

Scoliosis

Scoliosis

- an abnormal curvature of the spine in frontal plane



Classification

1. Nonstructural scoliosis

2. Transient structural scoliosis

3. Structural scoliosis

1. Congenital

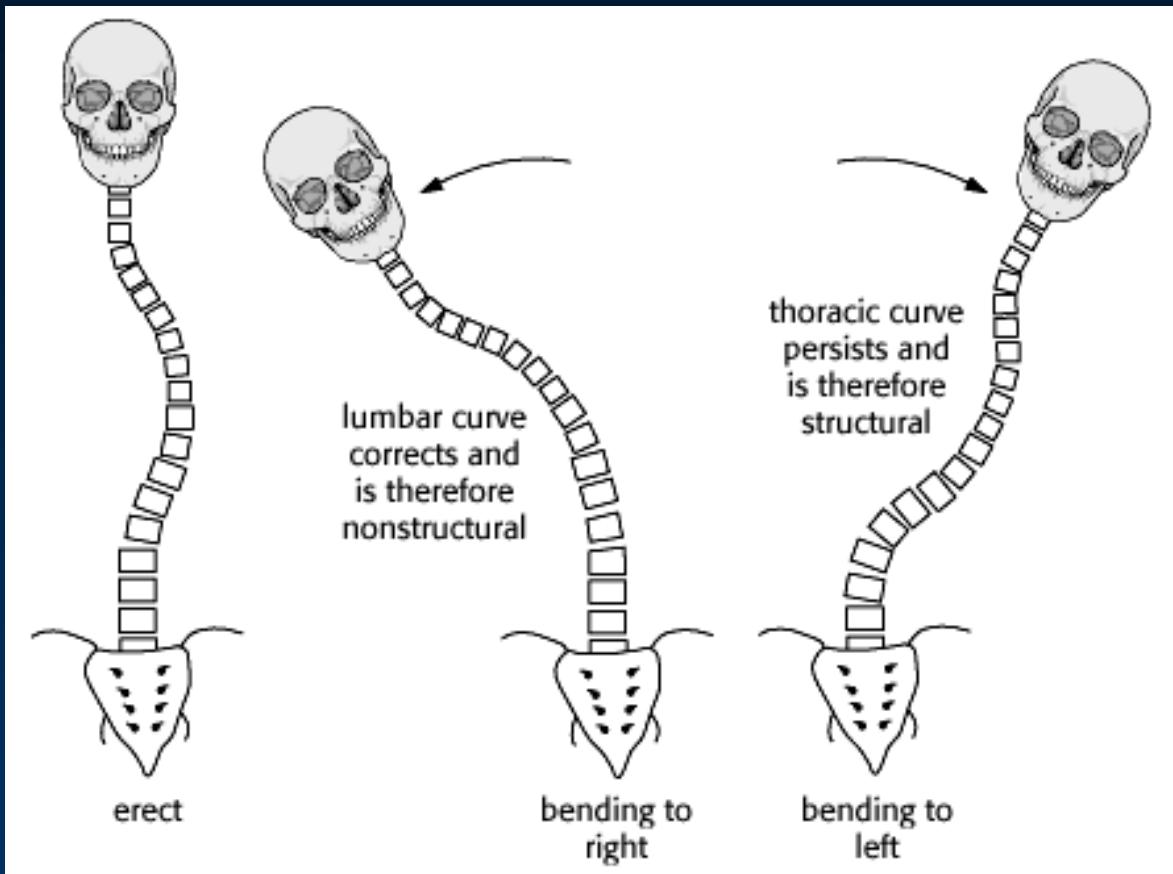
2. Idiopathic

3. Neuromuscular

4. Neurofibromatosis

5. Secondary





lateral bending films to differentiate structural from nonstructural curves

Nonstructural scoliosis

- postural scoliosis
- compensatory scoliosis

Transient structural scoliosis

- sciatic scoliosis
- hysterical scoliosis
- inflammatory scoliosis



Structural scoliosis

- idiopathic (70 - 80 % of all cases)
- congenital
- neuromuscular (*polio, cerebral palsy, syringomyelia, muscular dystrophy, amyotonia congenita, Friedreich's ataxia*)
- neurofibromatosis
- mesenchymal disorders (*Marfan's syndrome, rheumatoid arthritis, osteogenesis imperfecta*)
- trauma (*fractures, irradiation, surgery*)

