EPOS NEWSLETTER

European Paediatric Orthopaedic Society

MARCH2015

Welcome to the EPOS Newsletter

From Newsletter Editor Ivan Hvid, Aarhus DK, ihv.eposnews@gmail.com

Soon we'll meet in Marseille by the Old Port. If you haven't been to Marseille, and would like to get a feel for the city in general, and the old port in particular, before going, I can recommend the "Marseille Trilogy", three crime novels by Jean-Claude Izzo, all translated into english. You'll follow the footsteps of Fabio Montale who'll take you to all sorts of low profile places, and you'll meet drug dealers, gangsters, religious extremists, ultra right wing activists, and other good people of Marseille. A record high number of abstracts have been submitted, promising a fine and stimulating meeting.

There is a new edition of the quiz with this issue of the Newsletter. It's rather easy for you this time, but that doesn't matter so much – there will still be only one lucky winner of an iPad!

This may be the last issue of the Newsletter that I will have the privilege to present to you, since my term as a Councillor is coming to an end. To those of you who have read the Newsletter: Thank you for your patience!

Comments and suggestions: please write to me at ihv.eposnews@gmail.com

President's address

Dear EPOS members,

It is already the beginning of March and our eyes are on the next (34th) EPOS Annual Meeting in Marseille from 15th to 18th April. I am sure you will love the beauty of this sunny and prestigious city. From the Pharo congress centre, you can dream of distant travels to other worlds.

The first session on Wednesday morning the 15th is dedicated to humanitarian activities. Our IFPOS friends are our guests for an instructive session on paediatric orthopaedics around the world. In the afternoon, the experts of bone lengthening and deformities will focus on limits and complications in surgical procedures. At sunset, the opening ceremony will begin with warm thanks and congratulations to EPOS award winners and fellows, to the industry, followed by a conference on the silent world below the sea. And then we will be able to enjoy the local food and wine.

Among more than 600 proposed abstracts,100 scientific EPOS papers and 130 e-posters have been selected. In addition, the National Societies are invited to present their activities on posters.

Highlights include the IFPOS parallel session, the combined trauma elbow with the European Fracture Society, and the YoungEPOS will have a mentor session with Professor Jean Dubousset.

The accompanying attendees will be our guests at the opening ceremony, during a visit of Marseille and during the Saturday honorary session. They will also be able to visit the arena and the beauties of the old city of Arles, and enjoy an opportunity to discover the wonderful provençal landscape.

My warm thanks go to Gérard Bollini and Jean-Luc Jouve, our local hosts, to CAOS our PCO, to the students and to the industry who's contributions will undoubtedly make the 34th EPOS Annual Meeting a huge success.

Welcome to Marseille 2015!

Best wishes,

Pierre Lascombes, MD
EPOS President

1st Child Summit

1st Child Summit - Utrecht 22nd - 23rd January 2015

On 22nd and 23rd January 2015, the Wilhelmina Children's Hospital of the University Medical Centre Utrecht and The Hoogstraat Rehabilitation and Orthopaedic Technique hosted the 1st summit of the European Foundation for Children with Limb Deficiencies (ChiLD).

After several years of participating in the multidisciplinary conferences of the Association of Children's Prosthetics and Orthotics Clinics (ACPOC) in the USA and Canada, paediatric orthopaedic surgeon Dr. Ralph Sakkers, consultant in rehabilitation medicine Dr. Iris van Wijk, prosthetist Bert Voskuil, and paediatric physiotherapist Anka Michielsen, all members of the Utrecht limb reconstruction team, initiated a European meeting.

Images by Wilhelmina Children's Hospital

During the meeting in Utrecht orthopaedic surgeons, rehabilitation doctors, physio therapists and prosthetists from 6 different European countries, exchanged their knowledge and experiences. All attendants are specialised in the treatment of children with complex lower limb deficiencies.

