

EPOS NEWSLETTER



European Paediatric Orthopaedic Society

OCTOBER 2014

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WELCOME TO THE EPOS NEWSLETTER

From Newsletter Editor Ivan Hvid, Aarhus DK, ihv.eposnews@gmail.com

Leaves are falling, such is the nature of the year. In these parts at least. The earth underneath, however, remains much the same. In the EPOS, likewise, we may be loosing our hair (speak for yourself – I hear someone whisper!), but the globe underneath and its contents remain much the same. This bears promise for the gatherings that lie ahead of us. During these days, abstracts are being submitted, and the Membership – and hopefully many guests – are receiving invitations to register for the upcoming Annual Meeting of our great society. To take place in Marseilles, April 15-18.

Years ago, I used to travel to the EPOS Annual Meetings more to see old friends within our field, and to make new ones. These days, I do the same, only now with ever higher expectations regarding the scientific contents and learning opportunities to be experienced. In 2016, Rome will be the venue. And, very excitingly I think, our 2017 Meeting will be a shared Meeting with the POSNA in Barcelona. That's a lot to look forward to. So, don't let the autumn get to you!

In this edition, don't miss the Quiz! You now have the chance to win an iPad (even more useful now when BoneNinja is available at low cost!).

Comments and suggestions: please write to me at ihv.eposnews@gmail.com

Abstract submission for the 34th EPOS Annual Meeting
is open until October 15th 2014:
<http://abstract.caos.nl/EPOS>

PRESIDENT'S ADDRESS



Dear EPOS members,

It is with great pleasure that I invite you to attend the 34th EPOS Annual Meeting in Marseille, France from 15th – 18th April 2015. Marseille is a fabulous city with a brilliant history and traditions extending back for more than 2,600 years. Modern developments made Marseille the European capital of culture in 2013. Next year, EPOS has the privilege to invite the IFPOS for a combined meeting with specific scientific sessions.

On Wednesday morning 15th April, the combined EPOS-IFPOS session will be held. The topic of this session will be '[Humanitarian activities](#)'. Many of us are concerned by humanitarian activities whether it is through teaching staff in other parts of the world, performing surgery or any other kinds of generous acts in caring for children. Bernard Sabrier, president of Children Action and Bernard Granjon, past president of Médecins du Monde will discuss the needs of charity organisations. The first part of the session focuses on their different experiences. The second part will treat specific pathologies including the club foot, osteomyelitis, late DDH, Pott's disease among others.

The success of this session depends on you. We would like to ask you to:

- Save the date: Wednesday morning 15th April 2015 in Marseille;
 - Please return the **completed survey** that I have sent to you as soon as possible.
- You may also inform us as to how you are involved in humanitarian activities.
Please let us know something: a few words are better than silence!

One of the goals of EPOS is to draw a map of all the activities its members participate in throughout the world. By doing so, we can build a network that can widely improve the efficiency of our efforts. On behalf of the children of the world, I would like to thank you in advance.

Wednesday afternoon will be dedicated to the pre-meeting course '**Lower limb lengthening procedures and corrections**'. International speakers will focus on 'what's new', 'how to manage severe deformities' and 'how to avoid complications'. The pre-meeting course is considered an EPOS advanced course and is included in the educational programme.

I very much look forward to seeing all of you in Marseille in April 2015 and sincerely hope that each and every one of you will take the time to complete the survey on your humanitarian activities.

Best wishes,

Pierre Lascombes, MD
EPOS President

PRESIDENTIAL GUEST LECTURE



Pediatric Orthopaedics: A bridge between cultures, countries, even continents. Presidential Guest Lecture presented by Muharren Yazici at the 33rd EPOS Annual Meeting in Bruges.



