

Adult Idiopathic Scoliosis with Spondylolisthesis Case Review

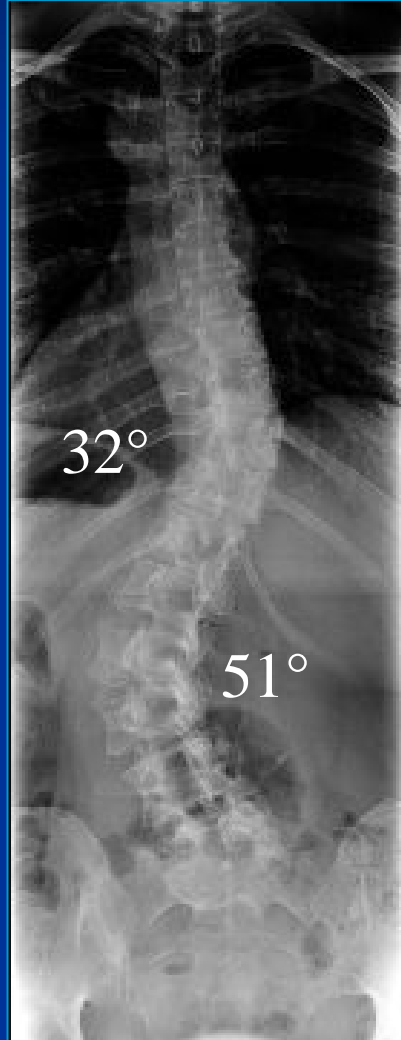
Robert Pashman, MD
Scoliosis and Spinal Deformity Surgery
www.eSpine.com



Patient History



March 2006



August 2006

- 41 year old female
- Severe low back pain
- Severe leg pain
- Conservative therapy improved symptoms for a short time frame

Indications for Surgery



1. Adult idiopathic scoliosis lumbar spine 51° left curve.
2. Isthmic spondylolisthesis grade 2, L5-S1.
3. Failed conservative therapy.
4. Progressive deformity in both the frontal and sagittal plane with progressive scoliosis.

Surgical Procedure

- Segment spinal instrumentation with Legacy pedicle screw rod construct, thoracic 10 to sacral pelvis. This is ten levels to correct a 50° lumbar curve.
- Micro lateral recess decompression L1-2, L2-3, L3-4, L4-5, L5-S1 on the left; and L4-5 and L5-S1 on the right for spondylolisthesis.
- Posterior spinal fusion using autogenous bone T10 to sacral pelvis
- Right iliac crest exposure for the placement of pelvic fixation.
- Spinal osteotomy with removal of facets which are ankylosed for mobilization of lumbar curve L1-2, L2-3, L3-4 bilaterally.
- Partial laminectomy for removal ligamentum flavum and mobilization and lordosis spinal deformity L1-2, L2-3, L3-4, L4-5
- Anterior interbody fusion, L5-S1 using a PEEK 12 mm implant with rhBMP.
- Anterior screw fixation, L5-S1.5. Reduction spondylolisthesis, Anterior interbody fusion with a 12 mm PEEK graft with rhBMP at L4-5.

