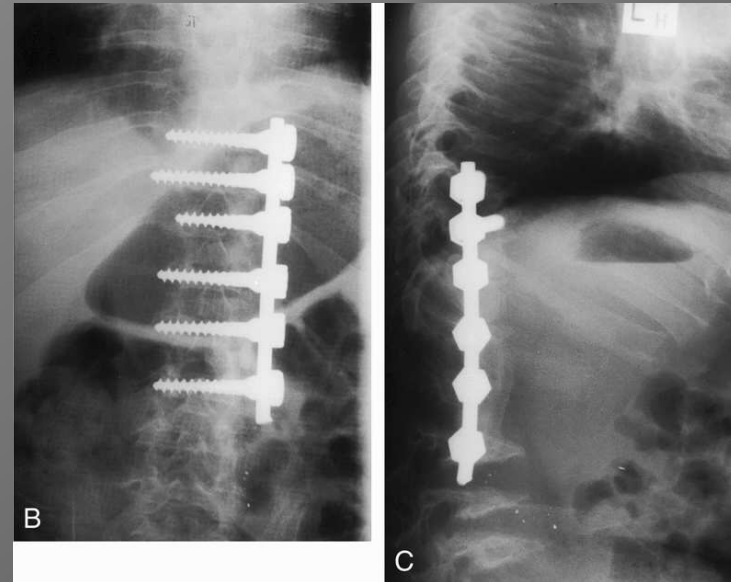


MPS: Spine involvement focus on hypophosis of thoracolumbar spine



- Anti-gravity bracing



- Surgical strumental stabilization

MPS: Spine involvement

focus on cervical upper spine

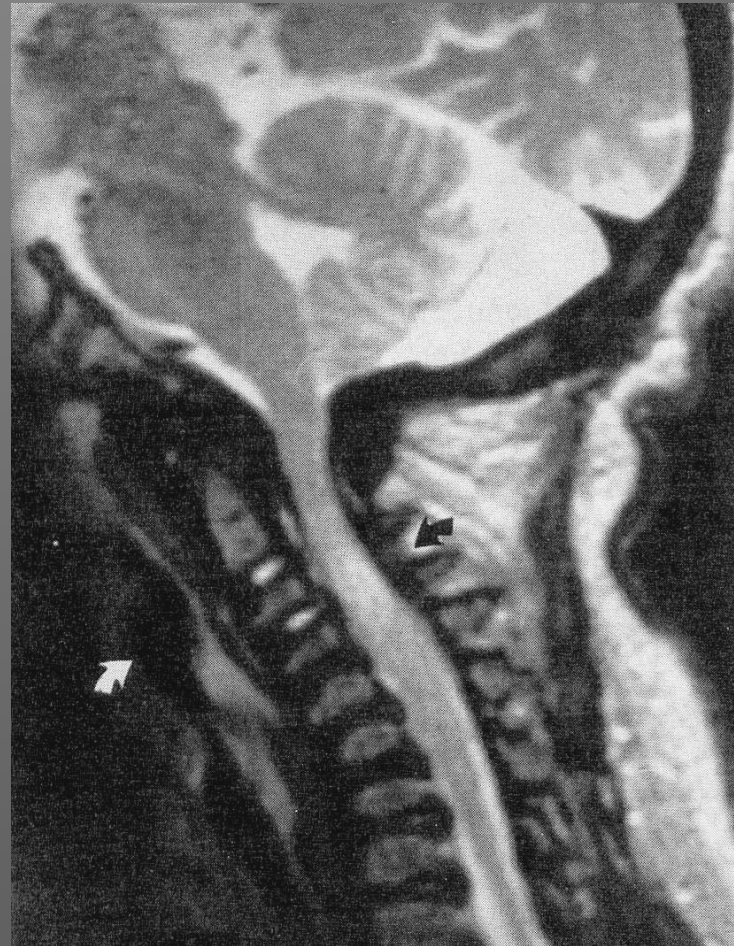
- Joint instability
 - of the upper cervical spine
 - of the lower cervical spine
- GAGs periarticular storage
- Combination of both

MPS: Spine involvement focus on cervical upper spine

Glycosaminoglycan periarticular storage

Sagittal image of the cervical spine:

- retroodontoid soft tissue storage leading to cord compression
- High signal changes in the cord (suggestive for local oedema)



Form: SL Wienstein. The Pediatric Spine. LWW. 2001.

