

Idiopathic scoliosis during growth. Diagnosis, Decision making and Treatment

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Texas Tech Health Sciences Center



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Idiopathic scoliosis during growth

- Definition:
 - 3D Structural deformation: Coronal-sagittal-axial
- Not completely reducible:
 - Postural scoliosis
- Unrelated to other detectable pathological processes:
 - ≠ 2ary Scoliosis (congenital, Neuro-Musclular, Neurofibromatosis, Marfan,...)



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What happens to the spine?

AP

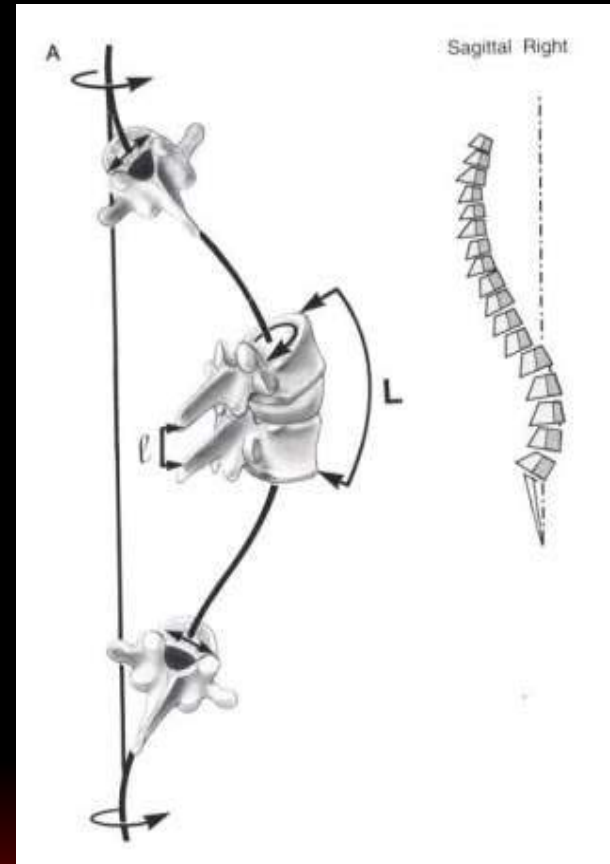
Deviation from the midline

Rotation of the apical
vertebrae

Lateral

Flattening of thoracic kyphosis

Loss of lumbar lordosis



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Types of Scoliosis

- Congenital
 - Malformation of the vertebral segments
 - Syndromic: Jeune, Jarcolevin
- Neuromuscular
 - Neurological or muscular diseases:
 - Cerebral palsy (BMI)
 - Muscular Dystrophy
 - Polio
- Idiopathic
 - Infantile
 - Juvenile
 - Adolescent
- Neurofibromatosis, Marfan

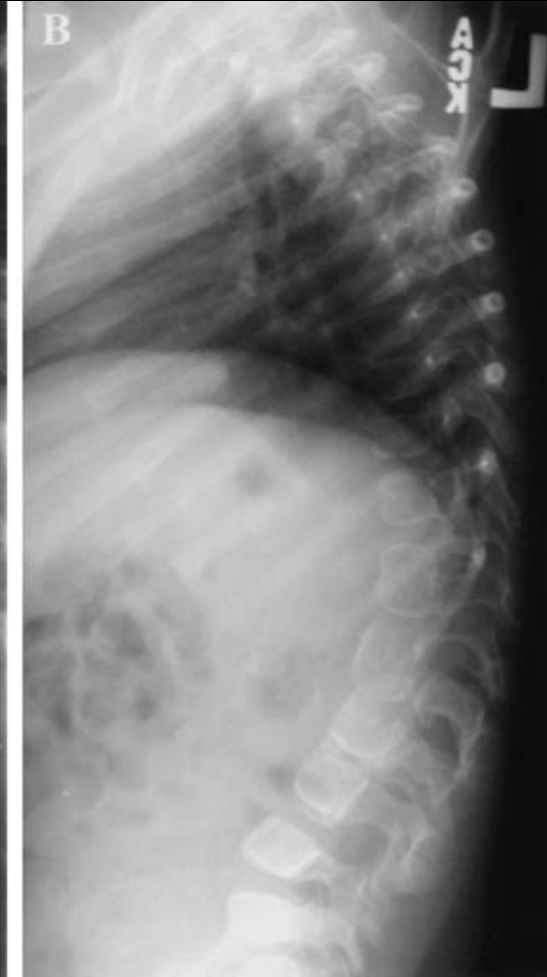
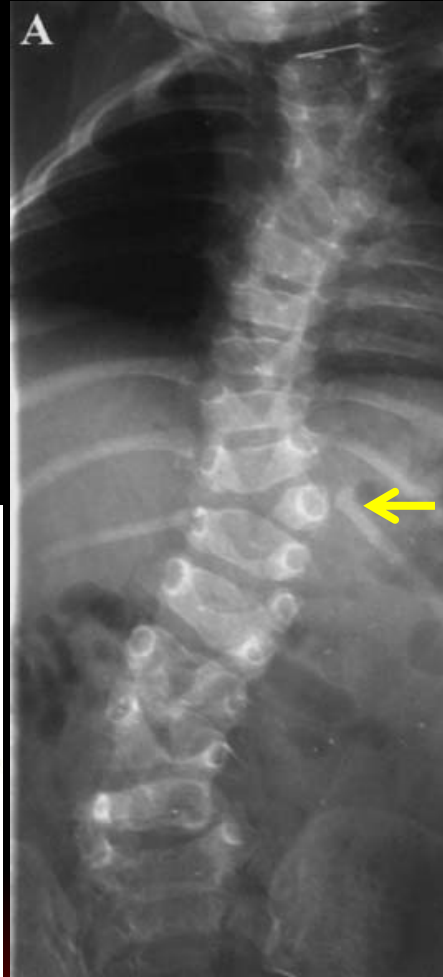
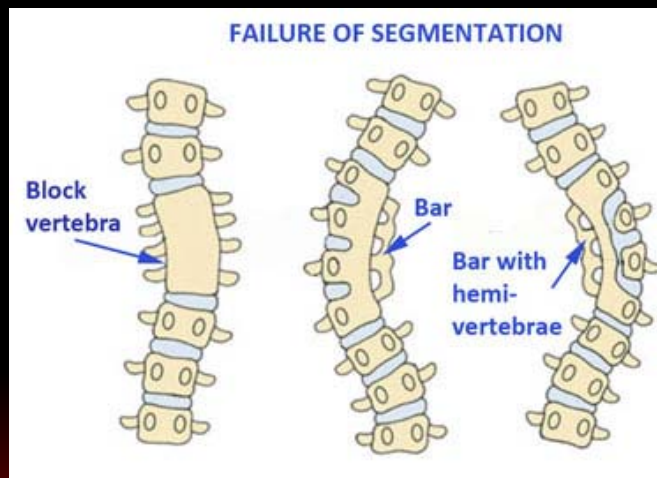
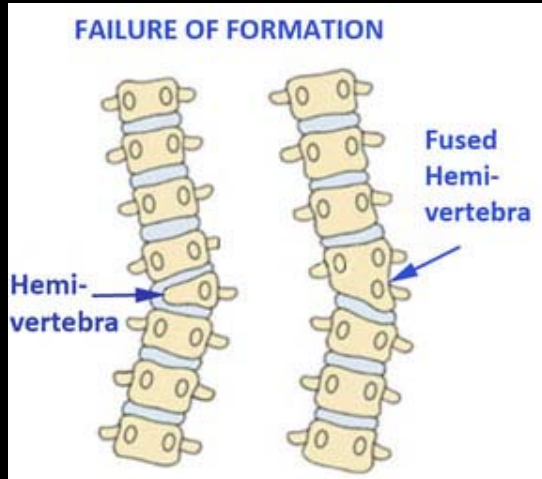


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Congenital Scoliosis



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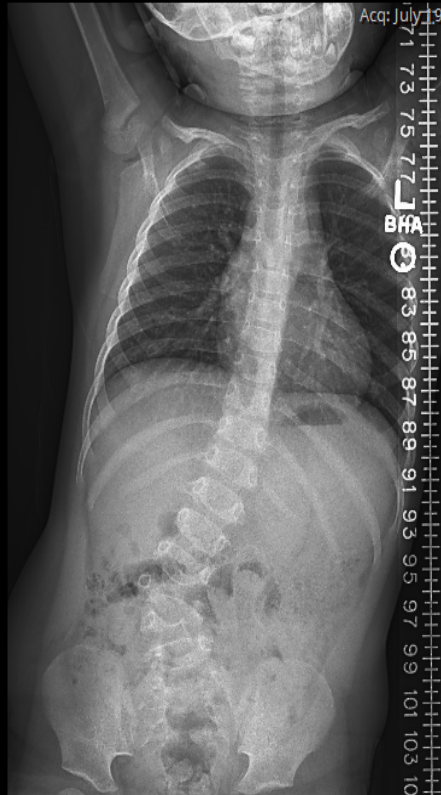


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Case: 5yoF

February 11, 2014
1205140
July 19, 2017
Bars

Pt ID: 1205140
July 19, 2016
Age: 2 years



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Case: 7yo F

Pt ID: 1232394
S: January 15, 2019
Age: 7 years

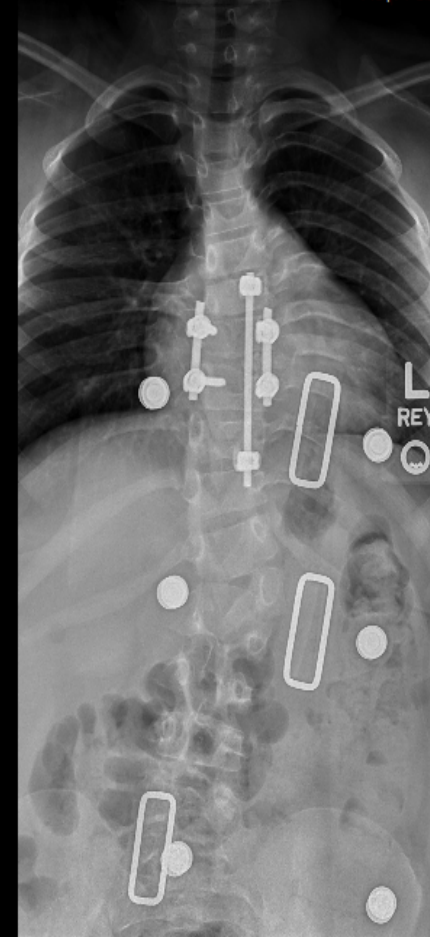


Pt ID: 1232394
S: February 26, 2019
Age: 7 years

13 mAs
Exp Time: 66 mAs
80.0 kVp
Zoom: 19%
W/L 4166.0/2406.0

STANDING

Acq: February 26, 2019 1:57:20 PM
Ser Nbr: 1



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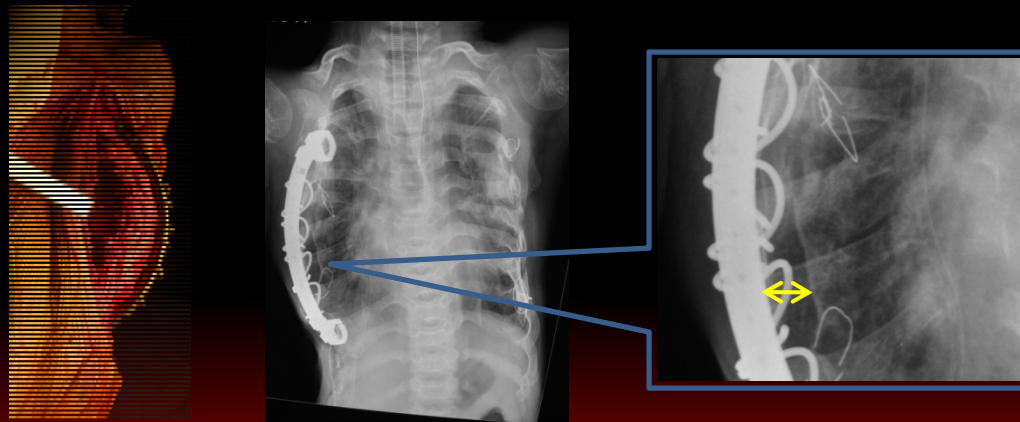
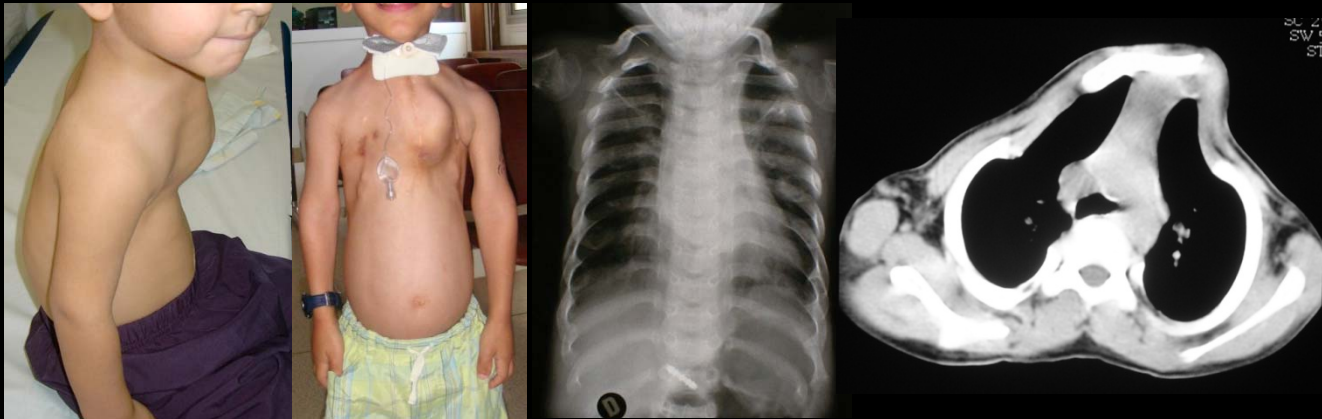


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Syndromic Scoliosis

Thoracic Insufficiency Syndrome

Jeune syndrome: Asphyxiating Thoracic Dystrophy



VEPTR: Vertical Expendable Prosthatic Titanium Rib



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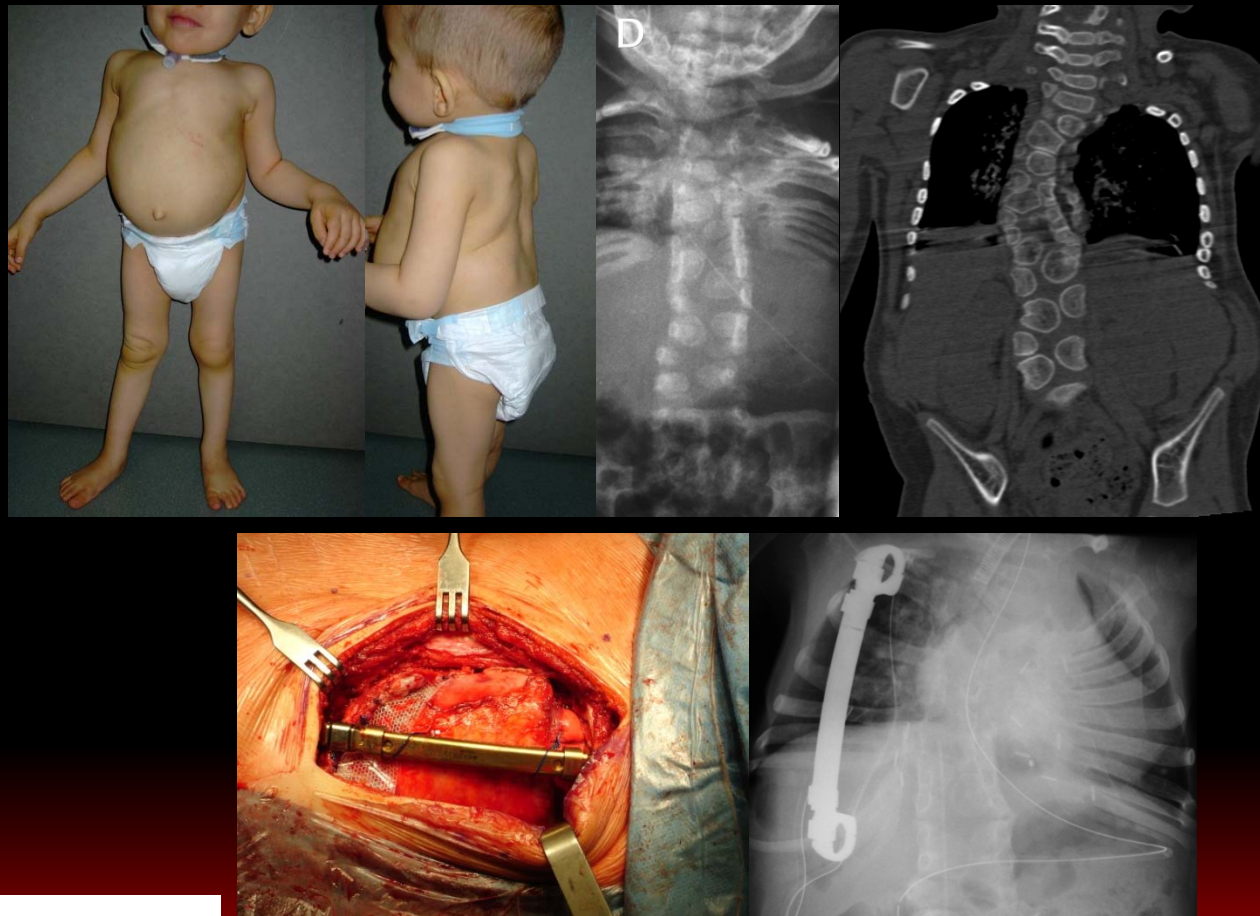


