대한소아재활발달의학회 2021년 춘계연수강좌

Surgical intervention of neonatal brachial plexus injury

김 재 광

울산대학교 서울아산병원 정형외과

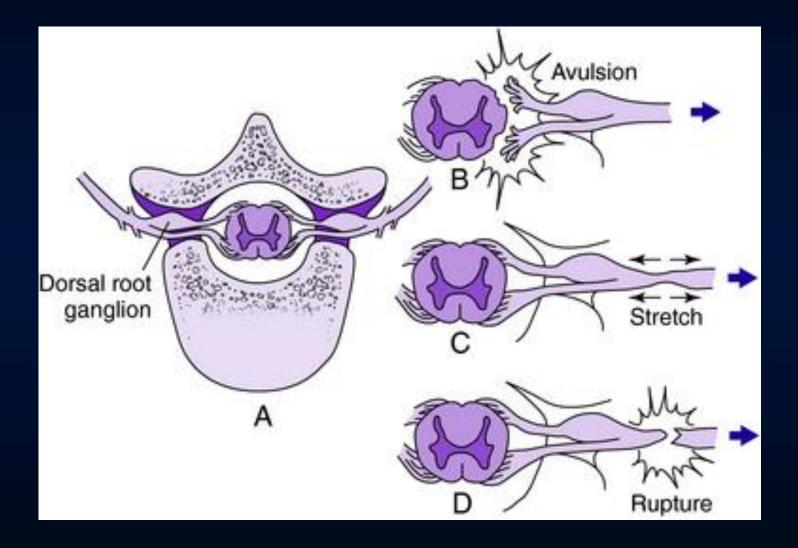


Types of surgery

- Microsurgical procedures
 - ✓Nerve graft
 - ✓Nerve transfer
- Secondary procedures
 - ✓Tendon transfer
 - ✓Muscle transfer
 - ✓ Arthrodesis



Types of injury





Timing of nerve surgery

- Gilbert and Tassin (Chirurgie, 1984)
 - Indication; Absence of biceps function by 3 months

 ✓ Poorer shoulder outcome at 5 years and increased likelihood for secondary procedures



Natural history

- Smith et al. (JBJS-Am, 2004)
 - ✓170 patients
 - ✓28 patients had no biceps function at 3 months
 - ➤13 of C5-6 > all regained at 6 months
 - > 5 of C5-7 > 3 regained at 6 months
 - >10 of C5-T1 > 4 regained at 6 months
 - ✓ Patients who regained biceps function before 6 months of age had better shoulder function



Natural history

• Water PM (JBJS-Am, 1999)

✓ 49 patients; no biceps function at 3 months
 ✓ 42 recovered biceps function at 6 months
 ✓ Patients who had recovery of biceps function between 3-6 months of age had similar shoulder function recovery who had microsurgical reconstruction



Timing of nerve surgery

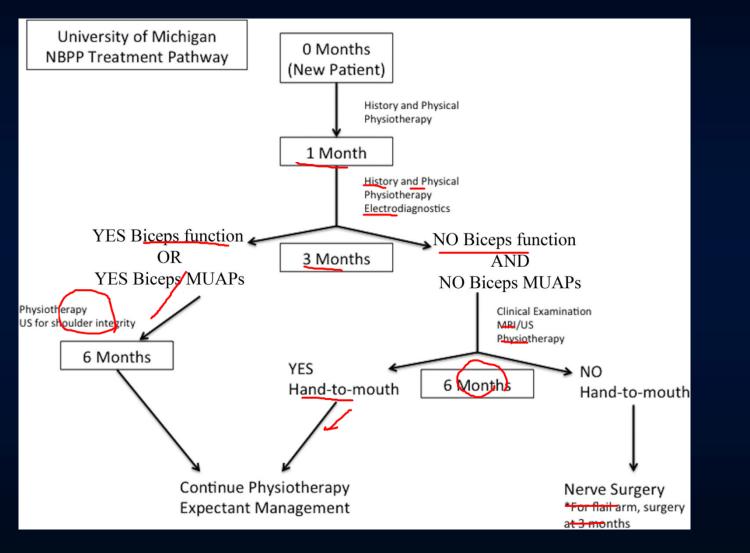
• Water PM (JBJS-Am, 1999)