MPS: Spine involvement focus on cervical upper spine

Instability of the upper cervical spine

Dynamic image of the cervical spine in a 3-year-old with Morquio's syndrome:

- Flexion-extension radiographs demonstrate the C1-C2 instability secondary to hypoplasia of the odontoid

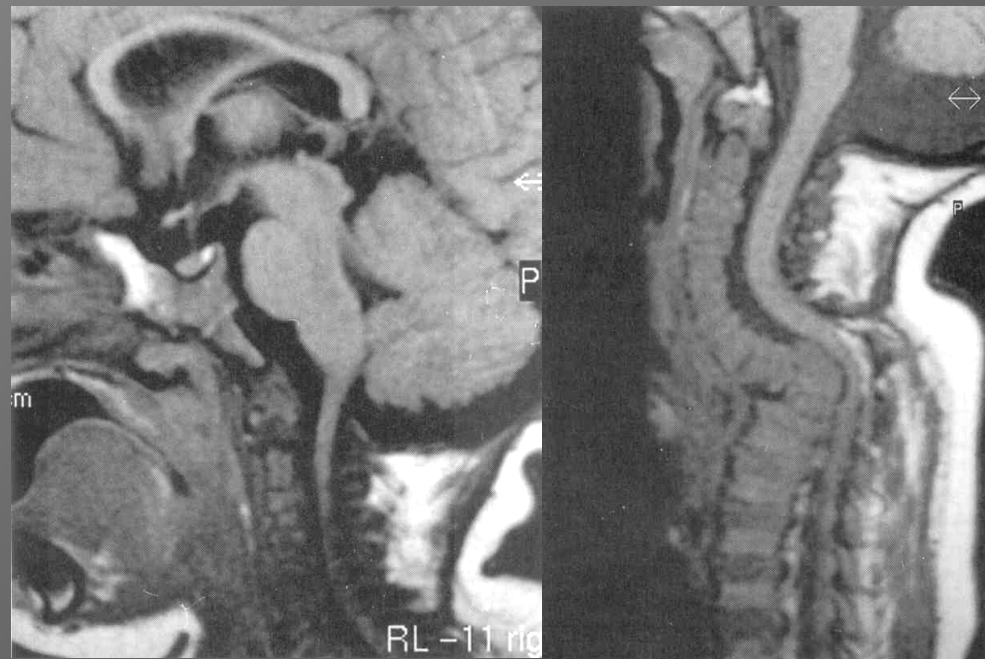


MPS: Spine involvement focus on cervical upper spine

Instability of the lower cervical spine



From: Khan et al. Spine 2003

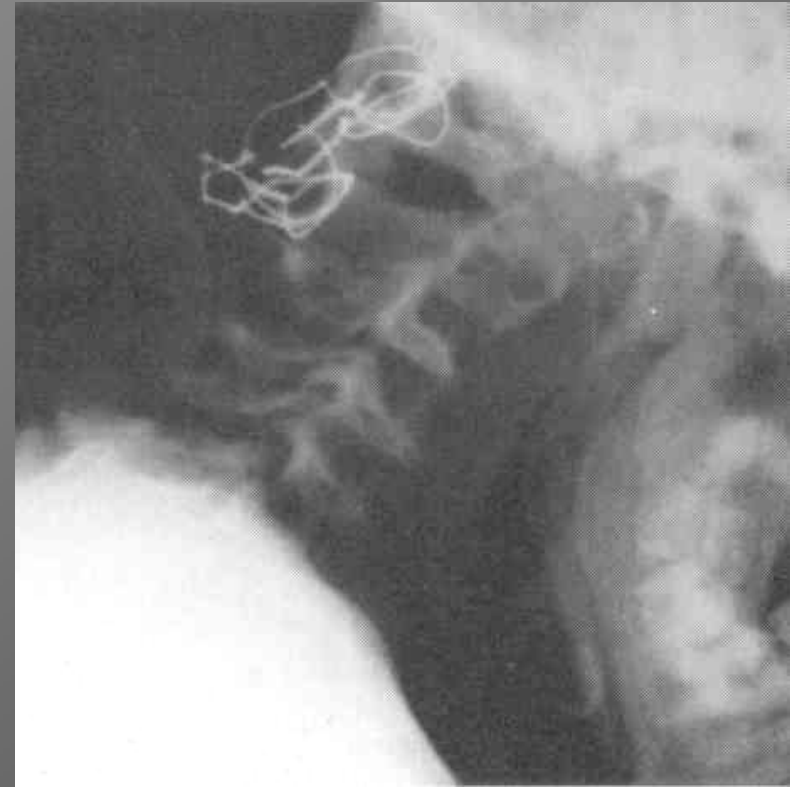


From: Tandon et al. Spinal Problems in MPS I (Hurler Syndrome) JBJS Br,78-B(6),nov 1996.938-944

