

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.

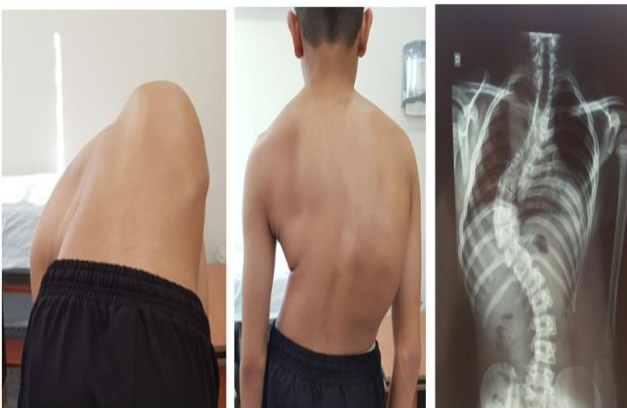
HISTORY

The patient is a 15-year-old male with complaints of scoliosis and back pain. He 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

He was diagnosed with progressive adolescent idiopathic scoliosis; the Cobb angle is measured 84, 1 degrees.

PRE-TREATMENT IMAGES



TREATMENT

The patient underwent a T3 to L3 posterior spinal fusion with scoliosis correction. The patient underwent corrective surgery on his back with placement of screws and rods of **OSIMPLANT Deformity Set**. After a skin incision from T3 to L3 and visualization and incision of the paravertebral muscles were dissected. Multiple facetectomy performed. Costotransverse joint release and derotation applied.



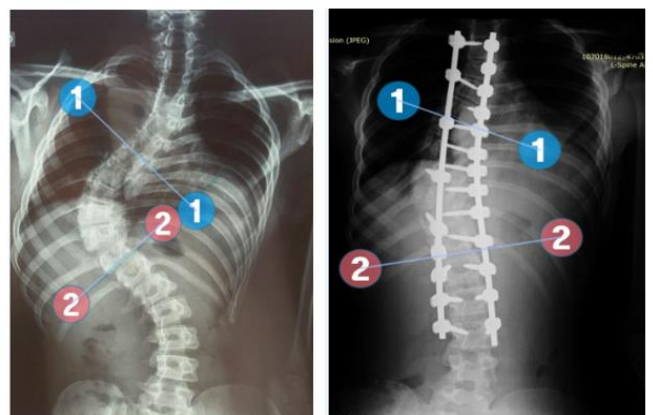
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POST-OPERATIVE IMAGES



CONCLUSION

The patient reported feeling taller and more confident after surgery. The Cobb Angle was reduced to 30, 5 degrees immediately post-op.



Preop Cobb Angle **84,1** degree Postop Cobb Angle **30,5** degree