



Spina Bifida Update 2011

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- Know the proposed etiology of Spina Bifida
- Know the importance of folic acid in the prevention of Neural Tube Defects
- Be familiar with prenatal diagnosis and management options for Spina Bifida
- Know the signs, symptoms, and treatment of primary conditions commonly associated with MMC
- Be familiar with secondary conditions associated with MMC
- Be familiar with recent research trials in the treatment of spina bifida and its sequelae

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Lecture Outline

- Prevalence, incidence, etiology and prevention of spina bifida
- Prenatal diagnosis and management
- Types of spina bifida
- Motor effects
- Sensory effects
- Hydrocephalus and Arnold-Chiari II
- Spine abnormalities
- Neurogenic bowel and bladder
- Secondary conditions
- New Approaches to care





- 2nd most common physical disability in childhood
- 1/1000 live births nationally
- (1-2/1000 live births in North Carolina)











Increased risk in those of Irish, German, or Hispanic descent

Decreased risk in Asians and Pacific Islanders

Duke Center for Human Genetics Study 866-385-3683, <u>ntd@chg.duhs.duke.edu</u>





 Polygenic Inheritance
 Environmental Influences (Nutrition, heat, valproic acid, Agent Orange, pesticide exposure)

✓ Maternal pesticide exposure and neural tube defects in Mexican Americans. Ann Epidemiol 2010 January;20(1):16-22

MTHFRFolic Acid







Alpha-fetoprotein in amniotic fluid
 Acetylcholinesterase in amniotic fluid
 Fetal Ultrasound









Prenatal Options

Termination of pregnancy C-section delivery Fetal surgery







FETUS WITH NORMAL SPINE



▲ FETUS WITH MYELOMENINGOCELE 1. Part of the spinal cord and spinal nerves, usually encased in a sac, protrude through an opening in the back and are exposed to the amniotic fluid.

2. The brainstem (hindbrain) descends, or herniates, into the spinal canal in the neck and blocks the circulation of cerebrospinal fluid. This can cause a damaging buildup of fluid in the brain called hydrocephalus.



▲ FETUS AFTER SURGICAL REPAIR 1. Fetal surgery repairs the defect, returning the spinal tissue to its proper place and covering the opening in the fetus' back.

2. The hindbrain herniation gradually reverses after repair, and the brain stem returns to its normal position.



Spina Bifida Occulta

- 1 of 5 people
- Failure of vertebrae to fuse (L-S level)
- Associated spinal cord or nerve root malformations
- Pigmented nevus, angioma, tuft of hair, dimple or dermal sinus
- KEY RISK = tethered cord
- Not usually associated with Arnold-Chiari malformation



Spina Bifida Cystica

- Meningocele = meningeal cyst filled with fluid (neuro exam may be normal) Not associated with hydrocephalus
- Myelomeningocele = sac also contains dysplastic nerve tissue
 - (with A/C malformation + Hydrocephalus)







Nerve Involvement

NOT ALWAYS SYMMETRIC Increased or decreased muscle tone Muscle weakness Decreased sensation Neurogenic Bowel Neurogenic Bladder Vasomotor dysfunction





Motor Levels

Thoracic ■ *L*1-*L*2 **L**3 **L**4 ■ *L*5 **S1** S2-S5











Iren with disabilities

C3

C4

52

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T4
T10
L1
L2
L3

TelAbility



L4
L5
S1
S2
S3-S5





Most commonly due to obstruction of CSF flow

 VP Shunt done in 85-90% of MMC (1/3 will require revision at some time)



Children's Hospital, Boston





Shunt System





Symptoms: Headache, irritability, N/V

- Acute Signs: Large head, bulging fontanelle, prominent scalp veins, somnolence
- Chronic Signs: Decreased school performance, personality changes, decreased fine motor skills



Arnold-Chiari II Malformation

- <u>Definition</u>: Medulla, Pons, 4th ventricle +/- cerebellar vermis herniated into the cervical spinal canal
- Incidence: 80-90% of those with MMC
- Symptomatic: ~20%
- Is it pushed (hydrocephalus), pulled (tethered cord), or crowded out?

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Arnold-Chiari II Malformation

Stridor

- Laryngeal nerve palsy / vocal cord paralysis
- Periodic breathing
- Sleep apnea
- Dysphagia
- Aspiration pneumonia
- CENTRAL RESPIRATORY DYSFUNCTION

(now the most common cause of death in MMC)



Spine Abnormalities

Bifid Spine
Vertebral fusion
Hemivertebrae





Neurogenic Bladder





Neurogenic Bladder

Incontinence
UTI
Hydronephrosis
Pyelonephritis
Renal Calculi



INTERMITTENT CATHETERIZATION ! (Only 5% will void with continence)

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Bladder Care

- Intermittent catheterization
- Mitrafanoff Procedure



- Hyaluronic acid injections to reduce reflux
- Botulinum toxin injections to reduce bladder /sphincter pressures (off-label)
- Neuromodulation using transcutaneous approaches with interferential electrostimulation (Experimental)
- Nerve re-routing for "re-innervation" (XIAO procedure) (Experimental)



Neurogenic Bowel

- Colon, Rectum and internal anal sphincter are affected
- Decreased motility
- Constipation
- Fecal overflow
- Incompetent Rectum
- NEED BOWEL TRAINING PROGRAM !

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Neurogenic Bowel

- High fiber diet
- Stool softeners
- Gastro colic reflex
- Suppositories
- Enemas



- Biofeedback (if intact anocutaneous reflex)
- (M)ACE procedure



MACE Procedure





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Secondary Conditions

- Fractures
- Hypertension
- Hip dislocation
- Scoliosis
- Kyphosis
- Foot anomalies
- Pressure ulcers
- Burns
- Obesity

- Precocious Puberty
- UTI's
- Hydronephrosis
- Latex Allergy
- Syringomyelia
- Tethered Cord
- Rotator Cuff tears
- CTS
- Ulnar Neuropathy



Team Approach

 $\blacksquare PM\&R$ ORTHOPEDICS NEUROSURGERY UROLOGY PT MSW EDUCATOR



Crucial Periods

After diagnosis After Birth First Year of Life Preschool 1st grade Middle School High School













Reversal of the hindbrain herniation (the Chiari II malformation)

- Reduced Need for VP shunt
- *Reduced Incidence or severity of motor impairment



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Susan (& Anna)















Questions ?