E-Poster

EP-423

Demographic Profile and Complications of Patients With Myelomeningocele Followed at the ISCMSP Pediatric Rehabilitation Outpatient Clinic

Topic: Disability studies

Marcos Matheus da Silva Fonseca, Ana Paula Zanchenko Fonseca, Patricia Lumi Yokomizo

Physical Medicine & Rehabilitation, Irmandade da Santa Casa de Misericórdia de São Paulo, São Paulo, Brazil

BACKGROUND

Neural tube defects (NTDs) occupy an important place in the causes of morbidity and mortality due to congenital malformations in Brazil. Myelomeningocele (MMC) is one of the most frequent congenital malformations as well as the most common form of spina bifida and is responsible for significant neurological and orthopedic impairment, such as neurogenic bladder, neurogenic bowel, hydrocephalus, hip abnormalities, spinal deformities and congenital clubfoot. These complications have a direct and negative impact on life quality and represent a significant socio-economic impact, with loss of school capacity and socialization. It is known that the level of injury is directly proportional to the limitation in functional performance, being greater the higher the malformation. This study aims to outline the demographic profile and complications of patients with myelomeningocele seen at the Pediatric Rehabilitation Service of the Irmandade da Santa Casa de Misericórdia de São Paulo (ISCMSP) from February 2022 to July 2023.

METHODS

An observational, cross-sectional and retrospective study was carried out with a convenience sample and data collected from medical records.

RESULTS

Thirty-two medical records were included, with a 50% distribution for each gender and an average age of 5.5 years. Two main complications were observed: Neurogenic Bladder was seen in 25 patients (78.1%) - eight of them (25%) developed renal complications such as Vesicoureteral Reflux (VUR) and Chronic Kidney Disease (CKD) - and Hydrocephalus was seen in 20 patients (62.5%). Other deformities found were Congenital Clubfoot (40,6%), Arnold Chiari Syndrome (25%), Developmental Hip Dysplasia (9,3%) and Scoliosis (6,2%). Regarding the time when the deformity was corrected, the majority were treated using an intrauterine technique (14 patients) and most of the patients had the nerve defect in a lumbar topography (62.5%), followed by thoracic topography (3,1%). With regard to gait, 13 patients (46.8%) did not walk, 11 patients (34.3%) walked (not described as community or home walking) and eight patients were not classified. Regarding the use of assistive technology for walking, 40.6% of patients used an AFO, 21.8% used a wheelchair, 6.25% used a walker and 3.12% used Lofstrand crutches.

CONCLUSION

Knowing the clinical and epidemiological variables of children and adolescents with this anomaly is important in order to contribute to rehabilitation programs, since this malformation has a chronic nature, facilitating the development of complications, recurrent hospitalizations, loss of functionality and autonomy.

Statement of Disclosures

None

Doi: 10.5606/archisprm.2026.EP-423

Corresponding Author:
Marcos Matheus da Silva Fonseca
Physical Medicine & Rehabilitation, Irmandade da Santa Casa de Misericórdia de São Paulo, São Paulo, Brazil
Email: marcosmatheus6@gmail.com