

Conclusion: Wound problem including dehiscence and CSF leakage are serious problems subsequent to tethered cord surgery. There is no established protocol to prevent these complications. Most surgeons manage the wound according to their experience. We hope this study can find an answer to this problem.

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Tethered Cord Syndrome – with special emphasis on normal level conus and filum terminale with normal appearance

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Among 213 tethered cord patients, 68 patients with conus medullaris at normal level and without accompanying spinal developmental malformations were included in this study. Symptoms and signs, findings in investigations and observations during surgical procedure were evaluated. The results of the evaluation are discussed and compared with related literature with special emphasis on normal level conus medullaris and filum terminale with normal appearance. Consequently three main presentations of tethered spinal cord have been noticed. They are namely incontinence of urine, scoliosis and perineal/sciatic pain. After all, we have concluded that tethered spinal cord patients had benefit from untethering surgical procedures while pain as a symptom, was noticed to be taken advantage of the intervention mostly.

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Dermal sinus tract of the spine. Clinic experiences in 13 years

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Objective: Spinal dermal sinus tract(DST) is a rare entity in the neural tube closure defects which usually comes to clinical attention by cutaneous abnormalities, neurologic deficit, orthopedics anomalies and infection. We performed this study to assess presentation patterns, associated anomalies, radiologic, urologic, histopathological aspect and surgical findings in 15 children afflicted with spinalDST in our clinic follow-up 15 years experiences.

Methods: Medical records of 15childrens treated for spinalDST in our clinic from 2000 to 2013 were reviewed.

Results: Patients ages ranged from 10 days to 36 years. Dermal sinuses were located most frequently in the lumbar and lumbosacral regions. The most common causes for referral were abnormal skin and associated anomalies examples orthopedics findings and infection. The most common magnetic resonance imaging findings were tethered cords. All patients underwent complete resection of the tract and repair of associated abnormalities.

Conclusion: Dermal sinus tract is an innocuous-appearing spinal dysraphism that may contribute to devastating morbidities if not timely addressed. In order to prevent complications, timely surgical intervention including complete resection of sinus tract with intradural exploration and correction of associated abnormalities is of utmost importance. If any symptom is observed surgery should be done as soon as possible. For asymptomatic sinuses identified by the pediatrician during a regular visit prophylactic surgery is recommended as soon as the child can tolerate operation.

There are a few large series in the literatures Radhamanesh F(2010) 35cases, Ackermann LL (2003) 28cases, Elton S (2001)23 cases, Jindal A (2001)23 cases. We present in this study to you 15cases within 15years with 15cases.

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Tethered cord syndrome associated with diplomyelia and myelomeningocele manqué: Case report

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Although tethered cord syndrome (TCS) is rare in childhood, some associated malformations may be seen in these patients. The aim of this report is to present a case of pediatric TCS associated with myelomeningocele manqué ve diplomyelia. 10-year-old female child presented with hypertrichosis, red skin color in the back and weakness and numbness in both legs. After the radiological evaluation, diplomyelia at L1 level and myelomeningocele manqué at L2 level was determined. The spinal cord was ended at L4 level. The child underwent surgical treatment and laminotomy between L1-L5 was performed. The fibrous band at L1 level was cut and the myelomeningocele manqué at L2 was repaired. The filum terminale was also cut and the spinal cord was released. There was no complication in the postoperative period and the complaints of the patient was improved gradually after surgery. The children with TCS should undergo a detailed radiological examination and all associated anomalies should be detected. The surgery should be planned in order to repair all malformations which are associated with TCS. Otherwise the neurological findings did not resolved after an inappropriate surgery.

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Diagnostic results of spinal hernia in children under 1 year

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The relatively high detection of spinal hernia, clinical severity and poor treatment outcomes for a number of its forms make the problem of diagnosis and treatment to date and today. Work based on the results of the clinical examination of 30 children with the spinal hernias. Age of patients ranged from 1 day to 1 year. Children from birth to 1 month amounted to – 17 (56,6%). Among patients with spinal hernias most were children with meningomyelodiskulose (63,8%). Hernias often had a wide base and a leg, so that they hung down and were like hanging (73,1%) As the child's size herniation increased. And some children slowly (6), others more rapidly (24). Integuments herniation in 93,3% of cases were thin, strained and combined with hydrocephalus. Sometimes there is a maceration of the skin due to constant friction of clothing, joined inflammatory changes (26,6%). Lower flaccid paraparesis occurred in 63,3% of cases, and paraplegia occurred in 16,6% of cases. More than 70% of patients with myelomeningocele arose combined incontinence. In children younger than 1 year at the spinal hernias observed neurologic lower extremities and the combination with other anomalies and malformations Improved results of treatment of hydrocephalus has been the determining factor of long-term positive results of treatment of spinal hernias in children.

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A modern approach to the diagnosis and treatment of the children with congenital dermal sinus

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The dermal sinus refers to congenital deformities, representing one of the subtypes of the "closed" spinal dysraphism. The dermal sinus is rare the only form of spinal dysraphism. Analyzed the results of clinical examination and surgical treatment of 24 children with congenital dermal sinus. Congenital dermal sinus in 91,7% was observed in the lumbosacral and 1/3 of the patients ranged in age from 7 to 11 years. In 83,3% of cases met