MPS: Spine involvement focus on cervical upper spine

C1-C2 Cervical subluxation:

Postoperative radiograph showing
posterior occipitocervical fusion
and an ossified odontoid peg.



*From: Ransford: J Bone Joint Surg Br,
Volume 78-B(2).March 1996.307-313*

MPS: Upper Limbs involvement

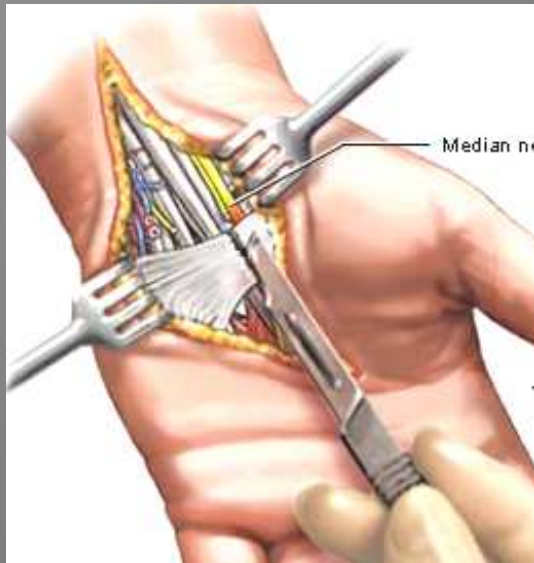
- Stiffness of shoulder, elbow and wrist



GG,f,3 ½ years. MPS VI

MPS: Upper Limbs involvement

- Carpal tunnel syndrome

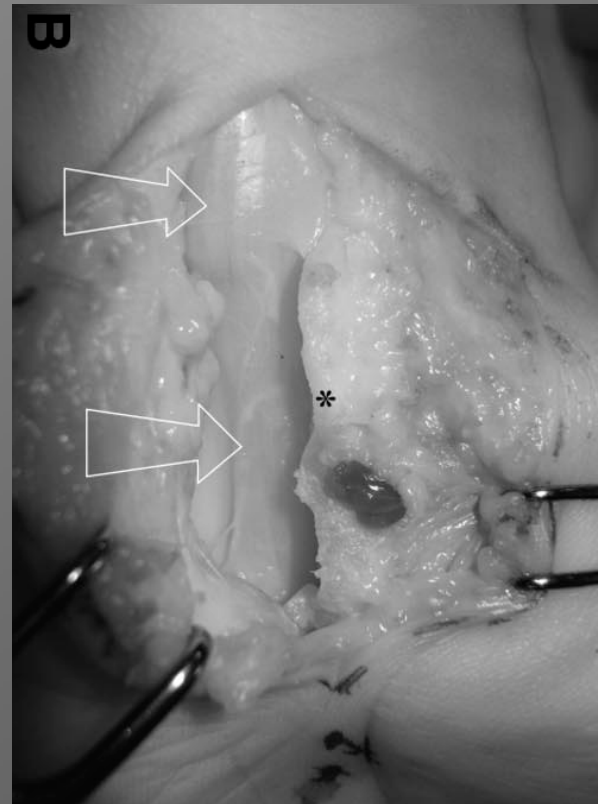
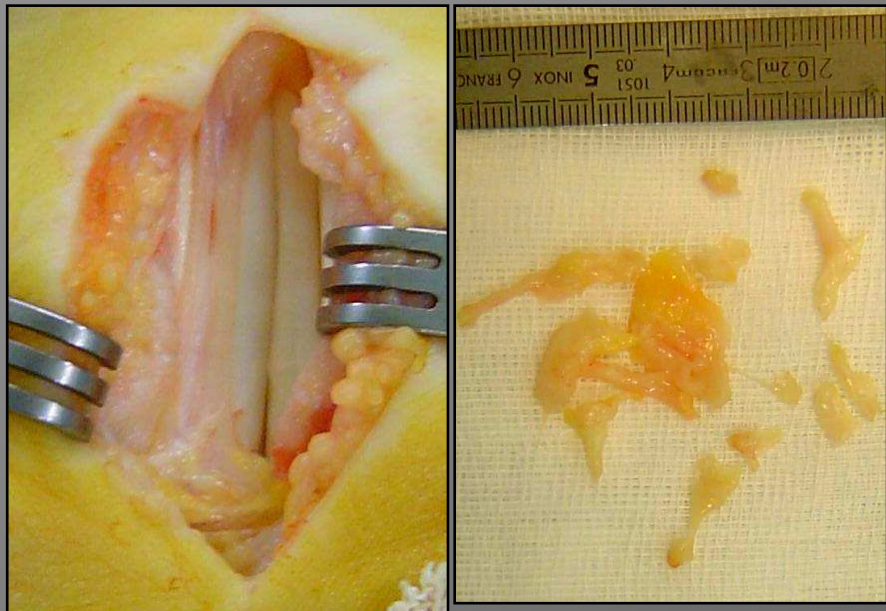