Indication; Absence of biceps function by 6 months

Mallet ¹⁴ Classification by Month of Recovery of Biceps Function				
	Global Abduction	Global External Rotation	Ability to Bring Hand to Neck	Ability to Bring Hand to Mouth
Natural history groups				
<u>1 mo</u> .	<u>-5.0</u>	5.0	5.0	5.0
2 <u>-3 mo</u> s.	<u>4.</u> 1	3.8	-4.1	3.9
4 mos.	3.7	2.9	- 3.5	3.4
5 mes	3.5	2.7	3.2	3.1
6.1905	<u>-2</u> 9	-2.1	2.5	2.3
M icrostrgical repair g roup	3 -5	2.7	3.0	3.0



Flowchart of nerve surgery

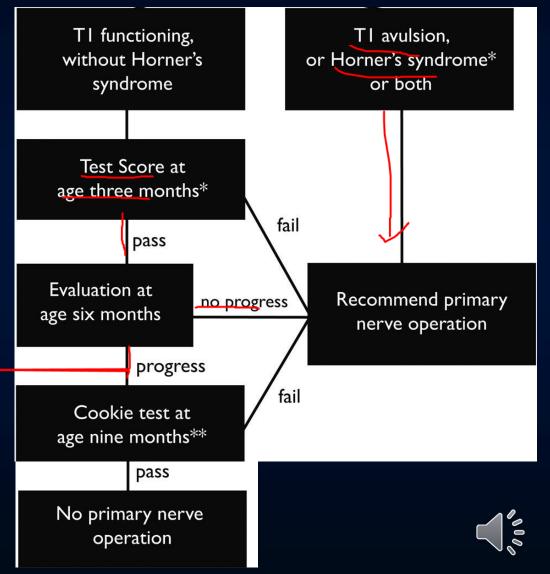


Wilson et al. Neurosurgery. 2018

Flowchart of nerve surgery

- Test score
 ✓ Elbow flexion; 2점
 ✓ Elbow extension; 2점
 ✓ Wrist extension; 2점
 ✓ Finger extension; 2점
 ✓ Thumb extension; 2점
- 3.5점 이하 수술 고려

Borschel & Clarke. PRS. 2009



Preferred timing of nerve surgery

- Whole arm type or Horner syndrome
 - ✓No biceps function at 3 months of age
- C5-7 or C5-8

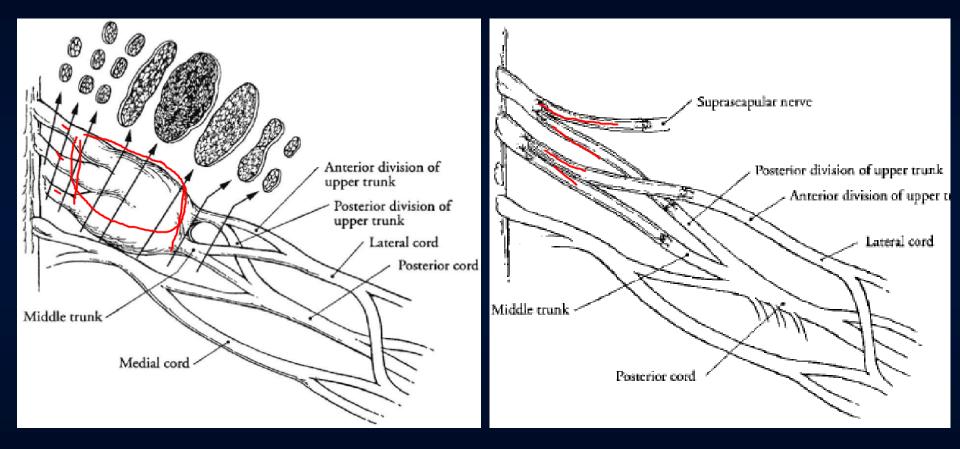
✓No biceps function at 6 months of age

• Others

✓No hand to mouth at 9 months of age



Nerve graft





Guidelines

- C5,C6 rupture
 - \checkmark C5 posterior division of upper trunk
 - ✓C6 anterior division of upper trunk
- C5,C6 rupture, C7 avulsion
 - ✓C5 posterior cord
 - ✓C6 lateral cord



