

Know the signs. Fight for victory.

HEALTHY LIMBS, FEET & SPINE

PAUL SPONSELLER MD ADAM BITTERMAN MD



TOPICS

Spine issues

Dural Ectasia

Hips

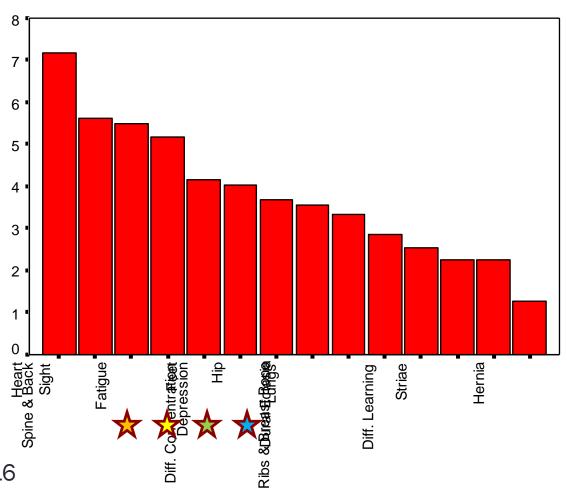
I. MAIN HEALTH CONCERNS IN MFS

Heart

Sight

Back

Fatigue



Rao, Sponseller 2016



MAIN SOURCES OF SKELETAL PAIN -FURTHER RESEARCH NEEDED ON THESE

Back

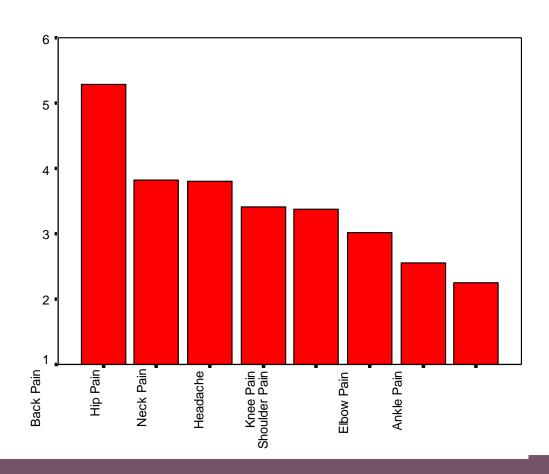
Hip

Neck

Knee

Shoulder

Feet





II. SPINE ISSUES

Scoliosis

Kyphosis

Slipping (Spondylolisthesis)

Scoliosis in Marfan Syndrome

Scoliosis affects 2/3 of MF
Does not always worsen
10% need brace or surgery
Curves increase faster
Increased back pain





WILL BRACE HELP SCOLIOSIS?

Straighten curve? - No

"Hold" it? - Maybe

Results of bracing:

- 20% successes
- 80% failures

Same principle for all connective tissue disorders!!







BRACE RECOMMENDATIONS

Consider brace at earlier point

■ 15-20° curves in young children

Avoid in "low-yield" situations

Bigger curves, reluctant kids

INFANTILE MARFAN SYNDROME

Requiring surgery before age 9

Fusion arrests trunk growth

Solution: "Growing" rods (internal brace)





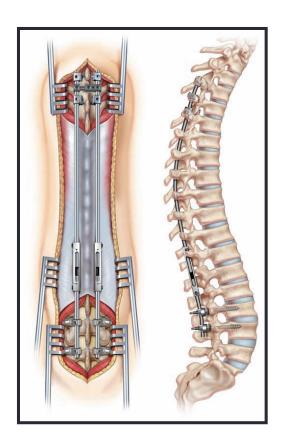




GROWING ROD RESULTS IN MARFAN

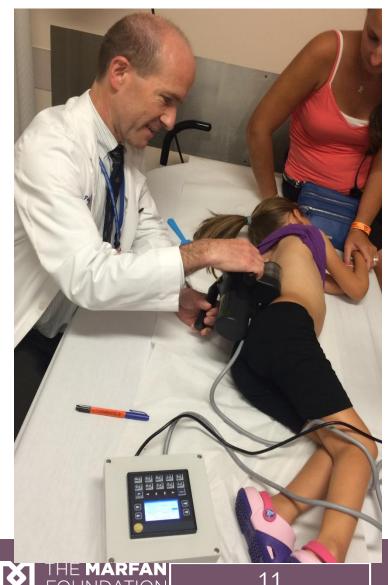
10 Marfan children

- 80° curves
- 10 cm length in 5 years
- No infections



MAGNETICALLY CONTROLLED GROWING RODS ("MAGEC")

If No need for MRI



ADOLESCENT SCOLIOSIS SURGERY: MFS VERSUS IDIOPATHIC (TYPICAL)