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Syndromic Scoliosis

Thoracic Insufficiency Syndrome

Jarcho-Levin Syndrome



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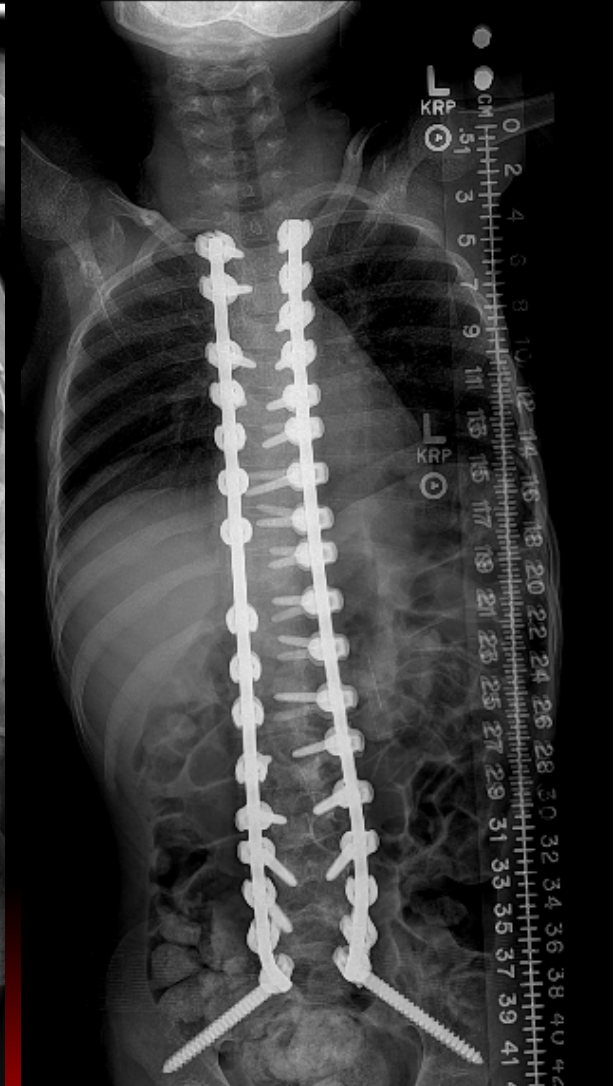
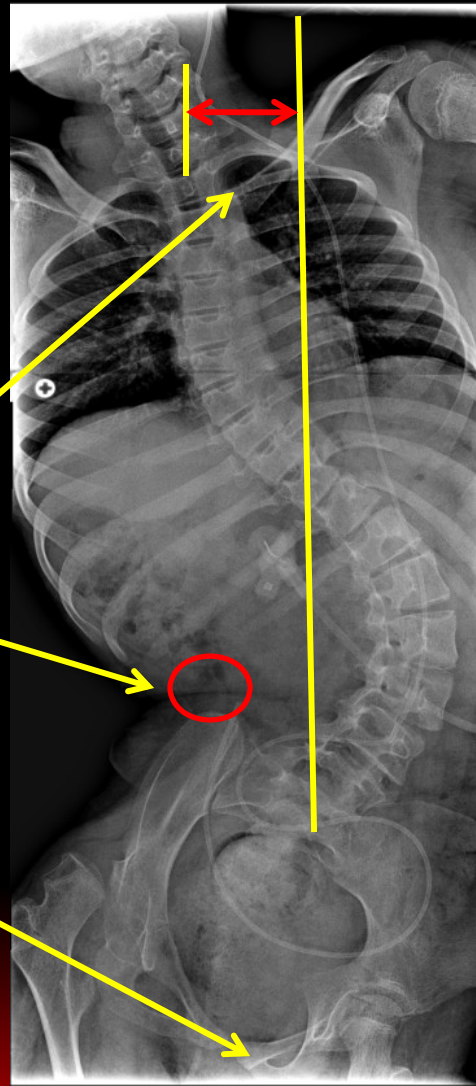
Neuromuscular Scoliosis

- Characteristics:

- Long C shaped curve
- Pelvic obliquity

- Indication of surgery:

- Curve magnitude
- Sitting imbalance
- Ribs-iliac crest impingement
- Severe chest collapse
- Pressure ulcer



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Idiopathic scoliosis during growth

Idiopathic scoliosis

James 1957 et al.

- Infantile (0-3 years)
 - Boys > Girls
 - 80% resolute without treatment
- Juvenile (3-9 years)
 - Girls = Boys
- Adolescent (> 10 years)
 - 80% girls



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Idiopathic scoliosis during growth

Idiopathic scoliosis

- Early and Late onset scoliosis:
 - Early onset scoliosis:
 - Before age 5ys
 - All etiology included.
 - Late onset scoliosis:
 - After age 5ys
- Based on lungs development and cardiopulmonary complications.



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Idiopathic scoliosis during growth

Normal growth of the chest, spine and pulmonary system:

- Number of alveoli: Birth-Adulthood: x10 (8y++)
- Gth of lung parenchyma // Gth of spine and chest
- 2/3rd of spine and chest final dimension: by age 5y



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Idiopathic scoliosis during growth

Cardiorespiratory failure

- Scoliosis during 1st 5 years:

Inhibition of growth of both alveoli and pulmonary arterioles



Ventilation defect (restrictive)



↓ Vital cap. & TLC



Alveol hypovent



Hypoxic vasoconstriction



PA hypertension & Cor pulmonale
(when VC <40%)

Directly related to:

- Age of onset (<5y)
- Severity of deformity

Cardiopulm. Complications:

- Develop rarely when curve begins in adolescence



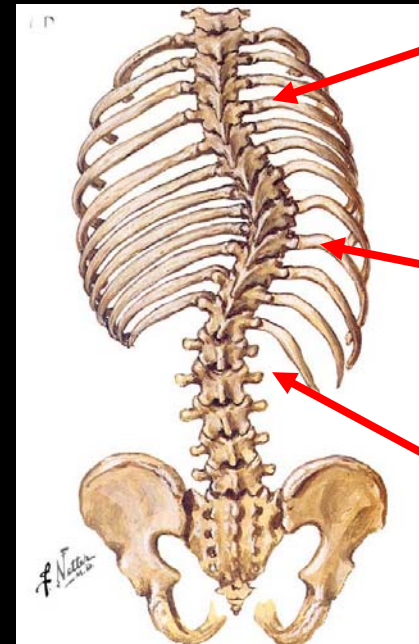
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Idiopathic scoliosis during growth

- Description of curves:
 - Locating the apex (T, TL, L)
 - Angle (Cobb angle):
 - Severe, angular, short
 - Long, regular



Proximal thoracic
curve L.

Main thoracic
curve R.

Lumbar
curve L.



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Idiopathic scoliosis during growth

- Clinical Examination:
 - Examination of the trunk:

Affirms and defines scoliosis.
 - General review

Eliminates a possible etiology.
 - Assessment of growth and bone maturation:

Assess the risk of progression of the deformity.



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Idiopathic scoliosis during growth

- History:
 - H/o personal
 - H/o family scoliosis
 - The date and circumstances of discovery
 - Functional and psychological impairment
 - Radiographs and previous treatments.
Surgery, Bracing.



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Idiopathic scoliosis during growth

- Examination of the trunk:

- From Back:

- Overview:

- Curvature

- » R. Thoracic

- » L. Lumbar

- Pelvic Balance

- » Pelvic obliquity

- » LLD

Compensation under the
short leg.



- Shoulders level

- Horiz. or oblique

- Waistline

- Asymmetric, reflecting the existence of a deviation of the thoracolumbar or lumbar spine

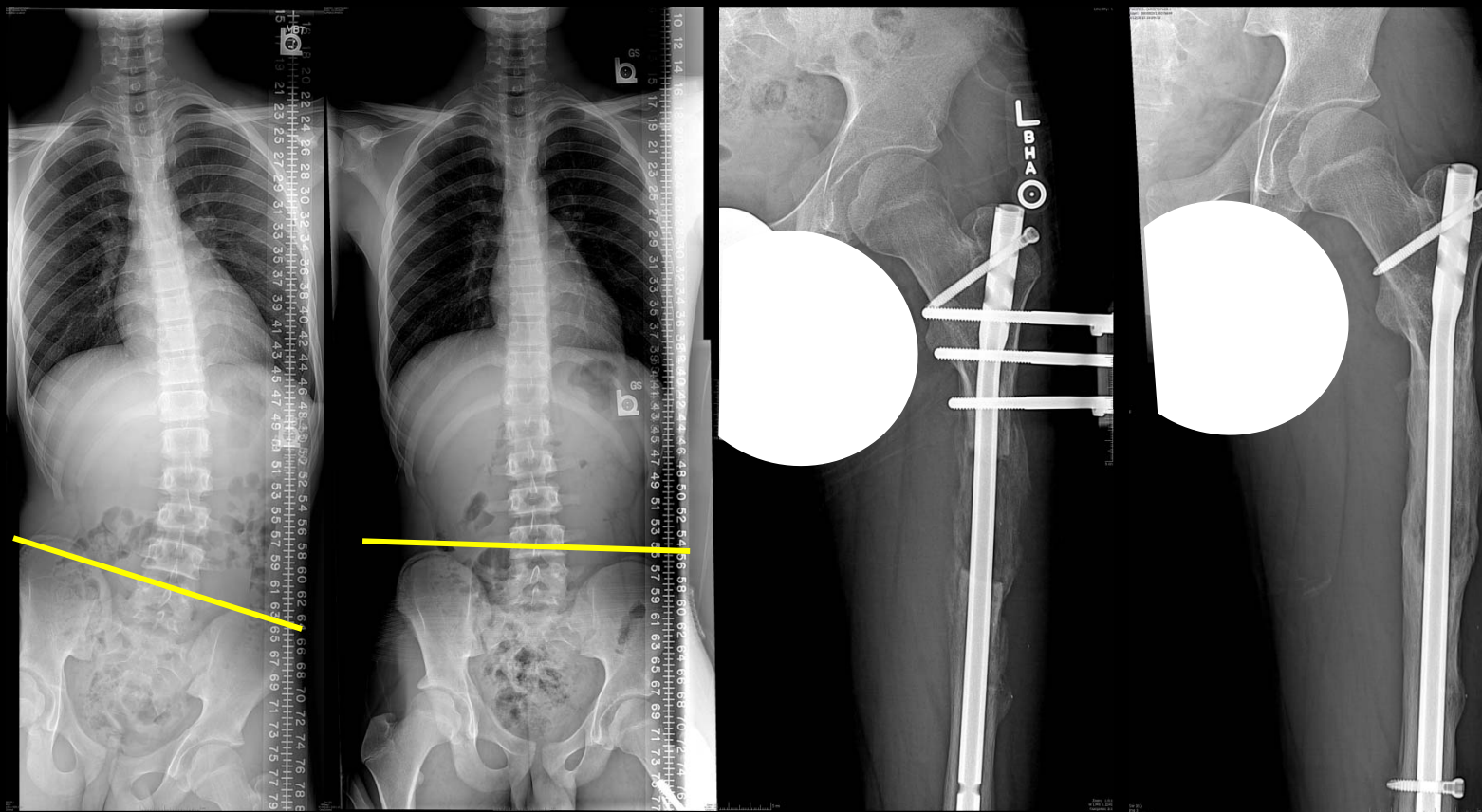


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Idiopathic scoliosis during growth



Scoliosis secondary to LLD



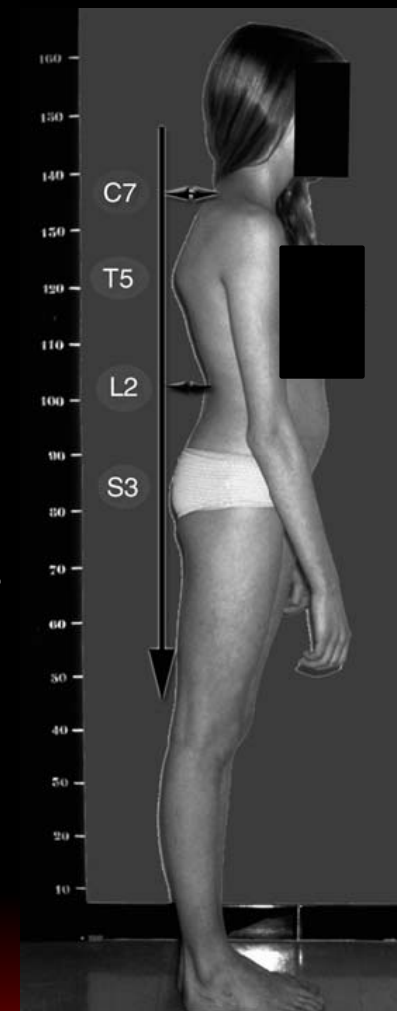
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Idiopathic scoliosis during growth

- Lateral view:
 - Sagittal spinal curvatures:
 - Plumb-line
 - The most common defects:
 - Hypokyphosis or thoracic lordosis
 - Thoracolumbar kyphosis
 - Lumbar kyphosis



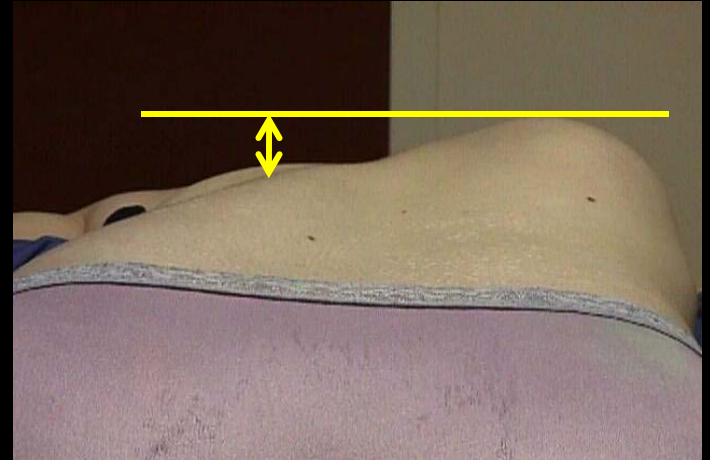
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Idiopathic scoliosis during growth

- Standing leaning forward
(Adam FW bending test):
 - The rib hump:
 - Pathognomonic clinical signs of scoliosis
 - Secondary rotation of vertebral bodies.
 - Elevation difference between the most prominent point of the hump and point symmetrical to it on the CTL side.



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Idiopathic scoliosis during growth

- Gibbosity

Thinking in 3D:

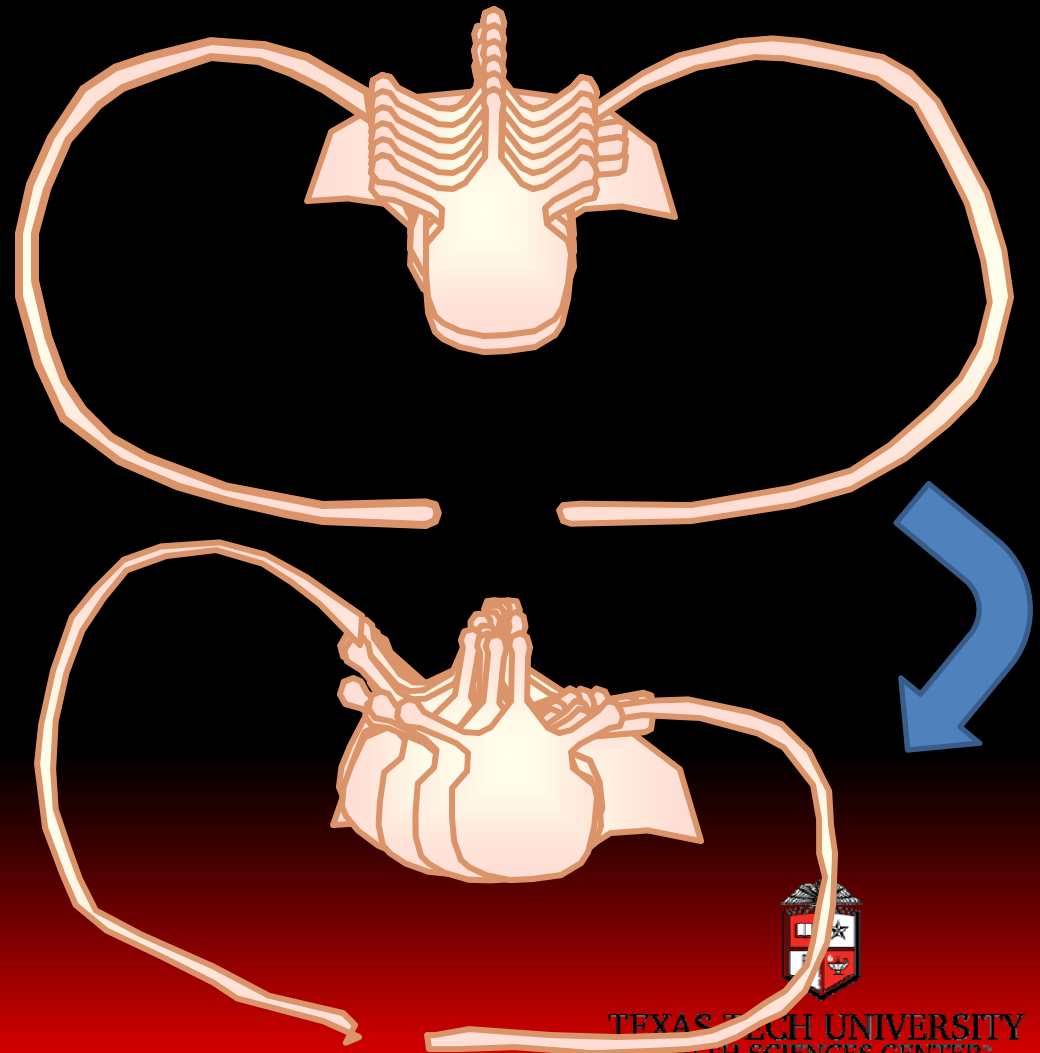
Rotary displacement

Lateral displacement

Sagittal displacement

- Posterior hump

- Ant. thoracic hump



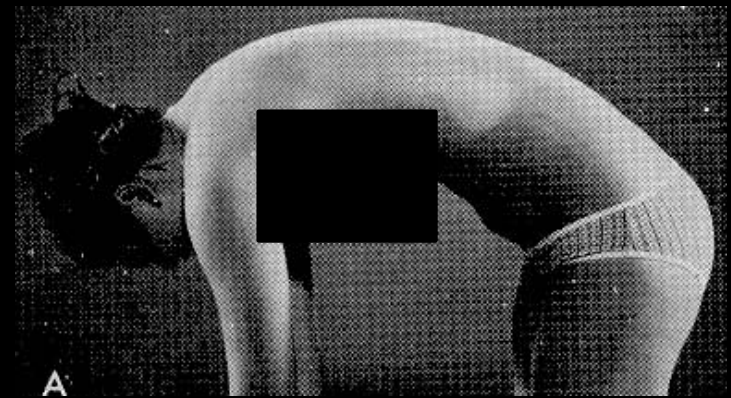
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Idiopathic scoliosis during growth

- The dynamic examination
 - Flexibility and reducibility.
 - Hands-ground distance
 - Lateral tilting



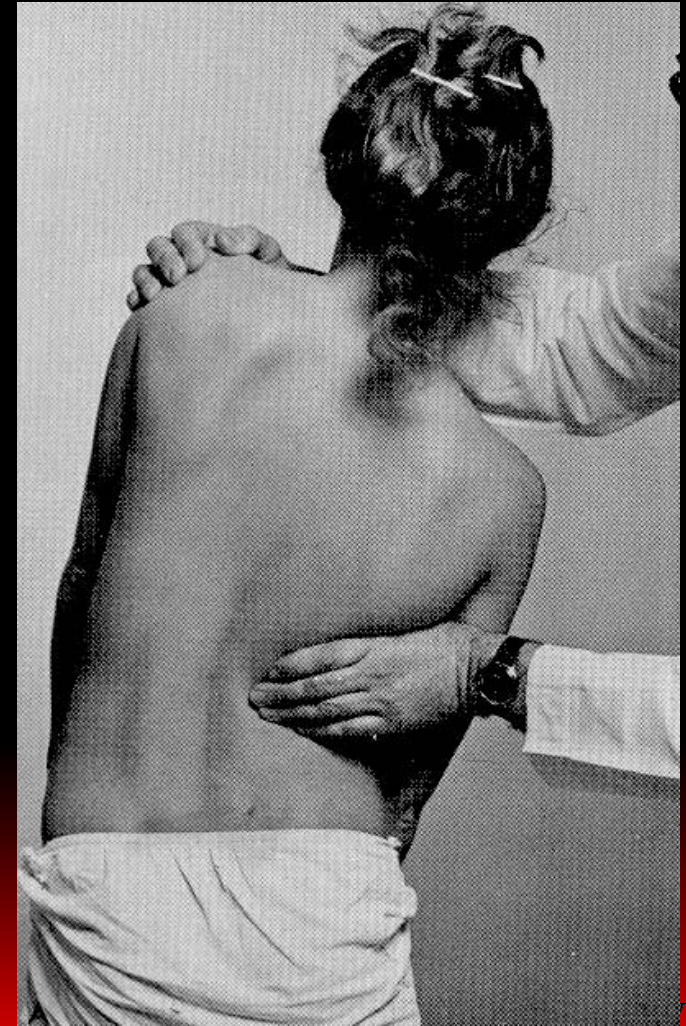
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Idiopathic scoliosis during growth

- The dynamic examination
 - Flexibility and reducibility.
 - Hands-ground distance
 - Lateral tilting



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Idiopathic scoliosis during growth

- Sitting position
 - Rule out: Postural scoliosis secondary to LLD
 - Non-ambulator patients: Infants, neuromusc.



