

CORRECTION OF ADOLESCENT IDIOPATHIC SCOLIOSIS

BACKGROUND

Adolescent idiopathic scoliosis (AIS) is the most common spinal deformity seen by primary care physicians, paediatricians, and spinal surgeons. AIS is by far the most common type of scoliosis, affecting children between ages 10 to 18. Adolescent idiopathic scoliosis is defined as a lateral and rotational curvature of the spine with an unknown origin. Scoliosis is diagnosed based on age of onset and clinical presentation. Physicians measure curve severity by Cobb's angle, which is marked on an X-Ray.

HISTORY

The patient is a 11-year-old female with complaints of scoliosis and back pain. She has adolescent idiopathic scoliosis diagnosis. The patient was advised to undergo surgery due to the long-term negative impact of signs and symptoms of scoliosis upon her health. The patient agreed to surgery.

DIAGNOSIS

She was diagnosed with thoracoplasty and progressive adolescent idiopathic scoliosis.

PRE-TREATMENT IMAGE



TREATMENT

The patient underwent a C7 to L1 posterior spinal fusion with scoliosis correction. The patient underwent corrective surgery on her back with placement of screws, rods and connectors of **OSIMPLANT Deformity Set**. After a skin incision from C7 to L1 and visualization and incision of the paravertebral muscles were dissected. Multiple facetectomy performed. T2-T8 osteotomy and T3-T6 right thoracoplasty was performed.



Dr. Alper ALABULUT

POST-OPERATIVE IMAGE



CONCLUSION

The patient reported feeling taller and more confident after surgery. In this case, success was achieved by placing screws at all levels. The Cobb Angle was reduced.



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