| Cause | Number of cases | Studies |
|---|-----------------|-----------------|
| Mucopolysaccharidosis | 95 | [4-13] |
| Mucopolipidosis | 22 | [6,12,13,14-19] |
| Familial CTS | 11 | [3,5,15,20-24] |
| HNPP | 1 | [5] |
| Schwartz-Jampel syndrome | 1 | [5] |
| Melorheostosis and Leri's pleonosteosis | 3 | [2,14,25] |
| Dejerine-Sottas syndrome | 1 | [14] |
| Weil-Marchesani syndrome | 1 | [14] |
| Idiopathic | 4 | [15,26-28] |
| Sports-related | 6 | [5,15,23] |
| Fibrolipomatous hamartoma/NTOM | 4 | [14,29,30] |
| Intraneural perineuroma | 1 | [31] |
| Haemangioma of median nerve | 1 | [32] |
| Musculotendinous malformation | 2 | [14,33] |
| Trigger finger | 1 | [5] |
| Klippel-Trénaunay syndrome | 1 | [34] |
| Poland syndrome | 2 | [33,35] |
| Scleroderma | 1 | [15] |
| Trauma | 10 | [15,33,36-38] |
| Total | 163 | |

CTS, carpal tunnel syndrome; HNPP, hereditary neuropathy with liability to pressure palsies; NTOM, nerve territory-oriented macrodactyly.