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Idiopathic scoliosis during growth

- Etiological investigation:
 - Causes:
 - 70 to 80% of scoliosis are idiopathic (unknown,..)
 - Other:
 - Obvious or known before the onset of scoliosis
 - DMD, CP, NF1, Marfan.



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Idiopathic scoliosis during growth

- Etiological investigation:
 - Morphotype analysis:
 - Abnormal height
 - Hyperlaxity
 - Facial dysmorphism

Marfan
syndrome



**Positive thumb
(Steinberg) sign**



Arachnodactyly



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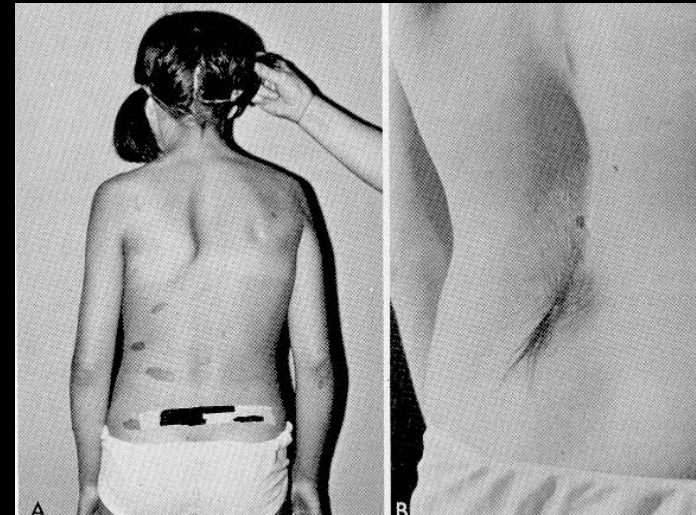
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Idiopathic scoliosis during growth

- Skin examination:
 - Spots "café au lait"

Back midline birth mark:

- Abnormal hair patch
- Angioma or lipoma of the sacral region



Underlying Vertebro-medullary malformation (spinal dysraphism)



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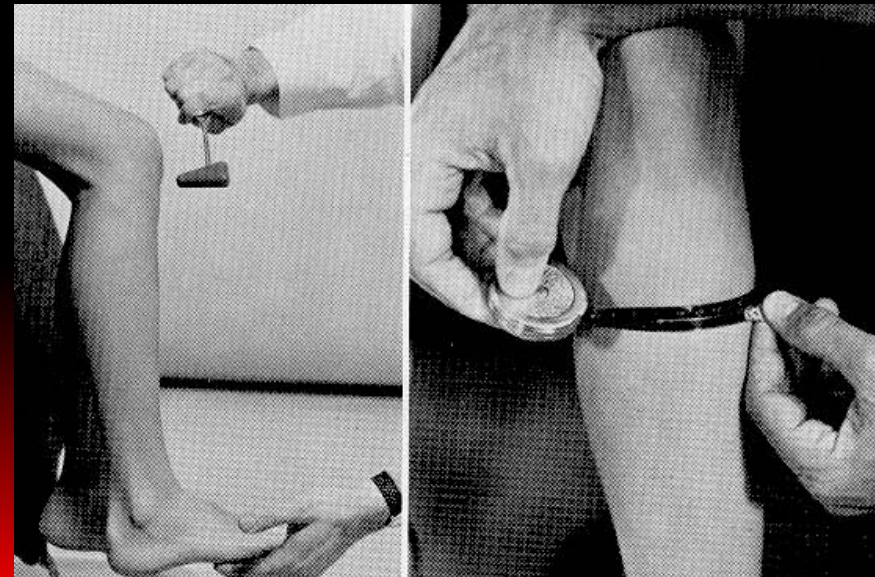
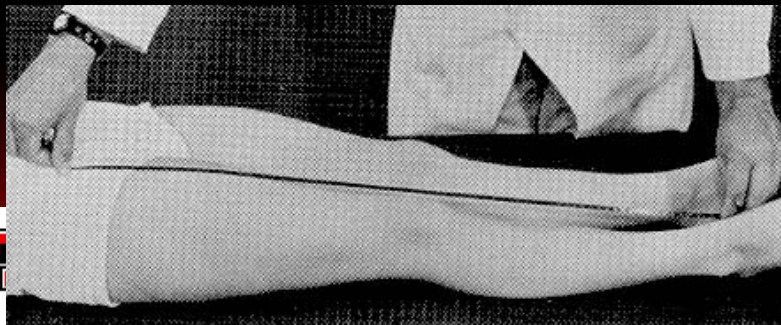
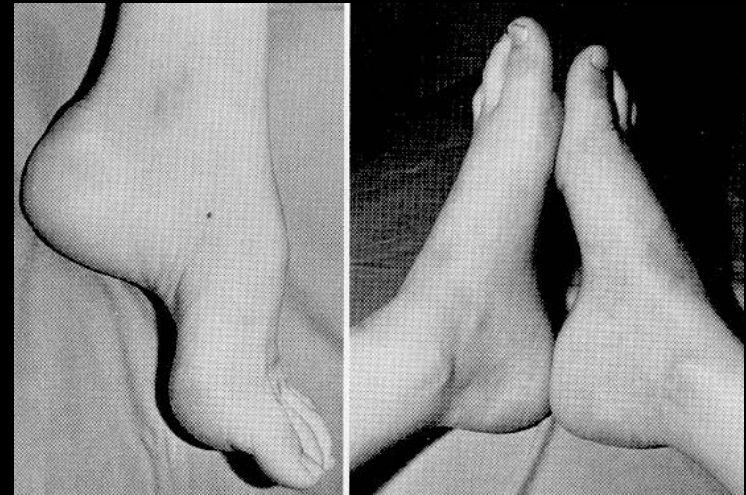


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Idiopathic scoliosis during growth

- Neurological examination:

- Motricity
- Sensitivity
- DTRs
- Abd reflexes.
- Walking on heel and toes.
- Muscle atrophy
- LLD.



Idiopathic scoliosis during growth

- Medical imaging:
 - Radiological diagnosis of scoliosis
 - Radiological monitoring.
 - Preoperative radiologic work up.



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Idiopathic scoliosis during growth

- Medical imaging:
 - Radiological diagnosis of scoliosis
AP view:
 - Standing, balanced pelvis, on a large cassette 30 × 90 cm
Vertebrae: End vertebrae, and apical.
Cobb angles.



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Cobb Angle: Top of the Top; Bottom of the Bottom

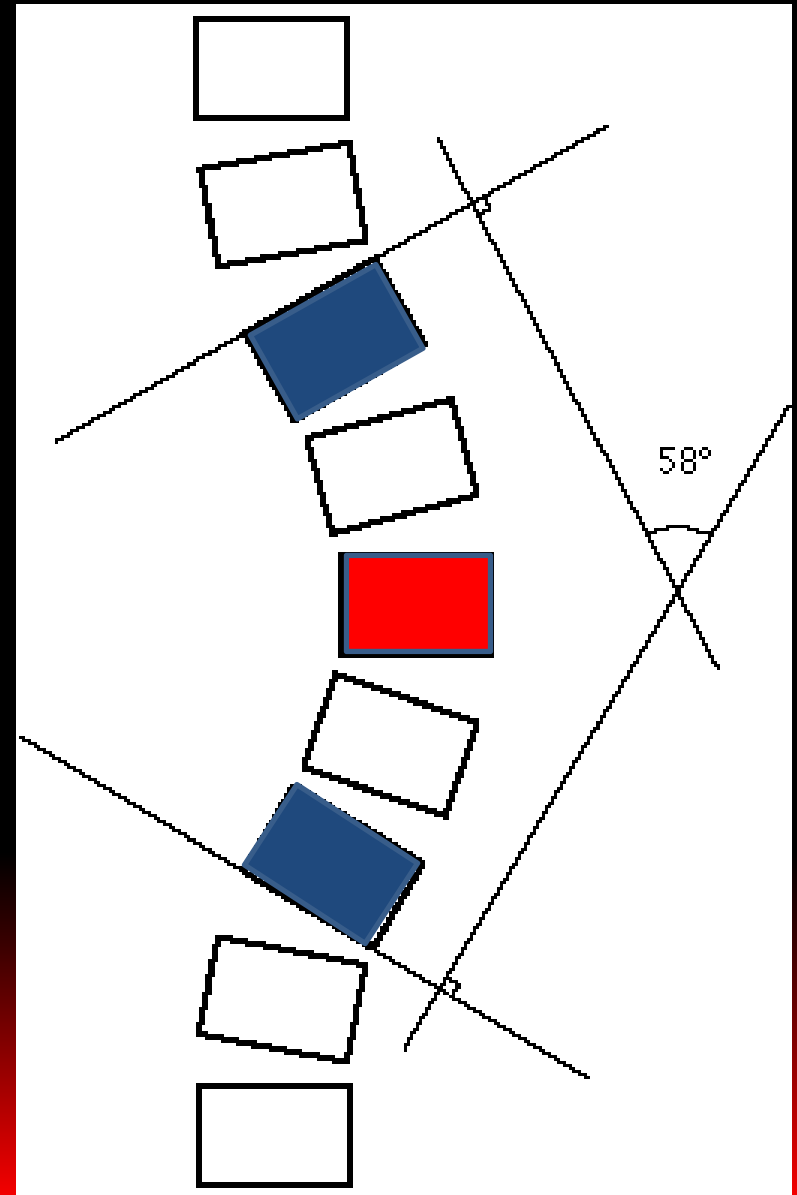
Curve Apex and Location

Body most deviated from vertical axis

End/Terminal Vertebrae (EV)

Cephalad/Caudal vertebra whose Superior/Inferior surface tilts maximally toward curve

Degrees not percent!



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Idiopathic scoliosis during growth

- Radiological monitoring:
 - AP view shot on large plate 30 × 90 cm, standing balanced pelvis.
 - Postero-anterior xray , decreases breast irradiation.



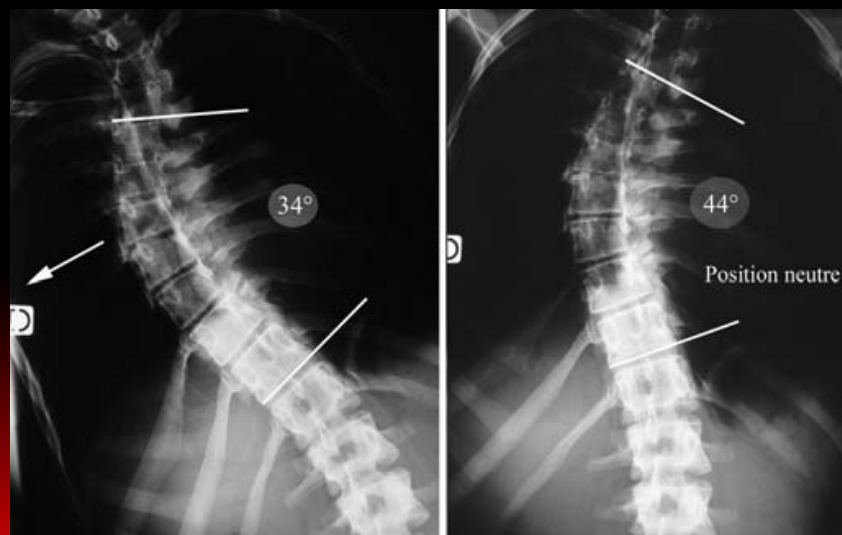
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- Preoperative xray:
 - Benders
 - Study of the reducibility: flexibility or stiffness of the deformation
 - AP views: inclinations right and left sides



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Technology in Scoliosis/Kyphosis surgery

EOS machine



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Idiopathic scoliosis during growth

- MRI:
 - Not a systematic exam to do when dealing with idiopathic scoliosis, even if surgical indication
 - Essential in the presence of certain signs of doubt of the idiopathic character of deformity.



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Idiopathic scoliosis during growth

- MRI indications:
 - Abnormal neurological examination:
 - Weakness or muscle atrophy
 - signs of upper motor neuron dysfunction:
 - Hyperreflexia, Babinski +
 - Severe pain
 - Infantile or juvenile scoliosis / curvature > 20 °
 - Atypical scoliosis:
 - Left thoracic curve
 - Congenital scoliosis



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Idiopathic scoliosis during growth

- Neurological abnormalities:
 - Diastematomyelia,
 - Syringomyelia
 - Arnold-Chiari malformation
 - Tethered cord



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Idiopathic scoliosis during growth

- Natural History:
 - Progression:

Risk of progression during growth



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Idiopathic scoliosis during growth

- Natural History:
 - After skeletal maturation:
 - Progression:

Residual curvature:

> 45(L)-50(T) °: - Increase of 1 ° /
year.

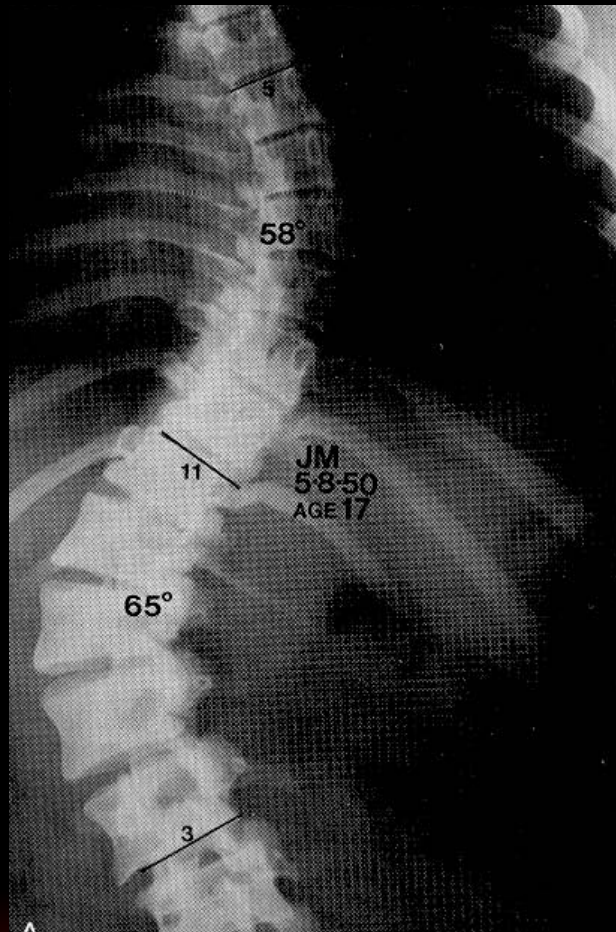


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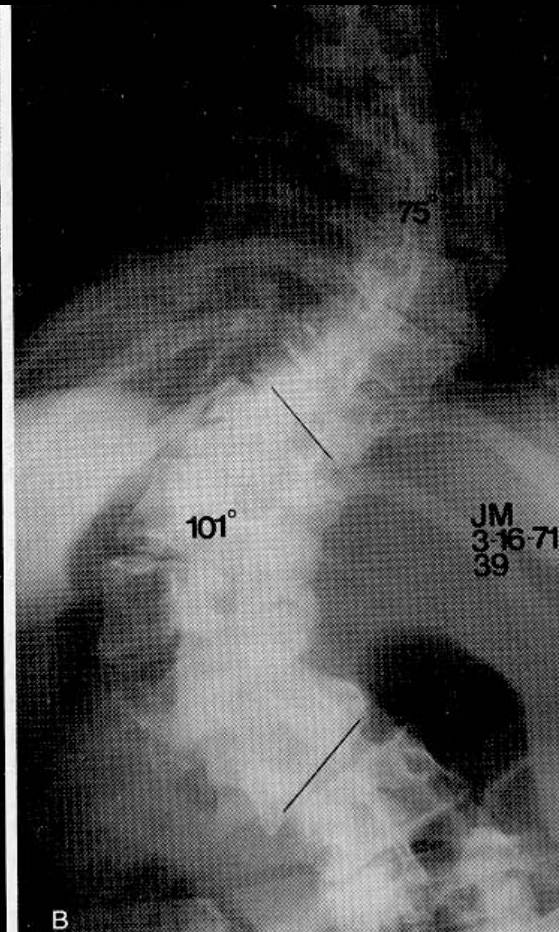


