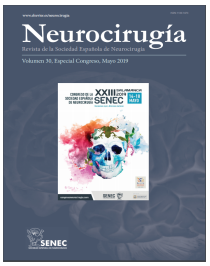
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C0106 - SINGLE LEVEL BILATERAL SELECTIVE DORSAL RHIZOTOMY FOR THE TREATMENT OF SPASTIC DIPLEGIA

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Resumen

Objectives: A variety of techniques have been described to treat patients with spastic diplegia. Selective dorsal rhizotomy (SDR) is a neurosurgical technique developed to reduce spasticity and improve mobility in children with cerebral palsy and lower extremity spasticity. The benefits of SDR followed by postoperative physical therapy are durable through adolescence and into early adulthood. Technical advancements over the last two decades have reduced the extent of the durotomy and the associated complications (spinal deformity including scoliosis, hyperlordosis, kyphosis, spondylolisthesis, spondylolysis, and nonhealing of laminoplasty) associated with the procedure, typically from a five-level osteoplastic laminectomy to a single-level laminectomy at the level of conus.

Methods: We present a video case of a single level selective dorsal rhizotomy with description of the technique, neurophysiological monitoring and its pearls and pitfalls.

Results: SDR was successfully performed on this patient with no post-operative complications related to the technique.

Conclusions: When performed on appropriately selected patients, selective dorsal rhizotomy using a single level approach is a safe and effective procedure for the treatment of Spastic Diplegia in children, with low surgical morbidity and durable results.

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