The meeting started with a presentation by each limb reconstruction team. Numbers and diagnoses treated as well as their philosophy on treating children with complex limb deficiencies were presented. Differences in organisations, healthcare systems and working methods were revealed. The meeting proceeded with presentations of various challenging cases, creative solutions and current research. This led to lively discussions on reconstruction versus amputation, the innovations in prosthetic and orthotic design, the impact on children's lives, the consequences for their lives as an adult and the role of the parents.

Images by Wilhelmina Children's Hospital

In spite of the abovementioned differences in organisations there was a strong shared vision that children and youngsters with complex limb deficiencies should be able to fully participate in their life as a child and that the professionals must strive to prepare them for the life they hope to lead as adults.

Continue reading next page>>

At the close of the meeting the initiators signed a letter of intent that can be extended to other countries in the near future. Thus, the knowledge gained may be shared and passed on to other countries in Europe.

The meeting was organised during "Fashion Week" in the Netherlands. In view of this, a fashion show was held as the closing ceremony of the ChiLD summit. The models are current patients of the team in Utrecht all wearing prosthetic legs with adjustable heel lifts. The clothes they presented were designer outfits made available by top designers.

The pride the models displayed while walking on the catwalk was symbolic for the feeling the initiators experienced when signing the letter of intent. A first international board was founded (members: Dr. I. van Wijk, Prof. dr. T. Wirth and Mr. R. Nilsen) with the intention to discuss the possibility of an annual meeting within the EPOS Annual Meeting and the ISPO World Congress alternately.

Images by Wilhelmina Children's Hospital

Nominations EPOS Marseille

March 3, 2015

Dear EPOS members,

Every year, the Nomination Committee of the European Paediatric Orthopaedic Society selects suitable candidates for the future Board of EPOS. The Nomination Committee that was selected in Bruges by the General Assembly consisted of the EPOS members Rudiger Krauspe, (Germany, chairman), Gerard Bollini (France), Gunnar Hagglund (Sweden), Ernesto Ippolito (Italy), Andre Kaelin (Switzerland) and Dietrich Schlenzka (Finland).

This year, candidates must be presented for the positions of vice-president, general secretary, treasurer and 2 councillors.

The following candidates accepted the nomination by the Nomination Committee:
Second vice-president: Dr. Darko Anticevic (Croatia) and Prof. Jaroslaw Czubak (Poland).
Treasurer: Prof. Rudolf Ganger (Austria)
General Secretary: Dr. Elke Viehweger (France)
Councillors: Dr. Renaud Roussillon (Belgium) and Dr. Stephanie Boehm (Sweden)

You, as members of EPOS, will be able to vote for these candidates during the General Assembly in Marseille. For the position of second vice-president you will have to make a choice between the two nominated candidates. For the position of the General Secretary, the Board of EPOS will ask approval for the extension of one more year for the position of the current General Secretary in accordance with the Statutes in order to avoid the change of General Secretary and Treasurer in the same year for obvious reasons.

With best regards and looking forward to seeing you in Marseille,

Dr. Ralph Sakkers
General Secretary European Paediatric Orthopaedic Society (www.epos.org)

EPOS – EFORT RELATIONSHIP

The mission of EPOS is to increase the communication between professionals dealing with the child, improving the education of those interested in the childcare and sharing and diffusing the advances in knowledge in the Pediatric Orthopedic field.
Advanced Courses are primarily designed for Children Orthopaedic Surgeons who manage children's orthopaedic conditions in a highly specialized setting. Course teaching Faculties are composed of highly internationally recognized specialists in Children's Orthopaedics from all over Europe.

In order to improve the goal EPOS has been the pioneer in basic education in Pediatric Orthopedics. In the last years EPOS has been a major partner of EFORT in the development of educational programs aimed to the residents and young surgeons. The BAT courses have been the best example of this activity.

EDUCATIONAL ACTIVITIES with EFORT

a) Participation in the European Education Platform: We are all aware that due to the breaking down of borders, labour movement across Europe has become more widespread. There have been a number of concerns raised regarding the standard of knowledge of Orthopaedic Surgeons working in Europe from abroad and also from some of the less developed European countries. EFORT is also conscious that even in well-developed orthopaedic resident programmes there can be considerable fluctuation in the level of knowledge that is required to proceed to consultant practice. Also in terms of assessment at the end of training there is also a wide variation.