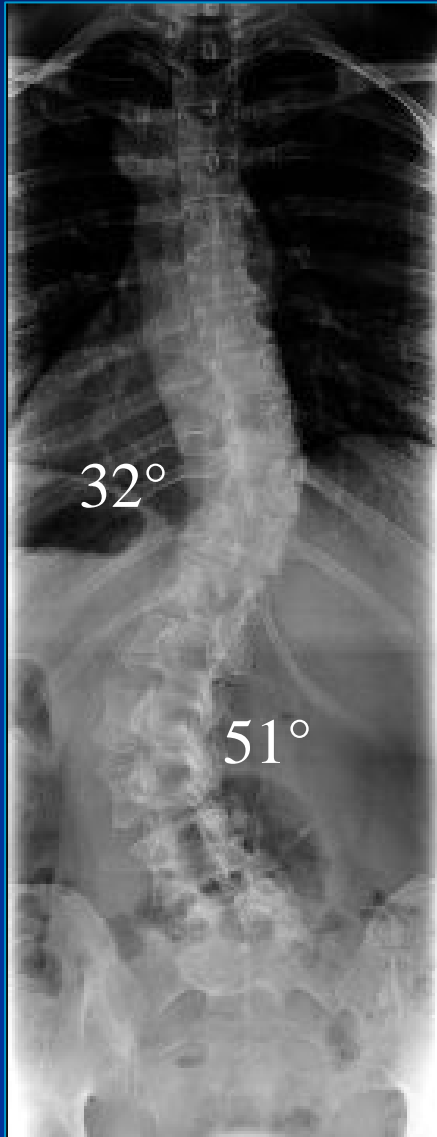
Post Operative X-rays



Reconstruction included the whole curve, and the isthmic spondylolisthesis with extra fixation including iliac fixation because of the high instabilities and of the long lever arm.

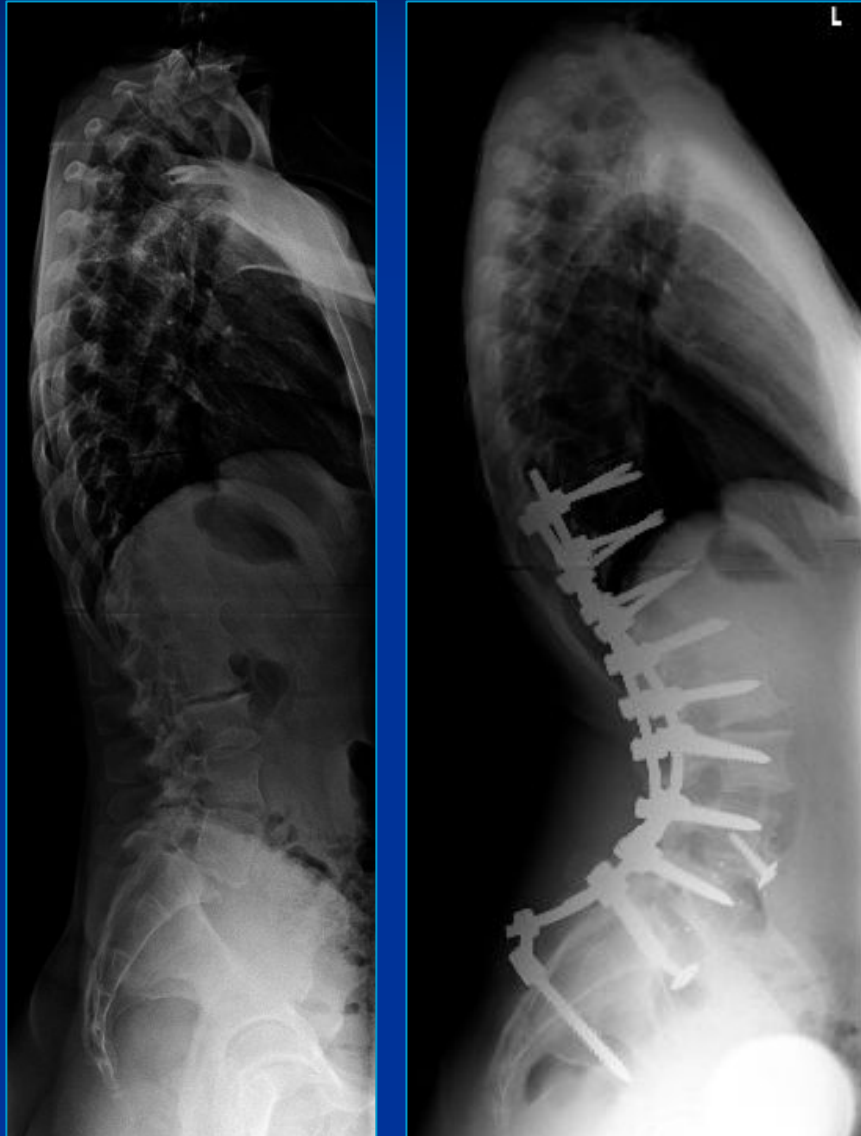
Iliac Fixation

X-ray Comparison



The patient is doing well. She is balanced in both the sagittal and coronal planes.

Post-op X-rays



The patient doing quite well. No radiculopathy, low back pain, or GI problems. X-rays show excellent sagittal balance and good placement of the instrumentation.