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Idiopathic scoliosis during growth



17 yo F, Risser 4



At Age 38 y



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Idiopathic scoliosis during growth

- Curve $\geq 50^\circ$:
- Increase of 1°
- Curve $> 90^\circ$:
- Limited respiratory function, not noticed by the patient.
- Curve $> 100^\circ$:
- Limited respiratory function, noticed by the patient.
- Cor pulmonale



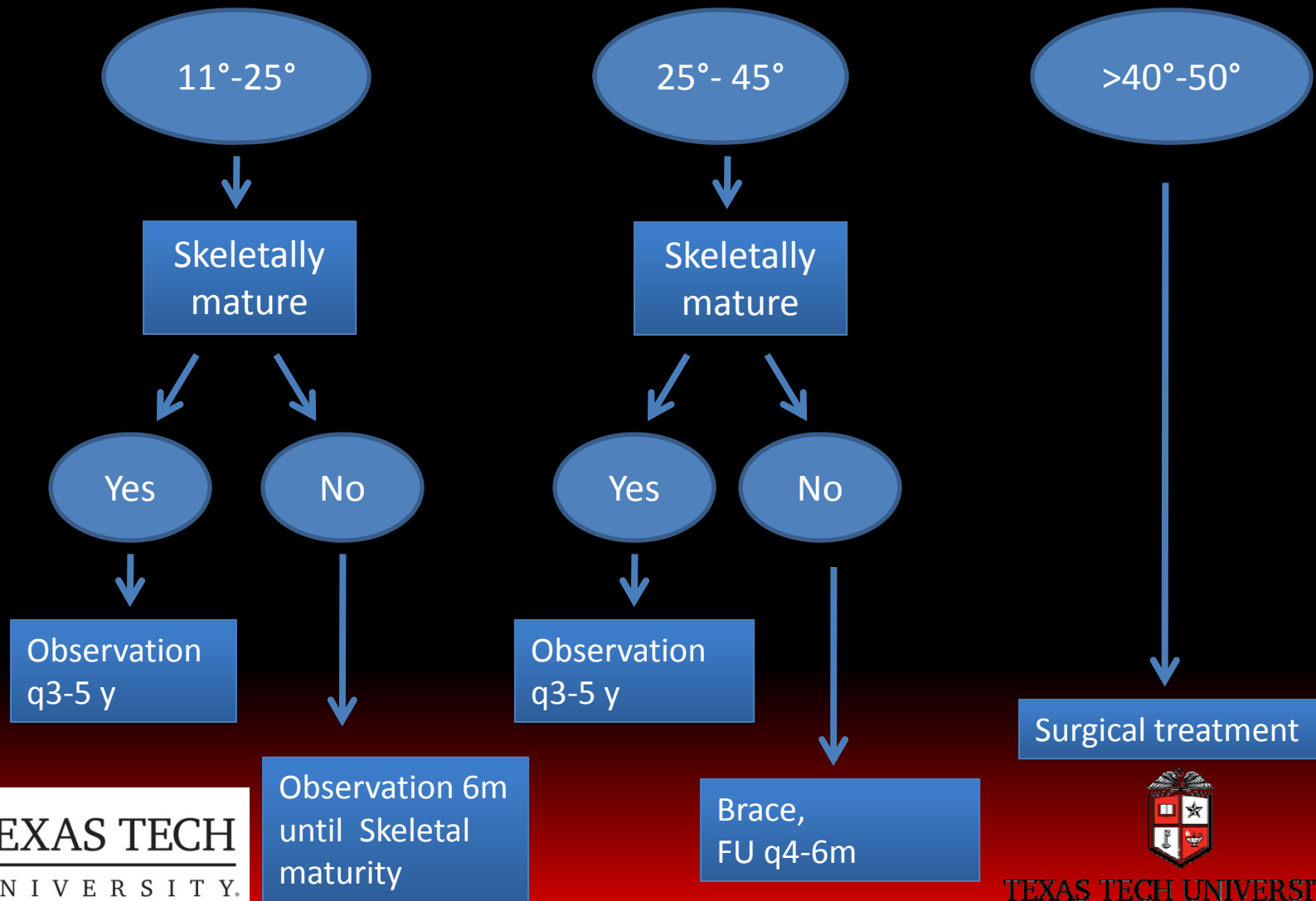
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Idiopathic scoliosis during growth

- Traitement: Indications



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Idiopathic scoliosis during growth

- Brace:
Thoraco-Lumbo-Sacral Orthosis (TLSO)
Goal: Prevent progression
during growth



Chirurgie



- Indication:
Curves between 25-45 deg in growing child
- Efficacy: Dose-dependent relationship:
Time Corset/24h (16-22 hours/day)



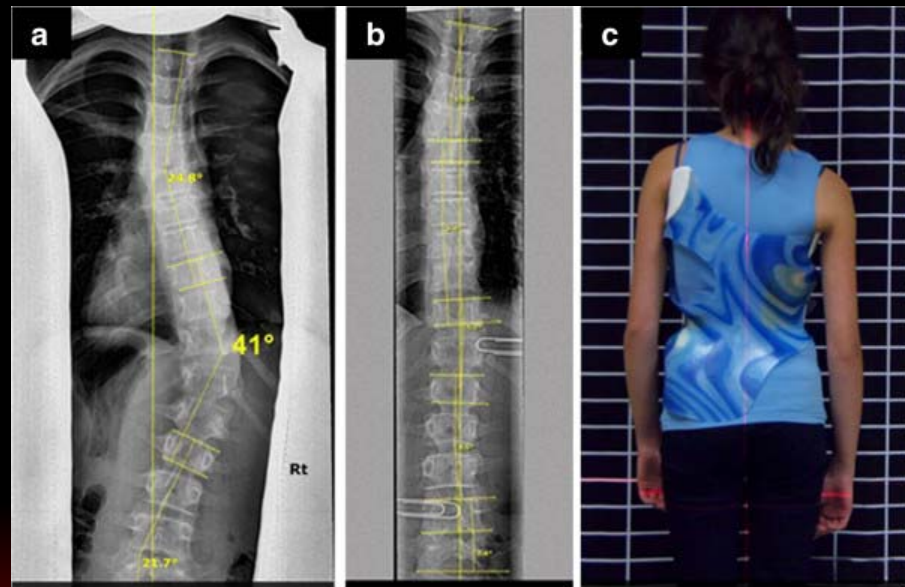
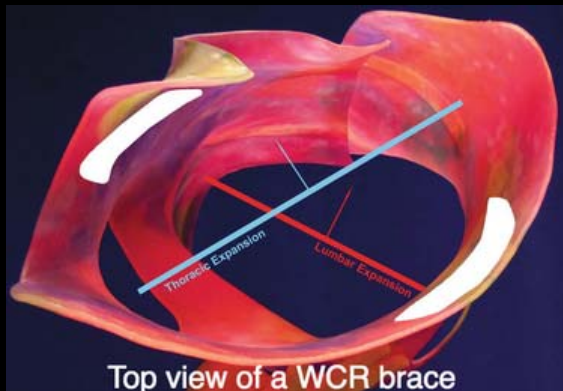
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Technology in Scoliosis/Kyphosis surgery

Brace: WCR better than TLSO or Boston
Brace. W: Wood (USA), C: Chennau (France), R: Rigo
(Spain)



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Technology in Scoliosis/Kyphosis surgery

Schroth Method: South Plain Rehab, UMC

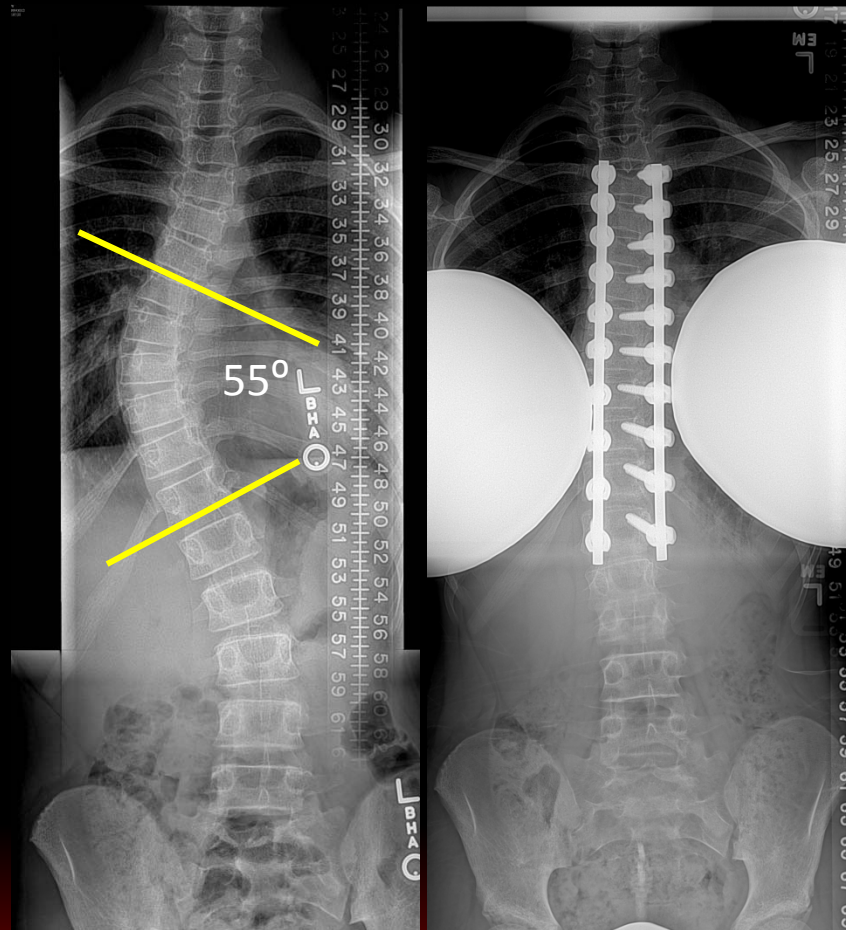


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Posterolateral fusion with instrumentation



12 yo F, AIS

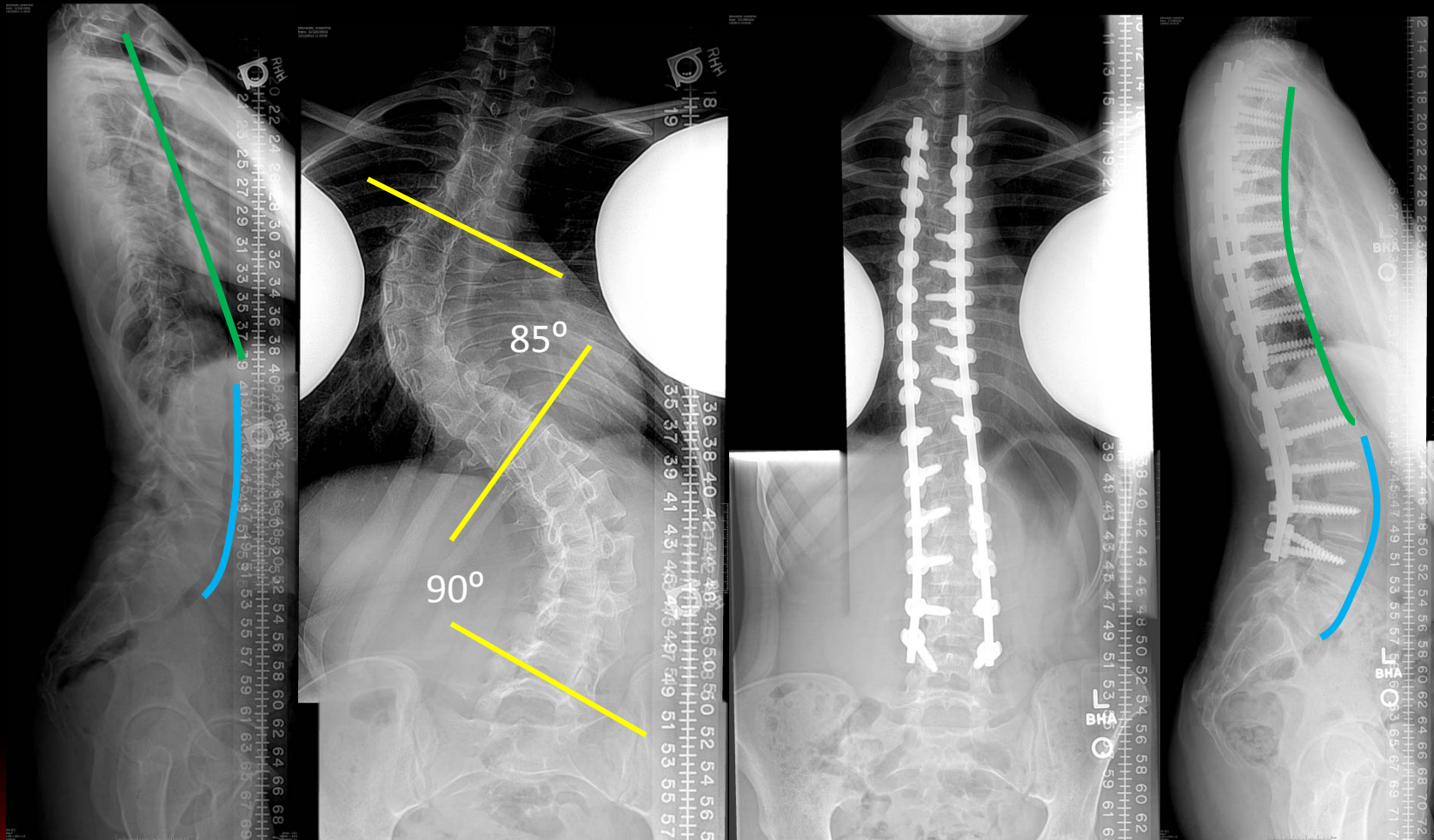


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Posterolateral fusion with instrumentation



17 yo F, AIS

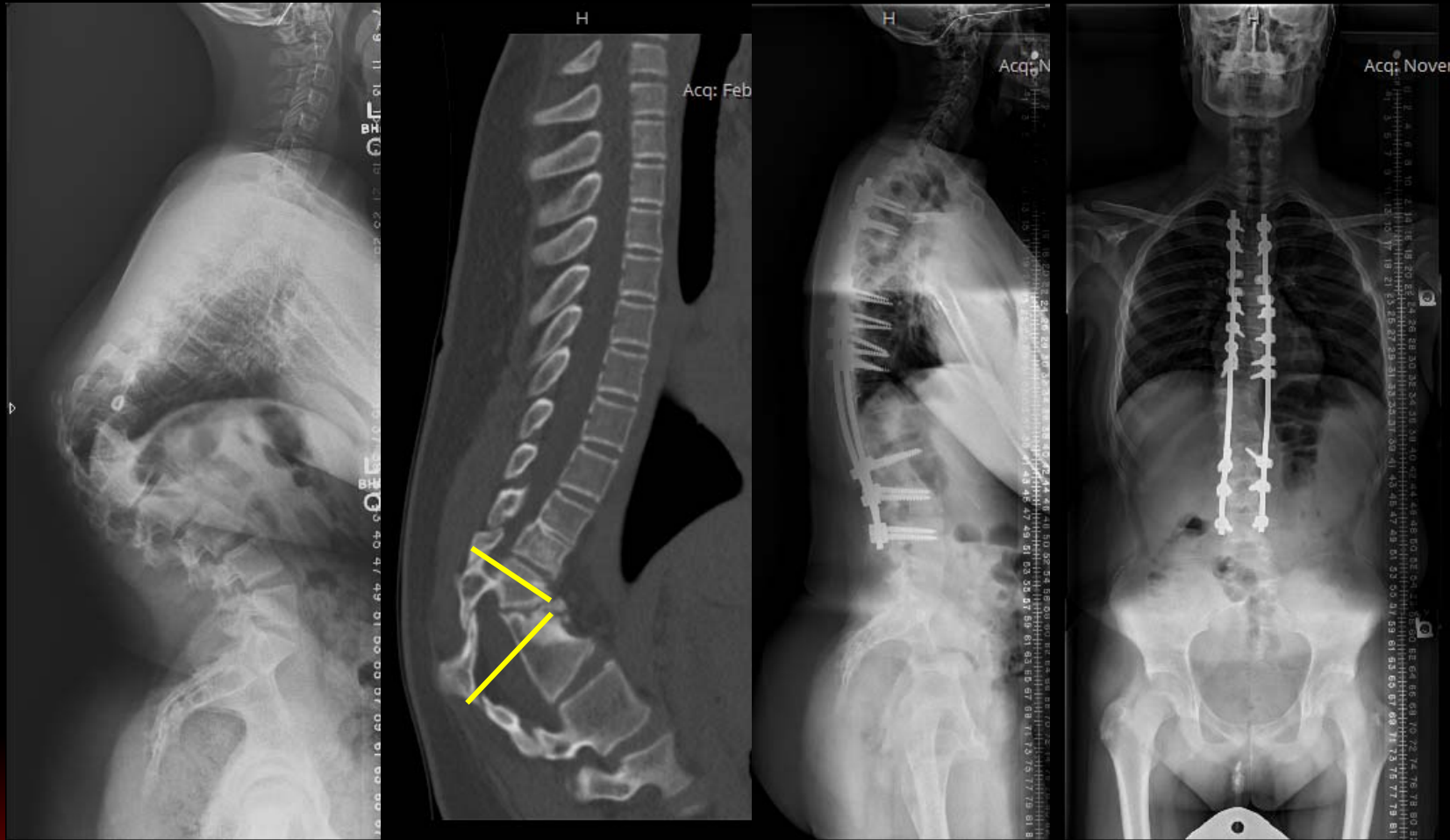


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Case: 14 yo M VCR



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Technology in Scoliosis/Kyphosis surgery

Scoliosis: Pedicle Screw Navigation:



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Technology in Scoliosis/Kyphosis surgery