Guidelines

- C5,C6,C7 rupture, C8,T1 avulsion
 - ✓C5 lateral cord
 - ✓C6 medial cord
 - ✓C7 posterior cord
- C5,C6 rupture, C7,C8,T1 avulsion
 - ✓C5 posterior cord
 - ✓C6 medial cord
 - ✓ Intercostal transfer to lateral cord





- F/ 6months
- Whole arm type; no muscle contracture at shoulder, elbow, wrist and finger
- EMG/NCV; Brachial plexus whole trunk injury
- MRI
 - ✓ C5,C6; postganglionic✓ C7,C8,T1; root avulsion



Approach



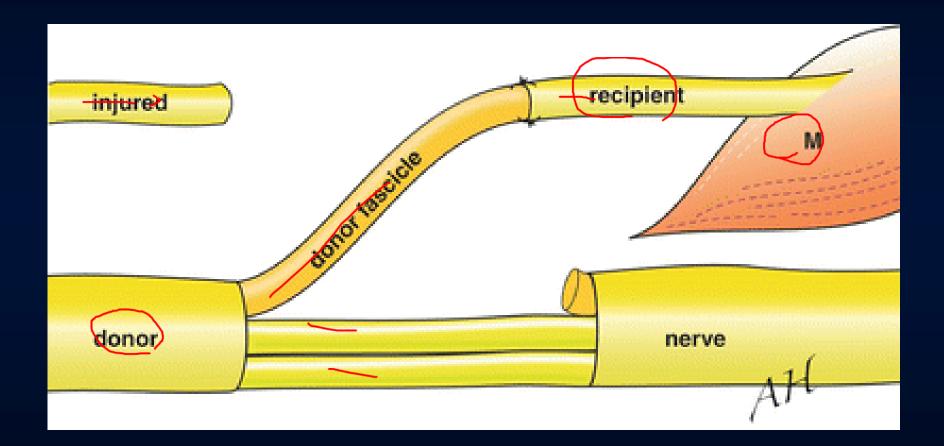








Nerve transfer





Nerve transfer

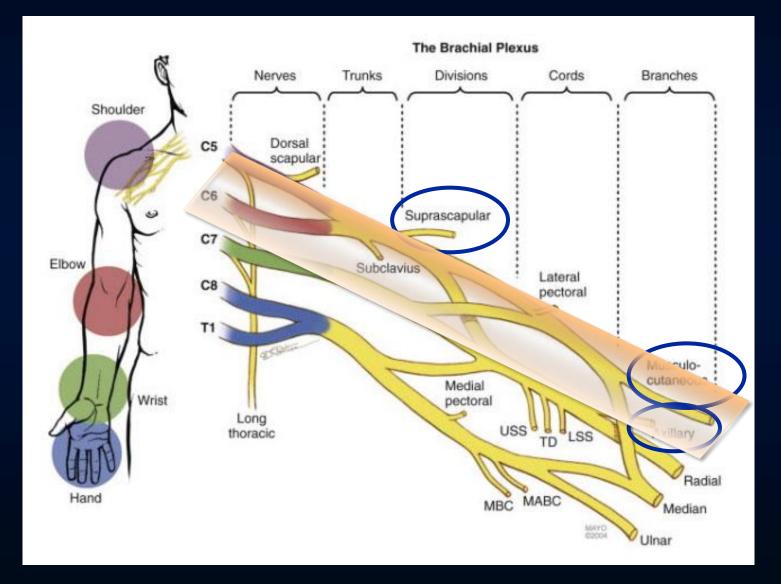
Indications

 Root avulsion; proximal nerve stump is injured or unavailable

✓ Distance to target muscle is too far



Upper trunk BPI



Nerve transfer in upper trunk injury

Elbow flexion

A fascicle of ulnar nerve to branch of brachialis
A fascicle of median nerve to branch of bicpes