MPS: Upper Limbs involvement

- Carpal tunnel syndrome
 - Glycosaminoglycans storage

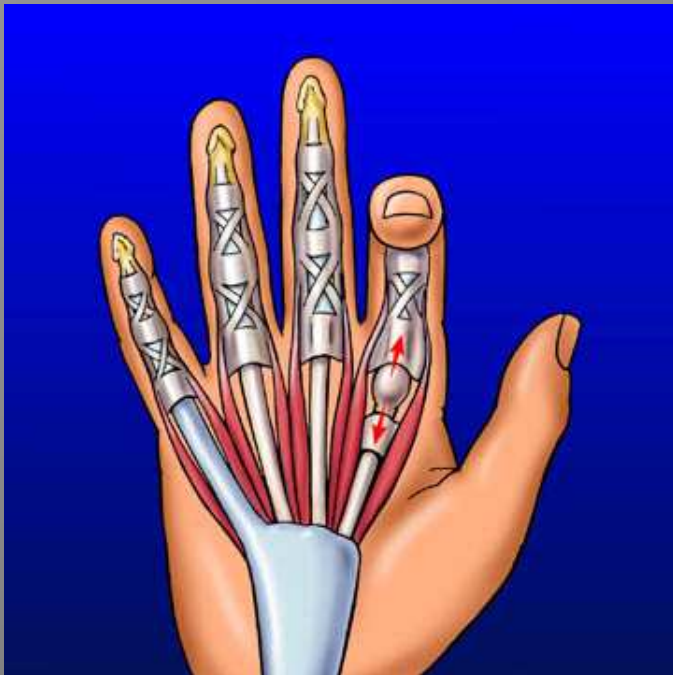


5 y, MPS III

From: Haddad: J Bone Joint Surg Br, Vol. 79-B(4). 1997

MPS: Upper Limbs involvement

- Trigger finger
 - Glycosaminoglycans storage



Hip & MPS: general view



- loss of sphericity of the femoral head
- Flat acetabula
- Increased neck-diaphyseal angle
- Migration of the hip

Hip & MPS: general view

- MPS I, M,
- Annual X-ray of the same patient
 - Migration
 - Loss of sphericity
 - Flat acetabula
 - Neck-diaphyseal angle



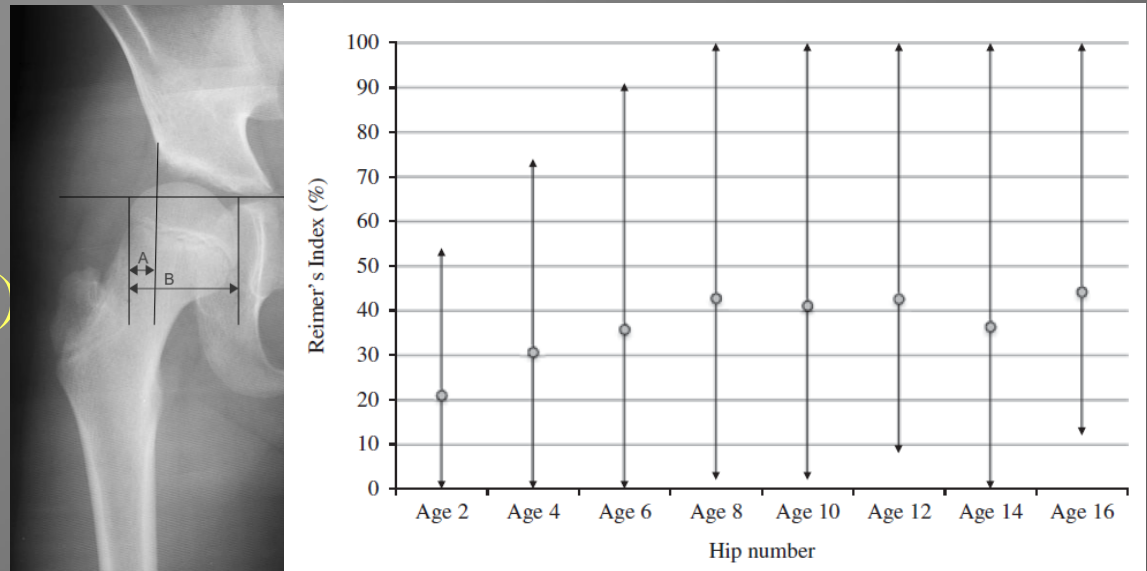
Hip & MPS: natural history

- Miration
- 64 hips (MPS I & II)

Reimar's Index

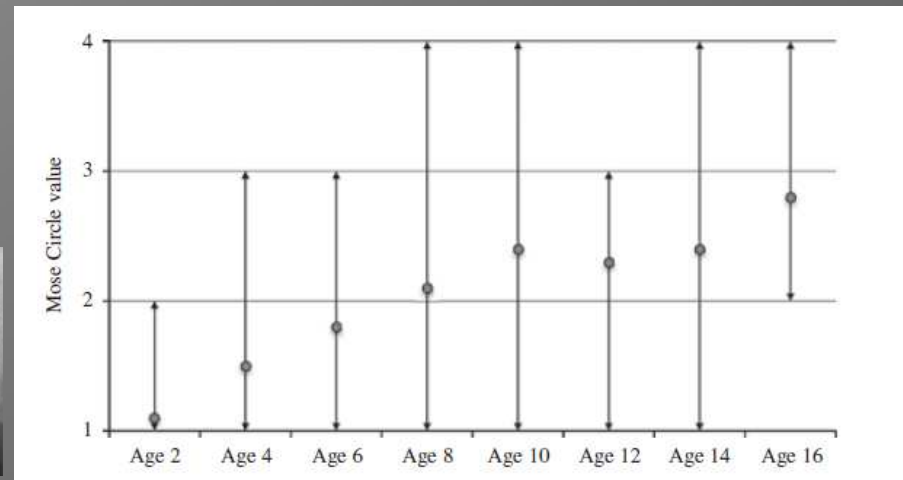
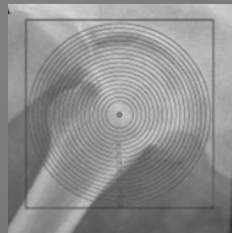
$$(\text{= } A / B * 100)$$