Neuromonitoring: IOPM: MEPs, SEPs and EMG

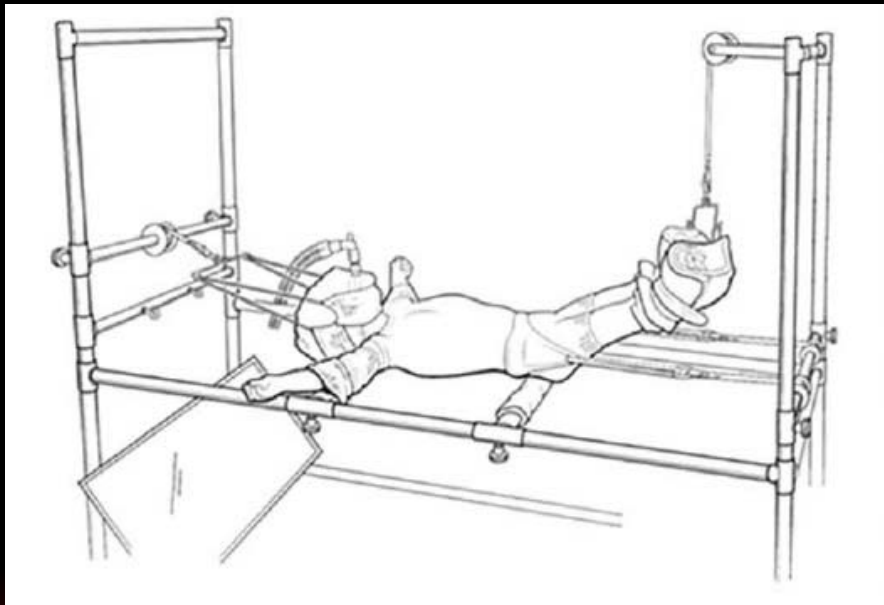


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Body casting for infantile scoliosis



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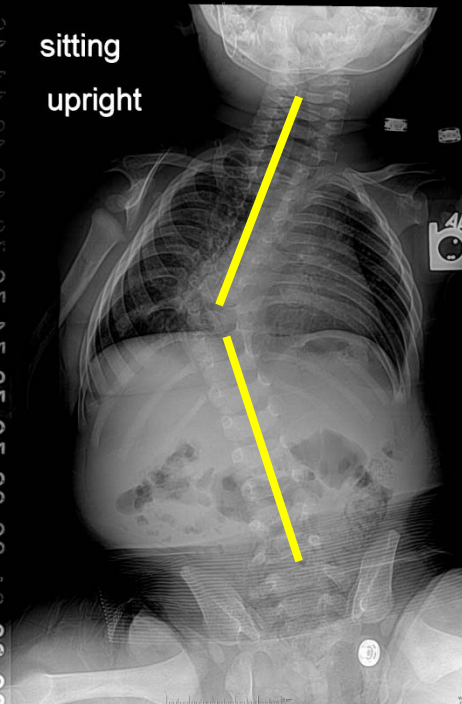


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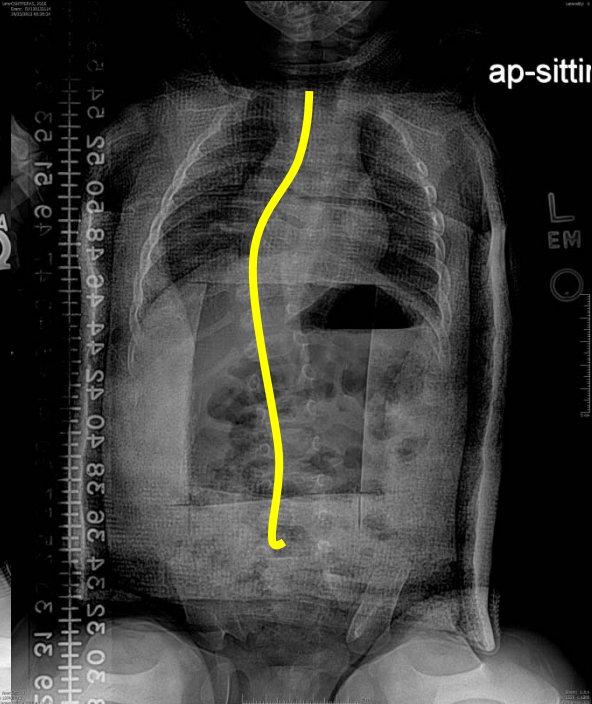
Casting for Early Onset Scoliosis



sitting
upright



ap-sittir

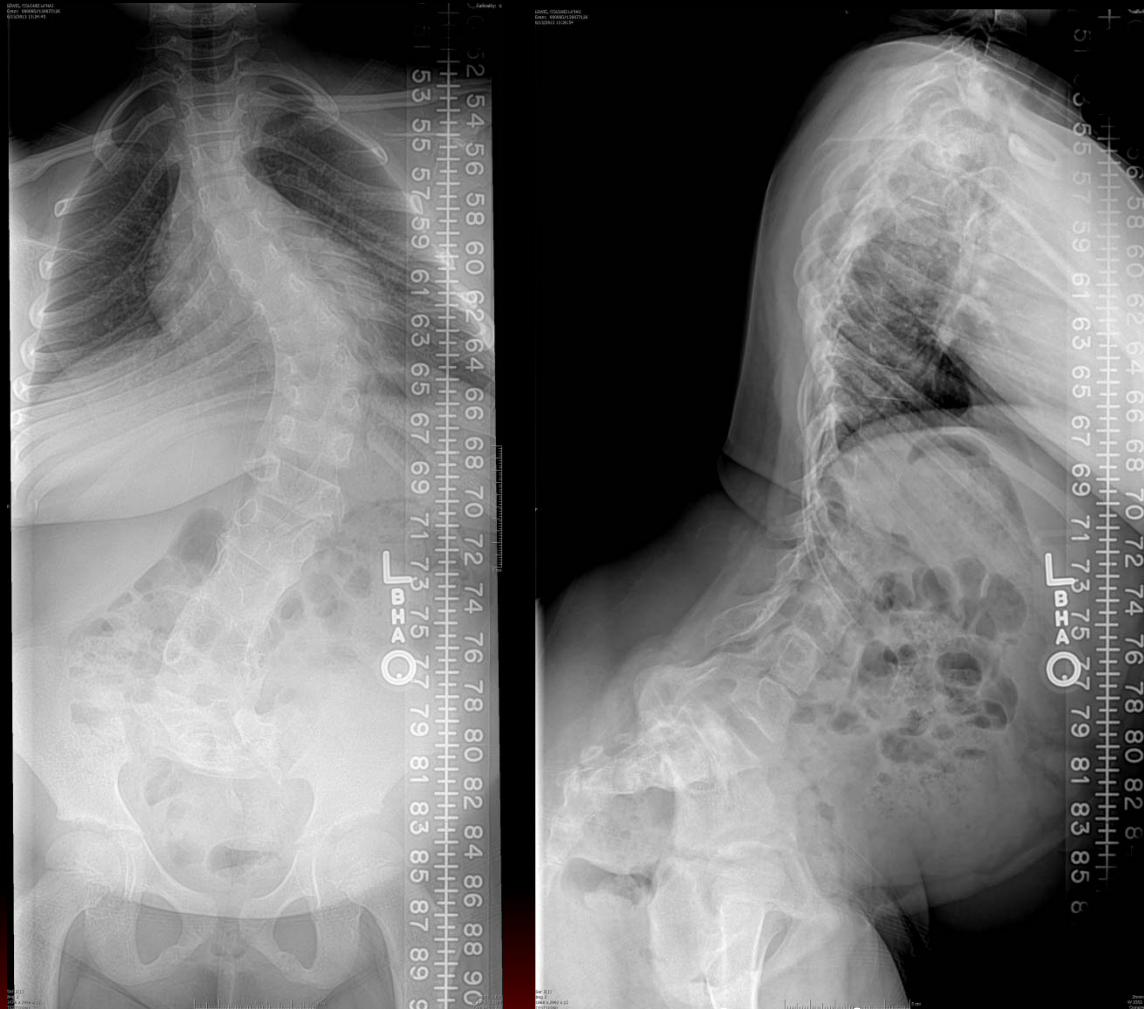


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Non-fusion spine surgery



7 yo F, Congenital scoliosis

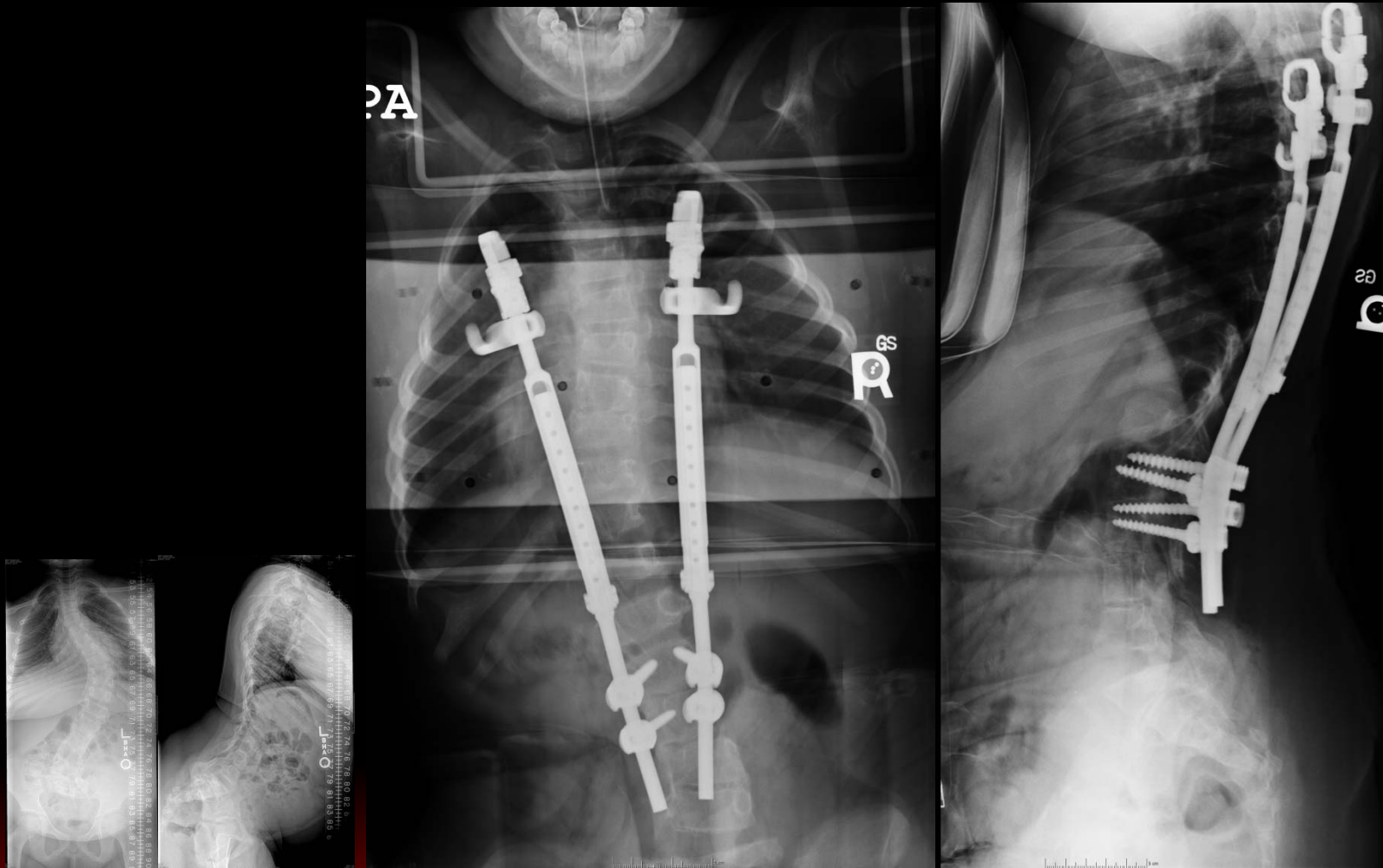


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Non-fusion spine surgery



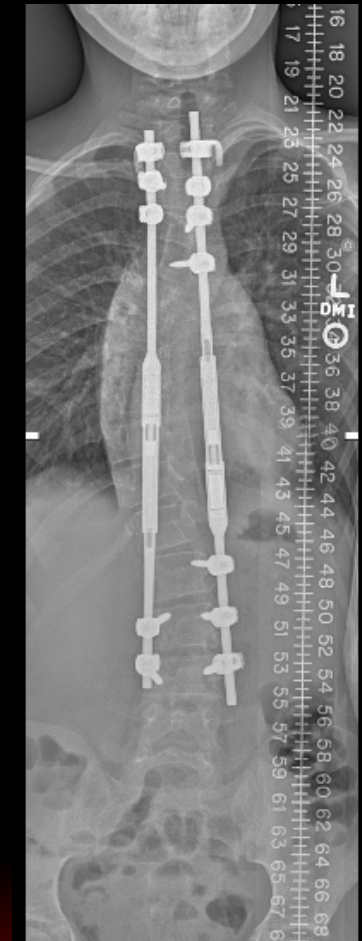
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Technology in Scoliosis/Kyphosis surgery

Magec growing spine rod:



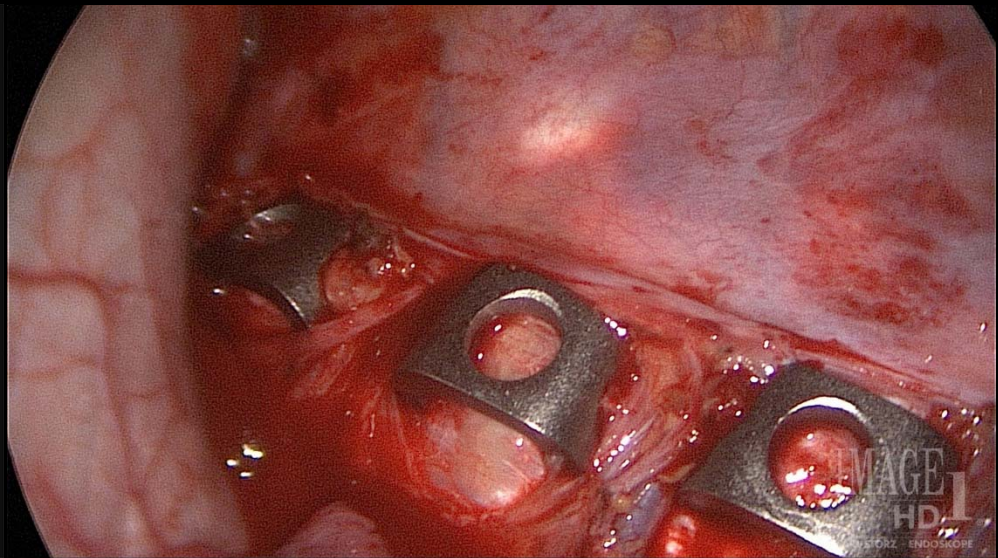
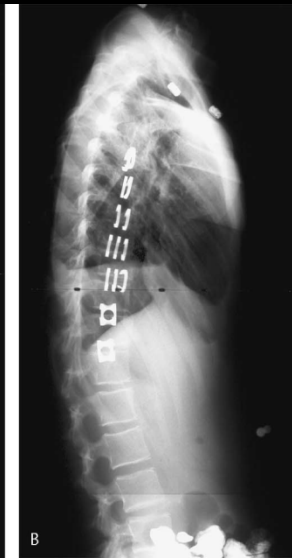
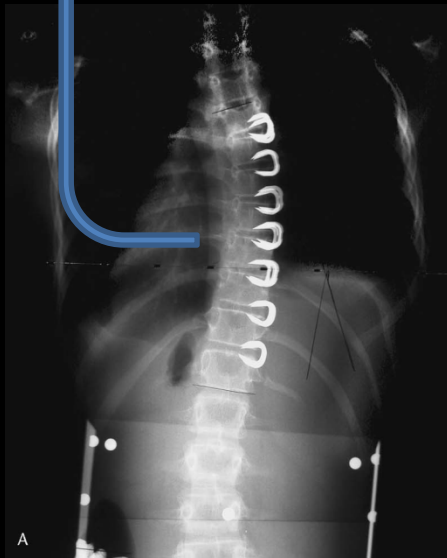
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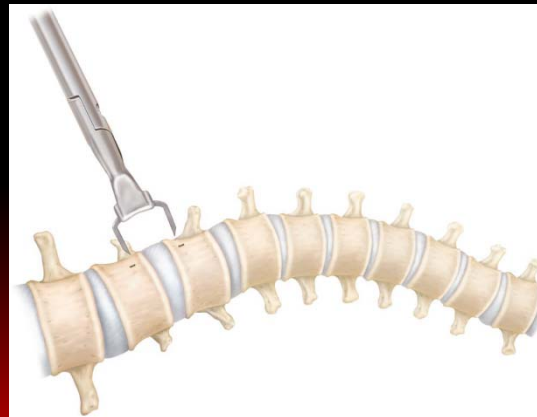
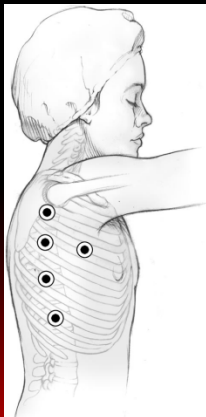
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Non-fusion spine surgery