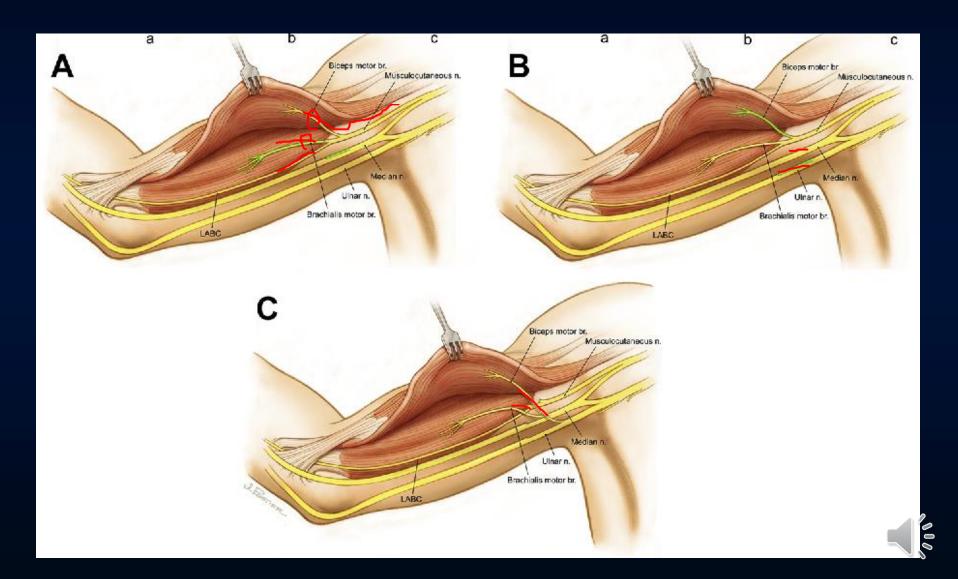
Shoulder abduction

✓ Branch of triceps to deltoid branch of axillary nerve

Shoulder external rotation ✓ Spinal accessory nerve to suprascapular nerve



Double Oberlin's procedure

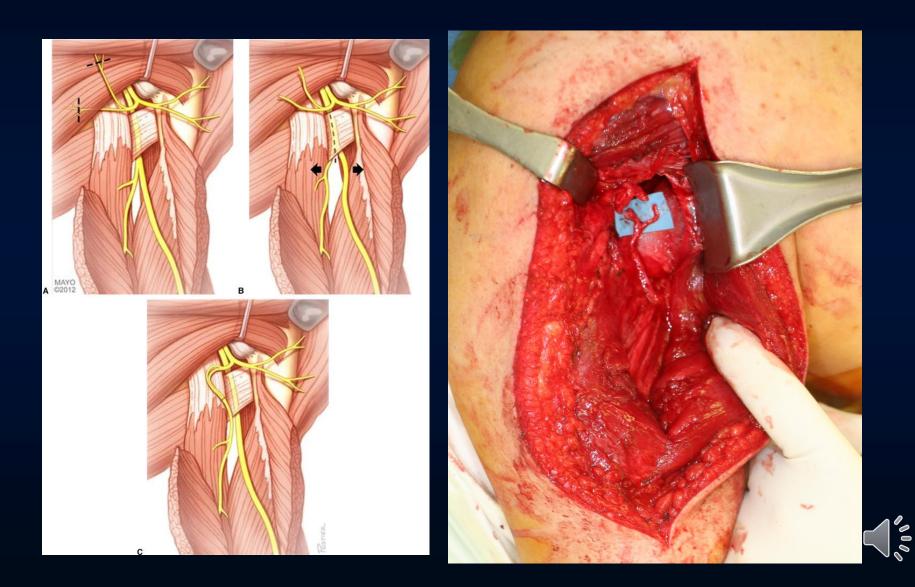


Double Oberlin's procedure

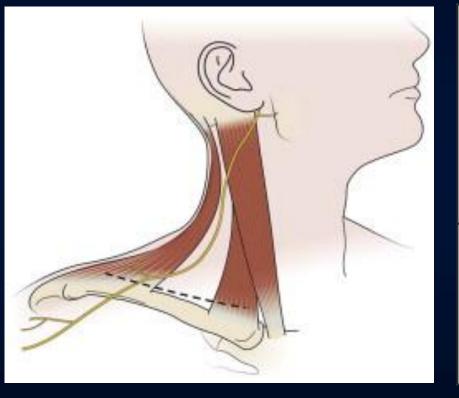


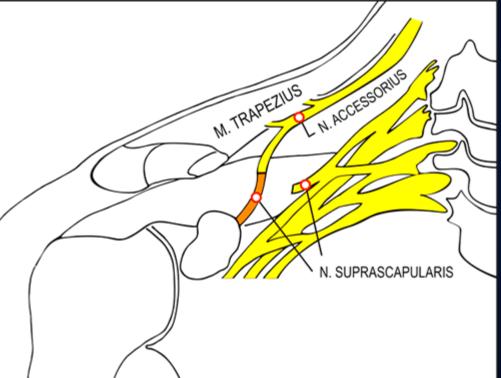


Triceps br to axillary nerve transfer



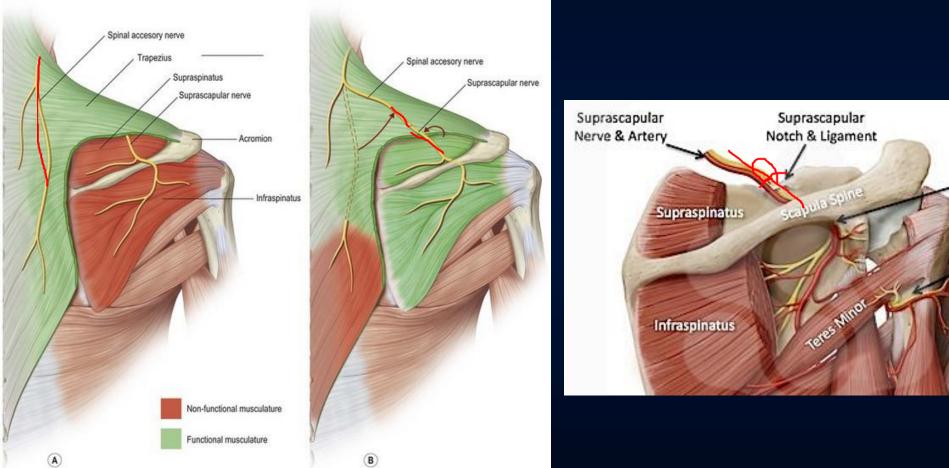
Anteior SAN to SSN transfer





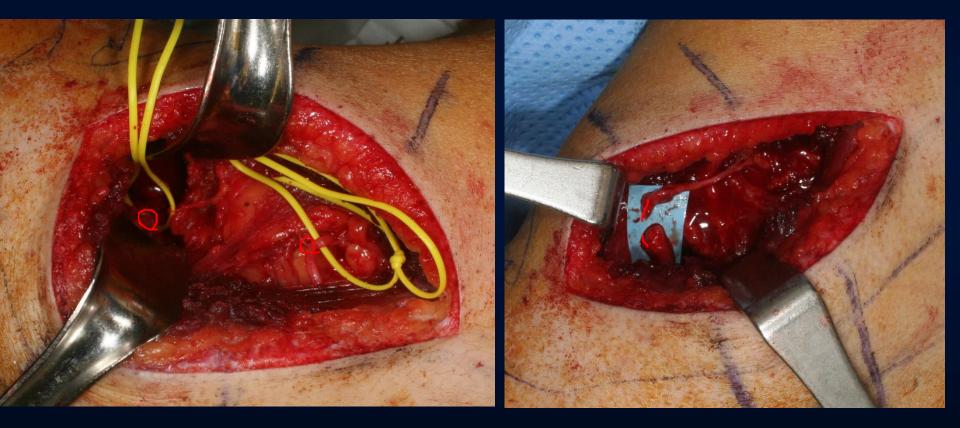


Posterior SAN to SSN transfer





Posterior SAN to SSN transfer





C5-T1 avulsion BPI

- Donor nerve
 - ✓Intercostal nerve; lateral cord
 - Spinal accessory nerve; suprascapular nerve
 - ✓ Contralateral C7



Intercostal nerve transfer





Secondary procedures

- Muscle imbalance around the joint
- This cause the joint contracture and bony deformity
 - ✓ Shoulder





Shoulder

M/C; internal rotation contracture

Motor deficit beyond 6 months of age
 ✓60-80% glenohumeral deformity





Shoulder

- Surgical indications
 - ✓Infantile dislocation
 - Persistent internal rotation-adduction contracture despite extensive nonoperative management

 Limitation of abduction and external rotation with plateauing of neural recovery
 Progressive glenohumeral deformity



Infantile dislocation

- Within 18 months of age
- Arthroscopic or open release of anterior capsule and inferior glenohumeral ligament
- Partial subscapularis muscle lengthening
- Shoulder spica cast in the reduced position for 4 – 6 weeks



