

Md. Badhan Islam (14 yrs, Male)

Date of Admission : 31-07-2011

Date of Surgery : 02-08-2011

Date of Discharge : 09-08-2011



Medical Profile :

Gradually progressive deformity of the back noticed for the last one year. He has significant back pain of recent onset..No history of childhood TB.

Clinical Finding :

Rigid dorsolumbar kyphosis -- Lower limb jerks brisk, plantars flexor, abdominal jerks preserved, sensation decreased below L1. No tenderness.

Investigations :

Xray/MRI/CT scan -- Congenital dorsolumbar kyphosis with stretching of the cord over the internal gibbus.

Management :

D11 D12 L3 L4 pedicle screws were inserted (One Alpha/Gesco /Titanium). Transpedicular decompression and decancellation was done at L1 L2 and osteotomy was completed right upto the anterior cortex of the conjoint vertebra. Kyphosis correction was achieved by Cantilever mechanism and by compression at the periapical screws. Local bone used for posterolateral fusion. Position was checked by C-arm and good correction and bone to bone contact was achieved. Procedure done under neural monitoring and u/GA at Park Clinic on 02.08.2011.

Post Operative Protocol

Uneventful postoperative recovery. Mobilised on the 2nd day, discharged subsequently. At the time of discharge, the patient was walking comfortably with significant relief of pain.

Advice :

1. Do not bend forwards to pick up heavy objects / not permitted to sit on the floor or squat / must use western type toilet /not permitted to take long jerky journeys.
2. Encouraged to walk within residence and to perform regular daily exercises as shown.
3. Tab Voveran SR 100 mg SOS (on severe pain only).
4. Report after one month at clinic for follow up (please take prior appointment before 3 weeks).
5. Report after 5-7 days for wound check up / suture removal (contact: 9239177436).
6. Cap Ceftum 500mg twice daily for one week.
7. Tab Alevo 500mg once daily for one week.
8. Follow other medicines according to discharge certificate.

(Dr. SAUMYAJIT BASU)