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Title of presentation : Neural tube defects and malformations : Management and outcome

Authors : Pr A. R. Ayoun

Affiliation/Country : Neurosurgery Departement - CHU ORAN – ALGERIA

Corresponding author : Pr A. R. Ayoun

E-mail : dayr2002@gmail.com

Abstract

Oral presentation with Video

Abstract

Oral presentation

Key Words : Spina bifida, Dysraphism, meningocele, myelomeningocele, encephalocele

Introduction

Although the advent of ultrasound and regular monitoring of pregnancies have resulted in many cases of malformations to diagnose before birth. There has never been any question of voluntary or therapeutic abortion.

These malformations are a major psychological and socio-economic burden on young parents and families living in poverty.

Materials - methods

A series of over 400 cases reported following a 2008-2021 retrospective study at the neurosurgery department of the ORAN CHU.

We included any patient with spinal or cranial dysraphism.

Results / Discussion

We recorded 351 cases of spinal dysraphia and 59 cases of cranial dysraphia, diagnosed and treated surgically.

Generally diagnosed at birth, we found a slight female predominance.

Mortality remains high: 15% (80% of meningitis / ventriculitis)

Conclusion

Decrease in the incidence of dysraphia in recent years, 2 cases per 1000 births compared to our previous data which reported an incidence of 15 new cases of dysraphia per 1000 births. Gaps in prenatal diagnosis, only 23% of patients with meningo-encephalocele born high (cesarean section).

What about therapeutic abortion in Muslim countries ?

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Iconography :



New born with a ruptured
myelomeningocele admitted in emergency

Management of a dermal sinus



Cervical meningocele

Occipital encephalocele



Lumbar myelomeningocele

Occipital encephalocele