cover dental implants or as a biological obstacle to be used in Buccomaxillary Orthopedics and Traumatology, Esthetic and Repairer Plastic Surgery, Facial Surgery and Oncology – was used in lombar and thoracic laminectomies, performed in Wistar-EPM rats, which were sacrificed after eight, sixteen and twenty-four weeks and then the surgical samples were removed to be submitted to histopathological study.

Results: The results obtained from the microscopic analysis of the material submitted to hematoxylin-eosin in the three groups above were separated according to the sacrifice time and presence or absence of implant and both presented similar aspect, without significant statistical differences, but with some percentages showing significant differences, which suggests a behaviour difference among the groups in respect to the presence or absence of tissue reconstitution.

Conclusion: The biological lyophilized membrane of bovine cortical osseous avoided the muscular tissue herniation into the rachidian channel and was totally reabsorbed in all analysed samples which proves its biocompatibility and favouring the osseous neoformation and avoiding adherences.

**KEY WORDS:** laminectomy, fibrosis, bovine osteal cortex, biological membrane.

---

**THE MOTOR DEVELOPMENT IN PRETERM INFANTS DURING THE FIRST SIX MONTHS OF CORRECTED AGE ACCORDING TO ALBERTA INFANT MOTOR SCALE: A COHORT STUDY (ABSTRACT)**. DISSERTATION. SÃO PAULO, 2004.

ANA PAULA RESTIFFE**

There is no consensus whether the neuromotor development in preterm infants with low risk for neurological sequelae is similar, delayed or accelerated, when compared with term infants.

The purposes of this survey are: to study the gross motor development (GMD) in preterm infants (PT), with low-risk for neurological problems during the first six months of corrected age, using the scores and the analysis of 4 postures (prone, supine, sitting, standing) from the assessment tool of the Alberta Infant Motor Scale (AIMS), according to chronological and corrected age for the degree of prematurity; and to verify the need of either correcting or not the chronological age in PT, during this period.

This observational and cohort study assessed 43 PT born in the Nursery Annexed to the Maternity, in Clinics Hospital Medicine School of São Paulo University, monthly, from their first return after hospital discharge to 6 months of corrected age, through video-taped assessments of the 4 postures, during the maximum period of 50 minutes. The results of mean scores, considering corrected and chronological age were comparatively analyzed with AIMS, by adjusting non-linear regression models and by calculating the 95% confidence interval (CI) in each period. If there is no overlapping of CI, the level of significance was considered statistically significant (p<0.05).

The results suggest that by using the chronological age with PT, regardless of the degree of prematurity, their GMD is considered to be delayed in comparison with AIMS. However, by correcting the chronological age, the GMD has become equivalent to AIMS. The greater is the degree of prematurity, the more underestimated is the chronological-aged scores. The prone was the posture which more items had been delayed in comparison with AIMS; the standing, more advanced items; and supine and sitting, with more variability, as far as the period of acquisition compared with AIMS is concerned.

Concluding, the results suggest that, even though the pre-terms' GMD is not delayed in comparisons with the term infants', when the corrected age is considered, their development has shown a distinct temporal, motor and strategical variability from the term infants'.

**KEY WORDS:** newborn, premature infant, motor activity, cohort study.

---


**Address:** Rua Lourenço de Almeida 772 / 51, 04508-001 São Paulo SP, Brasil. E-mail: aprestiffe@agl.com.br