RI increases between 2 and 8 yy



Hip & MPS: natural history

- Loss of sphericity
- Hip & MPS: natural history



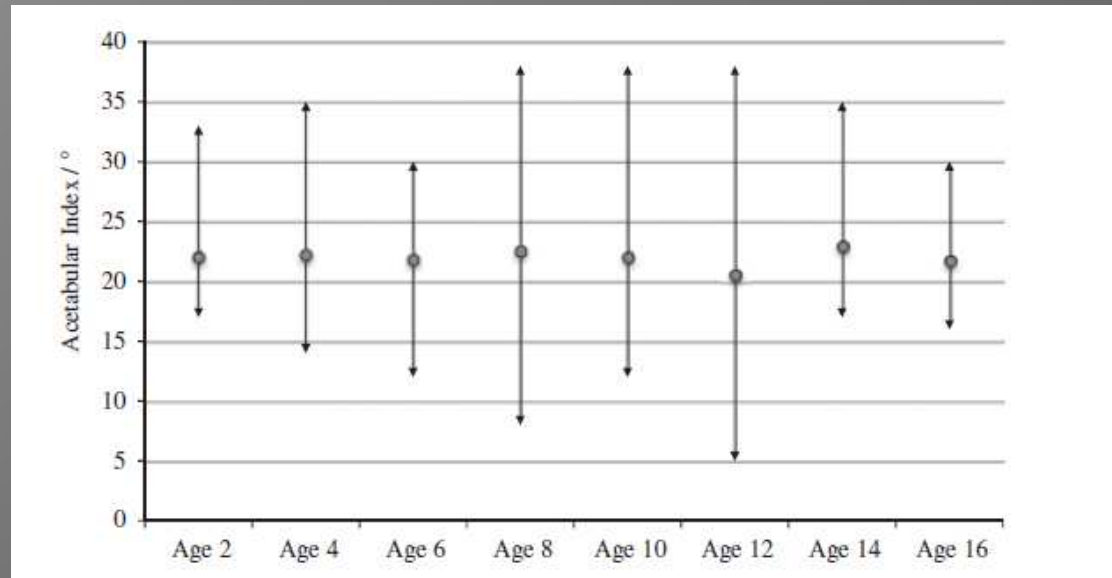
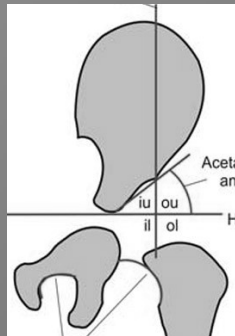
Mose technique

