

누두흉의 nuss 수술 후 발생하는 견갑부 변화

The Alteration of shoulder Girdle in nuss procedure for pectus excavatum

순천향대학교 천안병원정형외과학교실

김병흠 · 민경대 · 이병일 · 나수균

Background

In 1987, Nuss developed a minimally invasive technique for the treatment of pectus excavatum.

The procedure has had excellent results with minimal complications. Orthopaedic concerns include alterations of shoulder girdles, Axis of Scapular glenoid, Distances of skeletal thorax. In addition, we identified painless motions in shoulder girdles. We report our experience with the alteration of shoulder girdle and alteration of thorax.

Methods

A Prospective chart recordings were performed on 30 children or adolescents who underwent a Nuss procedure at one clinic. The first check of patient was Range of motion in Forward flexion (FF), external and rotaion at side (ERs), Abduction (ABD), Internal rotation at abduction (IRa), Extension at 90° angle at the shoulder (Ext). The second check of patient was angle ofscapular axis to vertebra body, angle of between scapular and distances in thorax.

Results

In the first check of patients, there was remarkable improvements of shoulder motions, especially in FF, average 8.5° (From 161° to 169.6) and ERs ,average 18.5° (From 66.7° to 85.2°). To date, in the second checks of patients, there was a statically relationship($p < .05$) between mechanical alteration in thorax and motional changes of shoulder.

Conclusions

We found that mechanical changes of thorax was a available data can permit shoulder girdle to alter glenoidal position but also to allow improvement in motion after critical aspects of pectus excavatum through nuss procedure.

Key Words: Shoulder girdle, Pectus excavatum, Nuss procedure.