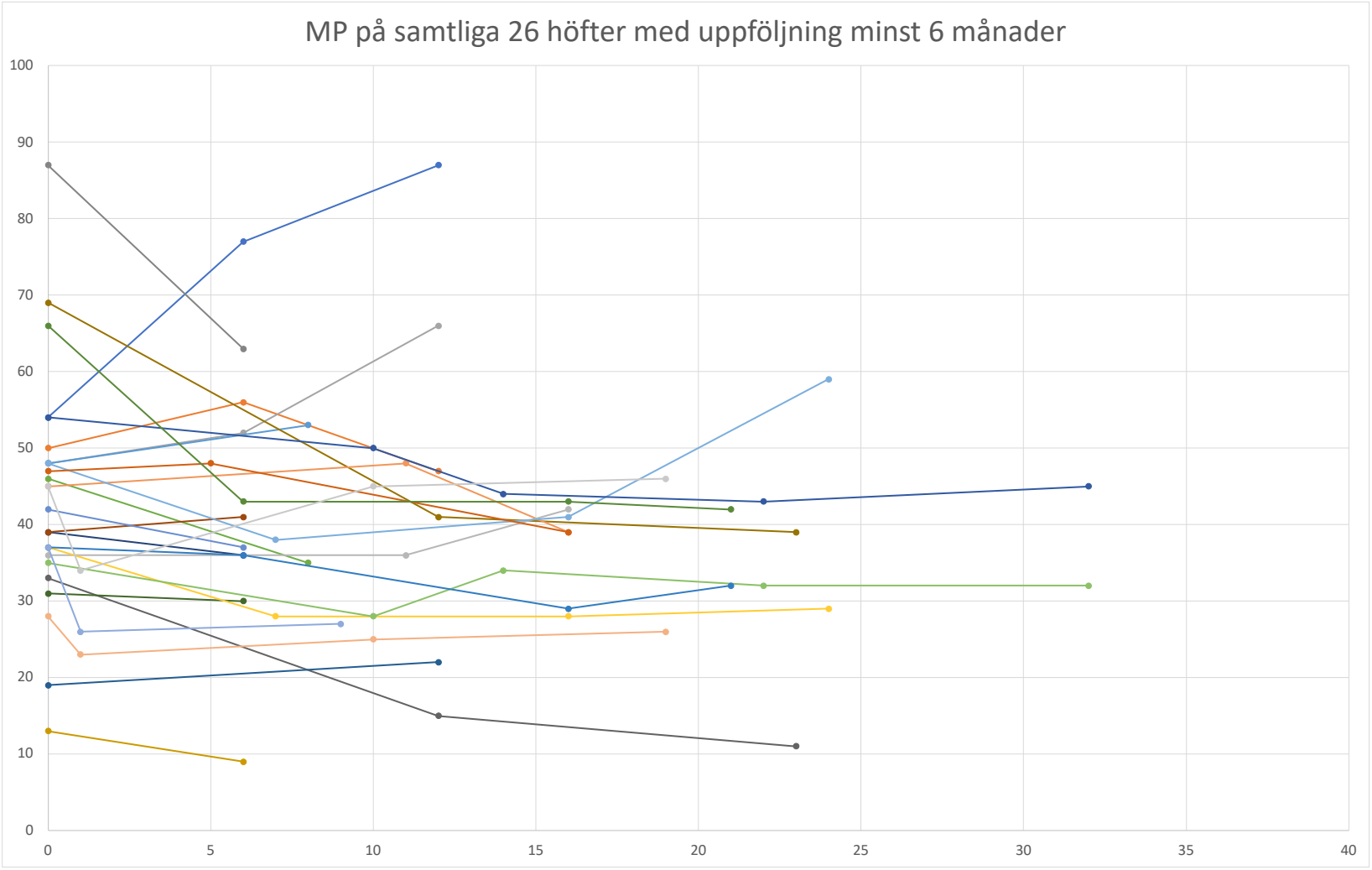
- **Conclusions:** Recurrence of MP>5% after the first potoperative year is an important early indicator for failure to control MP<40% and reoperation. Guided growth not only decreases coxa valga but reduces the risk of recurrent hip displacement after STR.

