

About CPT

CPT is a disorder of the tibia where there is a propensity for recurrent fractures, poor healing of bone and need for multiple operations.

Current methods of treatment of CPT have evolved to give much more consistent results than previously possible. Special methods are available to achieve union.

Treatment must


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Children Orthopaedic Clinic

Congenital Pseudarthrosis of the Tibia (CPT) (Anterolateral Bowling of Tibia)



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► Congenital Pseudarthrosis of Tibia

Also known as congenital “ Anterolateral Bowing of Tibia” or CPT is a rare condition seen in infants and children.

The tibia is bowed and the apex of the deformity is anterior and lateral in the sagittal and coronal plane respectively.

Incidence is 1: 140,000.

This type of bowing is pathognomonic of CPT or Congenital Pseudarthrosis of tibia, leading to a recalcitrant non-union of the tibia and fibula.

Almost 50% of cases are associated with Neurofibromatosis type I or fibrous dysplasia.

The deformity may be present at birth or occurs as a painless stress fracture when child starts to walk.

The typical site of deformity is in the lower third of the leg and both tibia and fibula may be involved.

Radiographs reveal typical bowing and the tibia may have sclerotic edges, cortical tapering, cyst formation and sometimes obliteration of medullary cavity.



CPT that Require treatment

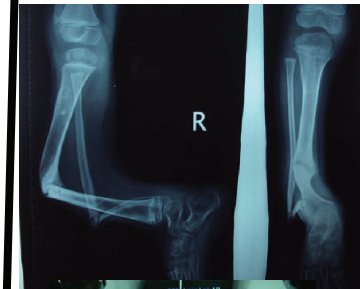
- Progressive increase in size with risk of fracture
- Pathological fracture

Treatment Modalities

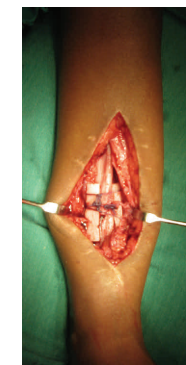
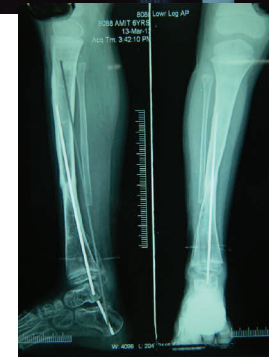
- Observation
- Orthotic Management
- Excision of CPT and Fixation with Intramedullary rod and bone grafting
- Excision with Ring Fixator for compression of CPT
- Reconstruction and BMP for bone healing
- Free Vascularized Fibula
- Use of Telescoping Rod

Prognosis doesn't depend on the type of CPT but the extent of involvement of the bone, presence of gap or stiff non-union, and the age of patient at treat-

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Rush Rodding
Periosteal
Grafting



Newer Fassier-Duval rod in an older child.