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Tethered cord syndrome of delayed onset following repair of myelomeningocele

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Object: Symptom response to spinal cord untethering is poorly understood in retethering after myelomeningocele (MMC) repair. In this study, children who developed spinal cord tethering following myelomeiningocele repair were included to determine the impact of untethering on symptoms.

Methods: A review of 14 children with symptomatic spinal cord tethering following MMC repair was performed. The response of symptoms to re-untethering was explored.

Results: In this study 14 patients underwent surgery were diagnosed preoperatively as secondary spinal cord re-tethering syndrome after repair of MMC. There were 9 males and 5 females. The presenting symptoms were cervico-dorsal pain, brachialgia, kyphosis, deterioration of sphincteric control and paraparesis. A tense cord in the MRI is a suggested sign of retethering. Postoperatively, all symptoms were either stable or improved in all patients. Postoperative course of all cases was uneventful. There were no significant complications except CSF leakage that was temporarily seen in 3 cases which stopped after secondary suture.

Conclusions: Accurate diagnosis is the main predictor of the outcome of re-untethering. Tense cord in the MRI may be of value in diagnosis of the retethering Re-untethering procedure is feasible with favourable outcome and low rate of complications.

Speaker Biography

Hamdi Nabawi Mostafa has completed his MD in neurosurgery from Cairo University 2007, Egypt.He was the director of Neurosurgical department ,Nasser Institute, Ministry of health since 2009, Egypt. He joined the faculty of medicine, Misr university for science and Technology since June 2017 as the chief of spine unit in neurosurgical department, Egypt. He is interested in advanced spine surgery and member of spine master group, member of middle east spine society. He is the vice president of high medical committee MOH, Egypt. Has many published paper mainly on spine surgery.

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