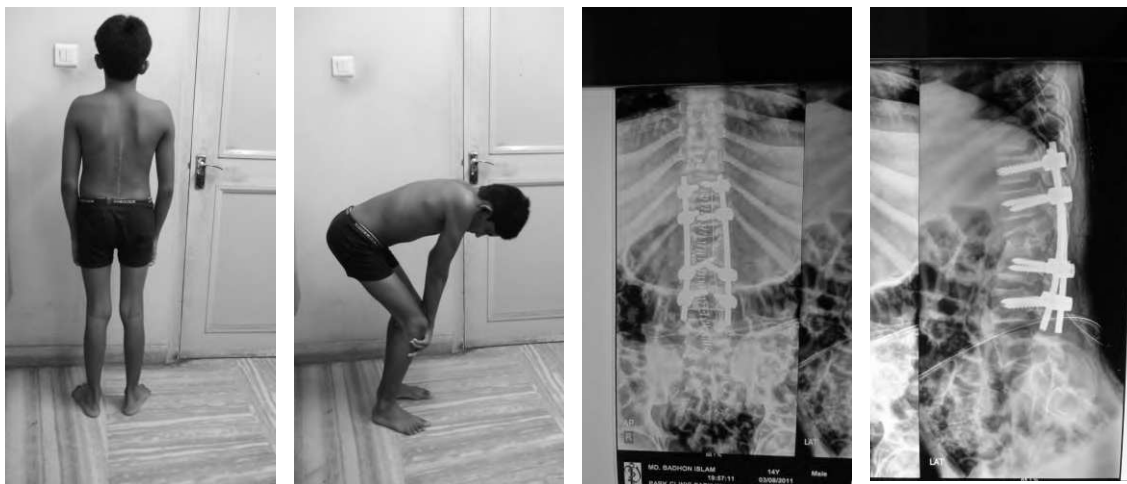


## Jahangir Alam (12 yrs, Male)

Date of Admission : 24-01-2010

Date of Surgery : 27-01-2010

Date of Discharge : 08-02-2010



### Medical Profile :

Gradually progressive deformity of the back for the last 4-5 years. He was born with multiple deformities of the feet which were operated at 4 years age resulting in partial correction. He is a known patient of DDH (Developmental Dysplasia of HIP) on the left side -- waiting for surgery. His sister has same spinal and feet deformities. Rest of his 3 brothers are normal. No significant perinatal history.

### Clinical Finding :

Dislocated and unstable left hip resulting in 4 cms shortening of left lower limb. Gross left thoracic and right lumbar scoliosis with pelvic obliquity. Calcaneus feet with severe bilateral Hallux valgus. Surgical scars on the TA on both sides. Spinal deformity partially correctable. Dysmorphic face. There is no cognitive / behavioural / intellectual problems.

### Investigations :

X-ray : Gross lumbar and throacic scoliosis with imbalance.

### Management :

Posterior scoliosis correction done with pedicle screw - rod instrumentation (Single lock/Gesco/Titanium) from T2 to Pelvis with sacral and iliac screws on both sides. Posterior spinal fusion done with local bone and beta tricalcium phosphate (chronOS/Synthes/B-TCP). Procedure done at Park Clinic u/GA on 27.01.2010. Anaesthesia/Perioperative care was given by Dr Trinanjan Sarangi.

### Post Operative Protocol :

He underwent a stormy postoperative period and had to be put on a ventilator after his respiration deteriorated the day after the surgery. He was treated for sepsis and could be gradually weaned out of the ventilator after 3 days. He was gradually mobilised from the 6th day. He was discharged after suture removal on the 12th day. At the time of discharge the patient was ambulant with support.

### 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. Physiotherapy at hoem -- encouraged to walk within residence and to perform regular daily exercises as shown.
3. Tab Voveran 50mg SOS (on severe pain only).
4. Cap Augmentin 625mg twice daily for 10 days.
5. Report after one month at clinic for follow up (please take prior appointment before 2 weeks).
6. Xray whole spine -- AP Lateral (in supine position) -- digitally reconstructed into two plates.

( Dr. SAUMYAJIT BASU )