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Idiopathic scoliosis:

female predilection 3(7) : 1

infantile, juvenile and adolescent
rotation and torsion

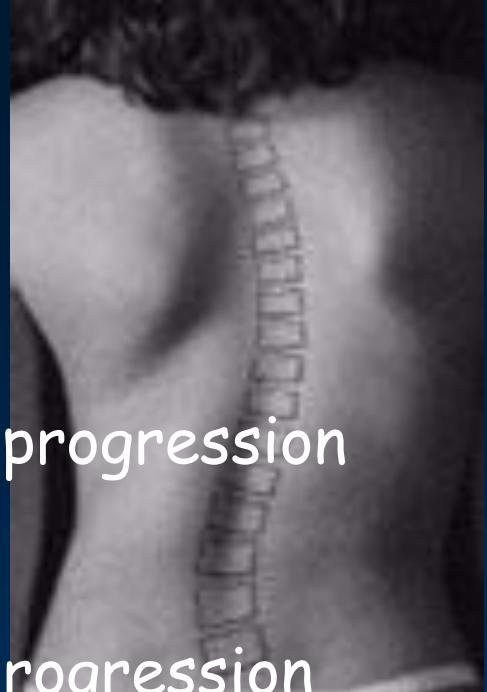
non-structural \Rightarrow structural



Infantile: < 3 years, spontaneous correction
 observation < 20°
 orthosis > 20°
 surgery > 50°

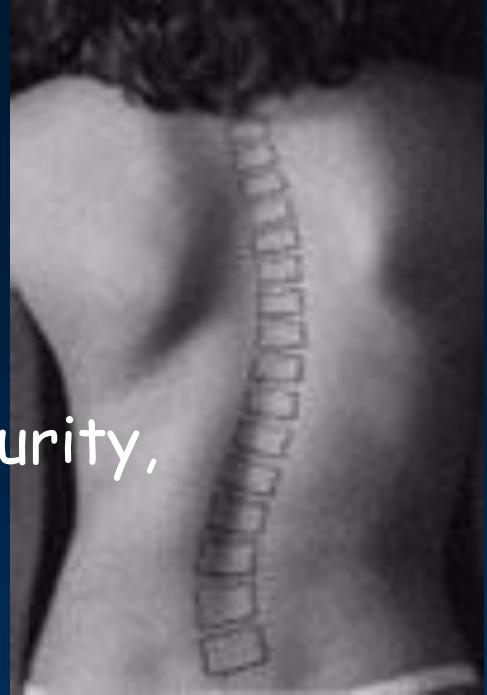
Idiopathic scoliosis:

Juvenile: 3 years to puberty, low progression
 observation < 20°
 orthosis > 20° and progression
 surgery > 40°



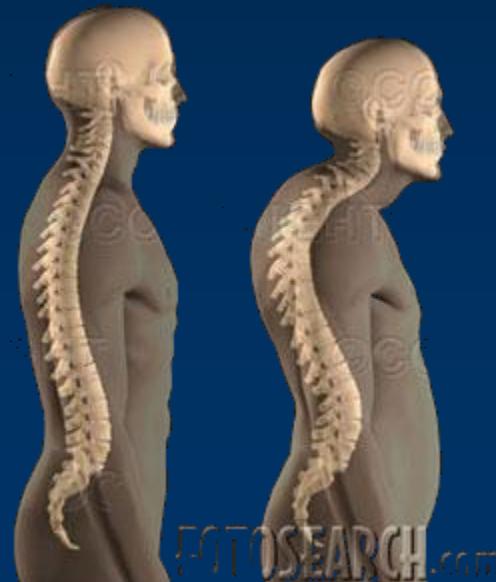
Idiopathic scoliosis:

Adolescent: puberty to skeletal maturity,
consider progression
observation 10° - 20°
orthosis 20° - 40° and progression
surgery $> 40^\circ$

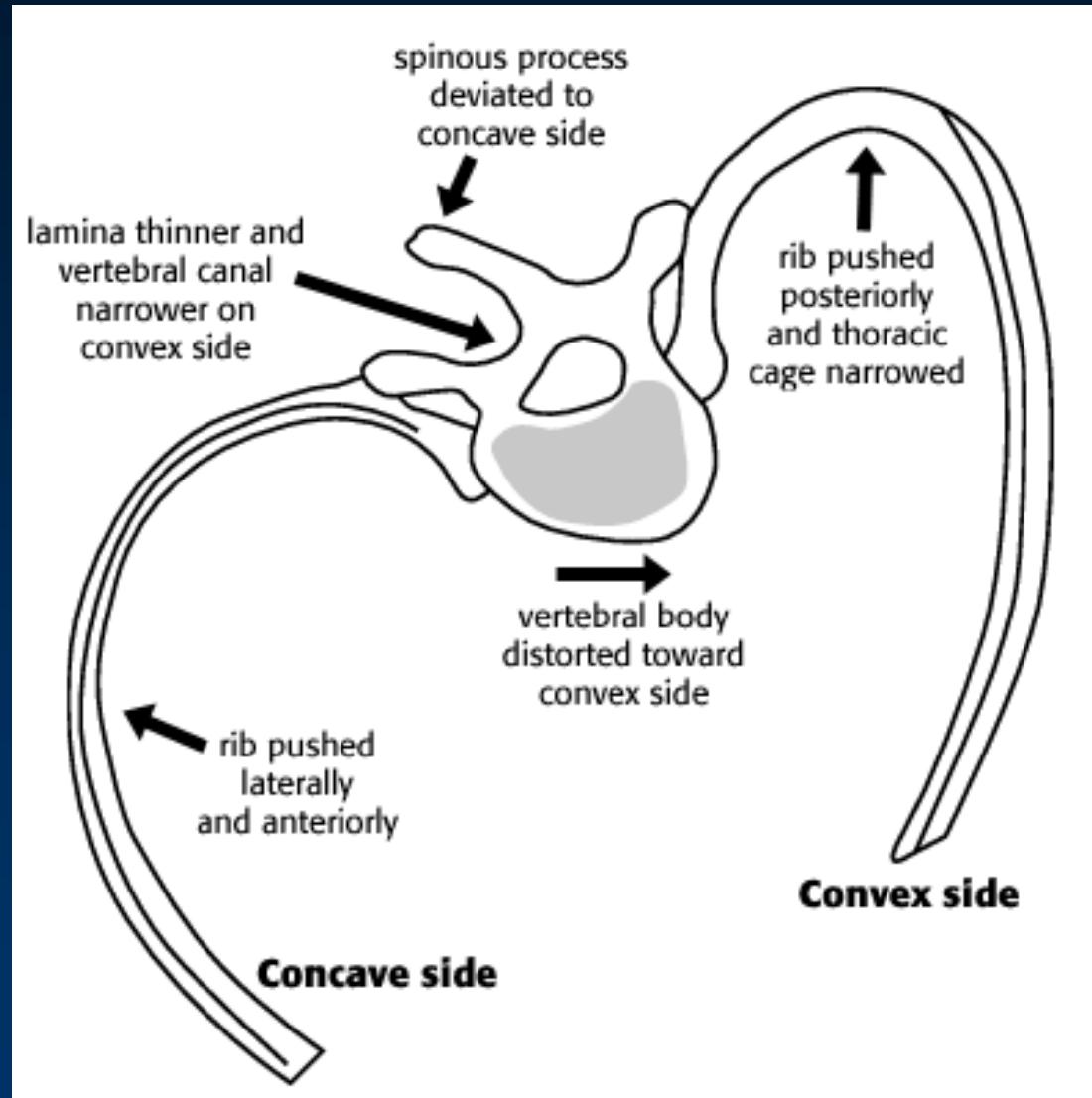


diagnosis:

- Medical and family history
- Observe the patient standing (front and back)
 - abnormalities in the shoulders, rib cage, waist, pelvis, legs (humpback, hip higher than the other, leg length impairment)



diagnosis:



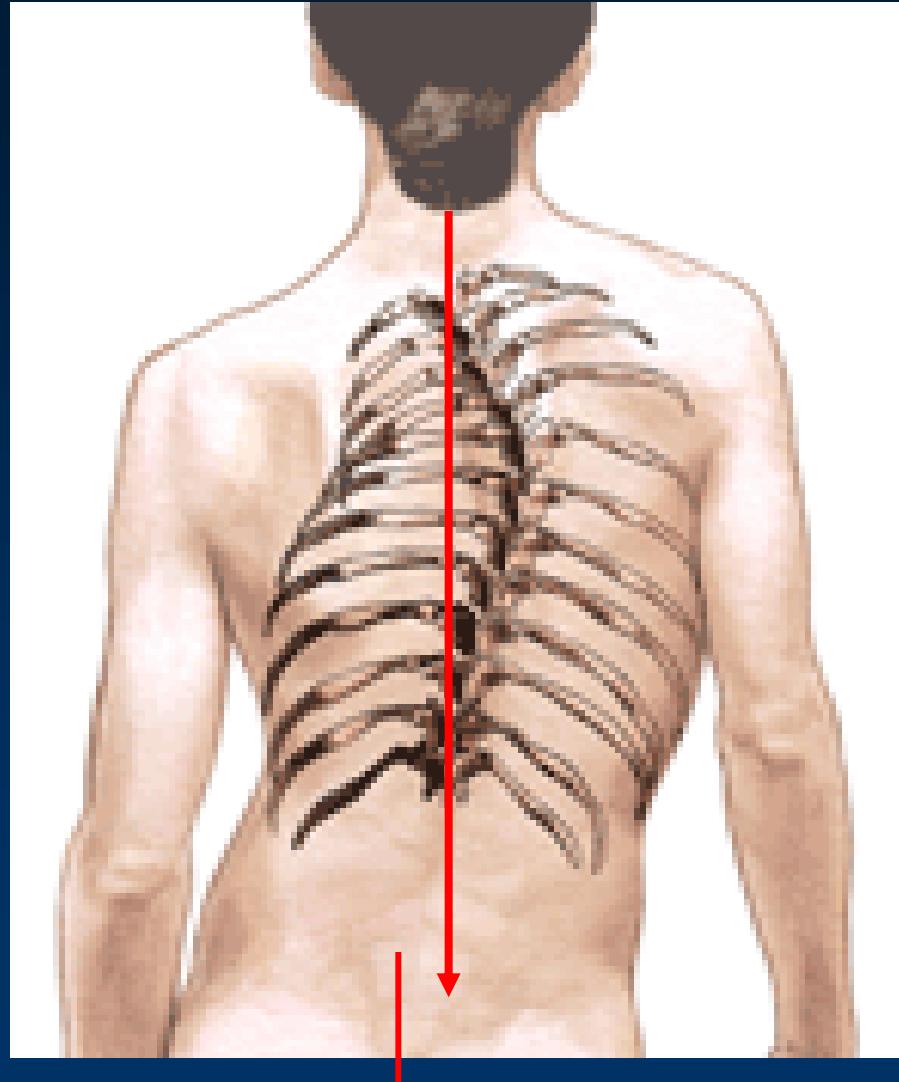
diagnosis:



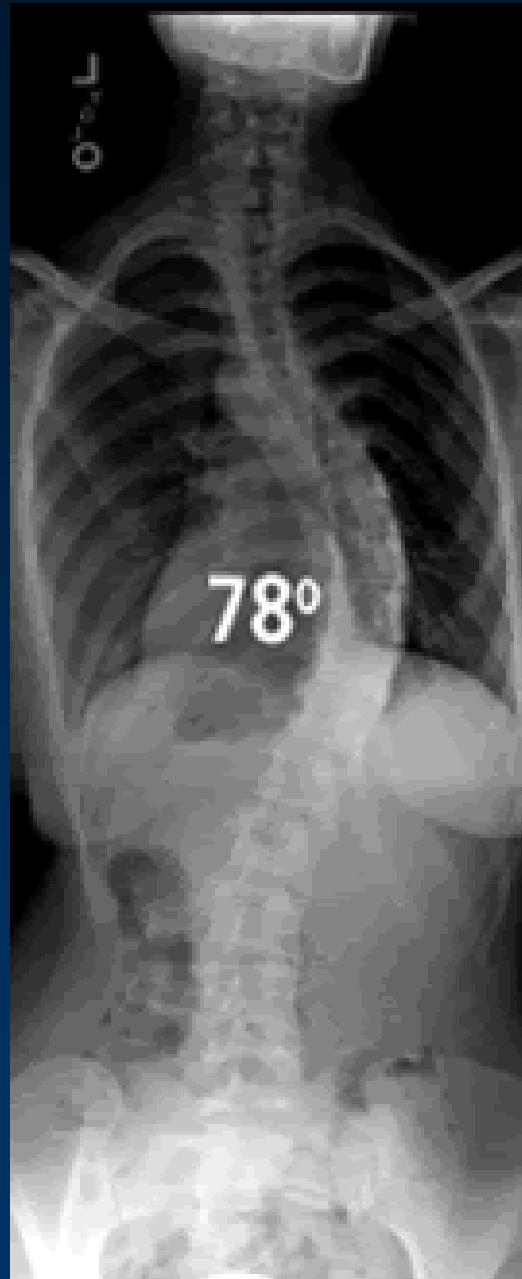
Adams forward-bending test

diagnosis:

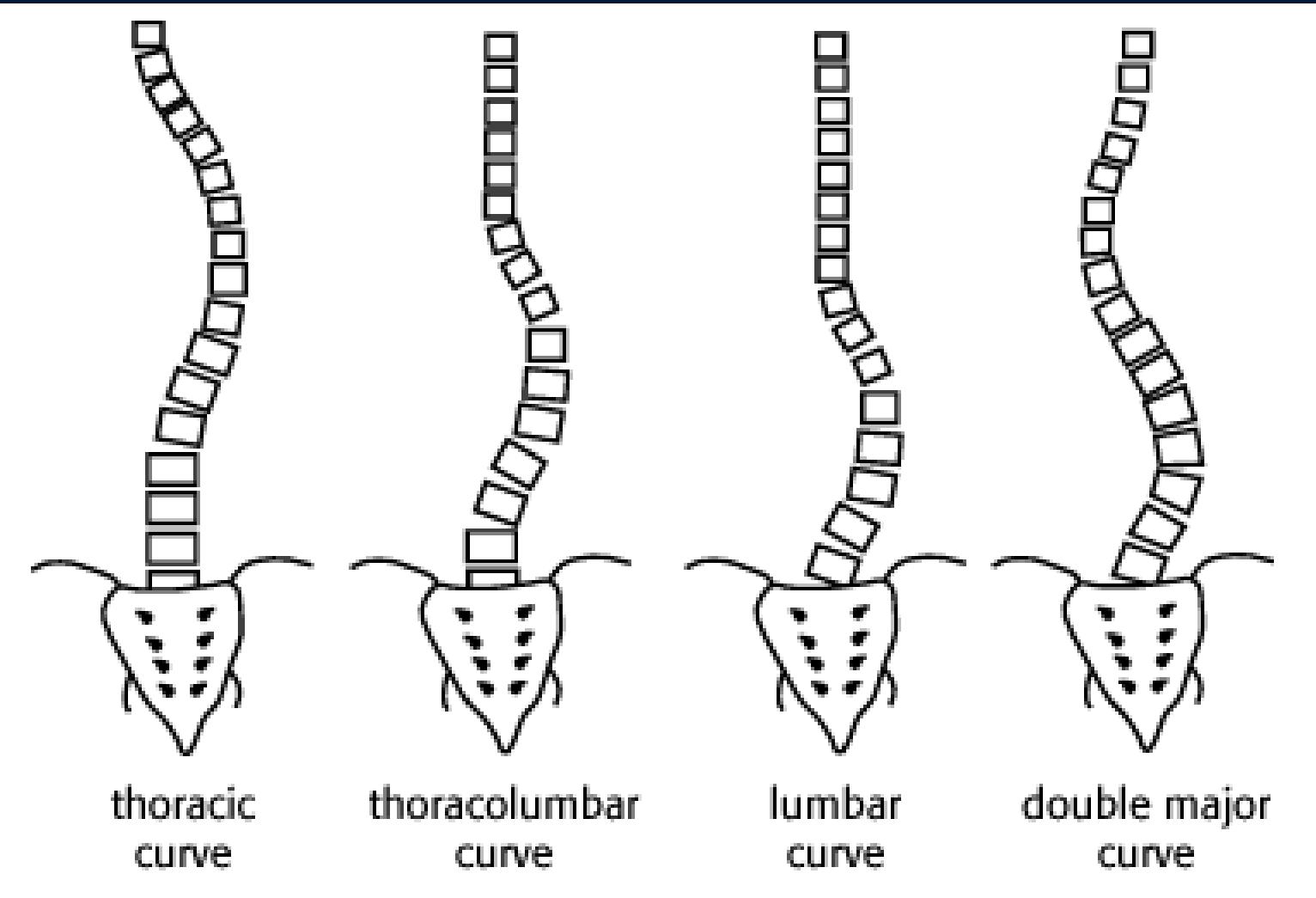
plumb line



diagnosis:



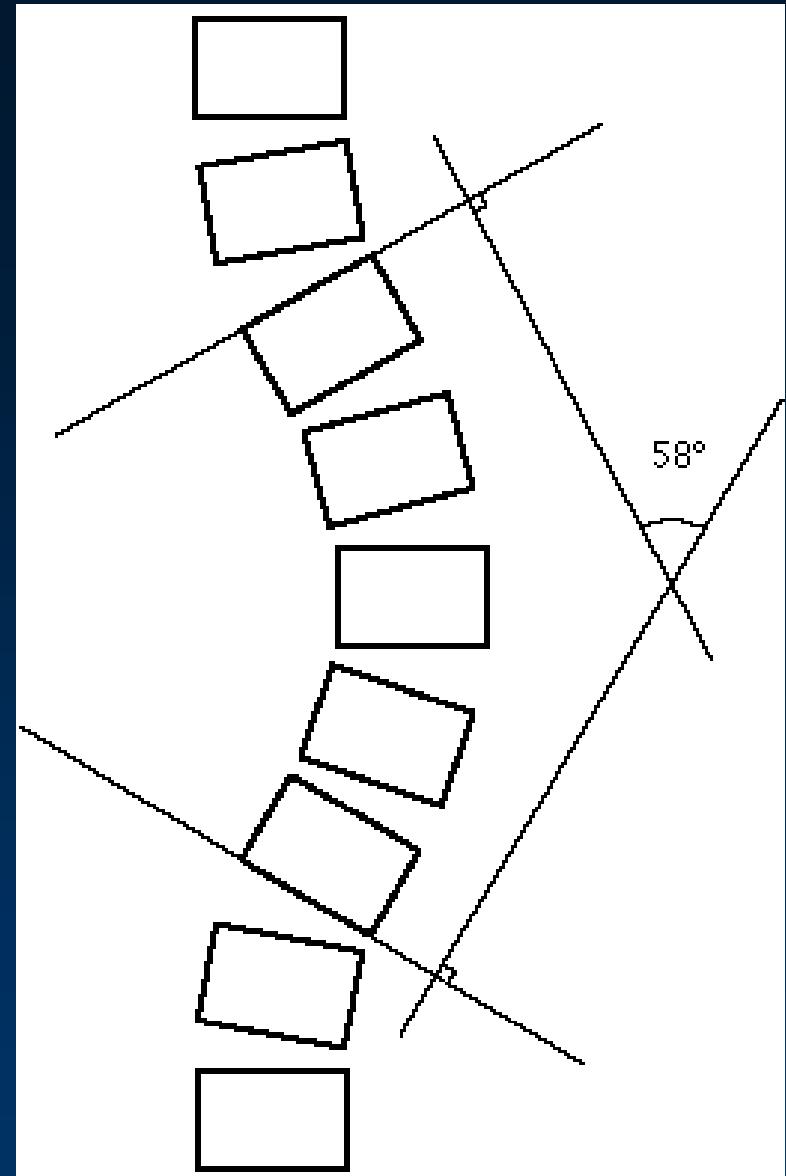
diagnosis:



long format

diagnosis:

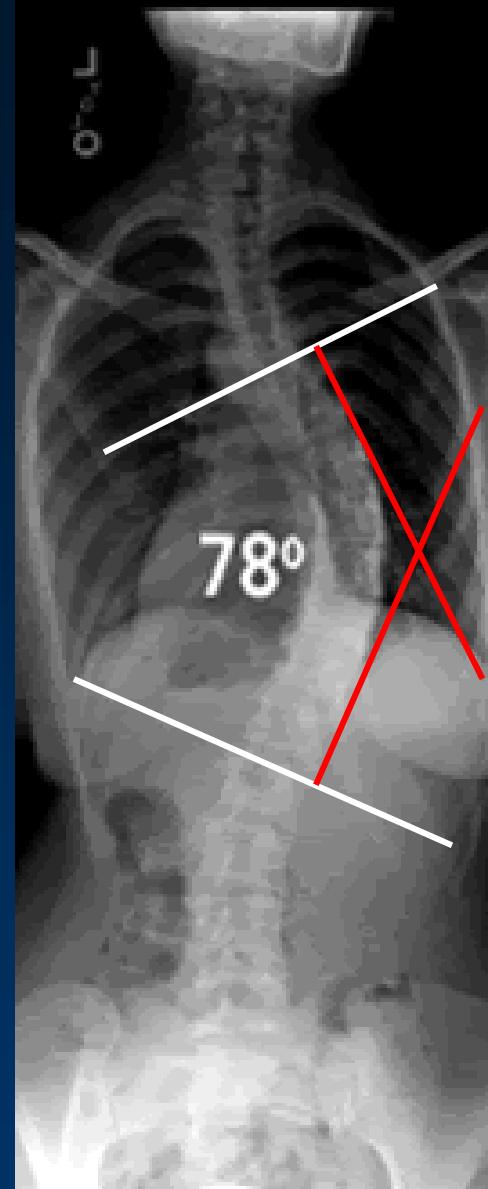
end-vertebrae definition



Cobb's angle

diagnosis:

end-vertebrae definition



Cobb's angle

diagnosis:



0
no rotation

+ 1
pedicle
toward
midline

+ 2
pedicle
2/3 to
midline

+ 3
pedicle
in
midline

+ 4
pedicle
beyond
midline

Nash and Moe

diagnosis:



iliac crest ossification
progressing posteromedially



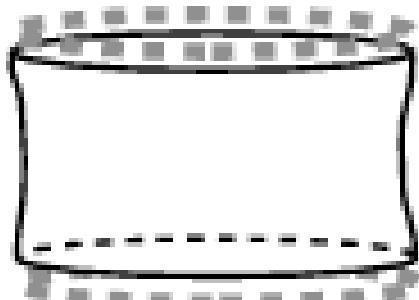
excursion complete



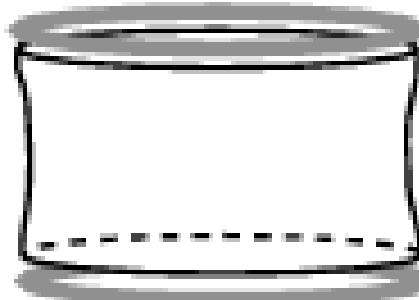
crest fused with ilium -
maturation complete

