

# Bone deformities in patients with cerebral palsy

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| <b>Ethical review</b>        | Approved WMO                                   |
| <b>Status</b>                | Pending  |
| <b>Health condition type</b> | Bone disorders (excl congenital and fractures) |
| <b>Study type</b>            | Observational invasive                         |

## Summary

### ID

NL-OMON35180

### Source

ToetsingOnline

### Brief title

Bone deformities in cerebral palsy

### Condition

- Bone disorders (excl congenital and fractures)
- Movement disorders (incl parkinsonism)

### Synonym

anatomical variation in bonestructures, Deformities of the bones

### Research involving

Human

### Sponsors and support

**Primary sponsor:** Academisch Medisch Centrum

**Source(s) of monetary or material Support:** AMC

## Intervention

**Keyword:** Anatomy, Bone deformity, Cerebral Palsy

## Outcome measures

### Primary outcome

A quantitative and standardized description of the variations of the proximal carpal bones and radius and ulna is made using a statistical shape model. 15000 corresponding points on all registered bone surfaces are automatically established by subsampling the segmented bone surfaces (van de Giessen et al., 2009). Using principal component analysis (PCA), multidimensional variations are described that are present in both the spastic wrist and the contra-lateral (non-spastic) wrist. By studying the distributions of the parameters that specify these variations, we can describe the prevalence of certain shape variants and detect shape differences between the spastic and contra-lateral wrist.

### Secondary outcome

n/a

## Study description

### Background summary

Patients with spastic cerebral palsy (sCP) typically present with an impaired range of motion that affects the positioning of the upper extremity. The motor disorders of sCP are often accompanied by secondary musculoskeletal problems (Rosenbaum et al., 2007) which limit the functioning of the hand and arm. Generally, the extreme wrist flexion and ulnar deviation position develops well before adolescence. Consequently, the bones of the wrist develop under pathological loads.

The proximal carpal bones play important roles in the mobility of the wrist

(Craig and Stanley, 1995, Garcia-Elias et al., 1995). Relations have been found between the bone shapes and their kinematics (Nakamura et al., 2000). In the area of reconstructive surgery, the ability to recover functional wrist mobility depends on the estimated non-pathological bone shapes (Craig and Stanley, 1995, Crisco et al., 2005). Recently, a statistical shape model has been developed with which the shapes of the bones of the wrist can be described using CT scans (van de Giessen et al., 2010, van de Giessen et al., 2011). With these descriptions, we can study the influence of spastic control on bone growth in the spastic wrist. Ultimately, this information can tell us something about the development of postoperative wrist pain in sCP patients. The aim of our study is to evaluate the degree of anatomical variation of the wrist bones as a consequence of spastic control. We also want to compare degree of anatomical variation with that of the unaffected wrist.

### **Study objective**

The aim of this study is to evaluate the influence of extreme fixed wrist flexion and ulnar deviation due to spasticity on bone shapes of the wrist bones. We want to compare CT scan-based three-dimensional reconstructions of the spastic wrist to the contralateral, healthy wrist in hemiplegic patients. We hope to gain valuable anatomical information and to create a basis for further research in studies on various wrist pathology and surgical techniques.

### **Study design**

An observational study and anatomical study.

### **Study burden and risks**

The radiation exposure of scans is estimated to be 0,6 mSv for each participant. This is comparable to 12-14 weeks background exposure to the natural radiation in The Netherlands.

## **Contacts**

### **Public**

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### **Scientific**

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## Trial sites

### Listed location countries

Netherlands

## Eligibility criteria

### Age

Adults (18-64 years)

Elderly (65 years and older)

### Inclusion criteria

- Hemiplegic cerebral palsy
- Tendon transfer surgery at our institution in the years 2000-2010
- Over the age of 18 years
- Unaffected contralateral wrist

### Exclusion criteria

- Extrapyramidal symptoms
- Not able to understand the written informed consent
- Pregnancy

## Study design

### Design

**Study type:** Observational invasive

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Other

## Recruitment

NL  
Recruitment status: Pending  
Start date (anticipated): 01-11-2011  
Enrollment: 10  
Type: Anticipated

## Ethics review

Approved WMO  
Application type: First submission  
Review commission: METC Amsterdam UMC

## Study registrations

### Followed up by the following (possibly more current) registration

No registrations found.

### Other (possibly less up-to-date) registrations in this register

No registrations found.

### In other registers

| Register | ID             |
|----------|----------------|
| CCMO     | NL38330.018.11 |