

Case Review:

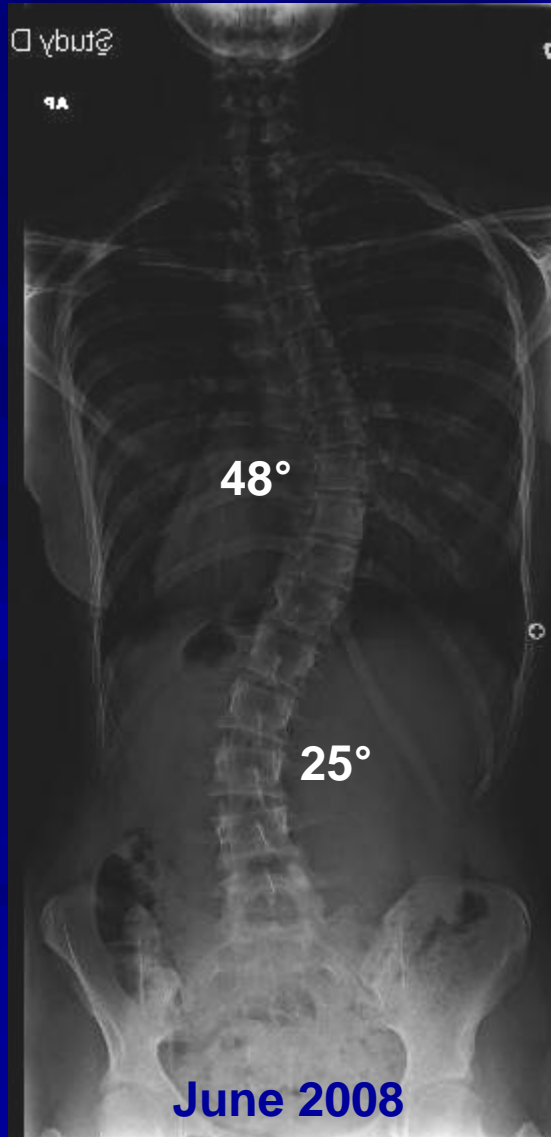
Progressive Adolescent Idiopathic Scoliosis, treated with a posterior spinal fusion T3-L1.

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Patient History

- Patient followed from 15 years of age to 17 years of age
- Curve progressed from 36° to 48°
- Type 1A curve progressive curve with 2 cm right rib hump, depression in the left shoulder, and a small flank fullness on the left hand side. She is well balanced in the frontal-sagittal plane and neurologically intact.

Pre-op X-rays



Bending X-rays



Bending shows right 9°, left 19°. The patient will need a selective thoracic fusion from T3 to approximately L1.

Indications for Surgery

- A 48° type 1A and right thoracic progressive adolescent idiopathic scoliosis.
- Significant progression
- Failure of conservative therapy.
- Upper and low back pain due to the above diagnosis.

Surgical Strategy

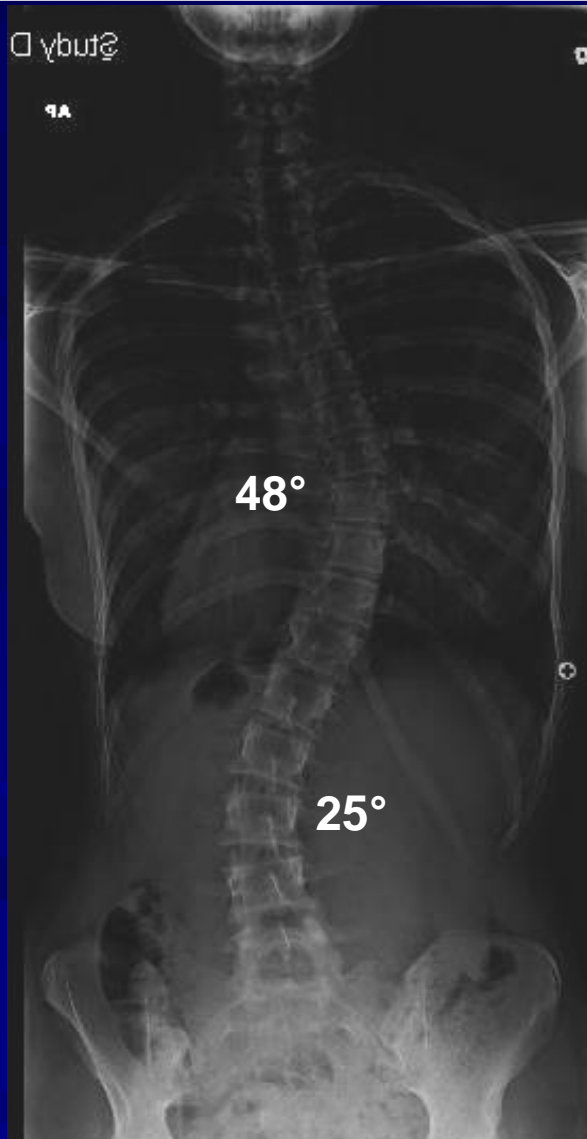
1. Segmental spinal instrumentation using CD Legacy 5.5 pedicle screw and rod stainless steel construct, thoracic 3 to lumbar 1.
2. Multiple level spinal osteotomy for release of spine including radical facetectomy and takedown midline T5 to T11.
3. Posterior spinal fusion using locally harvested autogenous bone and allograft bone T3 to L1.
4. Intraoperative SSEPs.
5. Intraoperative fluoroscopy.

Post-Op Films



A 33° correction was obtained. The patient is balanced in both planes, and her shoulders and hips are even.

Pre-Op/Post-op Comparison



Pre-Op/Post-op Comparison



The patient was very happy with her outcome from a medical and cosmetic standpoint. She continues to feel good, and has returned to all of her pre-surgery activities.