

8 HOURS SURGERY FOR A CASE OF DIASTEMATOMYELIA

Pooja balaso Jirage, 12/f ,
resident of mangaon, a case of
diastematomyelia.



came with chief complaints of
pain in lower back since birth,
Weakness In left lower limb
since 4 years.

Patient was born as a pre-term
normal vaginal delivery at 7th
month of pregnancy, weighing

1500gms & was kept in NICU for
20 days. Doctor and mother
noticed a tuft of hair over lower
back region.

At age of 9 she started
developing pain in left lower
limb which was radiating from
lower back.

Pain usually relieved on taking
rest and aggravated on playing .

In the month of march of this
year during a routine check-up at
her school she was advised to
consult in a multispeciality
hospital for the respective
complaints and get evaluated for
the same. After which she
consulted in a government
hospital, where MRI was
advised, following MRI reports
diastematomyelia was a
confirmatory diagnosis.

Bowel and bladder habits
normal, sleep adequate, appetite

normal.No significant family history.

With pre-operative evaluation patient was posted for de-tethering of the spinal cord on 16/06/2010

A team of neurosurgeon and orthopaedic surgeons with their assistants was appointed for the surgical procedure.

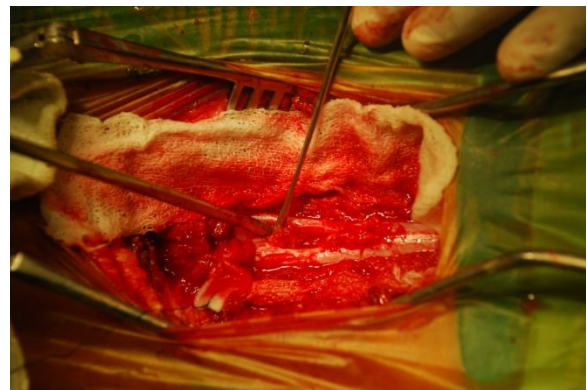
DE-TETHERING OF THE SPINAL CORD AT L3-L4 LEVEL OF THE VERTEBRAL COLUMN



PROPOSED INCISION OVER LUMBOSACRAL SPINE REGION

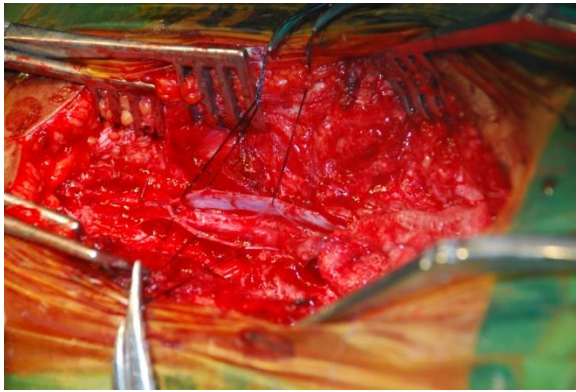


SURGICAL EXPOSURE OF THE LUMBAR SPINE SHOWING DEFORMED SPINOUS PROCESSES OF THE L2 L3 L4 VERTEBRAE IN A CORONAL VIEW



EXPOSURE OF THE SPINAL CORD AND SHOWING FORM 2 OF THE DIASTEMATOMYELIA, WITH A BONY STRUCTURE (lifted up by a penfield dissector) TETHERING

THE SPINAL CORD.



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DISSECTION OF THE
DURAMATER AND EXPOSURE OF
THE SPINAL CORD FOR DE-
TETHERING



DE-TETHERING OF THE SPINAL
CORD AND RE-SUTURING OF THE
DURAMATER



BONE FRAGMENTS EXCISED
DURING LAMINECTOMY USED
AS BONE GRAFTS

POSTOPERATIVELY PATIENT DID
NOT HAVE ANY RADIATION ,
SENSORY AND MOTOR LOSS, NO
BOWEL BLADDER
INVOLVEMENT.PATIENT
TOLERATED THE PROCEDURE
WELL.

FROM 5TH POSTOPERATIVE DAY
PHYSIOTHERAPY WITH BED
MOBILISATION EXERCISES WAS
STARTED. ON 12TH
POSTOPERATIVE DAY SUTURES
WERE REMOVED.

PRESENTLY PATIENT IS WITH
GRADE 5 POWER WITH INTACT
DISTAL NEUROVASCULAR
STATUS.AS YET PATIENT HAS
NOT BEEN ALLOWED TO BEAR
WEIGHT . EVERYDAY
PHYSIOTHERAPY IS BEEN
ASSISTED.

OPERATING TEAM

DR VIRENDRA POWAR, DR
SANJAY DESHPANDE, DR SALIM
LAD , DR PRADEEP PATIL

ASSISTED BY

DR ANGARAJ, DR JAYESH, DR
PARTH, DR PARAG, DR KSHITIJ