The twentieth century was a difficult time for our world. In this century, the old continent tasted pain unlike any in its history, witnessed cruelty greater than ever. The first half of this century was spent on wars and destruction, during the second half the world toiled under the weight of anger, hatred, lack of communication and dividedness. As the century came to a close, the idea of a new world, a different world where there were no boundaries, where old enmities were forgotten, one that was equal and fair had begun to enter our minds. 'The idea of progress' and 'the philosophy of enlightenment' promised us that as material prosperity, the domination of the scientific world view and technological advancement increased, individuals and people would free themselves of their particular identities, evolve to adopt a more universal one, and gain a more cosmopolitan spirit. Unfortunately, this did not happen.

And of course it could not. Because consumerism stimulated demand by seducing the people. But resources were limited, and those that do exist were divided unequally. Unmet demand stoked anger, withdrawal and hatred. In the end, intolerant and wrathful patriotism grew. The real reason behind patriotism's return is not the rediscovery of people's roots or nationalities but the unmet demand and the disappointment of failure of expected quality of life. In the past century, the relationship of dominance between the north and the south, the affluent and the poor was what allowed you to live in your country and your homes, well-fed and content. The nature of this relationship has, however, shifted. Capitalism has not only increased inequality, but also caused the switch of stable positions between the outside and the inside. The outsiders can now see everything that goes on with the insiders, what they eat, what they wear, how they live, what kind of medical treatment they receive. Therefore, the classic paradigms of dominance and the ways of policing the relationship between the rich and the poor have faded; the classic strategies of security have lost their meaning. No longer is it as easy to shut our doors tightly and live peacefully in our homes.

And how hopeful we were when the wall came down. Looking back now, as every day we see a new wall erected in a different corner of the Earth, we're tempted to wonder whether we were ready to have the wall come down at all, or whether we were crushed under the rubble. If a wall is built, it is because its builders think it will protect them of something; fear is the driving force. The truth lies in conquering that fear; for as long as fear lives, a new wall will rise up for every wall that comes down. Walls that are made of stone and cement are difficult, but not impossible, to overcome. As long as the walls that separate us are not made of hatred, anger and intolerance, they are not indestructible.

But is there no hope? Is there no way of overcoming this hurdle, of dispelling this darkness?

There is hope: we must form partnerships to produce and use biological, material and scientific assets. Or the Noah that will save us from the great flood will never come. Rather than an ark to protect us from the typhoon and carry us to safe shores, what we need is a bridge that will bring us closer together.

Humankind requires new bridges, not new walls. Bridges that minimize distances, overcome boundaries and make life easier. And not a bridge where one of the cruelest wars in history began, or one that has been made the target of enmity and defaced in order to cease the communication between two worlds.

[Continue reading next page>>](#)

Dictionaries define the word 'bridge' as 'a structure built so that a transportation route and cross above an obstacle'. It is a metaphor frequently utilized in literature, art and philosophy. As a metaphor, a bridge between people enables the passage of ideas, it connects people who are in different places, it enables help to be connected, it opens up the opportunity for people to be helped, it reduces isolation, it is a more efficient way of getting to another point, it increases the range of options available, and so the list continues.

However, it should not be forgotten that what a bridge needs first and foremost is two solid piers. If there is a lack of enthusiastic, passionate, believing individuals who wish to use this bridge to meet those on the opposite shore, what good is a bridge? Once the decision to walk across has been made and physical distances are overcome, emotional distances become easily spanned. The great Turkish poet Yunus Emre calls to us, from many centuries ago. He says:

*Come, let us all be friends for once,
Let us make life easy on us,
Let us be lovers and loved ones,
The earth shall be left to no one.*

We are physicians. A group that has dedicated their lives, their careers to service the world's most innocent, most sinless creatures: children. From the first day of our careers, we've promised our ancestor Hippocrates that we will help everyone who requires it regardless of race, religion or language, to pass along our knowledge to those that come after us. We can assume leadership in mending broken bridges, of building new ones to span the distance between people, countries and continents that seems to grow ever more every day, to help our century overcome the depression it has been suffering of. We can use our professional knowledge, surgical experience and educational assets to take a step beyond being just a salve to a wound, a medicine for pain. We can use our powers to set the foundation for damaged bridges between countries, continents, and create some for those that have never existed. This may be a small step for us, but it will be a great one for humankind.

