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C0483 - TETHERED CORD SYNDROME: 5-YEAR CLINICAL EXPERIENCES AND SURGICAL RESULTS

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Resumen

Objectives: Occult spinal dysraphism manifests with motor and sensory disturbances in children and causes orthopedic deformities in the lower extremities and urological findings. One of the most common spinal dysraphism is tethered cord syndrome (TCS). In this study, patients who had been diagnosed with TCS in the past 5 years were retrospectively reviewed. Clinical, radiological and surgical characteristics of these patients were tried to be revealed.

Methods: We retrospectively reviewed the data about 26 patients who had hospitalized with the diagnosis of "Tethered Cord Syndrome" between 2011-2015. The results of these surgeries were evaluated by age, gender, additional malformations, clinic symptoms, radiological (magnetic resonance imaging and tomography) and electrophysiological evaluation (somatosensory and motor evoked potentials). The patient with urological symptoms was additionally performed in urodynamic tests.

Results: These 26 cases who had examined, 23% were children and 77% were adults. 81% of the patients were male and 19% were female. Only 3.8% of the patients had a diagnosis of primary TCS, 96.2% of the patients had other malformations of the spinal cord that accompanying the TCS. Urine incontinence was found in 19.2% of the patients and orthopedic deformities were found in the lower extremities in 7.7% of the patients. Surgical treatment was done to 65% of the patients, and 35% of the patients were followed because they didn't want to be operated.

Conclusions: Tethered cord syndrome is usually not seem alone, it is associated with other developmental defects of the spine and spinal cord. The risk factors of the tethered cord syndrome are not only the result of spinal dysraphism, but also the result of spinal surgeries performed in early childhood. When urine-gastrointestinal incontinence and motor and sensory disorders occur the clinical presentation is become evident. If surgery done earlier, the greater the likelihood of regression of the neurological deficit or stablization the deficits.