Loss of sphericity between 3 and 8 yy



Hip & MPS: natural history

- Acetabular Index
- Hip & MPS: natural history

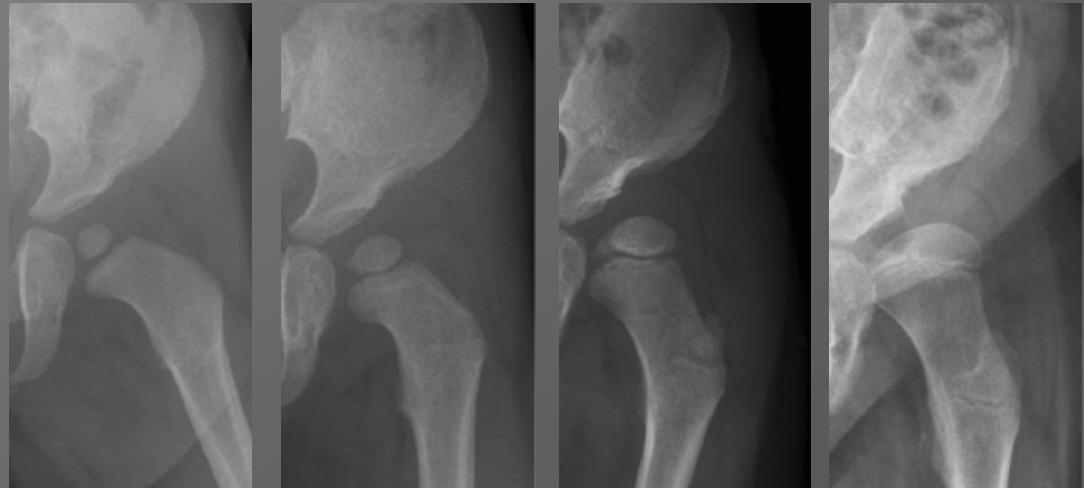


- We do not have the physiological decrease between the 2 and the 6 yy



Hip & MPS: natural history

- Neck-diaphyseal angle
 - Augmented
(Described by several Authors but not exactly quantified)



Hip & MPS: natural history

- MPS III

- 50 % of patients have a involvement of the femoral head
- Generally the acetabula is less flat
- High prevalence of necrosis of the femoral head (after age 10)
- (generally very poor general conditions)



13 yy



17 yy

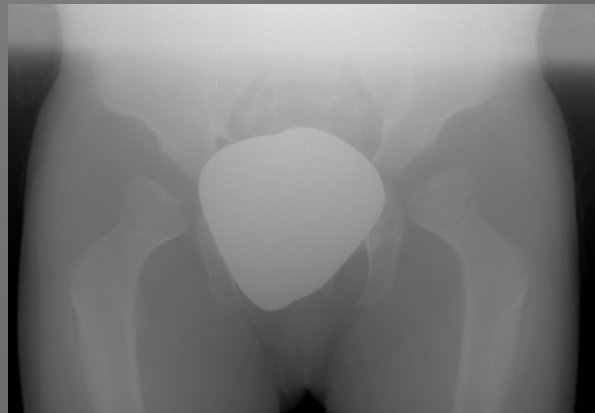


18 yy

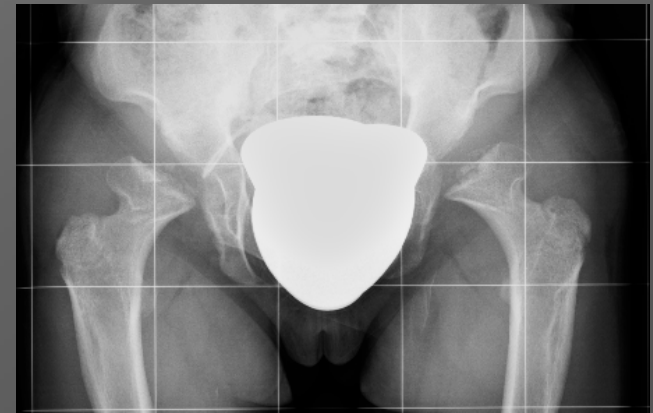
Hip & MPS: natural history

- MPS VI

- Hip always involved
- Generally symptoms are less severe
- Generally low tendency to migration
- (lack of literature)
- (role of surgery not clear)