For this reason EFORT believed it would be of benefit to develop the minimal requirements for training in orthopaedics and trauma across Europe. The goal was to develop the basic curriculum for orthopaedics and traumatology within Europe and how to progress with the examination process.

EPOS was the responsible for setting the syllabus for Paediatric O&T and this document will be approved at the next GA in Prague

b) The 3rd Trilogy course is on his way with the second course dedicated to Trauma next Month in Vienna. Although EPOS is now in full control of the organization of the course (not only scientific but also administratively) it is still done with full support of EFORT and included in the European Educational Programme.
EPOS Travelling Fellowship

PARTICIPATION in the EFORT ANNUAL MEETING

As usual EPOS will be in charge of the Paediatric program with 9 sessions (evidence base medicine, instructional lecture, symposia),and will run a half day session on its own dedicated in Prague to the topic of fractures around the joints in children chaired by Bjarne Møller-Madsen.

Dr. Manuel Cassiano Neves
EFORT President 2013-2014

TRAVELLING FELLOWSHIPS

This year 3 doctors from Europe will visit some center in The USA. After a long discussion the Board decided to nominate :

1. Dr Blazej Pruszczynski from Poland

2. Nicola Nicolau from UK

3. Sergio Martinez Alvarez from Spain

All fellows will fly to the USA short after the EPOS Meeting in France. The program in the USA is as follow :
Wed. morning, April 22: Travel to Cincinnati
Thurs.-Fri., April 23-24: Cincinnati Children's Hospital
Sat. morning, April 25: Travel to Washington, DC
Sun.-Tues., April 26-28: Children's National Medical Center
Tues. afternoon, April 28: Travel to Atlanta
Wed.-Sat., April 29-May 2: POSNA Pre-course & Annual Meeting
Sun., May 3: Depart for home

Also 3 doctors from South America will visit Europe. The nominated are :

Dra. Ana María Birrer González from Chile

Dr. Geoavanny F. Oleas Santillán from Ecuador

Dr. Héctor Araoz Ortiz from Bolivia

They will come to our EPOS Meeting in Marseilles and after the meeting they will visit :
Arrival, Marseille for EPOS Annual Meeting, April 15-18, 2015

- Travel to Stuttgart, Germany, April 19
- Visit Orthopadische Klinik Olga Hospital, April 20-21
- Travel to Geniva, Switherland April 21 evening
- Visit University Hospital in Geneva , April 22-23
- Depart for home, April 24

Marek Synder
EPOS Board

JOURNAL ARTICLES OF POTENTIAL INTEREST FOR YOU

Here are some articles that I particularly appreciated, published since the last issue of the Newsletter. This obviously is a subjective and individual choice of mine. I included links to the home pages of these journals for easy browsing.

You are invited you to inform us on particularly important or innovative recent original papers and reviews that you come across in these or other journals. Please submit your motivated suggestion to **ihv.eposnews@gmail.com**

Acta Orthopaedica
http://www.actaorthop.org/index.php?p=include/mainpage (Open Access)

Siedhoff M, Ridderbusch K, Breyer S et al. Temporary epiphysiodesis for limb-length discrepancy. 8 – 15 –year follow-up of 34 children. Acta Orthop 2014; 85: 626-32
Operative technique included the use of staples or 8-plates, stapling being used in the majority of children (30/34). The treatment was effective resulting in final LLD of 0.8 cm (-1.0 to 2.6 cm) with little risk of inducing deformity. Another recent article indicated that physeal ablation was more effective in treating LLD than temporary epiphysiodeses using 8-plates – with the same level of complications (Stewart D et al. J Pediatr Orthop 2013; 33: 843-6).

Høiness PR, Capjon H, Lofterød B. Pain and rehabilitation problems after single-event multilevel surgery including foot surgery in cerebral palsy. A series of 7 children. Acta Orthop 2014; 85: 646-51

In his small series, diplegic children who had bony surgery of the feet included with multilevel surgeries had significant problems. Five of seven developed regional pain syndrome, and two lost their ability to walk.

