RESULTS

42/49 patients (65%) had a genu varum at the 1st surgery
→ Mean distance between the knees: 11.1 cm [± 6.4].
7/49 patients (35%) had a genu valgum at the 1st surgery
→ Mean distance between the ankles: 14.3 cm [± 5.7]

Prior to surgery, 42/49 received alfalcalcidol and phosphate
29/49 had a value of Alk. Phos. within the normal range.

OBJECTIVE AND METHODS

To retrospectively assess the results of surgical limb correction in 49 XLHR children (19M, 30F) bearing a PHEX mutation (mean age at diagnosis 6.0 yrs [± 7.1]) who underwent at least one leg surgery.

CONCLUSIONS

We report here the largest series of surgical procedures in XLHR. Our results confirm that phosphate supplements and vitamin D analogues therapy is the first line of treatment in XLHR to correct the leg bowing. Early surgeries are associated with a high risk of relapse of the limb deformity. Such procedures should be recommended, as a multidisciplinary decision, only in patients with severe distortion leading to mechanical joint and ligaments complications, or for residual deformities once growth plates are fused.

REFERENCES