Neurocirugia. 2017;28(Espec Congr):84

Neurocirugía

https://www.revistaneurocirugia.com

C0361 - BUILDING A FETAL SURGICAL PROGRAM FOR MYELOMENINGOCELE REPAIR: OUR EXPERIENCE AFTER THE FIRST 30 CASES

G. Aldave Orzaiz[1], *M. Belfort*[2], *R. Bollo*[3], *A. Jea*[4] *and W. Whitehead*[2]

[1]*Houston, Texas, USA.* [2]*Texas Childrens Hospital, Texas, USA.* [3]*Childrens Hospital, University of Utah, Utah, USA.* [4]*Riley Hospital for Children, Indiana, USA.*

Resumen

Objectives: Since the publication of the MOMS trial, intrautero repair of myelomeningocele has become an alternative to postnatal repair in the treatment of myelomeningocele patients. Here we present our initial experience, and compare our outcomes with those already published.

Methods: We reviewed all the patients who underwent intrautero repair of myelomeningocele through an hysterotomy at our institution, following the same inclusion criteria as the MOMS trial. We included only patients with at least one year of follow up since delivery.

Results: From December 2012 to January 2016, thirty women who met MOMS criteria underwent surgery for open fetal repair of myelomeningocele through hysterotomy. Overall our outcomes, including the gestational age at delivery (34.30 weeks), the rate of dehiscence at repair site (13%), the incidence of hydrocephalus treated in the first year and maternal complications, are similar to the results of the MOMS trial. However in the most recent cohort of these patients, in which we used a technique achieving primary closure without the need of dura or skin substitutes, our outcomes (dehiscence at repair site 0%, hydrocephalus rate treated in the first year 30%) were superior compared those of our initial patients and of the MOMS trial.

Conclusions: The development of a fetal surgical program for myelomeningocele repair involves extensive multidisciplinary team work, however acceptable outcomes are attainable in initial cohorts of patients. In our experience, primary closure of the dura and skin led to improved outcomes compared to published trials.