Vertebral Body Stapling



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Vertebral body tethering

Non-fusion Corrective Scoliosis Surgery



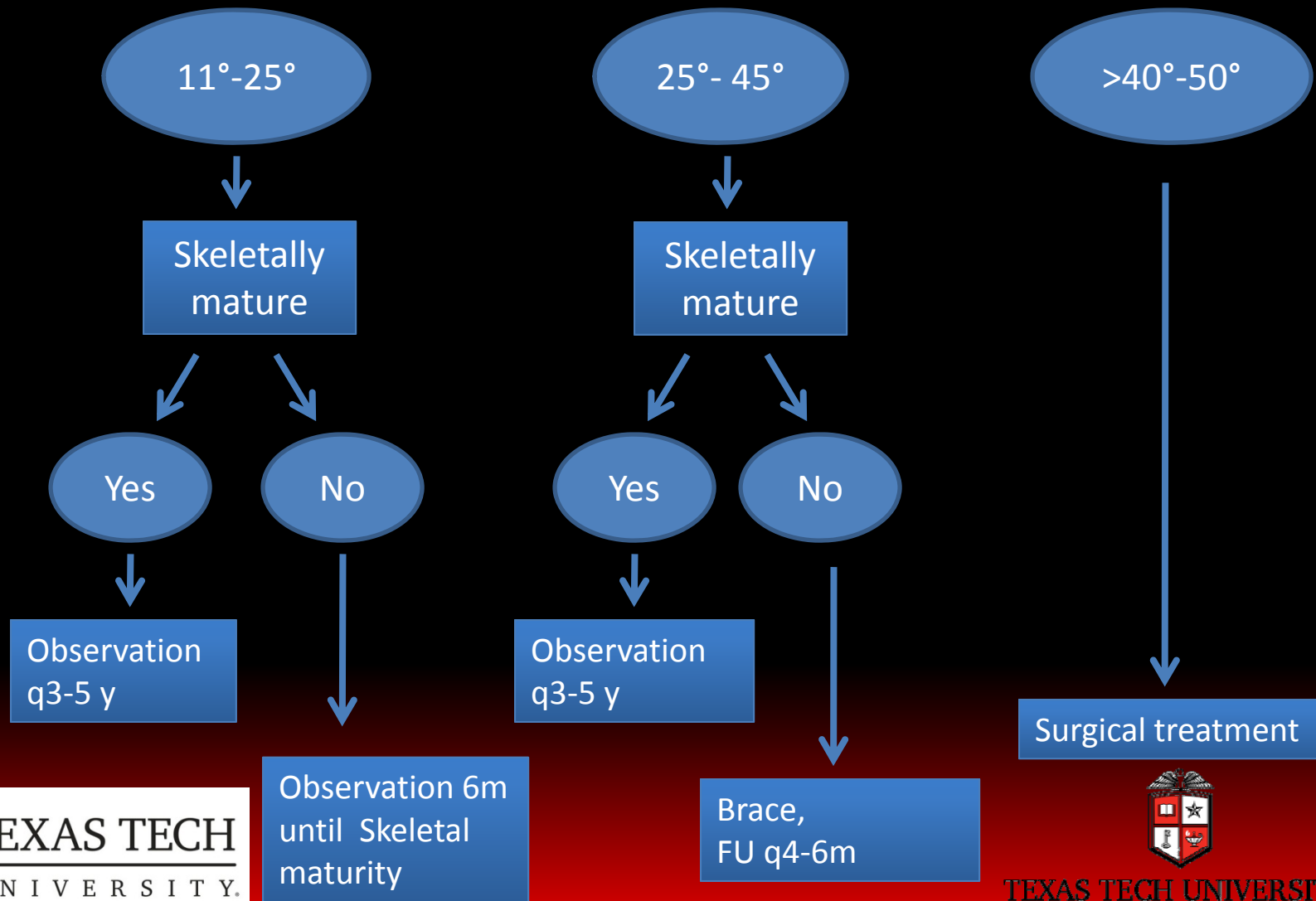
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Idiopathic scoliosis during growth

- Traitement: Indications



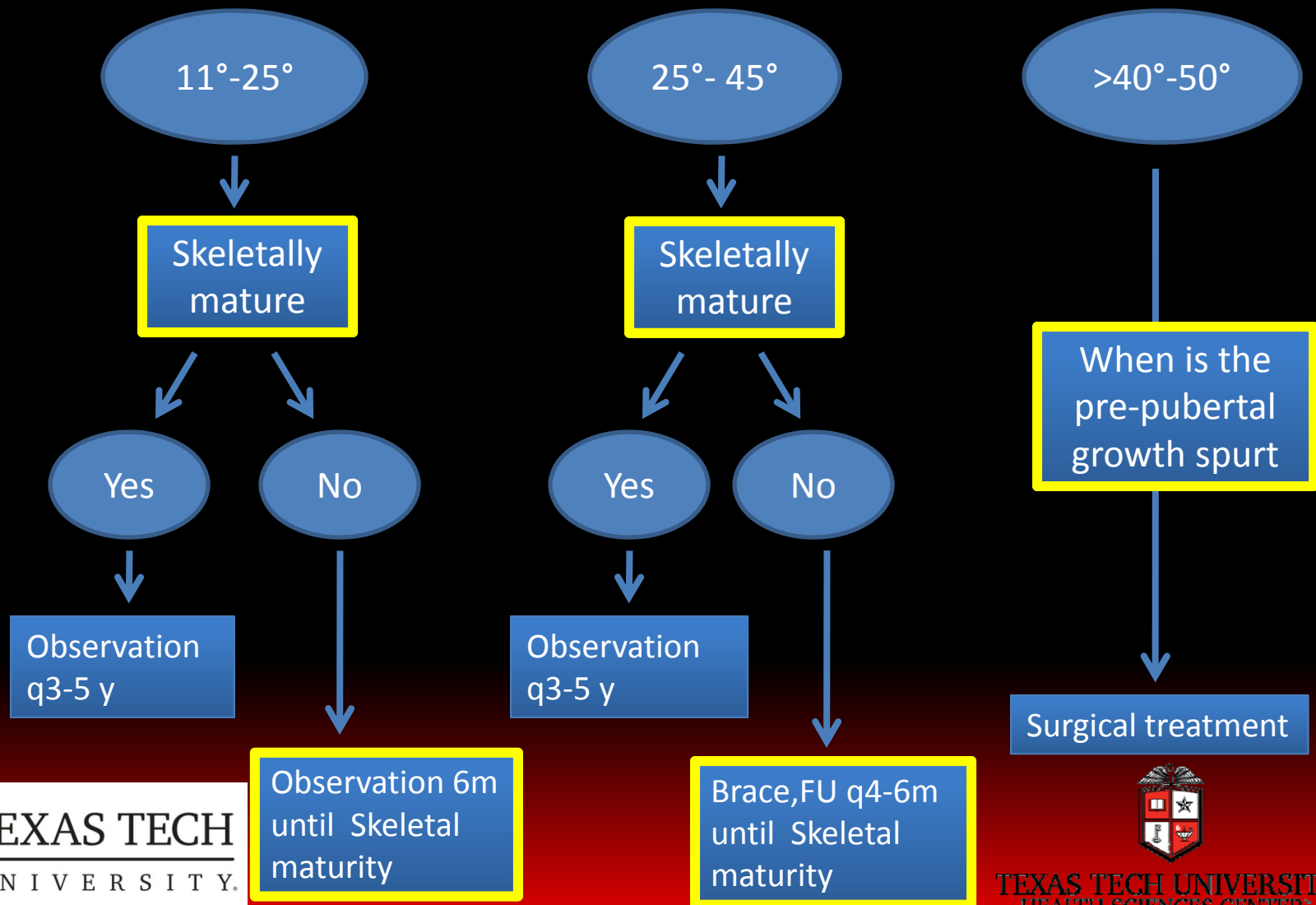
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Idiopathic scoliosis during growth

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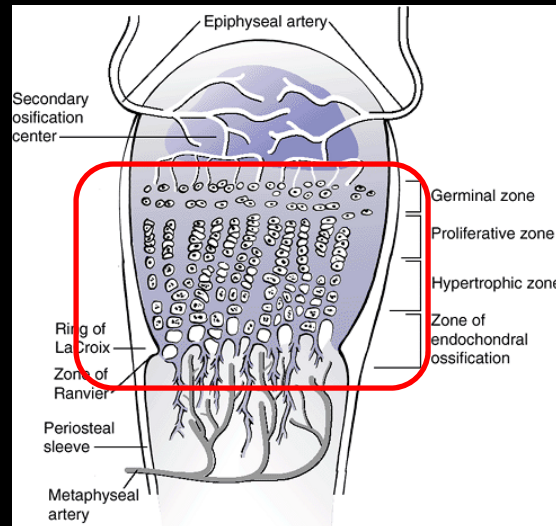
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Normal growth in children

Growth:



Pediatric Orthopedics
v/s
Adult Orthopedics



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Normal growth in children

Orthopedic
Disorders
+
Growing child



Treatment plan:
Assumptions about
future or remaining
growth



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Normal growth in children

When do we need to think about *future growth*?

1. Scoliosis before skeletal maturity
2. UE & LE deformity or length problem



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Normal growth in children

Parameters of growth:

- Normal values
- Measurement
- Significance



Timing:

- Epiphysiodesis in LE
- Spine fusion

Height loss after 10 thoracic levels fusion



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Scoliosis and Growth

Risk of Progression

Timing of Fusion

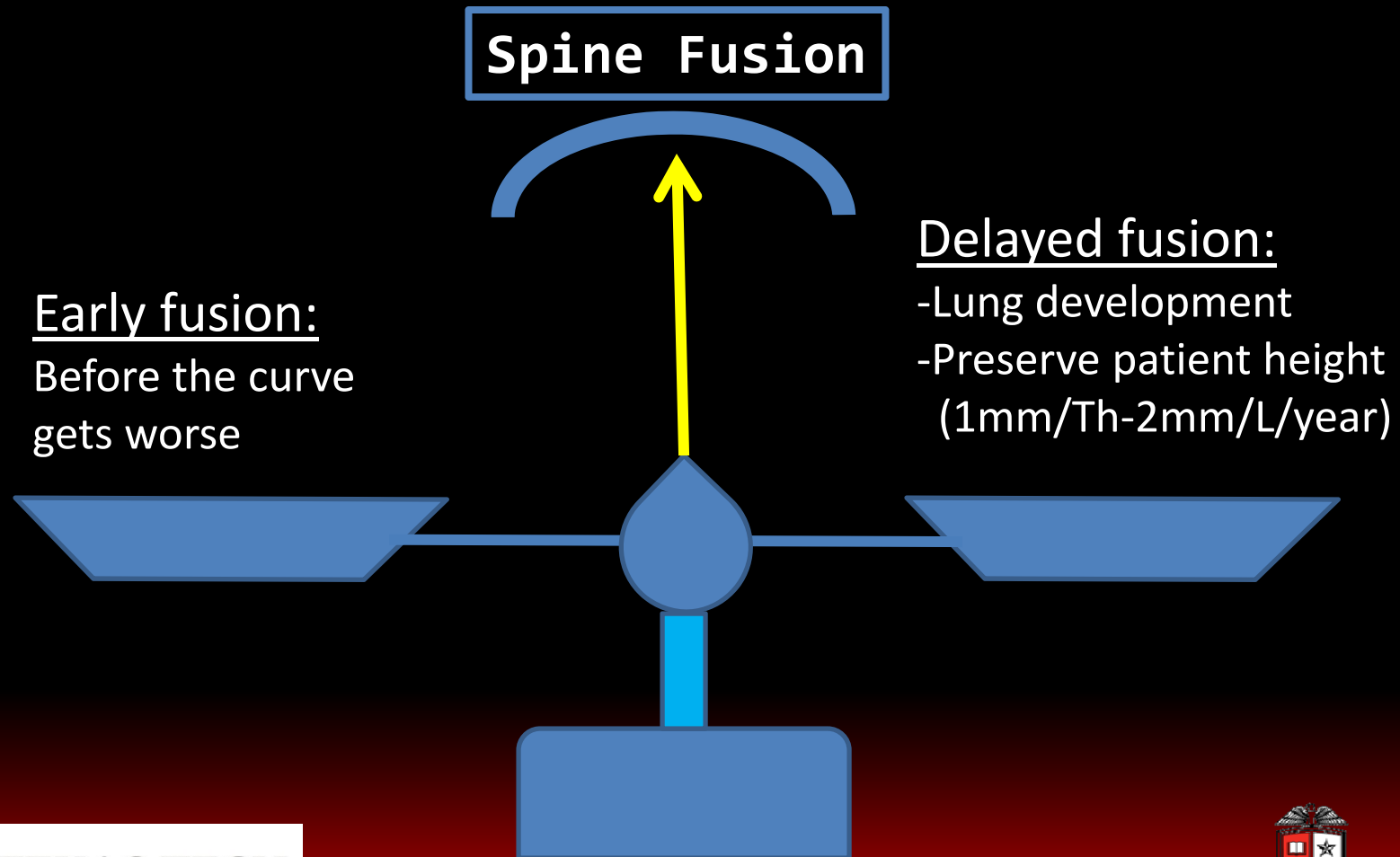


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Scoliosis and Growth



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The Prediction of Curve Progression in Untreated Idiopathic Scoliosis during Growth^{*†}

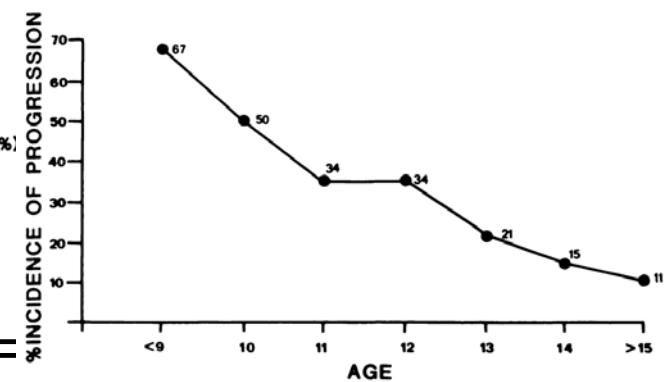
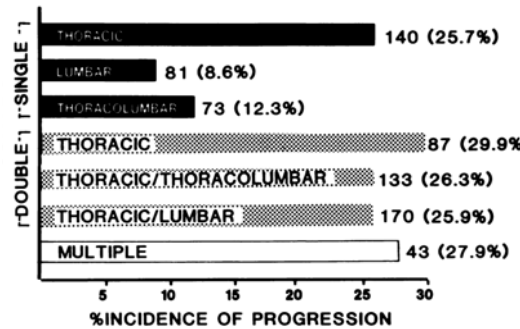
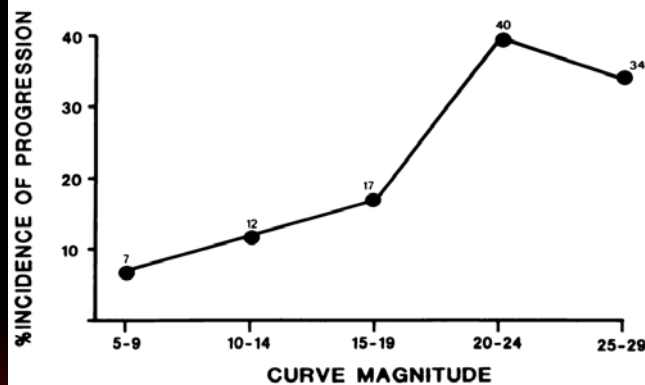
BY JOHN E. LONSTEIN, M.D.[‡], MINNEAPOLIS, AND J. MARTIN CARLSON, M.S.[§], ST. PAUL, MINNESOTA

From the Twin Cities Scoliosis Center, Minneapolis, and Gillette Children's Hospital, St. Paul

Factors related to curve growth

TABLE II

INCIDENCE OF PROGRESSION AS RELATED TO THE MAGNITUDE OF THE CURVE AND THE RISER SIGN



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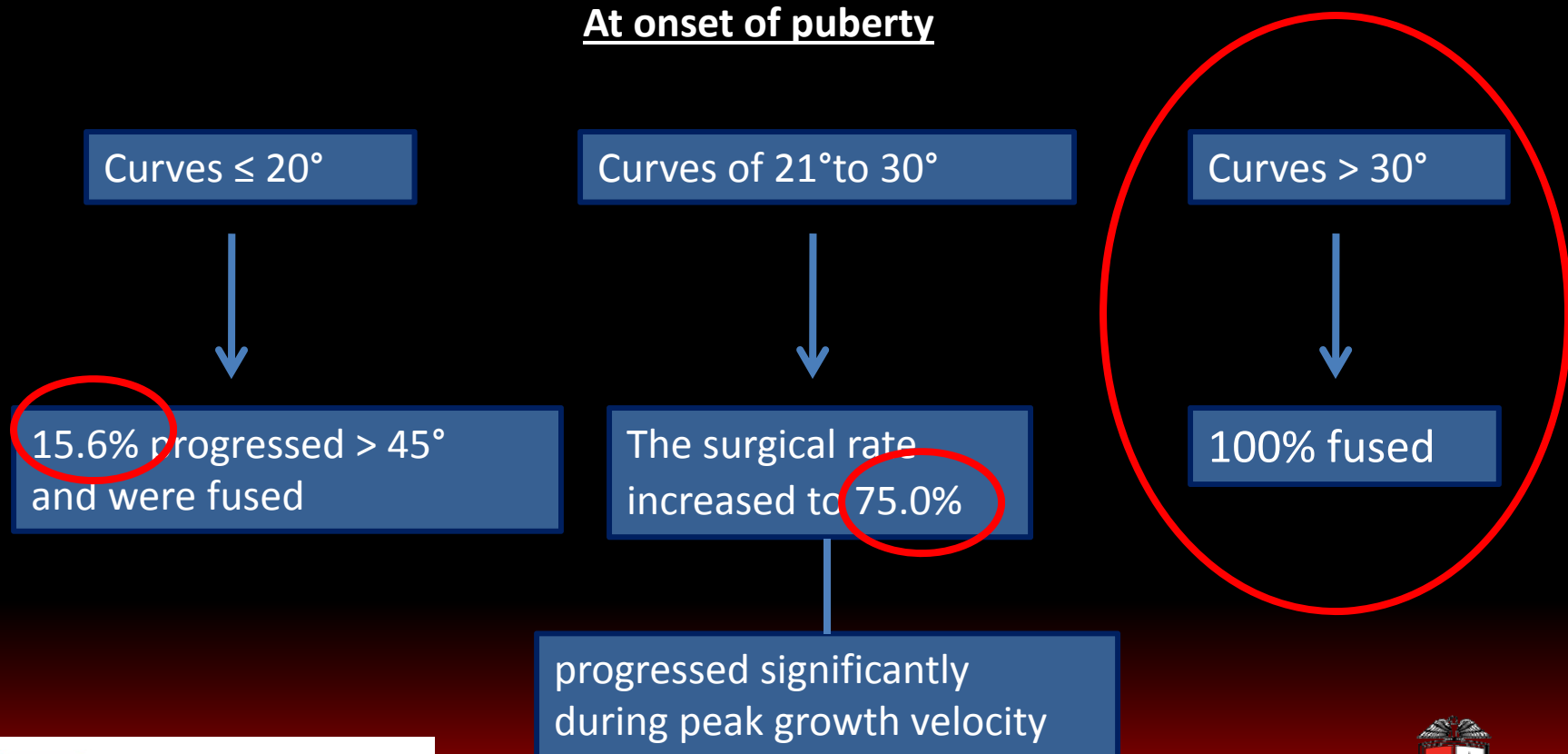


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Progression Risk of Idiopathic Juvenile Scoliosis During Pubertal Growth

Yann Philippe Charles, MD,* Jean-Pierre Daures, PhD,† Vincenzo de Rosa, MD,*
and Alain Diméglio, MD* Spine • Volume 31 • Number 17 • 2006

At onset of puberty



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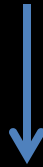