When you look at the past 10-15 years through this perspective, there are many events that should make orthopaedic surgeons, especially pediatric ones, proud. Ohaneba Boachie-Adjei's unprecedented FOCOS Project, Kaye Wilkins's tireless, endless treks from Haiti to Iraq, everything Shafique Pirani and Norgrove Penny have done for poverty in Africa, Elhanan's diligence that keeps him ready with a pack on his back for catastrophe victims around the world, David Spiegel's dedication that has driven him to spend a quarter of the year in Nepal for many years, Alain and Andre's accomplishments in Cambodia... these should all go down in history as exemplary achievements that allow us to feel pride in our identities as pediatric orthopaedic surgeons, physicians, humans. Those whose names I could not remember or am unaware of are no less worthy of our recognition. I applaud Lynn Staheli's Globalhelp Project, Bob Bernstein's Mobile Pediatric Orthopaedic Education program, which are endeavors analogous to the saying of teaching a person how to fish, rather than giving them fish. All these names have toiled with great diligence for years to generously share humankind's common value of knowledge and skill, to give back to people less fortunate than us what they deserve.

Europe has become the crib for ideas, ideologies and systems that define the modern world. Throughout history, goodness has thrived in this soil, but unfortunately, so has the bad. This is why Europe is most responsible for everything that is happening today, positive and negative. If it is possible to overcome these problems, dispel the depression, then I am certain that the torch to light the way will gather its flame here, and the greatest motivation will come from our old continent. As the representative of Europe and European values, EPOS can assume a prime role in tearing down walls and building up bridges.

[Continue reading next page>>](#)

The EPOSHelp Project, which we started with these feelings, has gained great momentum with the Regional Core Curriculum courses, the first steps to bring together the periphery and center of Europe together. So far we have built new bridges to four countries, transmitted to them the message of 'we are Europe together', and we are excitedly counting down the days to two new destinations as well. While the R-CCC Project is a good beginning, it is a minor step in the final order of things. One leg of our compass rests at the heart of Europe. Everywhere the other leg can reach is within our interest. I like to imagine that EPOS, who has acquired a respectable role of leadership with its scientific and academic identity, can lead the way for these kinds of activities as well. I have a dream. Wherever in the world there is a child that has a hand outreached for orthopaedic help, EPOS should hold it, both directly and indirectly. We can reach this dream step by step with educational courses, supplying educational material, surgical and medical missionary excursions, practical training of local physicians and healthcare personnel, giving them the opportunity of visiting our clinics and observing modern procedures. I like to imagine that EPOS could act as the coordinator, facilitator and initiator for the existing efforts of individuals and smaller organizations. All those that think these are mere dreams, and I a mere dreamer, I would like to remind of a quote by William Russell: "The greatest achievements have been done by people who had the greatest dreams."

I am aware that ours is no small undertaking. Reaching our objectives outside of geographic Europe especially requires many of our colleagues to volunteer their services. We need many more hands to carry the EPOS mission higher. If you're not there, we're one less!

After all that's been said, as the afterword: the one that sleeps while his neighbor starves is not one of ours.

Respectfully yours.

Muharrem Yazici, MD

EPOS Education Committee Member



EPOS EDUCATIONAL COMMITTEE



First part of the 3rd EPOS-EFORT BAT IC Triology was held between 24-26 September 2014 in Vienna Orthopaedic Speising Hospital.

