

## Nosifa Mollick ( 2 yrs, Female )

Date of Admission : 04-08-2011

Date of Surgery : 05-08-2011

Date of Discharge : 21-08-2011



### Medical Profile :

Progressive deformity of the back for the last one and half years. She initially presented at the age of 1 year with fever, swelling at the back along with weakness of the legs. She was diagnosed with mid thoracic caries spine with cord compression. She was treated with Anti TB Drugs and improved. She completed one year treatment and at the end of the treatment the disease healed but there was a severe deformity at the back.

### Clinical Finding :

Rigid non tender gibbus at upper dorsal region with spastic lower limbs and brisk jerks. Motor power about 4/5. Plantars extensor.

### Investigations :

Xray/CT/MRI -- collapse and destruction of four vertebral bodies -- D5 D6 D7 and D8. They were all collapsed in to one bony mass which was at the apex of the kyphosis producing the gibbus which was compressing and stretching the cord. The disease process has been completely healed. No residual abscess seen. Significant scoliosis seen also.

### Management :

D3 D4 D9 D10 pedicle screws were inserted (3.5 mm lateral mass screws/ Gesco/Titanium). Laminectomy was done. Complete decancellation of the collapsed mass of bone was done through bilateral transpedicular approach. Pedicle subtraction and osteotomy was completed at D5 and D6. Correction was done over 10 mm Titanium mesh cage packed with local bone. Periapical compression and Cantilever techniques were used for curve correction as much as possible. Procedure done under neural monitoring u/GA at Park Clinic on 05.08.2011.

### Post Operative Protocol :

Uneventful postoperative recovery. Mobilised on the 5th day, discharged subsequently. She has one grade deterioration of lower limb power which started to improve by the time of discharge.

### 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. Report after one month at clinic for follow up (please take prior appointment before 3 weeks).
4. Physiotherapy at home

( Dr. SAUMYAJIT BASU )