Guided growth i höftleden vid CP 2022

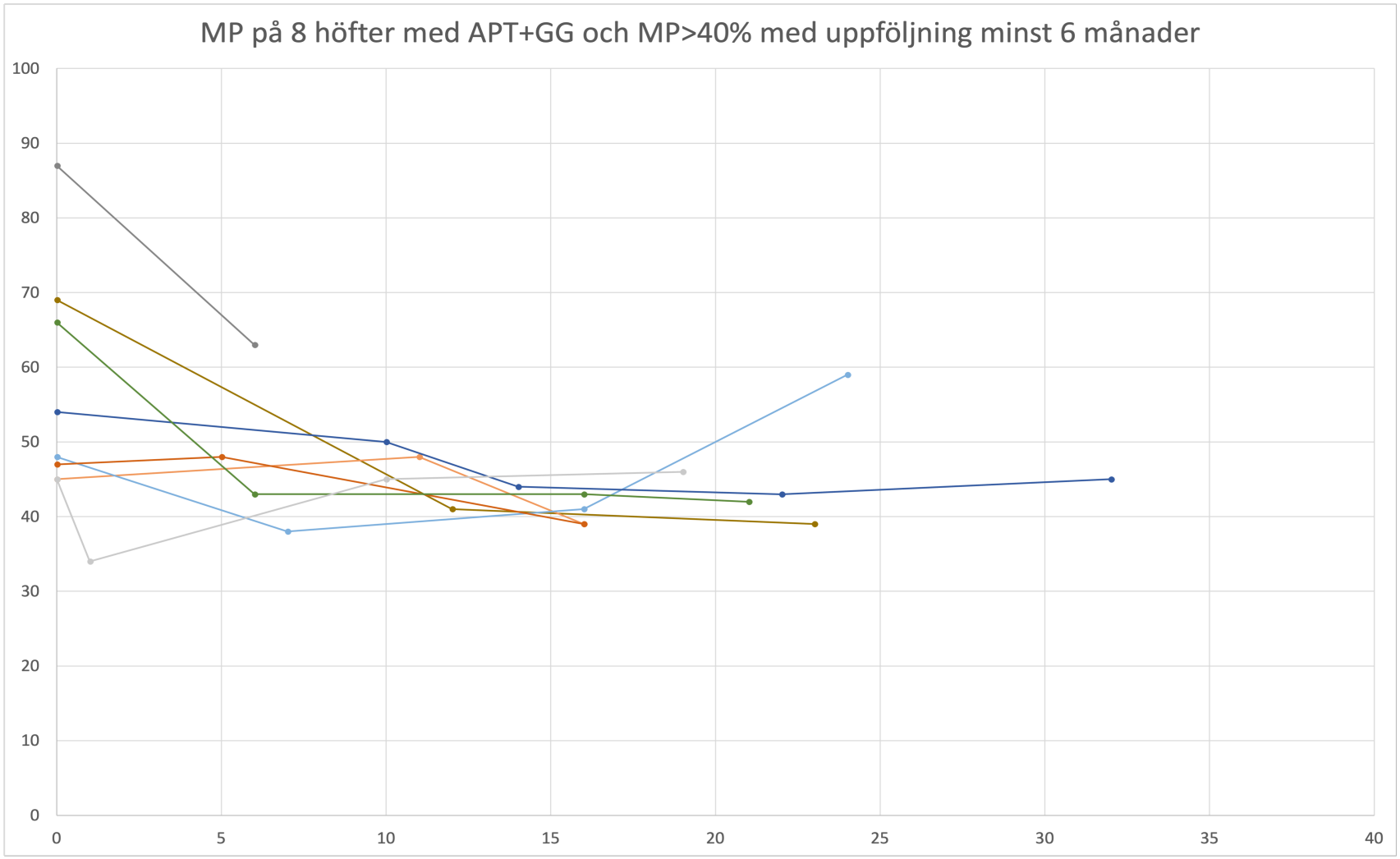
- Totalt 9 pat opererade, varav 2 ej med i CPUP
- 6 st uppföljda minst 6 mån, ytterligare 2 < 6 mån
- 1 avliden (4 mån uppföljning)
- Av de 6 uppföljda har 2 behövt reop pga skruvsläpp