The Bone and Joint Journal
http://www.bjj.boneandjoint.org.uk

Niedzielsky KR, Malecki K, Flont P et al. The results of an extensive soft-tissue procedure in the treatment of obligatory patellar dislocation in children with ligamentous laxity: a post-operative isokinetic study. Bone Joint J 2015; 97-B: 129-33
Eleven children with clinical hyperlaxity were operated for obligatory (often called habitual) patellar dislocation using vastus medialis advancement, lateral release, partiel patellar ligament transposition and semitendinosus tenodesis. At 5-15 years follow-up, patellar tracking was normal in 10/11. Pain on exercise was experienced by 9 patients. Quadriceps torque on the affected side remained reduced. The authors suggest that vigorous rehabilitation might help improve long-term results.

Koch A, Jozwiak M, Idzior M et al. Avascular necrosis as a complication of treatment of dislocation of the hip in children with cerebral palsy. Bone Joint J 2015; 97-B: 270-6

GMFCS grade IV to V children with predominantly spastic CP and a dislocated hip were included in the study. 81 patients were operated with open reduction, proximal femoral and Dega osteotomies. 69% had signs of AVN, 18% classified as grades III-V. A strong correlation between the severity of AVN and postoperative pain was found. It is noteworthy that continuous follow-up from early childhood of these patients shows that progression to hip dislocation is preventable (ed's comment).

Clinical Orthopaedics and Related Research
http://www.clinorthop.org/index.html

Gray K, Gibbons P, Little D, et al. Bilateral clubfeet are highly correlated: A cautionary tale for researchers. Clin Orthop Rel Res 2014; 472: 3517-22
This report, using the Precice ® nail concerns 18 patients (21 bone segments). Healing index was 0.9 months/cm. Seven complications required additional surgery (among these 1 hip dislocation and 1 knee subluxation). Lengthening was consistently well controlled, and ROM well maintained. Ed's comment: These findings are in accordance with our preliminary observations. Complications remain a concern, and not all patients are candidates for this method of lengthening.

Journal of the American Academy of Orthopaedic Surgeons
http://www.jaaos.org/content

Campbell KA, Stein S, Looze C et al. Antibiotic stewardship in orthopeadic surgery: Principles and practice. JAAOS 2014; 22: 772-81
This paper carries important messages for all orthopaedic surgeons. At the authors institution, the programme has resulted in a 90% rate of appropriate antibiotic use, compared with a rate of 32% when not covered by an Antibiotoc Stewardship programme (ASP). The cure rate was 91% with an ASP compared with 55% without this supervision. Failure rates of antibiotic therapy were reduced from 31% without supervision to 5% with an ASP.

Davids JR, Bagley AM. Identification of common gait disruption patterns in children with cerebral palsy. JAAOS 2014; 22: 782-90

Although hardly an introductory text, this paper provides an excellent systematic overview of gait patterns in children with hemiplegic and diplegic spastic CP. It also highlights some shortcomings of clinical gait analysis.

The Journal of Bone and Joint Surgery – Am
http://jbjs.org

Holt JB, Oji DE, Yack HJ et al. Long-term resuls of tibialis anterior tendon transfer for relapsed idiopathic clubfoot treated with the Ponseti method. J Bone Joint Surg 2015; 97-A: 47-55
35 patients with 60 clubfeet were examined at age 47 (average). 14 patients (25 feet) had undergone repeat casting and tibialis posterior transfer in childhood. These were the study group, while the reference group were those not requiring additional treatment. No further relapses were recorded in either group. There were no statistical differences between the groups regarding pedobarography, surface EMG or outcome questionnaires. Ed's comment: Apparently, bilaterality was not taken into account in the statistical analysis. A non-clubfoot control group would have added perspective to these observations.