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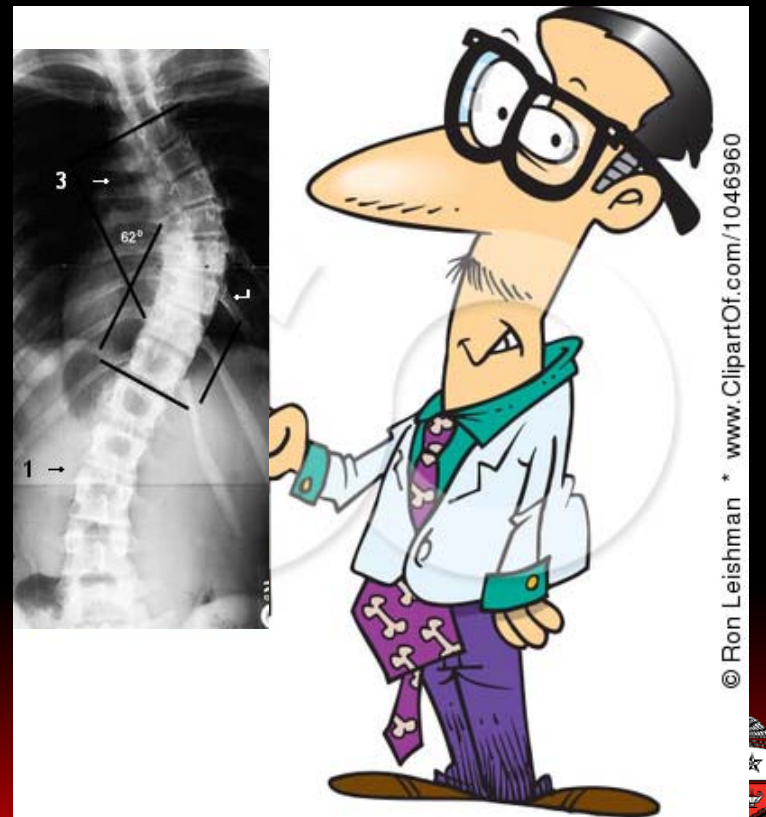
Scoliosis and Growth

- Adolescent Idiopathic Scoliosis:

Monitoring



Decision Making



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Normal growth in children

Growth Parameters:

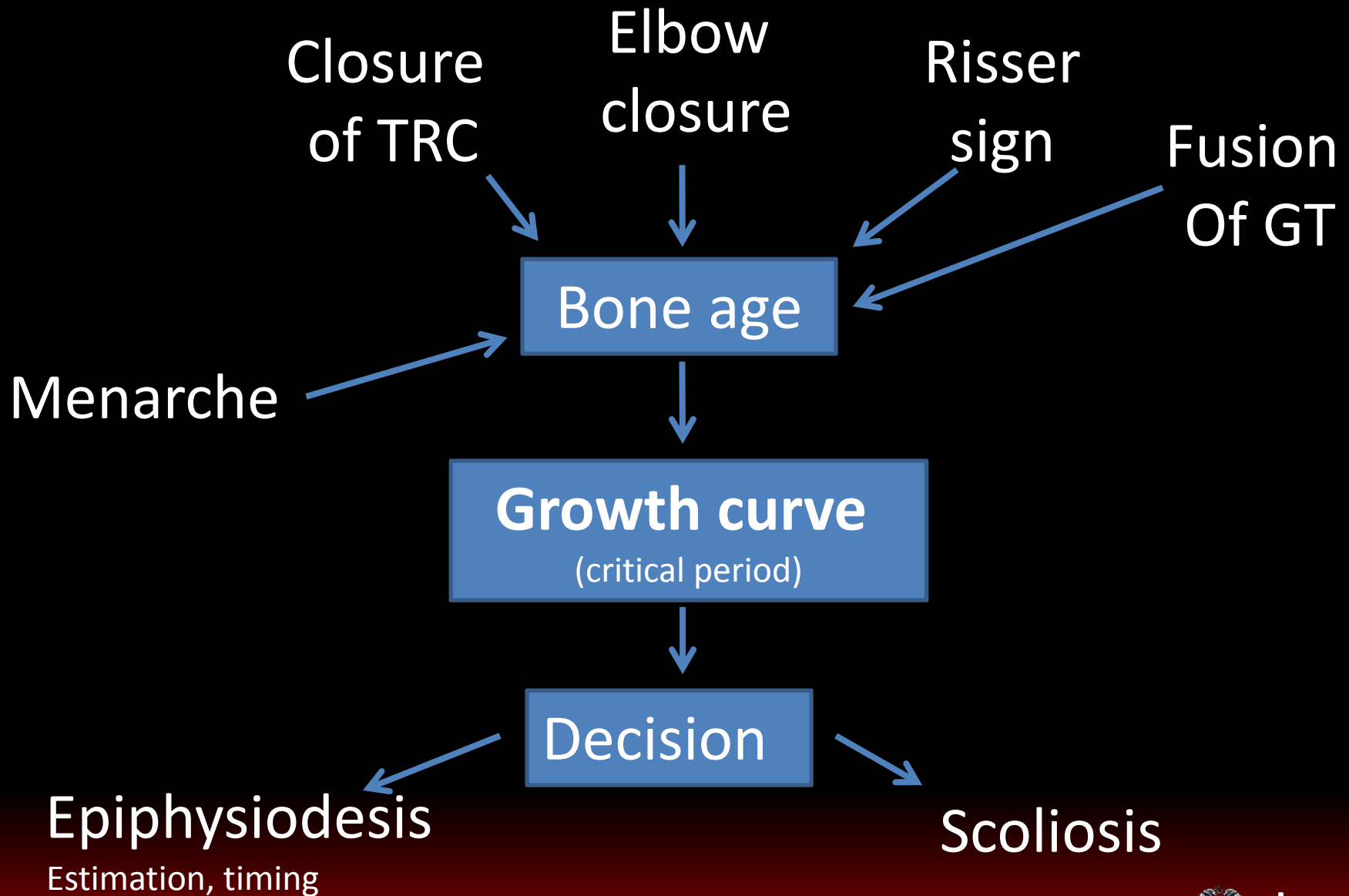
- Bone age
- Tanner classification



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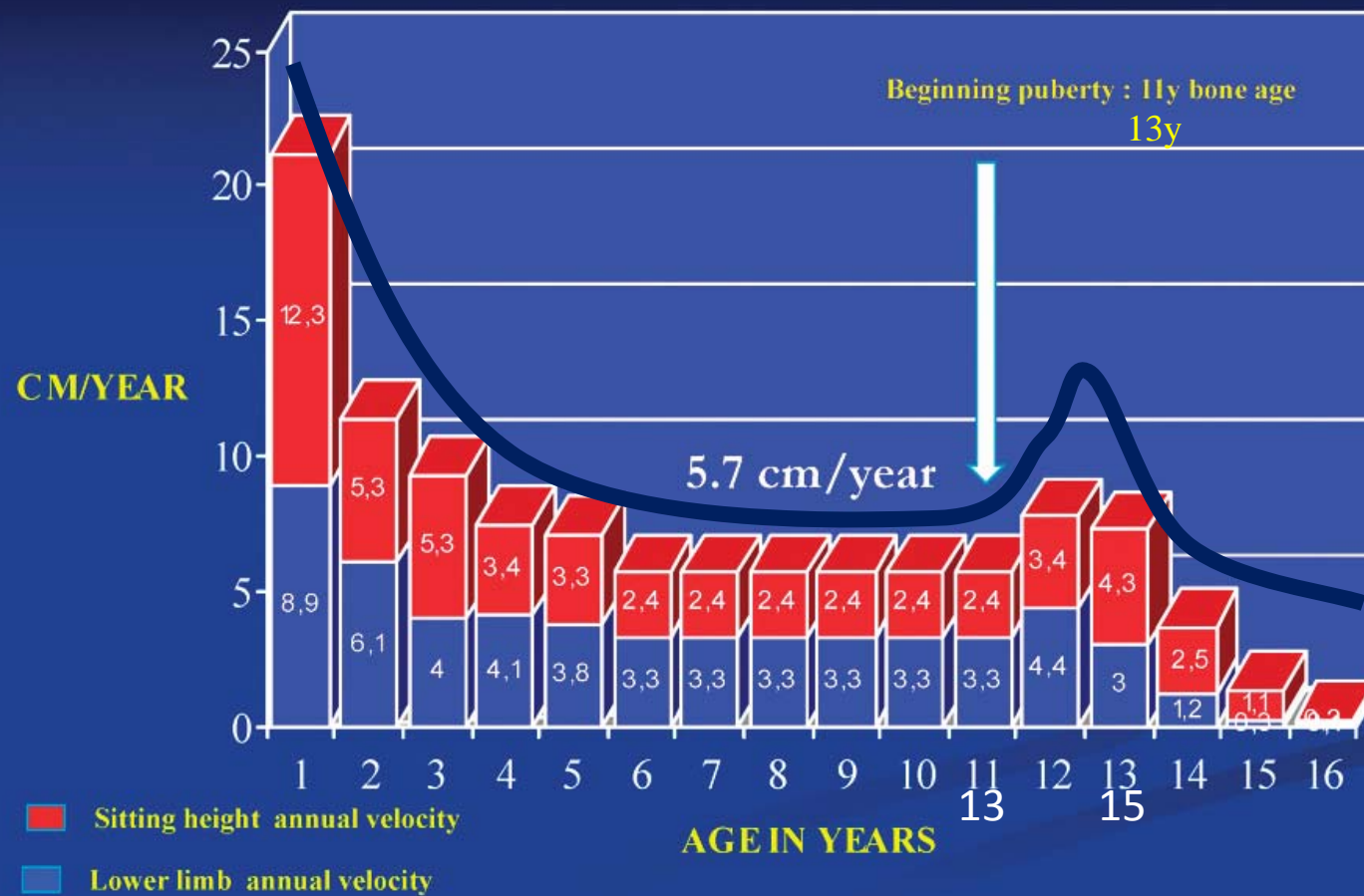
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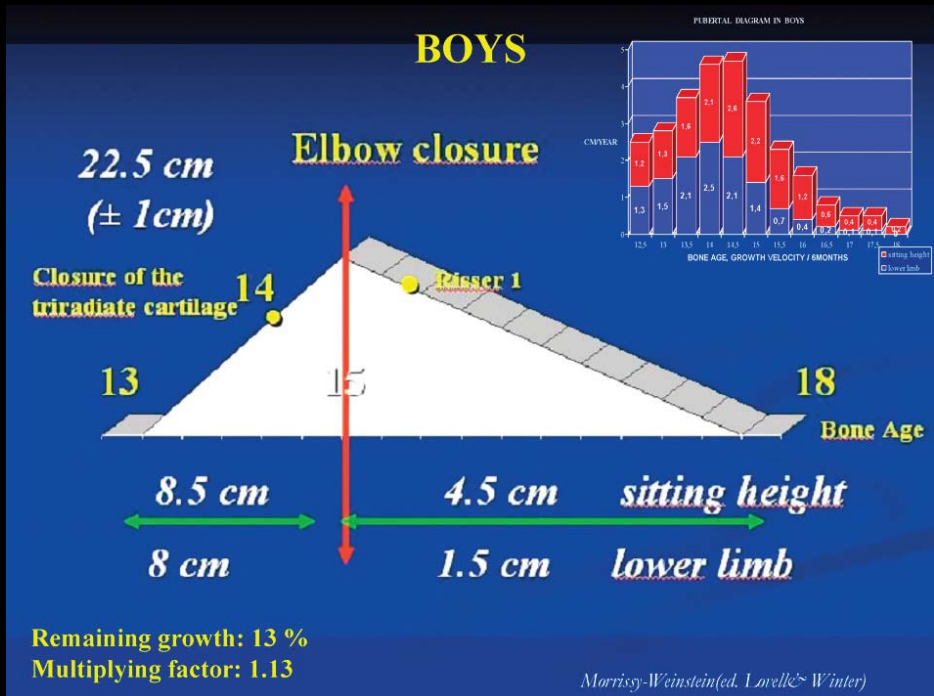
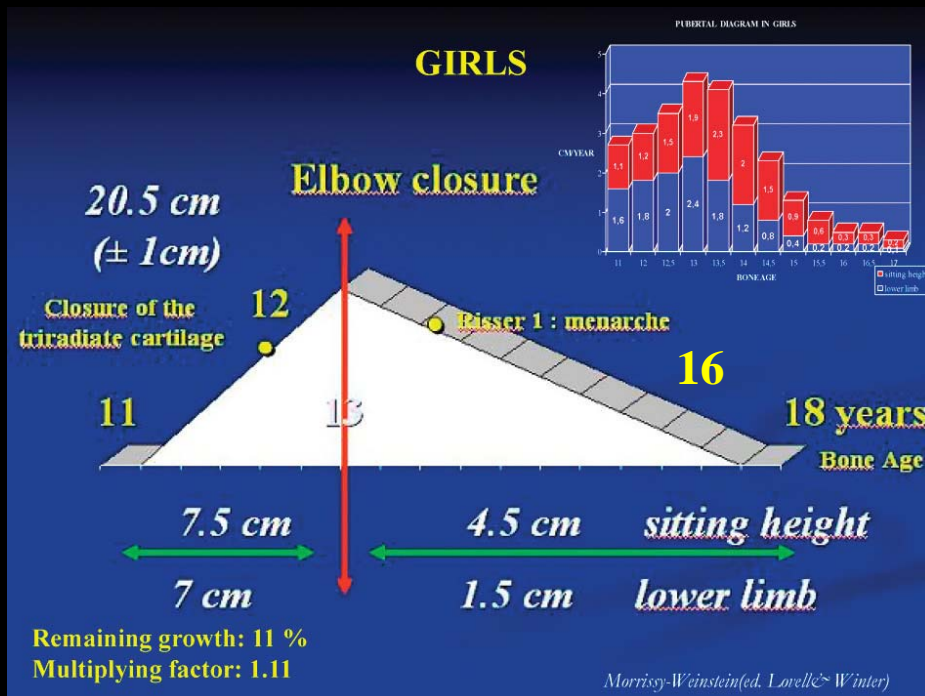
GROWTH VELOCITY IN GIRLS/BOYS



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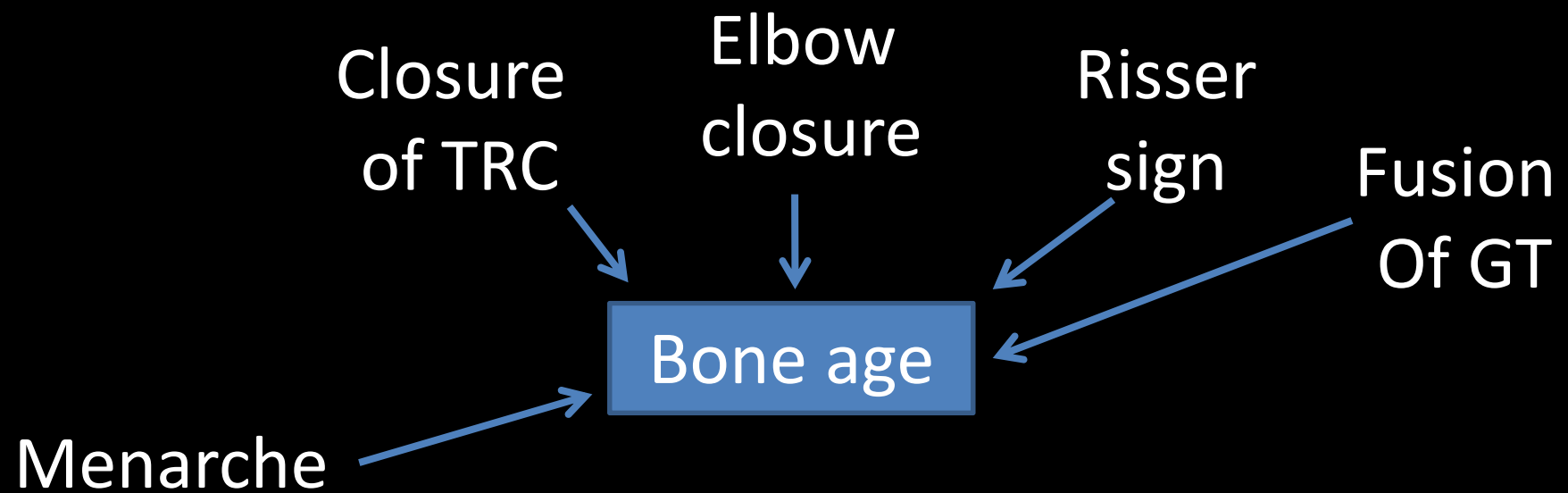
Normal growth in children



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Normal growth in children

Menarche When?

