

## EXPLORATION OF URINARY METALS AFTER PECTUS BAR PLACEMENT

Julio César Moreno Alfonso<sup>1</sup>, **Esther Comajuncosas Pérez<sup>1</sup>**, Ada Molina Caballero<sup>1</sup>, Sara Hernández Martín<sup>1</sup>, Susana Echechipía Madoz<sup>2</sup>, Alberto Pérez Martínez<sup>1</sup>

<sup>1</sup>Hospital Universitario de Navarra. Department of Pediatric Surgery. Pamplona; Spain

<sup>2</sup>Hospital Universitario de Navarra. Allergology Department. Pamplona; Spain

### INTRODUCTION:

Implanted **osteosynthesis materials** are composed of metals that can be released into the surrounding tissues and enter the bloodstream in a process known as **METALLOSIS**.

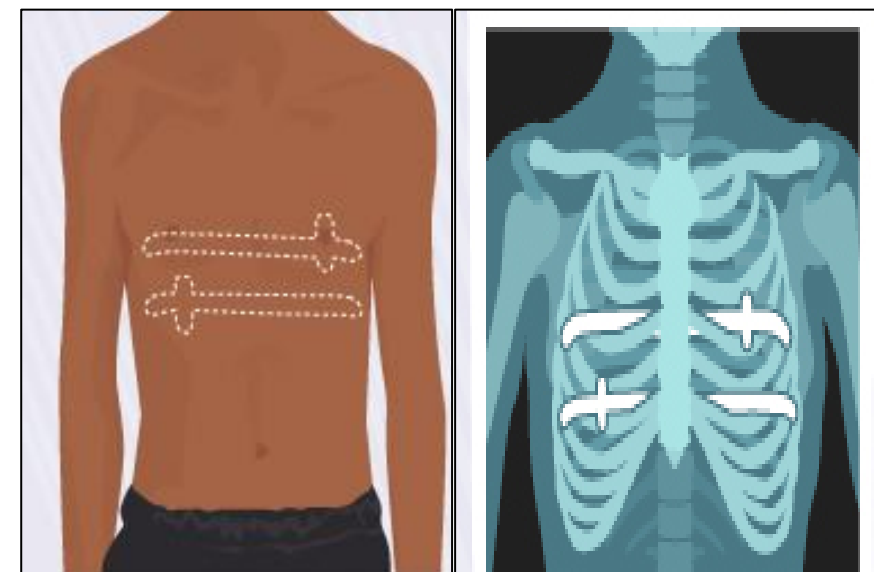
This could cause **sensitization**.



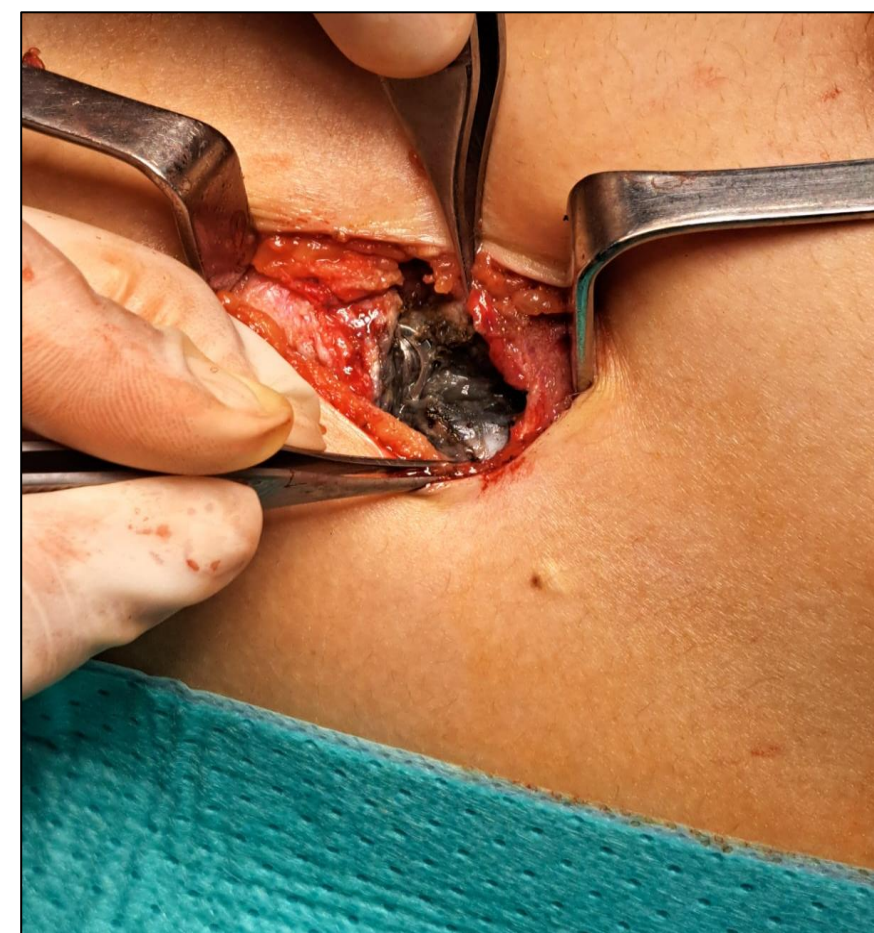
**METHODS:** A prospective study was conducted on patients undergoing pectus bar removal starting **October 2024** at a pediatric hospital. Urinary levels of **nickel, vanadium, molybdenum**, and **chromium** were measured on the day of surgery (**D0**), the first postoperative day (**D1**), and three months later (**M3**).