determination of skeletal maturity

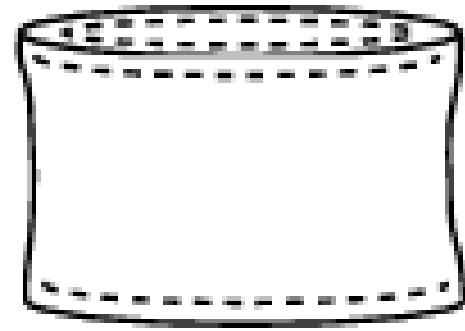
diagnosis:



ring apophysis
beginning to
ossify



apophysis
ossified but
not united



apophysis
united to body;
vertebra is mature

determination of skeletal maturity

treatment:

Conservative: growing spine - brace

(Milwaukee - CTLSO,

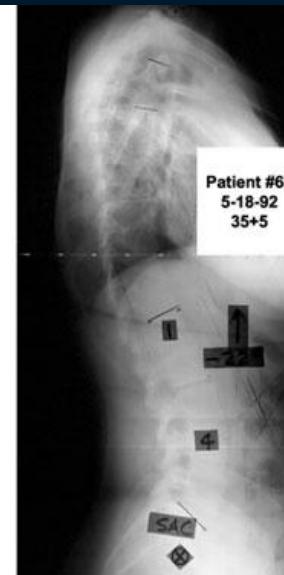
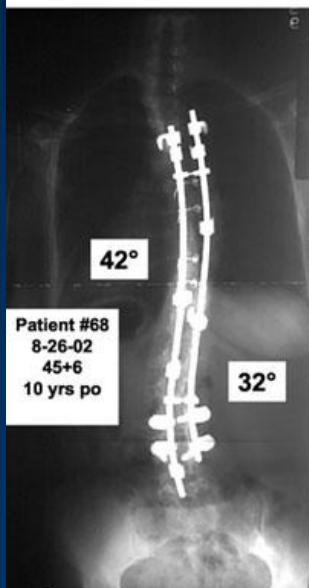
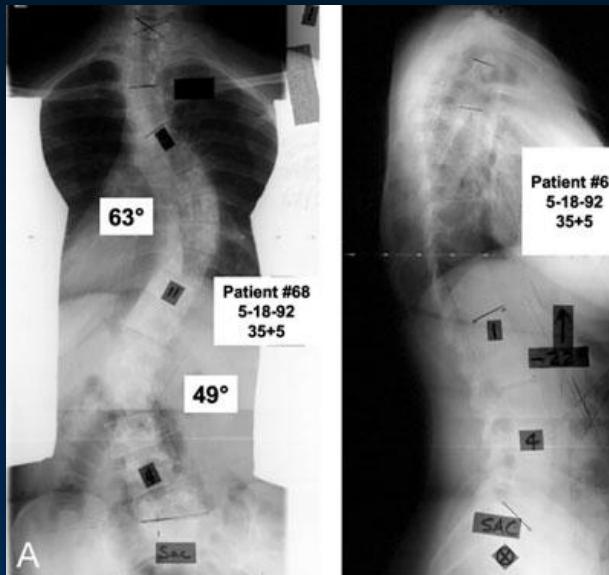
Boston - TLSO)



treatment:

surgical: posterior, anterior, combined,
 correction of all components,
 instrumentation, grafting,
 light orthosis for 4 months

treatment:



treatment:



treatment:

Scoliosis centres: Brno, Karviná

CZ 2011:

- Congenital 10
- Idiopathic 127
- Neuromuscular 22
- Neurofibromatosis 2

Scoliosis (5)

M. Scheuermann (17)

Spondylosis, spondylathrosis (27)

Trauma

C1 - 2

subaxial C

T - L

}

(51)

Specific + non-specific inflammation (24, 26)