Problems:

- 2 years after beginning of puberty
- Variable onset
 - 42% at Risser 1
 - 31% at Risser 2
 - 13% at Risser 3
 - 8% at Risser 4
 - 5% at Risser 5

Risser sign: Bone age

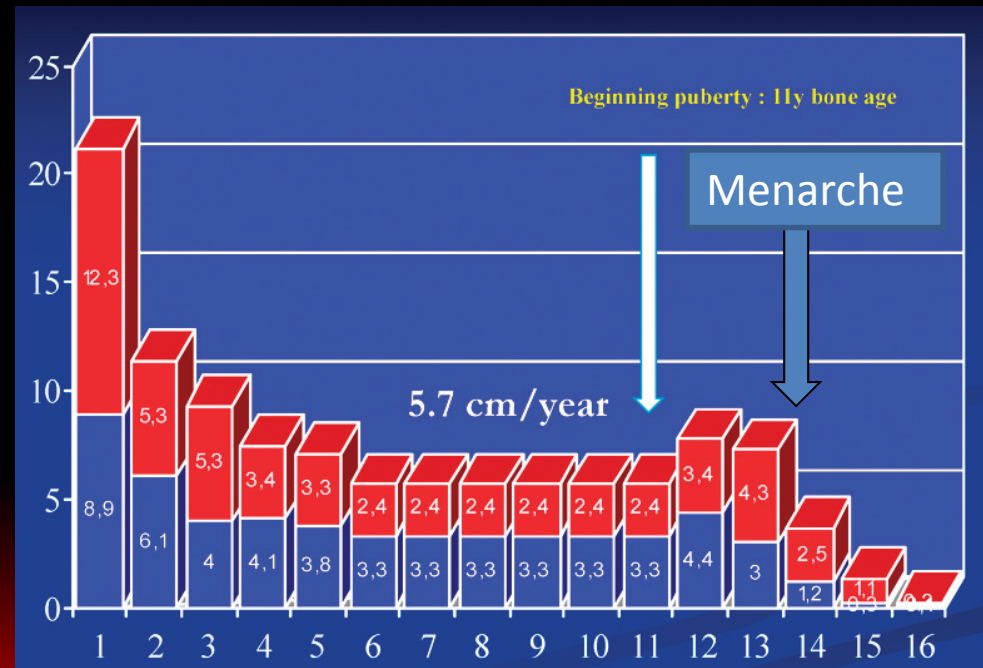
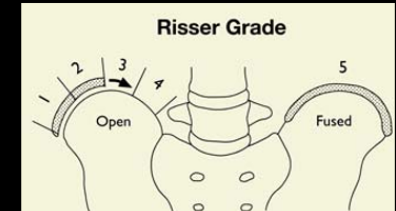
R1: 13y 6m

R2: 14y

R3: 14y 6m

R4: 15y

R5: 15y 6m



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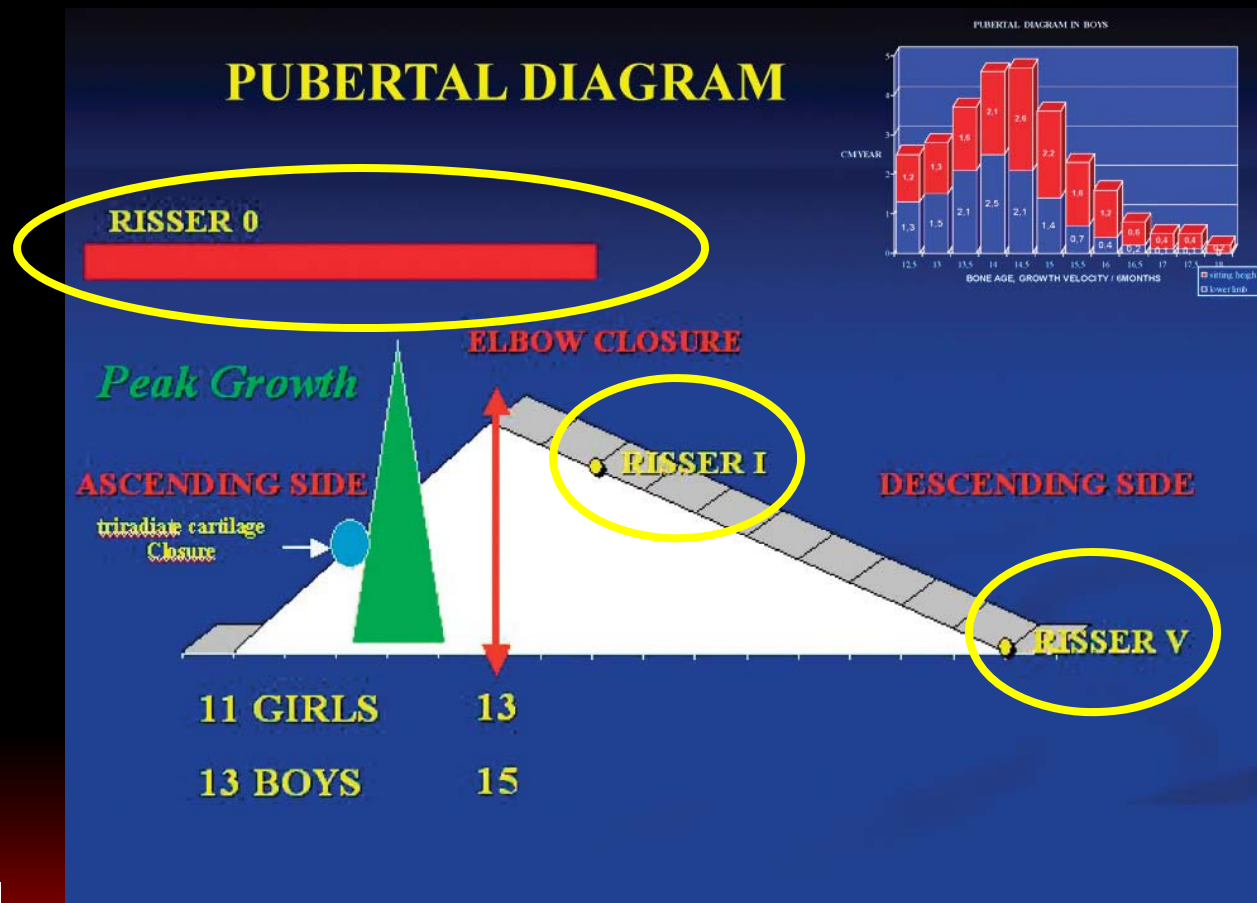


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Normal growth in children

Risser sign:

Is it reliable?

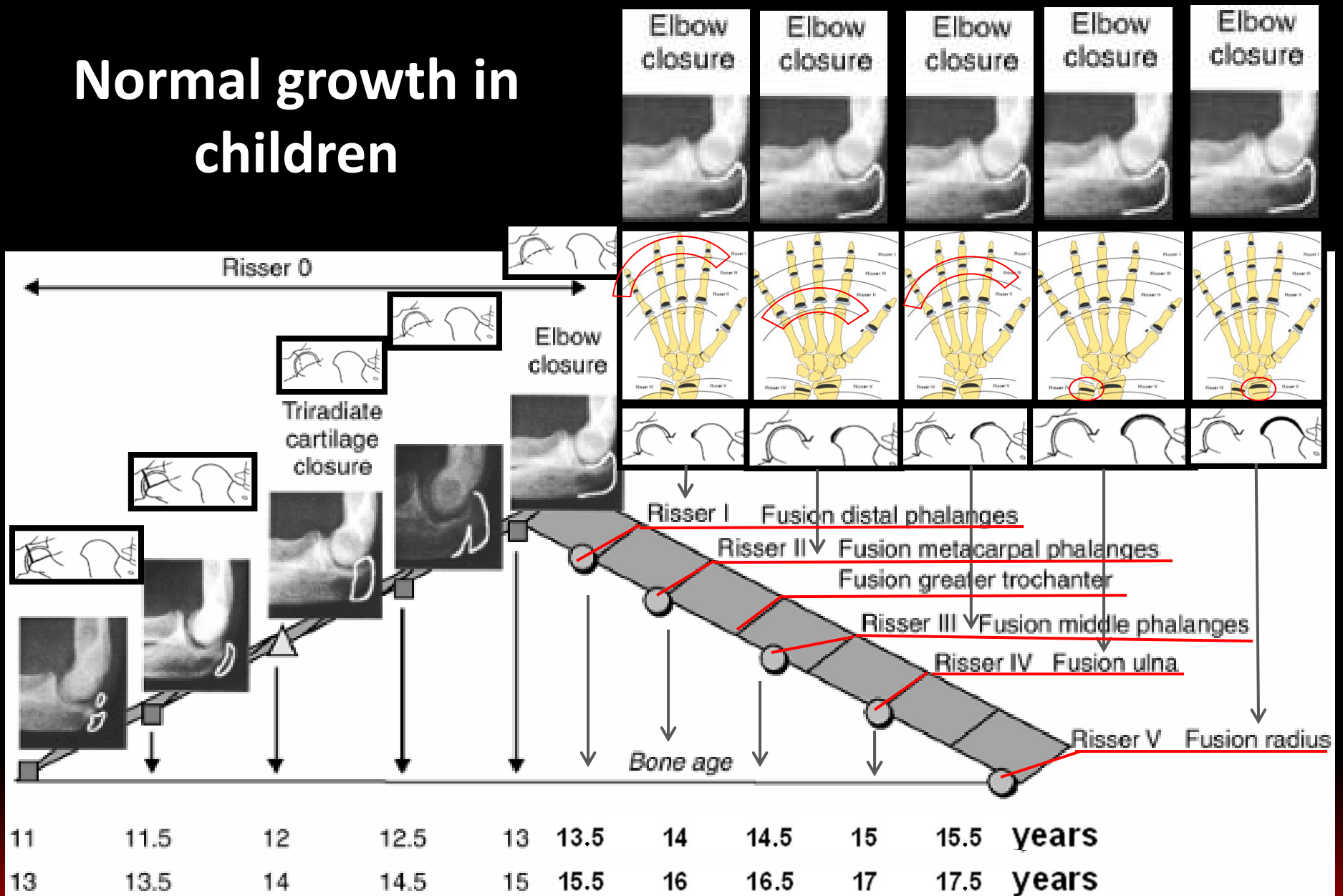


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Normal growth in children

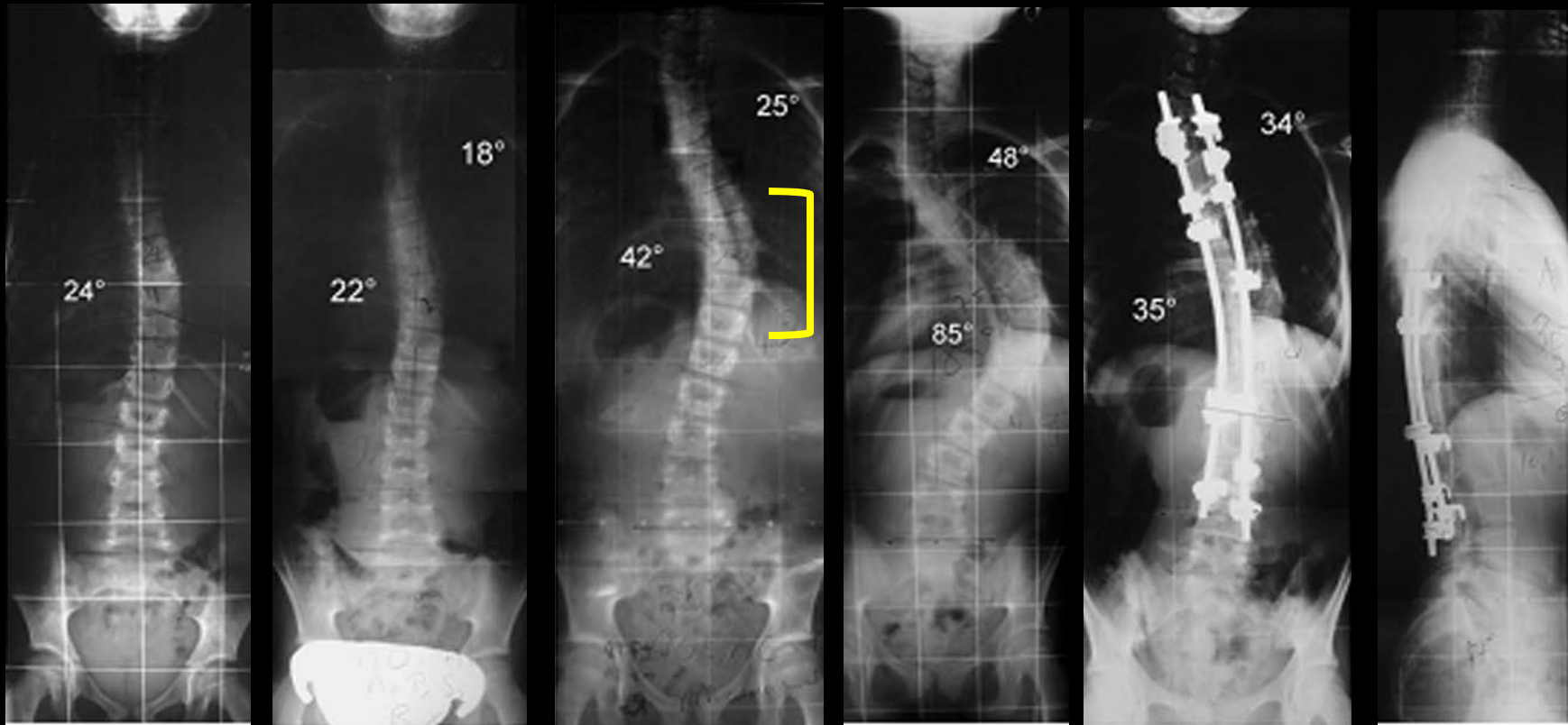


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Scoliosis and growth



6 Y + 7 M

11 years

12 years

13 years



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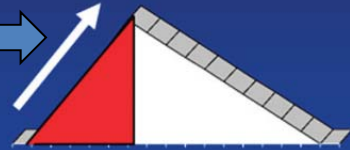


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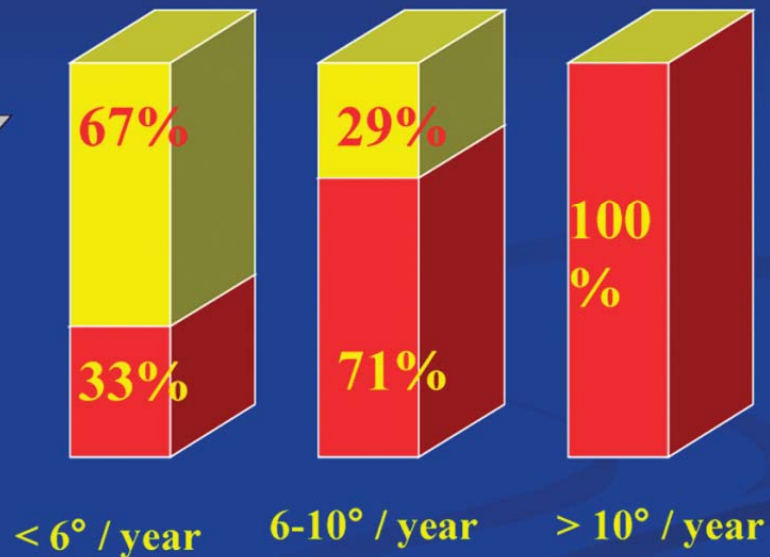
Scoliosis and growth

Annual curve progression velocity
n = 161 / 205 scoliosis at accelerating growth phase

Judgment
Phase



**Non-
operated**
Operated



Spine August 2006

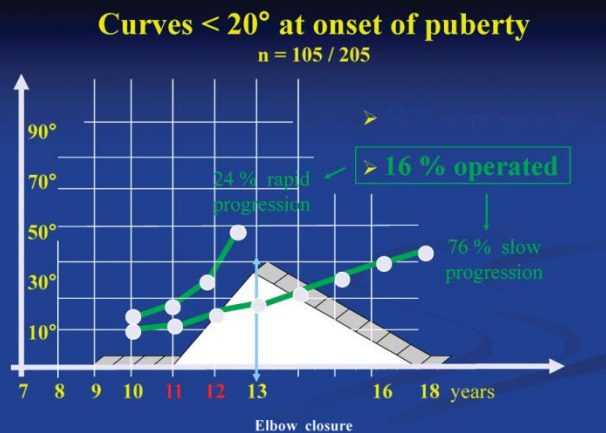
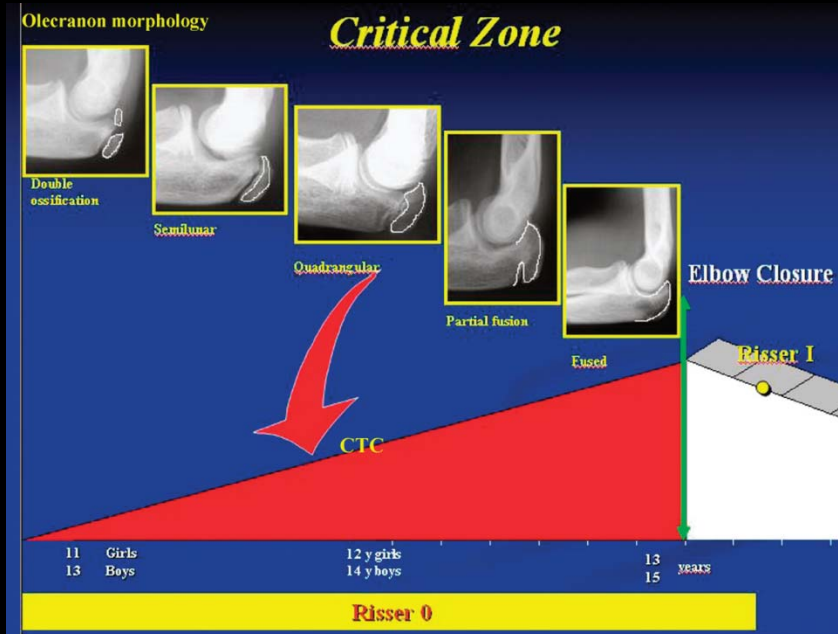


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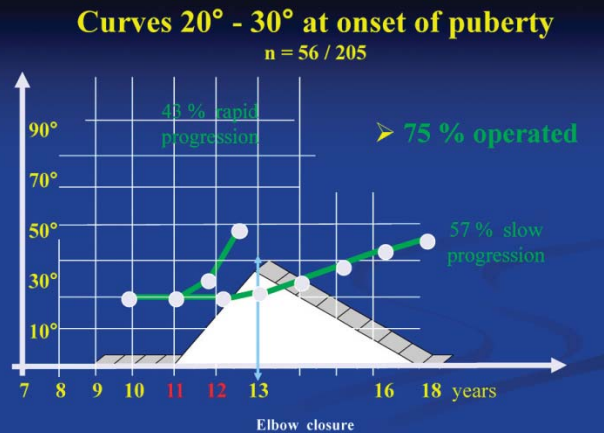


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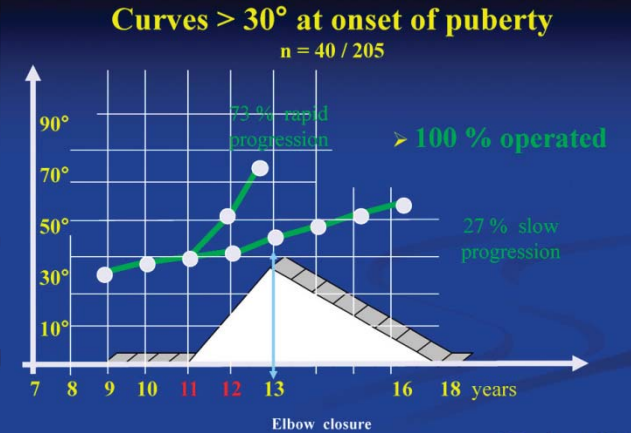
Scoliosis and growth



Spine August 2006



Spine August 2006



Spine August 2006



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Summary

Progression of scoliosis depends on the curve type, the initial curve magnitude, and the growth velocity.

Fast growth velocity and a greater magnitude of scoliosis indicate progression of scoliosis.



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Thank you



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