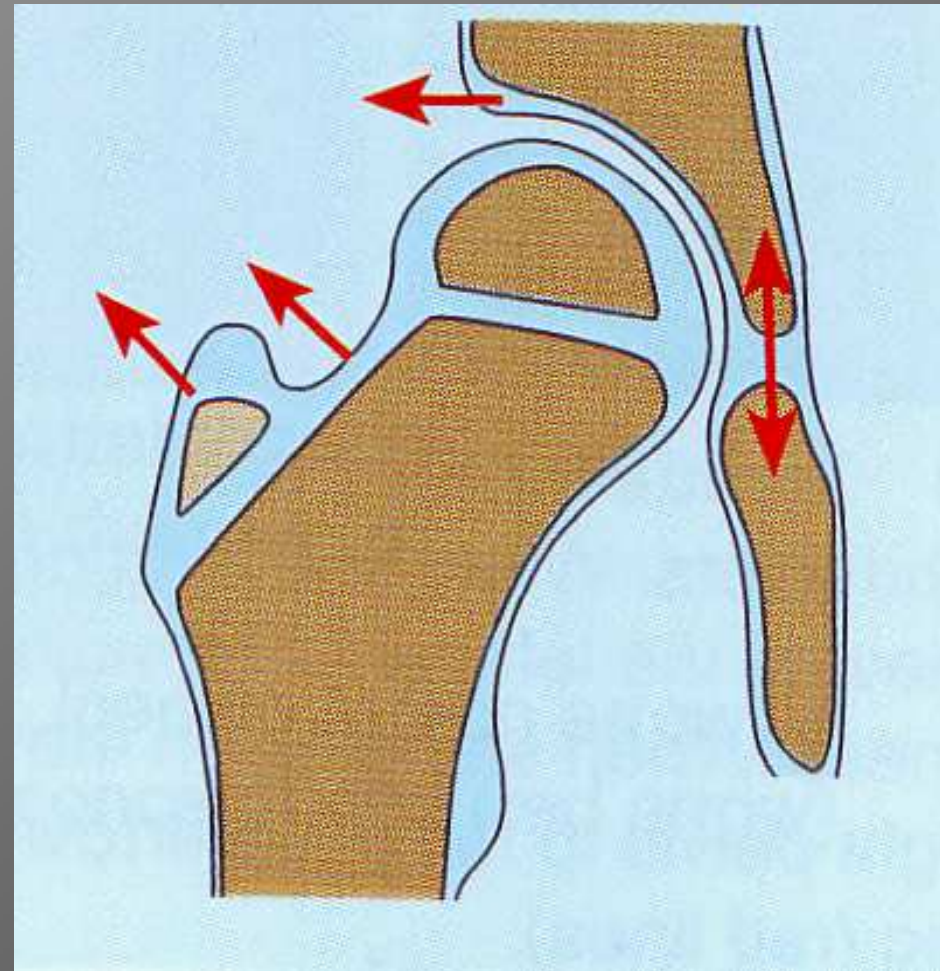
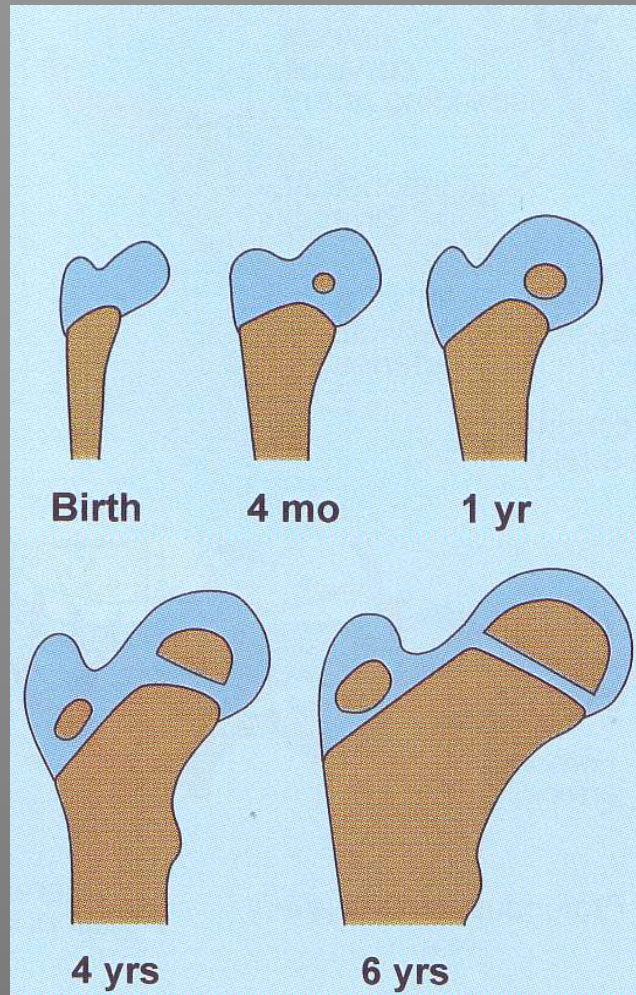


6 anni



15 anni

Physiological hip development



Tonnis 1984 and Staheli 2008

Physiological hip development