Ippolito E, Farsetti P, Valentini MB et al. Two-stage surgical treatment of complex femoral deformities with severe coxa vara in polyostotic fibrous dysplasia. J Bone Joint Surg 2015; 97-A: 119-25

Deformities were corrected in two stages: first, the varus deformity was corrected, then any additional proximal femoral shaft deformity was corrected with definite fixation with an interlocking cervico-diaphyseal nail. This resulted in lasting correction, and significant improvement in gait and reduction of pain. Ed's comment: This may appear to be a safer solution than a one-stage procedure, more effective, and with less complications.

Buckwalter JA, Tolo VT, O'Keefe RJ. How do you know it is true? Integrity in research and publications. J Bone Jt Surg 2015; 97-A:e2(1-8)

This paper is of relevance to everybody engaged in scientific research. It offers numerous examples of scientific misconduct including several with consequences for the practice of orthopaedic surgery. This reality is not new (the authors present the case of Ptolemy who in the second century recorded astronomical measurements that he could not have made). This quote from the introductory overview may increase your appetite for reading the entire article: "The current high-stakes research environment has been characterized by an increase in plagiarism, falsification or manipulation of data, selected presentation of results, research bias, and inappropriate statistical analyses".

Journal of Children's Orthopaedics
http://www.springer.com/medicine/orthopedics/journal/11832 (Open access)

De Pellegrin M, Moharamzadeh D, Strobl WM et al. Subtalar extra-articular screw arthroereisis (SESA) for the treatment of flexible flatfoot in children. J Child Orthop 2014; 8: 479-87
The study includes 485 patients (732 feet were treated) treated over a 12 year period. The indication was painful, flexible flatfoot in a child after the age of 10. The results were good in 94 %. The complication rate was 6.3%. Ed's comment: The bilaterality issue was not addressed in the analysis. Radiological and clinical results were reported. No validated scoring system was used. Long-term follow-up has not been reported. Most importantly, there is no consecutive control group to compare with. It is not entirely clear from the paper whether gastrocnemius recession was done in those children who presented with short gastrocnemii. I believe that a controlled study is critical to a more general acceptance of this procedure.

Journal of Pediatric Orthopaedics
http://journals.lww.com/pedorthopaedics/pages/default.aspx

Woodacre T, Carlile GS, Cox PJ. The "ischial limb": A landmark on anterior ultrasound scanning used to assess reduction in developmental dysplasia of the hip. J Pediatr Orthop 2015; 35: 62-8
The method was tried clinically in 50 patients treated for early detected DDH with the Pavlik harness. The method was reproducible in every case. The position of the femoral head is related to the ischial limb of the triradiate cartilage. We have used a similar method in younger patients in the OR to document satisfactory closed reduction.

Hoellwarth JS, Kim Y-J, Millis MB et al. Medial versus anterior open reduction for developmental hip dislocation in age-matched patients. J Pediatr Orthop 2015; 35: 50-6

Matched groups of patients aged 1.4 to 14.9 months of age were treated with either medial approach open reduction (14 patients, 19 hips) or anterior approach open reduction (18 patients, 19 hips). The risk of AVN (Kalamchi-McEwan) was equal (4/18 in medial approach, 5/18 in anterior approach). The frequency of further corrective surgery was also equal between groups. The presence of an ossified nucleus preoperatively was not a protective factor relative to the development of AVN. Previous reports on the medial approach to open reduction has shown a very wide variation of development of AVN postoperatively. This being the first paper to compare the two methods in a controlled fashion, it certainly supports the use of the anterior approach to open reduction in younger patients.

Obituary: John A Fixsen ('JAF')

John (or JAF as his many ex-trainees will remember him) died unexpectedly in August last year aged 79. At the time of his death he was busy planning a sailing trip off the coast of Devon and organizing a return visit to Afghanistan where, for many years, he had supported local doctors in treating children whilst training orthotists, physiotherapists and surgeons alike to be the best that they could be.

As 'Doctor John' he brought hope to many and helped change lives. Both his humanitarian work and his passions for sailing, skiing, walking and ballet characterized the man.

Early in his career, his passion for the ocean took him into the Royal Navy where he learnt Russian and acted as an interpreter. He then went to University but initially studied zoology before turning his attention to the field of medicine and then to orthopaedics.