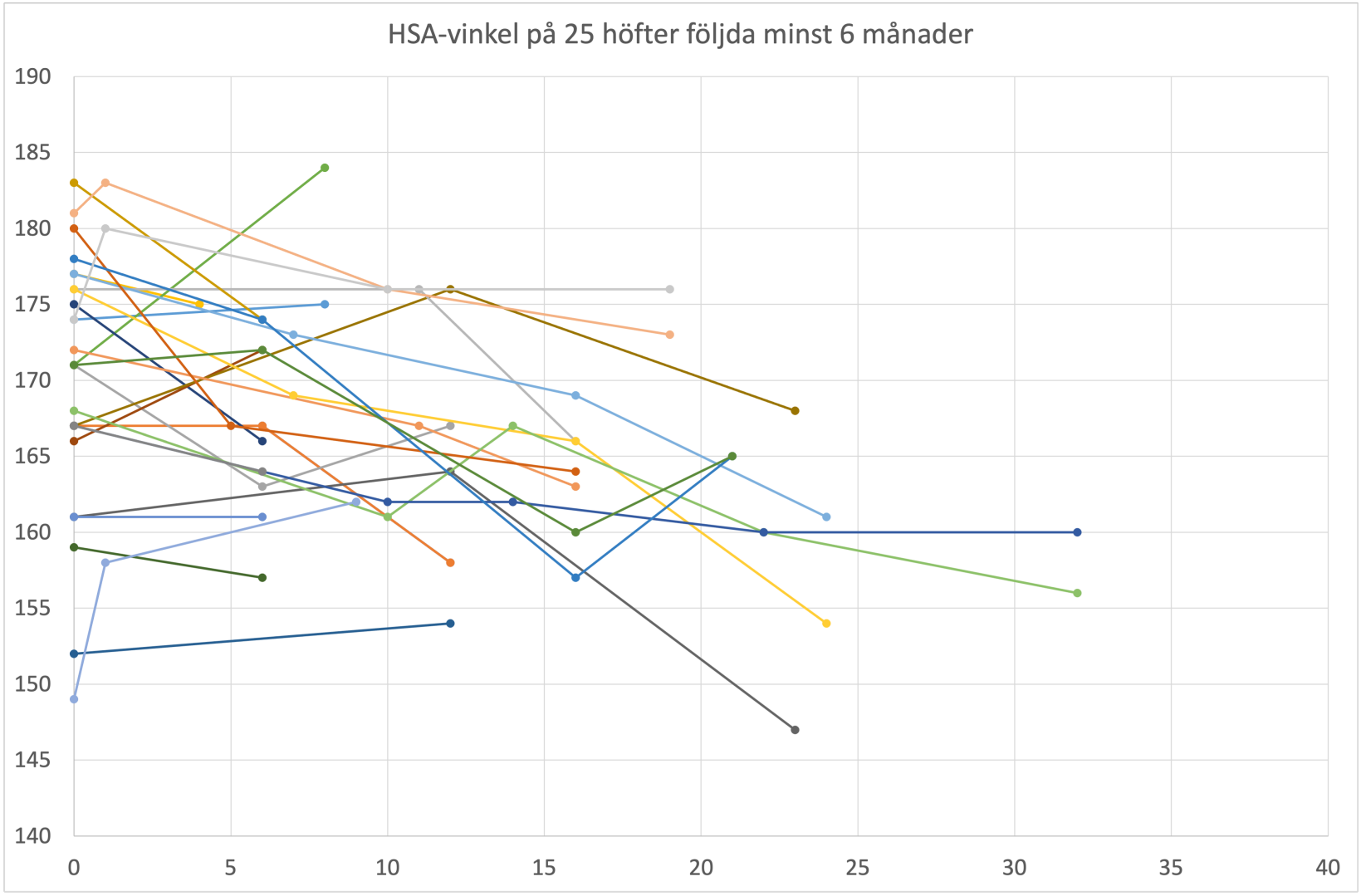
Guided growth i höftleden vid CP 2023



Guided growth i höftleden vid CP



Guided growth i höftleden vid CP



Guided growth i höftleden vid CP

- Hur är era erfarenheter med guided growth?
- Andra tankar och synpunkter?