The first part included theoretical lectures on bone growth and metabolism, paediatric history and clinical examination, paediatric hip and foot problems, limb lengthening and deformity correction as well as 5 workshops, case presentations by the participants, cross-fire discussion session and meet-the masters session. Eighty six participants from 26 different countries attended the course and 14 distinguished paediatric orthopaedic surgeons from 10 countries constituted the faculty. Sixteen colleagues already completed the triology and were graduated from the EPOS-EFORT BAT IC Triology. The second part of the triology will include paediatric trauma and will be held between 11 and 13 March 2015 in Vienna. Details will be available soon at www.epos.org

EPOS Regional Core Curriculum Course will be held between 14 and 15 November 2015 in Bucharest, Romania. Six faculty members from EPOS will attend this course to give theoretical lectures as well as to make case discussions.

More information is available at www.epos.org

Hakan Omeroglu

EPOS Education Committee Chairman

EUROPEAN EDUCATION IN ORTHOPAEDICS AND TRAUMATOLOGY



Dear Colleagues,

For a long time, the European Union has been calling for a harmonized Curriculum for our specialty. The Orthopaedic Section has been working on this for several years but for one reason or another, it has been impossible to reach a consensus.

For this reason it was launched in March 2013 a study group, the European Education Platform, with representatives of the National Associations and the Specialty Societies under the auspices of EFORT and UEMS. The goal is to produce a European Curriculum of Orthopaedics and Trauma that will serve as guidelines for the different National Associations.

Under the Chairmanship of Manuel Cassiano Neves, several members of EPOS have been acting as representatives of their own National Associations, as it was the case of Hakan Omeroglu and Bjarne Moller-Madsen and of Ernesto Ippolito as UEMS representative, that helped in the process of formalizing the document. There was also an involvement of the Specialty Societies that were called for the specific topic related to their own field. In this particular aspect, our President Pierre Lascombes, gave a major contribution for the establishment of the basic knowledge on Pediatrics for the residents.

The European Curriculum was open for discussion in June 2014 and after being discussed at the different National levels is now under the scrutiny of UEMS. There is still a long way to go with several questions to be answered, mainly concerning the assessment, due to the different aspects of the process (multiple choice questionnaire, oral exam and a clinical exam). We count to have this process finalized by the end of the year what will allow to have a discussion group by January 2015 in order to finalize the European Curriculum.

Both UEMS and EFORT are aware that there is still a wide variation in Orthopaedics and Trauma Education in Europe and European Curriculum just intends to help in harmonizing the different process of O&T Education in Europe. It is up to each National Association to adopt or adjust it to their National requirements.

Manuel Cassiano Neves
2nd Vice-President

JOURNAL ARTICLES OF POTENTIAL INTEREST FOR YOU



Here are some articles that I particularly appreciated, published since the last issue of the Newsletter. This obviously is a highly subjective and individual choice of mine. I included links to the home pages of these journals for easy browsing. Several systematic reviews which would seem to increase dramatically in number in the general medical literature, in orthopaedic literature, and to a more tempered extent in the pediatric orthopaedic literature, are included this time.

In the future, I invite you to inform me on particularly important or innovative recent original papers that you come across in these or other journals. Please submit your motivated suggestion to ihv.eposnews@gmail.com

Acta Orthop

<http://www.actaorthop.org/index.php?p=include/mainpage> (Open Access)

Hailer YD, Nilsson O. Legg-Calvé-Perthes disease and the risk of ADHD, depression and mortality. Acta Orthop 2014; 85: 501-5

Interesting paper with a large cohort including a large control cohort. The authors infer that the hyperactivity may have an etiological role in the disease. There is a higher than average risk of depression and suicide. The higher death rate is partly explained by cardiovascular disease. It is not explored whether this might be due to a small proportion of cases being secondary to hereditary coagulation disorder.

Kim S-J, Pierce W, Sabharwal S. The etiology of short stature affects the clinical outcome of lower limb lengthening using external fixation. A systematic review of 18 trials involving 547 patients. Acta Orthop 2014; 85: 181-6

One of quite many useful systematic reviews being published currently. Achondroplastic and hypochondroplastic patients tolerate larger amounts of lengthening with a better Healing Index, and a lower rate of complications (68%). Idiopathic short stature patients had the highest complication rate (106%).

