

Kiepe et al. from [Hannover Germany](#), introduced a novel technique for the treatment of severe [kyphosis](#) in [myelomeningocele](#). A 5-year-old paraplegic boy with myelomeningocele presented with severe [thoracolumbar kyphosis](#) and a chronic ulcer at the site of the gibbus. The myelomeningocele had been treated during his first week of life, and an accompanying Chiari type II malformation had been treated by ventriculoperitoneal shunting. He subsequently developed a rapidly progressive thoracolumbar kyphosis with an angle of 180° between T10 and L5. He also suffered from a chronic superinfected skin ulcer at the site of the gibbus. Since the skin ulcer required plastic surgery reconstruction, we deemed classical posterior fixation after kyphectomy unfeasible. The subsequent operative steps of our novel surgical approach were performed in a single-stage surgery. First, a three-level lumbar corporectomy from L1 to L3 was performed. Subsequently, the body of the removed L2 vertebra was isolated and configured as an autologous graft to bridge the gap between the thoracic and the caudal lumbar spine. The graft was fixed via a transcorporeal interbody fusion technique with titanium screws, and chopped autologous bone was added for fusion. The skin was closed using rotation flaps. At the 3-year follow-up, the patient and his family reported marked improvement of quality of life, imaging showed solid fusion and the wound was unremarkable. Our novel technique with transcorporeal fixation provides new perspectives in the treatment of severe kyphosis and skin ulceration in myelomeningocele <sup>1)</sup>.

<sup>1)</sup>

Kiepe F, Hermann EJ, Heissler HE, Henseler H, Vogt PM, Krauss JK. Multisegmental Lumbar Corporectomy and Transcorporeal Fixation for Correction of Extreme Thoracolumbar Kyphosis in Myelomeningocele with Chronic Decubitus. *Pediatr Neurosurg*. 2018 Nov 27:1-5. doi: 10.1159/000494564. [Epub ahead of print] PubMed PMID: 30481786.

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