Multicenter, Case-Control

34 Marfan patients

68 AIS patients

 Matched 1:2 for age, gender and degree of major deformity



RESULTS

Marfan vs. AIS:

- More Rod Complications (3 vs 1, p = 0.007)
- More Reoperations (8 vs 0, p = 0.01)
- More Intraoperative CSF Leaks (3 vs 0, p = 0.01)
- Progression of Unfused Thoracic Curves (3 vs 1, p = 0.107)

SPONDYLOLISTHESIS

Not more common, but more likely to slip

L4-5, L5-S1

Grades 2-5

Posterior fusion only

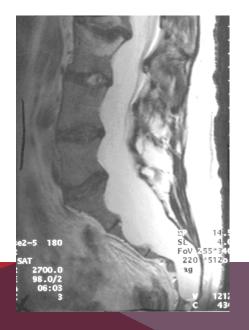




BONY CHANGES

Pedicles thin

Lamina thin Vertebrae scalloped







IIC. DURAL ECTASIA

Present in over 50% of patients

LDS similar

Visual criteria:

- dural diameter S1> L4
- scalloping > 4 mm
- anterior meningocele

What is Dura?

- Tough tube protecting spinal cord
- Contains clear fluid CSF



HOW DOES DURAL ECTASIA DEVELOP?

Spinal Fluid pulsations

N1

Dilatation of the weak dura

Scalloping/erosion of the vertebral body

Signaling effects?

DE

DOES DURAL ECTASIA CAUSE PAIN? YES, BUT...

Case-control study 30-50 y/o

- DE greater in pain group
- But not all with DE had pain!

Possible reasons for pain:

- pressure on bone, soft tissues
- folding of dura or nerve roots

Treatment?



SIGNS/SYMPTOMS ASSOCIATED WITH DURAL ECTASIA

Very Low Back pain (91%)

Headaches (77%)

Leg pain (64%)

Pelvic & Perineal pain (30%)



DOES DURAL ECTASIA GET WORSE?

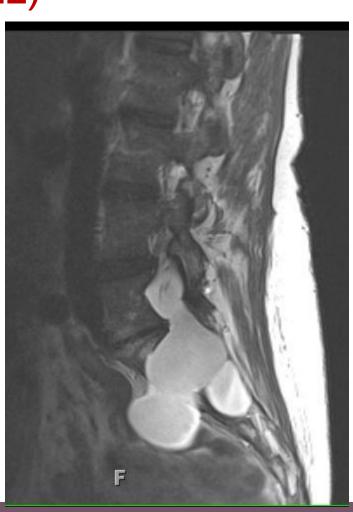
11 yr follow up

12 patients

- repeat MRI/CT/pain score
- age 52y/o (42-60)

60Y/O WOMAN WITH SEVERE DE (ANTERIOR MENINGOCELE)





1998 2009

48Y/O MALE WITH MODERATE DE

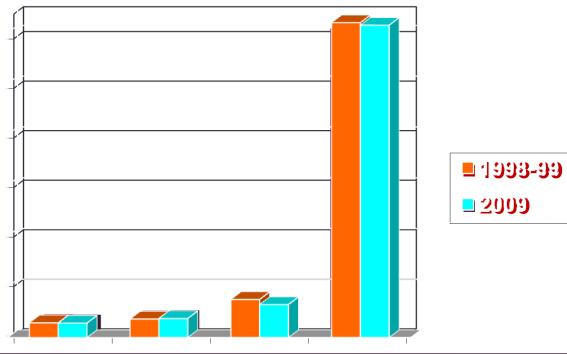




RESULTS

No statistically significant difference in:

- dural ectasia size noted after 11 yrs
- Symptoms (pain scores)





IV. HIPS NEONATAL HIP DISLOCATION IN MARFAN

Incidence about 2 %

Pavlik Harness not successful

Surprisingly good response (3/4) to closed reduction and hip spica cast





HIPS "PROTRUSIO"

Deep hip socket

- Center-edge angle
- Medial displacement

Bone more plastic under load

- With growth
- Mechanism:
 - Activation of osteoclasts?

Are there other reasons for hip degeneration?



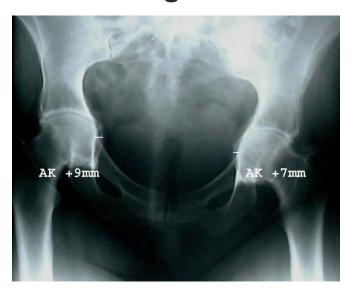


RESULTS- PROTRUSIO STUDY

Pain only present in ~5% of 300 hips

Role of prophylactic surgery seems limited

Few people needed hip replacement Hip replacement has good results







UNANSWERED QUESTIONS

Mechanism for osteopenia/osteoporosis

Pathogenesis of dysmorphic changes

Mechanism/treatment of

- Skeletal pain,
- fatigue,
- disability