John became dedicated to the field of paediatric orthopaedics but throughout his career he maintained an interest in adult orthopaedics too, recognizing the importance of long term follow-up from an early stage. He had an encyclopaedic knowledge of the literature and applied it with compassion and commonsense to the care of his patients and the training of the junior doctors who were lucky enough to spend time with him at Great Ormond St Hospital and St Bartholomew's Hospital in London. In the clinics he was known as Mr 'Fixit' and more often than not, he did indeed 'fix it'! He was an excellent teacher and made even the most complex operative procedures seem simple by pointing out that every operation consisted of a series of straight forward steps that put together resulted in a successful outcome.

As a teacher, he was in great demand both in the UK and in Europe and indeed, further afield: in his travels he was always keen to see 'real life' and he could always be found in a small Pension rather than a big hotel and in the local café rather than the hotel restaurant. At European meetings he was renowned for actively seeking out the young surgeons who had presented papers to discuss their work with them: many were then welcomed to London to spend some time visiting and working with him. As a scientist, he published important work on many paediatric orthopaedic topics and contributed to several textbooks where his 'plain talking' writing style was much appreciated.

For his many contributions to the field of paediatric orthopaedics he was awarded the EPOS Pro Maximis Meritis medal in 2004 and an honorary fellowship of the British Orthopaedic Association in 2010.

For those of us who trained under him, worked with him, skied after him and talked with him, we will remember him as a modest man, a surgeon/teacher of the highest calibre and a loyal friend and colleague. We will miss him greatly.

Deborah Eastwood
(With thanks to Robert Hill and David Jones)

Obituary: prof. Giovanni Peretti

Prof. Giovanni Peretti graduated in Medicine and Surgery in 1967 at the Universita' degli Studi of Cagliari.

During his universities studies and after his graduation, he spent two years abroad, in Germany and Sweden, where he strenghtened his medical and scientific knowledge. He specialized in Orthopedic Clinic and Surgery in Milan, where he moved in 1969. Already performing duties as university professor since 1975, he took up the professorship of Clinic Orthopedics and Traumatology at Universita' degli Studi in Milan. His clinical and experimental research activities spanned from scoliosis, growing cartilages, to experimental tumours, limb lenghthening, towards which he had a strong interest, to studying some congenital malformations. With regards to the clinical aspect, he operated particularly within the Infantile Orthopedics, field in which he obtained several awards at the national and international level.

He has been General Treasurer of EPOS from 1999 to 2004. He skillfully organized an EPOS annual meeting in Milan in 2000.

Actually, retired from public activity, he centered is activity in Africa where is pledged as charitable Paediatric Orthopaedic in Togo.

Gaetano Pagnotta

Picture Quiz

In this arthrogram of a 2-year old girl, the ligamentum teres is clearly depicted. During the subsequent open reduction, the ligament was excised. What is the likely consequence of that?

A. This would have a negative influence on the subsequent stability of the hip.
B. It might lead to troublesome bleeding.
C. It might cause partial AVN.
D. It would not have any particular negative consequence.
E. It might cause arthrofibrosis.

In the Picture Quiz of the last Newsletter, the correct answer was D: A Bone Dysplasia ("Trevor´s Disease", also known as "Dysplasia Epiphysealis Hemimelica"). Among the correct answers, one was drawn blindly. The winner was Dr. Salih Marangoz, Koc University, Istanbul.

Don't forget: There is an iPad waiting for the winner, who will be drawn from the pool of correct answers which should be mailed to ihv.eposnews@gmail.com. All members, except for members of the Board, can participate.

EPOS REGIONAL CORE CURRICULUM COURSES

TBILISI - GEORGIA - JUNE 5TH – 6TH, 2015

Organizers
European Paediatric Orthopaedic Society (EPOS)
Children's Trauma and Orthopedic Surgery Society of Georgia

Local Organizing Committee
Lasha Dzidziguri - Georgia
Garen Koloyan - Armenia

EPOS Organizer Elhanan Bar-On - Israel

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