Ved A, Greenwood A. "Can you push back my glasses?" – a repeated request while operating. Is there a solution? Acta Orthop 2014; 85: 210-0

I couldn't resist including this brief paper – which includes a note of caution from the editor!

The Bone and Joint Journal

<http://www.bjj.boneandjoint.org.uk>

Kaneko H, Kitoh H, Mishima K, et al. Factors associated with an unfavourable outcome after Salter innominate osteotomy in patients with unilateral developmental dysplasia of the hip: Does occult dysplasia of the contralateral hip affect the outcome? Bone Joint J 2014; 96-B: 1419-23

The contralateral hip was affected in 6/46 contralateral hips at skeletal maturity (Severin III and IV hips at latest follow-up).

Terjesen T. Dysplasia of the contralateral hip in patients with unilateral late-detected congenital dislocation of the hip: 50 years' follow-up of 48 patients. Bone Joint J 2014; 96-B: 1161-6

8/48 patients developed dysplasia of the contralateral hip, 6 underwent surgery to improve dysplasia, 2 developed osteoarthritis. These two studies indicate a relatively low incidence of late occurring contralateral hip problems in "unilateral" hip dysplasia.

Clinical Orthopaedics and Related Research<http://www.clinorthop.org/index.html>

Gray K, Gibbons P, Little D, et al. Bilateral clubfeet are highly correlated: A cautionary tale for researchers. Clin Orthop Rel Res 2014; 472: 3517-22

This very useful paper emphasizes, once again, that patients with bilateral treatment data should not be analyzed as independent data.

Leopold SS, Gebhardt MC, Potter BK, et al. Editorial: Words hurt – Avoiding dehumanizing language in orthopaedic research and practice. Clin Orthop Rel Res 2014; 472: 2561-3

Using language carefully when talking to or writing about patients is obviously important. This editorial should be read by all medical journal editors. And authors. Read it before you submit your next article for publication!

Journal of the American Academy of Orthopaedic Surgeons<http://www.jaaos.org/content>

Bouchard M, Mosca VS. Flatfoot deformity in children and adolescents: Surgical indications and management. J Am Acad Orthop Surg 2014; 22: 623-32

A thoughtful and well-balanced review of current examination and management. The emphasis is on flexible flatfoot with useful hints to the surgical treatment of skewfoot.

Nowicki PD, Duhn R. The use of arthrography in pediatric orthopaedic surgery. J Am Acad Orthop Surg August 2014 ; 22:472-481.

While arthrography is perhaps yielding to ultrasound examination in some settings, it is still a very useful tool, particularly when intraoperative examination is needed. Examples are shown when using arthrography in upper limb trauma, Blount's disease and other knee problems, and hip problems.

The Journal of Bone and Joint Surgery – Am<http://jbjs.org>

McDowell M, Nguyen S, Schlechter J. A Comparison of Various Contemporary Methods to Prevent a Wet Cast. J Bone Joint Surg Am, 2014 Jun 18;96(12):e99. (ePub ahead of print)

Comment: While the safest, and cheapest, method is to avoid water all together, a double plastic bag with duct tape is cheap and effective.

Zionts LE, Packer DF, Cooper S, et al. Walking age of infants with idiopathic clubfoot treated using the Ponseti method. J Bone Jt Surg Am 2014; 96: e165 (ePub ahead of print)

Walking age is delayed about 2 months in children having Ponseti treatment for idiopathic clubfoot.

Journal of Children's Orthopaedics

<http://www.springer.com/medicine/orthopedics/journal/11832> (Open access)

Ibrahim T, Riaz M, Hegazy A, et al. Delayed surgical debridement in pediatric open fractures: a systematic review and metaanalysis. J Child Orthop 2014; 8: 135-41

3 out of 12 studies (714 fractures) were eligible for meta-analysis. Pooled odds ratio was in favour of late surgical debridement (not statistically significant). The authors maintain that early debridement should be the rule, but finds that multicenter RCT would be warranted.