Persistent contracture

- •24 months of age 이후
- Arthroscopic or open release of anterior capsule
- ± subscapularis lengthening
- ± lattisimus dorsi and teres major tendon transfer to rotator cuff insertion





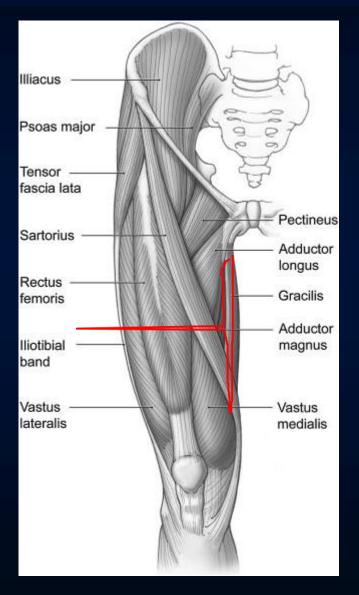
Surgical option for failed elbow flexion

power

- ✓ Gracilis muscle flap
- ✓ SteinIder flexorplasty
- Regional tendon transfer; pectoralis major, lattisimus dorsi



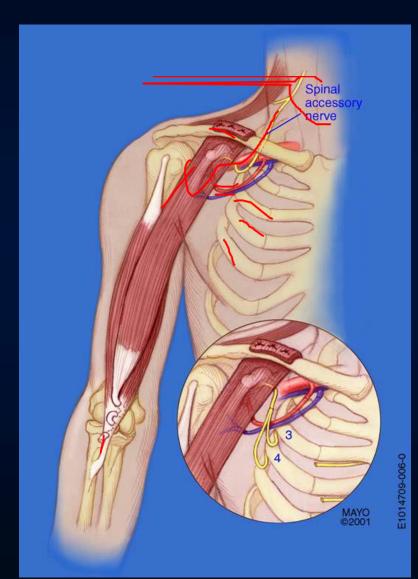
Gracilis muscle flap







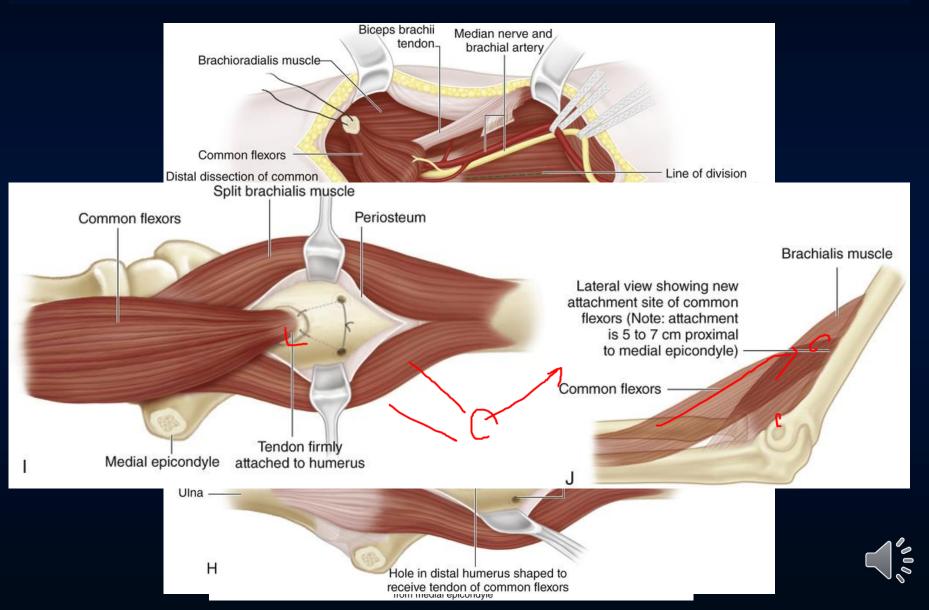
Gracilis muscle flap







Steindler flexorplasty



Summary

- Microsurgical brachial plexus reconstruction is necessary when biceps function is not recovered at 3 – 9 months of age
- Secondary procedures will be necessary when shoulder joint contracture or elbow flexion weakness is apparent during follow-up



Thank you for your attention

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