**RESULTS:** **5 patients** (3 females and 2 males). Average age: **13 years**.

- No metal sensitization in skin tests.
- One case of chest dermatitis after bar placement (no tests performed).
- **Nickel:** main elevated metal → **D0:** 5.4 mcg/L ± 2.6 (VR 0-5.0 mcg/L). **D1:** 8.8 mcg/L ± 8 on D1.
- **Molybdenum:** **D0:** 89 mcg/L ± 26.9 (VR 10-124 mcg/L). **D1:** Substantial decrease (23.8 mcg/L ± 11.8).
- The remaining metals showed no significant alterations.



| Element (unit)            | Time | Patient 1   | Patient 2   | Patient 3   | Patient 4   | Patient 5    |
|---------------------------|------|-------------|-------------|-------------|-------------|--------------|
| <b>Nickel (mcg/L)</b>     | D0   | 2.4         | <b>9.2</b>  | 3.6         | 6.7         | 5.2          |
|                           | D1   | 1.8         | 7.4         | 6.6↑        | 5.8         | <b>22.8↑</b> |
|                           | 3M   | <b>5.9↑</b> | 5.3         | -           | -           | -            |
| <b>Vanadium (mcg/g)</b>   | D0   | 0.19        | 0.19        | <b>0.29</b> | <b>0.29</b> | <b>0.39</b>  |
|                           | D1   | <b>0.29</b> | <b>0.39</b> | 0.29        | <b>0.59</b> | 0.29         |
|                           | 3M   | 0.19        | 0.19        | -           | -           | -            |
| <b>Molybdenum (mcg/L)</b> | D0   | <b>122</b>  | 59          | 81          | <b>112</b>  | 71           |
|                           | D1   | 17↓         | 20↓         | 11↓         | 30↓         | 41↓          |
|                           | 3M   | 95          | 92          | -           | -           | -            |
| <b>Chromium (mcg/L)</b>   | D0   | 2           | 2.9         | 2.7         | <b>9.5</b>  | 1.1          |
|                           | D1   | <b>4.2</b>  | <b>6.3</b>  | <b>5.6</b>  | 8           | <b>8.2</b>   |
|                           | 3M   | 1.7         | 2.4         | -           | -           | -            |



*Metallosis produced in a Nuss bar*

### CONCLUSIONS

- Patients who undergo thoracoplasty bar implantation may suffer from **metallosis**, which is documented macroscopically as dark discoloration of the surrounding tissues and which we have demonstrated through urinary analysis; this could cause **metal sensitization** and be related to the skin or **hypersensitivity reactions** that some patients experience.
- **Nickel** is the main metal elevated in urine, and its elevated levels on D1 suggest that **mobilization of the material** may accentuate metallosis.
- Although these results are exploratory, they represent a novel finding not previously described, which may have implications for **establishing protocols for perioperative allergy assessment and implantable devices**.