Cooper A, Evans O, Ali F, et al. A novel method for assessing femoral head reduction in developmental dysplasia of the hip. J Child Orthop 2014; 8: 319-24

The method uses postreduction CT-scans. The posterior neck line should fall within the concave outline of the posterior acetabulum. The method is shown to have a negative predictive value of .97.

Journal of Pediatric Orthopaedics

<http://journals.lww.com/pedorthopaedics/pages/default.aspx>

Ting BL, Bae DS, Waters PM. Chronic posterior sternoclavicular joint fracture dislocations in children and young adults: results of surgical management. J Pediatr Orthop 2014; 34: 542-7

Traditionally, we have tended to advise against open reduction of the SC-joint. The authors report good results at 5.5 years postoperatively, although return to pre-injury level of sports participation may result in persistent symptoms.

Lurie B, Koff MF, Shah P, et al. Three-dimensional magnetic resonance imaging of physeal injury: reliability and clinical utility. J Pediatr Orthop 2014; 34: 239-45

A semiautomated segmentation technique was used to map physeal bars in 24 patients. The inter-rater reliability was very good with an interclass correlation coefficient for average measures of .99.

PICTURE QUIZ



Diagnosis?

- A. Postinfection local overgrowth of the medial femoral condyle.
- B. Idiopathic valgus deformity of the knee joint.
- C. Tumour of the medial femoral condyle.
- D. A bone dysplasia.
- E. Posttraumatic overgrowth of the medial femoral condyle.

Pick one, and send the answer to ihv.eposnews@gmail.com before november 1st. Entitle your e-mail "EPOS Quiz". And remember, you have the chance of winning an iPad if your answer is correct!

EPOS REGIONAL CORE CURRICULUM COURSES

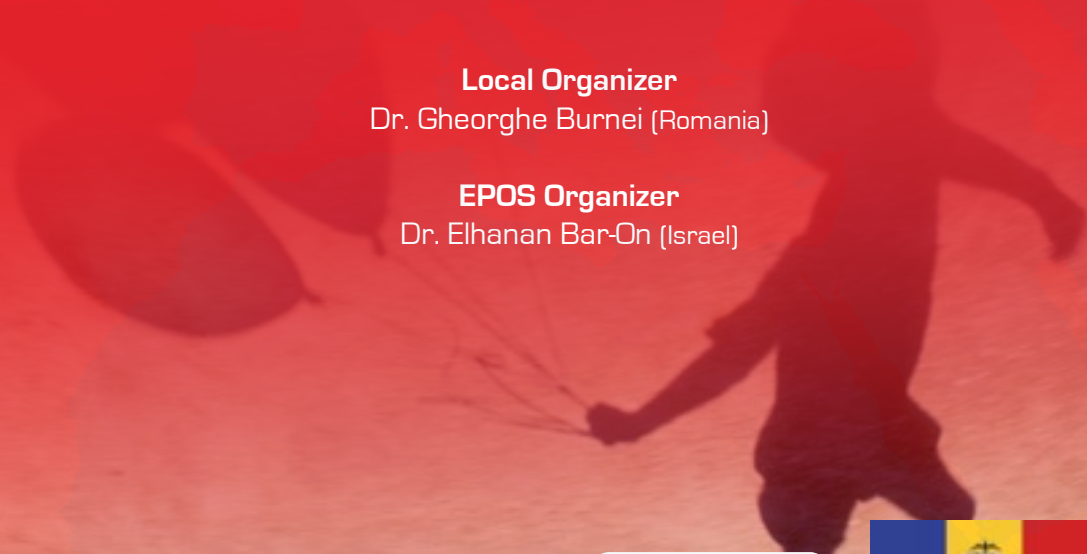
BUCHAREST - ROMANIA - NOVEMBER 14TH - 15TH, 2014

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